

Completely  
Revised Edition

HEINER FREI

# POLARITY ANALYSIS IN HOMEOPATHY

A PRECISE PATH TO THE SIMILLIMUM

  
Narayana Verlag

**HEINER FREI  
POLARITY  
ANALYSIS IN  
HOMEOPATHY**

## POLARITY ANALYSIS IN HOMEOPATHY

A Precise Path to the Simillimum

by Heiner Frei

ISBN 978-3-95582-001-5

First English Edition 2013

Second English Edition 2017

Third completely Revised English Edition 2023

© 2013 Narayana Verlag

NARAYANA VERLAG

Blumenplatz 2, 79400 Kandern, Germany

Phone +49 7626 9749700

info@narayana-verlag.Com

WWW.narayana-verlag.Com

Cover Photo: Fabian Oefner

Design: Chragokyberneticks

Typefaces: Ideal Sans & Din

### NOTE:

In spite of the extreme Care taken over the production of this book, it is possible that you may find mistakes for Which we cannot be held responsible, or Which may be nothing more than a misinterpretation of the information provided. The aim of this book is to guide the reader in their attempt to find balance and health through homeopathy, but it should in no Way be a substitute for the advice or opinion of a qualified doctor.

All rights reserved. Without the Written permission of the publisher, no part of this book may be re- produced, duplicated, photocopied, translated or stored in any form by any mechanical, electronic or photographic process, With the exception of short passages for book reviews.

In so far as registered trademarks, trade names and common names are used, the usual protections apply (even if these are not marked as such).

The recommendations in this book have been compiled and checked to the best knowledge of the au- thor and publisher. There is nevertheless no guarantee provided. Neither the author nor the publisher shall be held liable for possible detriment or damage resulting from the instructions in the book.

In accordance With the relevant legal provisions, the publisher excludes any liability for the Contents of external links. The owner of the linked pages is solely responsible for the contents, correctness, precision, completeness, quality and usability of the information displayed on such linked pages.

Medical knoWledge is subjed to Constant change in the light of ongoing research and clinical experience. The author and translator of this Work have taken special care to ensure that the therapeutic information in this Work (especially in terms of indication, dosage and undesirable side effects) corresponds to the current state of knoWledge. HoWever, this does not exonerate the user of this Work from the duty of checking - With the help of the relevant spedalst literature and further Written sources of information - Whether the information given there differs from this Work, and from the responsibility of selecting a prescription accordingly.

The publisher aCCepts no responsibility for the comprehensiveness and selection of the listed medications. ProteCted trade names (trademarks) are in general very clearly denoted (\*). HoWever, if such an indication is missing, it Cannot be automatiCally concluded that this concerns a non-protected trade name.

HEINER FREI

# POLARITY ANALYSIS IN HOMEOPATHY

A PRECISE PATH TO THE SIMILLIMUM

# TABLE OF CONTENTS

<b>ABBREVIATIONS .....</b>	<b>7</b>	<b>2. ACUTE ILLNESS.....</b>	<b>42</b>
<b>IMPROVING HOMEOPATHIC PRESCRIBING - A PREFACE 8</b>		2.1 Procedure .....	42
<b>ACKNOWLEDGEMENTS .....</b>	<b>10</b>	2.2 Case Histories.....	43
<b>MODULE 1 .....</b>	<b>12</b>	2.2.1 Allergy: <i>Minor Remedy -Major Effect</i> .....	43
<b>1. POLARITY ANALYSIS.....</b>	<b>13</b>	2.2.2 Erysipelas: <i>What if there is a lack of polar symptoms?</i> .....	46
1.1 Introduction.....	13	2.2.3 Infectious Mononucleosis (Glandular Fever): <i>Dealing with an excessive number of symptoms .</i>	49
1.1.1 History.....	13	2.2.4 Tendosynovitis: <i>Patient characteristics are not symptoms!</i> .....	52
1.2 Principles of Homeopathy .....	14	2.2.5 Obstructive Bronchitis: <i>The significance of "childhood symptoms"</i> .....	55
1.2. Hahnemann's Concept of Illness and Symptoms. 14		2.2.6 Gastroenteritis: <i>The importance of the materia medica comparison</i> .....	58
1.2.2 The Law of similars .....	15	2.2.7 Trigeminal Neuralgia: <i>Ambivalence of the left right relationship of the remedies....</i>	61
1.2.3 Hierarchy of Symptoms .....	16	2.2.8 Quiz 4: <i>Acute Illness, Part 1</i> .....	64
1.2.4 Reliability of Symptoms.....	17	2.2.9 Colic in Young Babies: <i>Exact formulation of the symptoms is crucial!..</i>	64
1.2.5 Hering's Law .....	19	2.2.10 Influenza: <i>Effect of the remedy or spontaneous recovery?</i> .....	67
1.3 Quiz 1: <i>Fundamentals of Homeopathy</i> .....	20	2.2.11 Otitis Media: <i>The significance of knowledge of the materia medica</i> .....	70
1.4 Development of Polarity Analysis.....	20	2.2.12 Laryngotracheitis (Sore throat and cough): <i>Procedure for an intercurrent illness</i> .....	73
1.4.1 Boenninghausen's Contraindications .....	20	2.2.13 Tonsillitis After MMR Vaccination: <i>Homeopathic treatment of vaccine side effects...</i>	76
1.4.2 Polarity Difference .....	21	2.2.14 Epidemic Parotitis (Mumps): <i>The significance of contraindications</i> .....	79
1.4.2.1 Case 1: Subacute Granulomatous Thyroiditis De Quervain .....	22	2.2.15 Upper Respiratory Infection: <i>Carefully reading the materia medica</i> .....	82
1.5 Casetaking and Choice of Remedy .....	25	2.2.16 Scarlet Fever: <i>Polarity difference is more important than the materia medica comparison</i> .....	85
1.5.1 Checklists and Questionnaires .....	26		
1.5.2 Repertorisation .....	28		
1.6 Quiz 2: <i>The Boenninghausen Method</i> .....	30		
1.7 Dosage.....	31		
1.8 Assessing Progress .....	32		
1.9 Practical Procedure.....	33		
1.9.1 Case 2: Acute Hearing Loss .....	33		
1.10 Contributors to the Development of Polarity Analysis .....	38		
1.11 Quiz 3: <i>Questions on Polarity Analysis</i> .....	39		
1.12 Summary .....	39		
1.13 Discussion.....	40		

2.2.17	"The Snows Of Kilimanjaro" - Mishap on a Trip in the Mountains: <i>How can "proven indications" be used in a rational way?</i> .....	88
2.2.18	Quiz 5: <i>Acute Illness, Part II</i> .....	91
2.2.19	Working With Acutely Ill Patients .....	91

## MODULE 2.....94

### 3. CHRONIC ILLNESS .....95

3.1	Procedure .....	95
3.2	Case Histories of Uncomplicated Chronic Illness .....	96
3.2.1	Soft Tissue Rheumatism: <i>What are reliable criteria for choosing the remedy?</i> .....	96
3.2.2	Irritable Bladder With Recurrent Cystitis: <i>The connection between §153 and § 133</i> .....	100
3.2.3	Bronchial Asthma: <i>Distinguishing between the patient's symptoms and conditions of nature</i> .....	103
3.2.4	Chronic Whiplash: <i>The course of the "initial reaction"</i> .....	107
3.2.5	Orthostatic arterial Hypotension: <i>The remedy provides insights into the psychodynamics</i> .....	110
3.2.6	Hyperemesis Gravidarum: <i>Initial aggravation or remaining symptoms?</i> .....	113
3.2.7	Lennox Syndrome - A Complex Form of Epilepsy: <i>Possibilities and limitations of homeopathy.</i> .....	117
3.2.8	Hay Fever: <i>Do not rest on your laurels!</i> .....	122
3.2.9	Quiz 6: <i>Uncomplicated Chronic Illness</i> .....	125
4.	MENTAL ILLNESS IN CHILDREN AND TEENAGERS .	126
4.1	Procedure Peculiarities of Mental Illness .....	126
4.2.	Cases .....	126
4.2.1	ADHD: <i>The value of pathognomonic symptoms</i> ..	126

4.2.2	Crisis in Starting Working Life: <i>The new stage of life requires a change of remedy</i> .....	132
4.2.3	Psychological Trauma: <i>Polar physical symptoms identify the correct remedy</i> .....	137
4.2.4	Asperger Syndrome: <i>Constitutional char acteristics must be distinguished from symptoms</i> .....	140
4.2.5	Borderline Personality Disorder: <i>Secondary symptoms can also indicate the correct remedy!</i> .....	145
4.2.6	Trichotillomania (Compulsive Hair Pulling): <i>Remedy pictures can deceive!</i> .....	149
4.2.7	Conversion Syndrome (Hysterical Paralysis): <i>Homeopathic healing or spontaneous remission?</i> .....	152
4.2.8	Duchenne Muscular Dystrophy and its Consequences: <i>Homeopathic care of an incurable illness</i> .....	156
4.2.9	Quiz!: <i>Mental illness in children and teenagers</i> .....	161
4.2.10	Working With Patients Who Have a Chronic Physical or Mental Illness.....	162

## MODULE 3.....164

### 5. MULTIMORBID PATIENTS.....165

5.1.	Procedure.....	165
5.2.1	Exhaustion Due to Stress Both at Work and in the Family: <i>Criteria for selection of symptoms for repertorisation</i> .....	167
5.2.2	Cardiac Syncope: <i>Complications of an inter mediate remedy</i> .....	174
5.2.3	Anxiety Disorder: <i>How to proceed when no remedy covers all symptoms</i> .....	183

5.2.4	Paroxysmal Visual Disturbance: <i>The importance of graphical progress checks...</i>	192
5.2.5	Chronic Fatigue Syndrome: <i>Stress as an antidote to homeopathic remedies...</i>	200
5.2.6	Concealed Depression: <i>Subtleties of the materia medica comparison...</i>	207
5.2.7	Quiz 8: <i>Multimorbid Patients</i>	215
5.2.8	Working With Patients Who have ADHD/ADD or Multimorbid Illness	216

## 6 EVALUATION STUDIES OF POLARITY ANALYSIS . .217

6.1	Acute Illness	217
6.1.1	IntroduCtion	217
6.1.2	Design	217
6.1.3	Results	218
6.1.4	DisCUSsion	219
6.2	The Influenza Epidemic of 2011: A Prospective Outcome Study	219
6.2.1	Introduction	219
6.2.2	Design	219
6.2.3	Results	220
6.2.4	Discussion	223
6.3	Chronic Illness <sup>5</sup>	225
6.3.1	Introduction	225
6.3.2	Design	225
6.3.3	Results	226
6.3.4	Discussion	227
6.4	ADHD/ADDStudy	228

6.4.1	Introduction	228
6.4.2	Design	229
6.4.3	Results	231
6.4.4	Discussion	236
6.5	Multimorbid Patients	237
6.5.1	Introduction	237
6.5.2	Design	238
6.5.3	Results	240
6.5.4	DisCUSsion	243

## 7 TOOLS .....245

7.1	Repertory	245
7.2	Questionnaire Diagnosis and Main Symptoms	247
7.3	Checklist for Reliable Symptoms	248
7.4	Checklist for Perception Disorders	250
7.5	Assesment Sheet for Perception Disorders	252
7.6	Application of Q or (LM)-Potencies	253
7.7	Case Log for Multimorbid Patients	254

## APPENDIX .....256

8.1	QuizAnsWers	257
8.2	List of Tables	266
8.3	List of Figures	267
8.4	List of Pictures of Remedy Substances	268
8.5	Cases	269
8.6	Bibliography	272
8.7	Remedy Index	276
8.8	Subject Index	277
8.9	About Me	280

## ABBREVIATIONS

<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>ADD</b>	Attention Deficit Disorder
<b>BOWG</b>	Boenninghausen Working Group
<b>CC</b>	Complex Case
<b>CI</b>	Contraindication
<b>(ci)</b>	Relative contraindication
<b>CGI</b>	Conners' Global Index
<b>CPRS</b>	Conners' Parent Rating Scale
<b>CTRS</b>	Conners' Teacher Rating Scale
<b>ENT</b>	Ear, Nose and Throat
<b>GS</b>	C. Hering, <i>The Guiding Symptoms of Our Materia Medica</i>
<b>MMP</b>	S. Hahnemann, <i>Materia Medica Pura</i>
<b>MMR</b>	Measles, Mumps, Rubella
<b>§</b>	Aphorism in S. Hahnemann, <i>The Organon of Medicine</i>
<b>(P)</b>	Polar Symptoms
<b>PA</b>	Polarity Analysis
<b>PB</b>	C. von Boenninghausen, <i>Boenninghausen's Therapeutic Pocketbook</i>
<b>PD</b>	Polarity Difference



## IN OUR QUEST FOR THE ADVANCEMENT OF HOMEOPATHY, KNOWLEDGE, RATIONAL METHODOLOGIES AND IMPROVED OUTCOMES HAVE TO EVOLVE TOGETHER. -

RUSSELL MALCOLM

### IMPROVING HOMEOPATHIC PRESCRIBING — A PREFACE

"Repeat the *experiments... repeat them carefully and accurately, and you will find the doctrine confirmed at every step.*"

With these words Hahnemann urged his reviewers to practice homeopathy in an accurate manner (*Materia Medica Pura* [MMP], Vol. II, p. 2)<sup>1</sup>. Homeopathy has nevertheless developed in breathtakingly diverse directions since its discovery 200 years ago. When asked to find the best remedy for a particular case, the participants in a modern seminar will put forward a multitude of suggestions. For those less familiar with homeopathy, this generates the impression of considerable disorientation. In contrast, Hering reported in the middle of the nineteenth century that he had sent a patient's medical history to 33 colleagues, requesting them to suggest the most suitable remedy. He received 22 replies, all indicating the same remedy? There was evidently at that time a widespread consensus about the procedure to identify the required remedy. In view of the recent aggressive and frequent attacks on homeopathy, the fact that the required remedy cannot be reliably and reproducibly determined has seriously damaged homeopathy. Most new methods that have been introduced to homeopathy since the beginning of the twentieth century have not been statistically evaluated: we therefore do not know how they affect treatment outcomes, a situation that should urgently be corrected with outcome studies. These would also be an important step for homeopathy to acquire the status it deserves in medicine.

Polarity analysis (PA) was developed for the scientifically rigorous Swiss double-blind study with homeopathic treatment of hyperactive children, a study which demonstrated a significant difference between high-potency homeopathic remedies and placebo.<sup>3</sup> A fundamental challenge in reaching this result was to improve the reliability of all elements used to determine a remedy.<sup>4,5,6</sup> The method of PA is based on **Boenninghausen's Therapeutic Pocketbook (PB)** and its still unmatched grading of symptoms. Transferring the new insights to the

treatment of acute and chronic illness as well as multimorbidity has led to a noticeable improvement in prescribing accuracy.

This book aims to convey the essentials of polarity analysis by providing the reader with a comprehensive practical introduction to this working method. We have included a wealth of case studies, chosen to illustrate the many different aspects encountered in clinical practice. We recommend that you try to reproduce the remedy selection process in these cases with one of the available software programs based on the revised edition of Boenninghausen's *Therapeutic Pocketbook (PB)*.<sup>7</sup> The author uses therefore the modern polarity-analysis software, the most reliable repertory available today. It is available in many languages (see: <https://polarity-analysis.com>). After you have acquired some experience in this field, you can start tackling **chronic illness (module 2)**, and finally you can begin to treat patients in the most demanding field, **hyperactive children and multimorbid patients (module 3)**. Two important conditions for achieving good results are the consistent application of the method, and the training of the patients to accurately observe and describe their symptoms - especially their polar symptoms (with the help of checklists and questionnaires). Polar symptoms have proved to be excellent signposts pointing the way beyond superficial physical symptomatology to deeper healing.

It may appear at first sight to be a disadvantage that Boenninghausen's *Therapeutic Pocketbook (PB)* restricts the selection to 133 remedies. Yet this restriction in the number of variables is in fact an advantage rather than a disadvantage since it increases the reliability of the selection process. We actually have to choose between using reliable working tools with a limited number of remedies and demanding a high number of remedies, mindful of the consequences. In our extensive clinical practice over many years, it is our impression that the early homeopaths had in fact already found the most important remedies: it is rarely necessary to use additional homeopathic medicines.

**ACKNOWLEDGEMENTS** I would like to offer my heartfelt thanks to all those people who contributed to the creation of this book. These include especially Dr. Klaus-Henning Gypser (Glees), Dr. Dominik Muller (Eichstatt), and Dr. Horst Kreikenbaum (Schaffhausen), who read the manuscript critically and made valuable suggestions for improvement. Many thanks also to Aidan Constable (Heidelberg) for the careful translation of the

manuscript, to Begabati Lennihan, RN, CCH (Cambridge, Mass.) for her many thoughtful and constructive comments and to Wolfgang Hennig (Boppard am Rhein) for adapting the checklists and questionnaires to the exact wordings used in the repertorisation program. A big thanks as well to the team at Narayana publishers for the consistently harmonious collaboration. Last but not least, I would like to thank my dear wife, who has again put up with the birth of a book, supporting and influencing the discussions and deliberations arising in the process.

May this book become a valuable aid to colleagues seeking to alleviate the suffering of their fellow human beings.

*Laupen, Switzerland, December 2022*

*Dr. Heiner Frei*

**EASIER BUT NOT EASY**  
**PREFACE 3RD EDITION**

With many different approaches available for remedy selection, homeopathy is a very elaborate art and science. But most of the methods are difficult because they rely on the interpretation of symptoms either by the patient or by the homeopathic practitioner. This element of subjectivity leads to constant uncertainty about whether remedy selection is correct or not.

Polarity analysis (PA) marks a big step towards making remedy selection more reliable, effective and reproducible. Unfortunately many beginners, happy to finally have a simple method at hand, assume that they just can enter the reported symptoms into the software and then use the resulting homeopathic differential diagnosis without further reflection. But by doing so they will not fully benefit from the advantages of PA.

The crucial point is that we have to be very precise about the meaning of every symptom. The *real art is to make sure that the patient describes their symptoms correctly*. Let's give an example to clarify this point:

On the checklist a patient underlines the symptom *aggravation after rising from bed*. The true meaning of this symptom is that the ailment gets worse for a short time immediately after getting up from bed, in the new position of standing on his feet. It does not mean that the

symptom gets worse *while* getting up from bed, which is a modality of movement, not of position. And nor does it mean that the ailment is aggravated by prolonged standing. Normally patients are not aware of such subtle differences. It is the homeopathic practitioner who has to clarify the real meaning of the patient's experience. This is why PA, although easier than other methods, is still demanding.

In this *third and completely revised edition of the Polarity Analysis Textbook*, you learn about the latest developments of the method, all aimed at further increasing the reliability of remedy selection.

1. As a first step, we have assigned one of three *reliability levels* to each symptom of Boenninghausen's Therapeutic Pocketbook (BTB). In our Polarity Analysis Software, (<https://polarity-analysis.com>) these levels are marked with colours: high reliability - green, intermediate reliability - yellow, low reliability - red. If at all possible you should repertorise only with symptoms of high reliability.
2. The previous multiple checklists for different pathologies have been replaced by just three: the comprehensive *Checklist of Reliable Symptoms*, the *Checklist for Perception Disorders* and the *Questionnaire for Diagnoses and Main Symptoms*. The two checklists contain the most important symptoms for remedy selection and allow you to make a correct choice in almost every case. The *Questionnaire for Diagnoses and Main Symptoms* serves to generate a complete impression of the patient's condition in cases of chronic disease.
3. Working through a checklist with 160 symptoms in acute disease often overtaxes the patients. Therefore we defined 30 *key symptoms* in the Checklist of Reliable Symptoms. You can go through them with every acutely ill patient. In our polarity analysis Software function *checklist*), a yellow background marks every key symptom. The system was developed during the Covid-19 pandemic and has yielded very good results.

We sincerely hope that you can further improve your treatments after carefully getting acquainted with these innovations. We believe you will be rewarded by even better results than before.

Laupen, January 2023  
Heiner Frei, MD

# MODULE 1

# 1 POLARITY ANALYSIS

## 1.1 INTRODUCTION 1.1.1 HISTORY

The founder of homeopathy, Samuel Hahnemann (1755-1843), was confronted during his medical training in the eighteenth century with outdated paradigms which only by chance led to healing. Discontented with this state of affairs, he began to investigate new methods. With the help of *remedy provings on healthy people*, he was able to demonstrate which symptoms of an illness a specific remedy was able to heal. According to his insights, the task of the homeopath is to precisely describe the patient's symptoms and to match these to the symptom spectrum of a specific remedy according to the *law of similars*. If this remedy is administered in the correct dose (diluted and potentized, to avoid toxic effects), and if possible impediments to cure are removed (ORG § 3, § 24)<sup>9</sup>, the remedy acts "if we *may use the expression, with mathematical certainty*" (MMP I, p. 17)<sup>10</sup>.

Although the fundamental tenets of homeopathy were clearly formulated, nowadays we find a plethora of ideas, often diverging greatly from one another, as to how to establish a match between the patient's symptoms of illness and the symptom spectrum of the remedy. This plurality leads to considerable uncertainty within homeopathy. The polarity analysis presented here constitutes a return to the founding principles as well as the practical methods of the old homeopathic physicians, especially Hahnemann, Boenninghausen, Hering, and Lippe. This is supplemented by new knowledge about the significance of polar symptoms, which can be effectively implemented using computer-assisted repertorisation, helping greatly to improve the reliability of the remedy choice.

This book describes all of the key building blocks essential to achieve improved results. I ask for your forbearance if certain self-evident aspects are stressed, although these should already be clear from the study of the *Organon* - they have frequently been forgotten during the development of

## 1.2 PRINCIPLES OF HOMEOPATHY

### 1.2.1 HAHNEMANN'S CONCEPT OF ILLNESS AND SYMPTOMS

In ORG § 7, Hahnemann<sup>9</sup> writes: *"Thus, in a word, the totality of symptoms must be the most important, indeed the only thing in every case of disease, that the medical-art practitioner has to discern and to clear away, by means of his art, so that the disease shall be cured and transformed into health."* Here Hahnemann is talking about the case of illness, not about the set of symptoms that the patient had but which has now disappeared. We need to know about these symptoms when treating cases of chronic illness in order to assess the course of the illness and - for example - to judge whether old symptoms have re

THE CURRENT SYMPTOMS OF  
ILLNESS ARE THE SUREST  
POINTERS TO THE  
APPROPRIATE REMEDY.

SYMPTOMS ARE DEVIATIONS  
FROM THE ORIGINAL HEALTHY  
STATE-ALTERATIONS IN THE  
STATE OF HEALTH DURING  
ILLNESS.

appeared during the course of healing. But old symptoms are not included in the repertorisation. Symptoms are (according to ORG § 6) *"alterations in the condition of the body and soul... which are outwardly discernible through the senses. That is,... the deviations from the former healthy state of the now sick patient"*. Accordingly, symptoms do not include character traits or characteristics of a patient that are also found in the healthy state. This distinction is crucial since, if we ignore it, we may choose the wrong remedy. For example, if a patient is very irritable when healthy, yet noticeably placid when ill, we must take the placidity as the symptom, not the irritability.

The emphases above are of practical importance since we must ask ourselves when taking every case whether the symptoms belong to the current case of illness or whether they existed prior to the illness. If the latter is true, we must not include those symptoms in the repertorisation. This is especially important if old symptoms contradict current ones. For example, if a patient with an acute febrile illness says she has heat with a dislike of being uncovered, yet in terms of her pre-existing menopausal flushes she feels heat with the desire to uncover herself, we must only use the symptom heat with a dislike of being uncovered when treating the acute febrile illness. In addition, the separation of illness symptoms from the patient's characteristic traits is of decisive importance for the choice of remedy: if the desire for fresh air found in a case of illness is also found in the healthy state, it must not be included in the repertorisation.

According to Hering, a complete symptom consists of the five elements location, sensation, clinical findings, modalities, as well as

concomitants and extent. When taking the case we should attempt to elicit complete symptoms whenever possible.

### 1.2.2 THE LAW OF SIMILARS

In ORG § 153, Hahnemann wrote "the more *striking, exceptional, unusual, and odd (characteristic) signs and symptoms of the disease case are to be especially and almost solely kept in view. These, above all, must correspond to very similar ones in the symptom set of the medicine sought.*"

In order to correctly understand this paragraph, we need to read it in conjunction with ORG § 133 which, due to its importance, I will quote here in full:

*"Upon becoming sensible [i.e., upon feeling and becoming conscious] of this or that medicinal ailment, it is serviceable, indeed requisite for the exact determination of the symptom, to place oneself in different situations and to observe whether the befallment increases, lessens or passes away and whether, perhaps, the befallment returns when one is once again in the initial situation.*

1. Does the befallment increase, lessen or pass away:

*By movement of the part in question? By walking in a room or in the fresh air? By standing, sitting, or lying?*

2. Does the symptom alter itself:

*By eating? By drinking? Under some other condition? By speaking, coughing, sneezing, or during another bodily function?*

3. What time of the day or night is the symptom especially wont to come?

*In this way, what is peculiar and characteristic about each symptom becomes evident."*

WHEN CHOOSING A REMEDY.

IT IS ESPECIALLY IMPORTANT

TO CHECK THAT THE PATIENT'S

MODALITIES MATCH THOSE OF

THE REMEDY.

Hahnemann is here describing the modalities, which are obviously also valid for patient symptoms, and says that through them "... *what is peculiar and characteristic about each symptom becomes evident*". This means that, above all, the modalities of the patient must match those



BY MENTAL SYMPTOMS WE MEAN  
THE ALTERATIONS IN THE  
PATIENT'S STATE OF MIND AS A  
RESULT OF ILLNESS. NOT THE  
CHARACTER OR STATE OF MIND OF  
THE PREVIOUSLY HEALTHY  
PERSON.

of the chosen remedy. ORG § 153 is frequently interpreted differently, however, to mean that above all unusual, striking, rare, and even peculiar symptoms should determine the choice of remedy - the so- called keynotes or "as if" symptoms. This type of symptom generally has very few remedies assigned in the repertory. If only such symptoms are taken into account, the result can be that the peculiar symptom matches the remedy but the patient's modalities do not. In such a constellation, healing is only rarely possible because the characteristic aspects of the remaining symptomatology are ignored.

AFTER A DIFFERENTIAL  
DIAGNOSIS OF THE LIKELY  
REMEDIES HAS BEEN PRODUCED.  
BASED ON THE MODALITIES AND  
OTHER IMPORTANT SYMPTOMS.  
THE CURRENT MENTAL SYMPTOMS  
CAN TIP THE SCALES FOR THE FINAL  
CHOICE OF REMEDY.

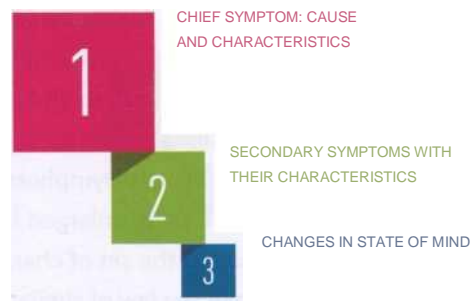
In ORG § 211, Hahnemann writes: "The *patient's emotional state often tips the scales in the selection of the homeopathic remedy*." Here too we are concerned with alterations due to illness, not with the character or state of mind of the previously healthy person. That the patient's emotional state often "*tips the scales*" means that first - with the help of the modalities and other important symptoms - a differential diagnosis of the likely remedies is produced. When choosing one of these likely remedies, the patient's emotional state can then be the decisive factor.

### 1.2.3 HIERARCHY OF SYMPTOMS

After comprehensive casetaking as described in ORG §84 to § 95, we generally end up with a wealth of symptoms, each of which has a different influence on the choice of remedy. In the introduction to the revised edition (2000) of Boenninghausen's PB<sup>7</sup>, K-H. Gypser has outlined the symptom weighting that can be found in different places in Boenninghausen's writings. First comes the causative factor of the current illness, if one can be found (but this is not to be confused with the conventional medical notion of causation). Second is the chief symptom with its characteristics (modalities, sensations and clinical findings, location, concomitants and extent). Third are the second- ary symptoms. Fourth are the changes in the state of mind (table 1). A hierarchy is of particular importance if the symptoms from different levels in the hierarchy contradict one another. For example, if the chief symptom (the abdominal complaint that has caused the patient to seek out the doctor) is characterized by *amelioration* from warmth, yet a secondary symptom like a skin eruption is characterized by *aggravation* from warmth, we must give preference to the modality

of the chief symptom - the conflicting secondary symptom must be disregarded in such a case, If we are unsure which is the chief symptom and which is the secondary symptom, we must exclude contradictory modalities from the repertorisation. If the chief symptom has only a few or even no modalities, we might decide to use the distinct modalities of the secondary symptoms for the repertorisation: this often occurs in skin disease.

Table 1: Boenninghausen's  
Hierarchy of Symptoms



#### 1.2.4 RELIABILITY OF SYMPTOMS

The quality of symptoms plays a decisive role in the reliability with which the remedy is chosen. Due to our prior experience gained in the treatment of ADHD, an investigation was conducted during the preparation of the Swiss double-blind study into ADHD with the aim of identifying unreliable symptoms. This involved analyzing the choice of symptoms from the cases in which initially an ineffective remedy was chosen, followed later by the correct remedy. In this way it was possible to identify the symptoms that often led to incorrect prescriptions. The evaluation of 100 cases produced 77 *unreliable symptoms*, including 44 *mind symptoms*, 9 *weather modalities* and 6 *food symptoms* (desire / dislike / aggravation). These symptoms were subsequently excluded from the repertorisation.

Due to the frequency of these excluded symptoms, many cases were now characterized by a lack of symptoms, which therefore impeded the process of choosing the remedy. A possible substitute for the unreliable symptoms was the modalities of the disturbances in perception found in ADHD patients. These had not been used so far because — as *pathognomonic symptoms* — the consensus within

homeopathy was that they should not be included in the repertorisation. Yet the use of this type of symptom immediately led to a marked improvement in the results.

The term *pathognomonic* was first introduced to homeopathy by G.H.G. Jahr. Later C. Dunham explained in his work the importance assigned to these symptoms by homeopathic physicians of the nineteenth century: pathognomonic at that time meant irreversible changes in organs (for example, liver cirrhosis or a scar), which should therefore be excluded from the repertorisation because they usually cannot be healed.<sup>11'12'13</sup> But the current understanding of pathognomonic is different: it now refers to those "hallmark" symptoms used to establish a conventional medical diagnosis. For example, the pathognomonic symptoms of acute lymphoblastic leukemia are: pallor, petechiae, fatigue, bone pain, enlarged liver and spleen, and so on. Such symptoms belong to the set of characteristic symptoms, so that it is a misapplication of the law of similars to exclude them from the repertorisation. The false interpretation of the ambiguous term "pathognomonic symptom" has therefore had disastrous effects on the precision of homeopathic prescribing.

Yet why can mental symptoms be so misleading? "Mind" is the smallest chapter in the PB. Boenninghausen justified this by saying that mind symptoms are often consequences and therefore do not constitute reliable symptoms, and he pointed out that mental symptoms are often overlooked or incorrectly ascertained. He therefore recommended looking up the state of mind, with all its subtlety, in the original sources, and restricted himself in the area of mind to the essentials. Boenninghausen placed great emphasis on including the state of mind only when making the final choice from the list of likely remedies - at the stage of differentiating the remedies, and he *explicitly* restricted himself to the *CHANGE* in the state of mind during an illness (see ORG § 210 ff, especially the footnote to ORG § 210). "One often finds that people who were patient in healthy times become, in disease: stubborn, violent, hasty, and even insufferable, self-willed and in due succession, impatient and despairing. Those who were formerly chaste and modest often become lascivious and shameless."

In contrast to the mind symptoms, modalities are generally unambiguous. Regardless of individual, cultural, or linguistic background,

PATHOGNOMONIC SYMPTOMS

CAN BELONG TO THE SET OF

CHARACTERISTIC SYMPTOMS. IF

SO. THEY MOST NOT BE

EXCLUDED FROM THE

REPERTORISATION.

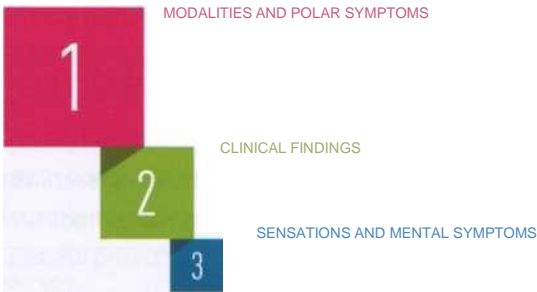
WHEN CHOOSING A REMEDY.  
\* IT IS BEST TO INCLUDE MIND

SYMPTOMS ONLY DURING THE

MATERIA MEDICA COMPARISON.

the sense of warmth or cold (for example) is everywhere perceived the same. Other polar symptoms such as thirst and thirstlessness also permit little scope for misinterpretation. Based on the ADHD study, it has been possible to draw up a hierarchy of the reliability of symptoms (table 2, symptom reliability, decreasing from top to bottom).

Table 2: Hierarchy of Symptom Reliability



1.2.5 HERING'S LAW

That which Constantine Hering described in 1865 in an article in the *Hahnemannian Monthly* with the title "*Hahnemann's Three Rules Concerning the Rank of Symptoms*" is now known simply as Hering's Law.<sup>14</sup> This is the essence of it:

THE CHARACTERISTIC  
SYMPTOMS THAT, IN THE  
COURSE OF THE ILLNESS,  
WERE THE LAST TO APPEAR  
TAKE PRIORITY WHEN DE-  
TERMINING THE REMEDY.

"Suppose a patient had experienced the symptoms he suffers in the order a, b, c, d, e, then they ought to leave him, if the cure is to be perfect and permanent, in the order e, d, c, b, a. The latest symptoms have thus the highest rank in deciding the choice of remedy."

From this he drew the conclusion that the most recent symptoms of the patient should take priority when determining the remedy, since these should be the first to disappear.

Hering's Law is important because it often enables us to solve cases with a multitude of symptoms where it is difficult to obtain a good overview - by directing us to concentrate on only the most recent characteristic symptoms when choosing the remedy. With a remedy chosen in this way, old symptoms usually improve too. As soon as multiple complaints exist together, it is important to know when each one began.

### 1.3 QUIZ1: FUNDAMENTALS OF HOMEOPATHY

- 1 What does Hahnemann mean by that *which is to be healed* (§ 7)?
- 2 Define the symptom complex (§ 6).
- 3 Which of the patient's symptoms must particularly match the symptoms of the remedy (§ 133)?
- 4 Define mind symptoms.
- 5 What is the role played by mind symptoms in the choice of remedy (§ 211)?
- 6 What role is played by the character traits and characteristics of the patient when choosing the remedy?

> YOU CAN FIND THE ANSWERS ON P. 257.

### 1.4 DEVELOPMENT OF POLARITY ANALYSIS

#### 1.4.1 BOENNINGHAUSEN'S CONTRAINDICATIONS

The polarities are first mentioned in the preface to the revised edition of Boenninghausen's Pocket Book by Klaus-Henning Gypser.<sup>7</sup> When choosing a remedy, Boenninghausen strived to match the patient's set of symptoms and especially the modalities (that is, the circumstances that aggravate or ameliorate the symptoms) as closely as possible to the *genius* of the remedy.

THE GENIUS OF A REMEDY INCLUDES THE MODALITIES, SENSATIONS, AND CLINICAL FINDINGS THAT HAVE REPEATEDLY APPEARED IN THE PROVINGS AT VARIOUS DIFFERENT LOCATIONS, AND WHICH CAN GENERALLY BE HEALED. THESE ARE IN FACT THE ACTUAL CHARACTERISTICS OF A REMEDY.

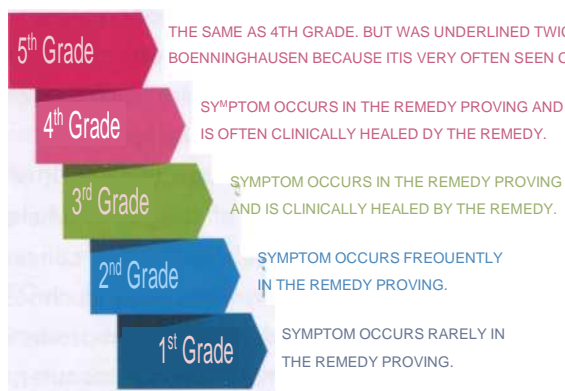


Table 3: Boenninghausen's Grading of Symptoms

*Symptoms of the 3rd to 5th grades are genius symptoms since they are observed in different localizations in proving and clinical practice.*

POLAR SYMPTOMS ARE THOSE SYMPTOMS THAT CAN HAVE AN OPPOSITE ASPECT. AN "OPPOSITE POLE" SUCH AS THIRST /THIRSTLESSNESS, COLD AGGRAVATES / COLD AMELIO- RATES OR DESIRE FOR FRESH AIR/ DISLIKE OF FRESH AIR.

POLAR SYMPTOMS OF THE REMEDY IN QUESTION SHOULD BE MATCHED AT AS HIGH A GRADE AS POSSIBLE (3-5). IF THE OPPOSITE POLE IS LISTED FOR THE REMEDY AT A HIGH GRADE (3-5) BUT THE PATIENT SYMPTOM AT A LOW GRADE (1-2), THE GENIUS OF THE REMEDY DOES NOT MATCH THE PATIENT'S SYMPTOM SET. THE REMEDY IS THEREFORE CONTRAINDICATED.

In order to confirm the remedy choice, he advised checking whether one or more aspects of the patient's symptom set contradict the genius symptoms of the remedy. This contradiction can concern polar symptoms (see note on the left).

With many remedies, both poles of a polar symptom are covered, but in different grades. Boenninghausen said that a contradiction occurs when the patient symptom is observed in the 1<sup>st</sup> or 2<sup>nd</sup> grade with the opposite pole listed for the remedy in the 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> grade. In this case, the opposite pole (not the patient symptom) corresponds to the genius of the remedy. Boenninghausen found that such constellations hardly ever lead to healing, and indeed they are a contraindication for the remedy concerned. When checking unsuccessful prescriptions, made without regard to Boenninghausen's rule, we frequently find contraindications that have been missed.

#### 1.4.2 POLARITY DIFFERENCE

In 2001, during the initial phase of the ADHD double-blind study, Boenninghausen's notion of contraindications was used as the foundation of polarity analysis, a mathematical procedure that leads to higher hit rates\* resulting in more solid clinical improvements than was so far seen with conventional homeopathic methods. By grading the polar symptoms of the shortlisted remedies, polarity analysis calculates the likelihood of healing, the polarity difference.

This is calculated for each remedy by *adding the grades of the patient's polar symptoms*. From the resulting value, the *grades of the corresponding opposite polar symptoms* are subtracted. The higher the polarity difference calculated in this way, the more the remedy corresponds to the patient's characteristic symptoms, assuming there are no contraindications. The rigorous application of these insights about the polarity of symptoms leads to a quantum leap in the precision with which we can determine the correct remedy.<sup>4,5</sup> The effects on the accuracy of the prescriptions and the quality of improvement has been evaluated in several prospective outcome studies (chapter 6). The following example demonstrates the procedure.

\* Hit rates: prescriptions are defined as hits (i.e. successful) if they lead to a symptom improvement of at least 50% within two days in acute disease (see 6.2.2), and at least 50% within 2 months in chronic disease (see 6.3.2).

## 1.4-2.1 CASE 1 MR B.Z. 50 YEARS OLD

## SUBACUTE GRANULOMATOUS THYROIDITIS DE QUERVAIN

CASETAKING: Mr Z\*. has always been healthy. He comes to see us due to a decline in his sporting performance. His current illness began six weeks ago with transitory pain in the right side of the neck, lasting a few days. Since then he has suffered from palpitations and outbreaks of sweating as well as an intractable, dry cough. He was forced to drop out of the Bern Grand Prix, a city run, which greatly upset him.

CLINICAL FINDINGS: General condition reduced, BMI 22.3 kg/m<sup>2</sup> (rather thin), dark rings round the eyes. Blood pressure 130/80, pulse 72/min. Neck and throat normal, early mesosystolic dick on cardiac auscultation, lung examination negative, abdominal wall soft, no hepatosplenomegaly, flow murmur in right lower abdomen. Peripheral pulse normal, cursory neurological status normal.

With the help of the *Checklist for Reliable Symptoms* (see chapter 7.3) we identified the following symptoms:

- *Warmth: worse* P\*\*
- *Desire for open air* P
- *Heat with inclination to uncover* P
- *Quick pulse* P
- *Pressure external: worse* P
- *Tenderness to pressure of neck, right* p

The repertorisation can proceed if the case has a minimum of five polar symptoms, since these together with the modalities constitute the distinctive and characteristic quality of the complaints, and are at the same time the most reliable symptoms for determining the remedy (see table 2). For the repertorisation we used the Polarity Analysis Software.<sup>8</sup>

---

\* All names have been changed to protect the privacy of our patients.

\*\* P= Polar symptoms

			lod.	lyc.	Puls.	Acon.	Carb-v.	Phos.	calc.	Staph.	Lach. I
Hits			6	6	6	6	6	6	6	6	6
Sums			19	16	16	14	11	12	13	12	10
Polarity Difference			18	9	6	6	5	4	3	3	2
73	< warmth, in general (worse)	P	4	2	4	1	1	1	1	1	1
76	air, desire for open air	P	3	3	4	1	1	1	1	1	1
37	heat, with inclination to uncover	P	3	3	2	4	1	2	3	2	1
80	pulse, quick	P	4	1	1	4	2	4	1	1	2
93	< pressure, external [worse]	P	4	4	1	1	3	2	3	3	3
109	external throat, neck		1	3	4	3	3	2	4	4	2
90	> warmth, in general [better]			1	1	3/CI	2	2	1	2	2
86	air, aversion to open air			3	1		1	1	4/CI	2	2
55	heat, with aversion to uncover				2	1		1		1	2
43	pulse, slow				1			1			
74	> pressure, external (better)				1	1		1	1		

Table 4: Repertorisation Demonstration Case 1, Patient B. /.

**EXPLANATION OF i. The remedies are ordered according to the number of hits.**

**TABLE 4** Further remedies are not shown for reasons of space, and because they have a smaller number of hits and a lower polarity difference.

**2. Symptom descriptions:**

< = worse; > = better

Polar symptoms are marked with (p).

The coloured field preceding each symptom declares its reliability: high, intermediate or low.

The number in the colored field, 73 for example in < *warmth in general*, refers to the number of remedies matching the symptom. This information is important because it shows how strongly the choice of remedy is restricted by the use of the symptom rubric.

**3. Patient symptoms:**

These are listed underneath the blue line and above the red line.

**4. Opposite poles:**

These are shown in italics and are found below the red line.

**5. Calculation of the polarity difference:** The grades of the *polar* patient symptoms of a remedy are added up. From this total, the sum of the grades of the opposite poles listed for the remedy are subtracted: the result is the polarity difference (example: *Iodium* 18-0=18 or *Lycopodium* 13-4=9).

**6. Contraindications, CI:** The *opposite poles* at the genius level (grades 3-5) are compared with the grades of the patient's symptoms.



If the patient's symptom has a low grade (1-2) but the opposite pole is listed for the remedy with a high grade (3-5), the genius of this remedy does not correspond to the characteristics of the patient's symptom; the remedy is therefore contraindicated.

Example: When checking *Aconitum*, we find that the patient's symptom < *warmth in general* is listed at the 1<sup>st</sup> grade whereas the opposite pole > *warmth in general* is listed for the remedy at the 3<sup>rd</sup> grade. In other words, > *warmth in general* air is a genius symptom of *Aconitum*. Therefore *Aconitum* does not fit the patient's symptoms and is contraindicated.

**7. Columns with contraindications (a) and relative contraindications (a)** are shaded grey so that we can instantly see which remedies are contraindicated. (The relative contraindications are explained in the key to table 13, see p. 50).

#### INTERPRETATION OF THE REPERTORISATION

THE HIGHER THE POLARITY  
DIFFERENCE. THE MORE LIKELY  
IT IS THAT THE REMEDY COR-  
RESPONDS TO THE PATIENT'S  
CHARACTERISTIC SYMPTOMS.  
ASSUMING THERE ARE NO  
CONTRAINDICATIONS.

All symptoms are covered by fifteen remedies, eight of which have contraindications, and are therefore discarded. *Iodum* has an outstanding polarity difference (PD) of 18, followed by *Lycopodium* as the second possible remedy (PD 9). The other remedies have, due to the much lower polarity difference, a significantly lower chance of healing the patient. The fact that *Iodum* stood out so strongly raised the suspicion that there was pathology of the thyroid gland. So the TSH (Thyroid Stimulating Hormone) level was determined, and was found to be massively lower than normal at 0.01 mU/l (normal: between 0.27 - 4.50), indicating a case of hyperthyroidism.

Iodine crystals



## PREScription AND

### PROGRESS

The patient was given a dose of *Iodum* 200c and referred to the endocrinologist. There was an instant improvement in the patient's condition following the *Iodum*, and the cough disappeared. The general state and the ability to exercise returned to normal. Ten days later, the endocrinologist performed a sonographic examination and found a small adenoma of 7mm diameter in the lower right lobe of the thyroid. The metabolism typical of hyperthyroidism had already returned to normal (TSH now 0.29 mU/l), and the free thyroxine (H4) was slightly diminished at 8.1 pmol/l (normal: 9.1 - 23.8). He diagnosed *subacute granulomatous thyroiditis de Quervain*. The slightly depressed thyroid function persisted, so the patient has since been taking a low dose of thyroxine as a substitution therapy.

### REMARKS

This case is interesting from the homeopathic point of view because it demonstrates how polarity analysis can make good use of simple polar symptoms to precisely capture the illness and even help us to identify the malfunctioning organ. If the patient had come for homeopathic treatment sooner, the substitution therapy would probably not have become necessary. In contrast to the contraindications, in which only symptoms with high-grade opposite poles are used, the polarity difference makes use of all the polar symptoms. It thereby establishes as accurately as possible which remedy is the most similar to the patient's symptom set. This eliminates differences in the grading of the *major* and *minor* remedies. The major remedies, the polychrests, are well-known and have very many symptoms, which is why the grading of these remedies' symptoms is generally higher than those of the symptoms of the less-well-known minor remedies. The calculation of the polarity difference based on the *difference* in grading between the patient symptom and the opposite pole, largely compensates this disadvantage of the minor remedies. The result is that polarity analysis often indicates surprisingly minor remedies as the best choice, leading to good healing results.

## 1.5 CASETAKING AND CHOICE OF REMEDY

The usual *casetaking* is shorter for acute illness, comprehensive for chronic illness, and even more comprehensive for multimorbid patients (those with three or more illnesses). This is followed by an examination of the patient. If necessary, additional *diagnostic procedures* are initiated, such as the TSH assay for the patient discussed above in i.4.2.1. It is fundamentally a good idea, before every homeopathic treatment, to make a *precise conventional medical diagnosis*, to avoid being surprised halfway through treatment by a complaint that was not included in the initial assessment of the case, (If the homeopath is not a physician, the patient's physician should order all the appropriate tests and make the diagnosis before homeopathic treatment starts.) Only when the diagnosis has been clarified and it is clear that homeopathy is a suitable treatment for the patient can the actual treatment begin. In the next step the *casetaking* is *supplemented with modalities and polar symptoms*, elicited as comprehensively as possible. For this purpose we use the checklists and a special questionnaire for diagnosis and main symptoms.

### 1.5.1 CHECKLISTS AND QUESTIONNAIRES

As already mentioned under 1.4.2.1 the polarity-analysis software divides the symptoms into three reliability levels, high, intermediate and low. Their definition was the result of several outcome studies, first with ADD/ADHD patients, later with acute and with chronic disease (see [www.heinerfrei.ch](http://www.heinerfrei.ch), publications). We made the finding, that the precision of the prescriptions increases if we use only highly reliable symptoms for repertorisation. Therefore, a *Checklist for reliable symptoms* was created, that has space for a description of the main symptom and contains 160 symptoms and modalities, which have proved to be the most reliable and useful for remedy determination. The patients are asked to identify at least eight and not more than sixteen symptoms which are important changes during their actual illness.

In *acute disease* we only use this checklist, while in *chronic disease* the patient also has to complete a questionnaire for *Diagnoses and mainsymptoms* to provide a comprehensive picture of his state

of health. This is a head-to-toe list containing the most important complaints and leaving space for additional descriptions. *Multimorbid patients* do the same but receive a checklist for every one of their diagnoses.

Since ADD/ADHD and autism spectrum disorders (ASD) are a difficult field in homeopathy we developed an additional *Checklist for perception disorders*, which is used along with to the questionnaire for diagnoses and main symptoms and the checklist for reliable symptoms.

The checklists and the questionnaire can be found in chapter 7, *Tools*. You can also download them from the author's website ([www.heinerfrei.ch](http://www.heinerfrei.ch)). Chapters 2 to 5 describe in detail how to use them, and include many cases to clarify the method and to offer a sound practical grounding.

Patients - or the patient's parents for children - download the Checklist reliable symptoms directly from our website, fill it out while observing the symptoms and then bring it to the consultation - or if it has not already been completed when the patient arrives, it is filled out in the practice during the consultation.

For chronic and multimorbid patients, the entire process of casetaking takes place on two separate dates. The first consultation includes the initial casetaking plus physical examination, with further tests scheduled as necessary, and finally a conventional medical diagnosis is made. Then the patients or parents receive the Questionnaire and the Checklists for reliable symptoms, which they prepare at home and bring back following an observation period lasting one to two weeks, so that the remedy can finally be chosen using all the information available.

When choosing the remedy, we evaluate questionnaire and checklist, then discuss the symptoms given by the patients so that we can be sure that we have correctly understood the patient's complaints, and what has been written down or underlined. We finish the casetaking by asking some supplementary questions.

### 1.5.2 REPERTORISATION

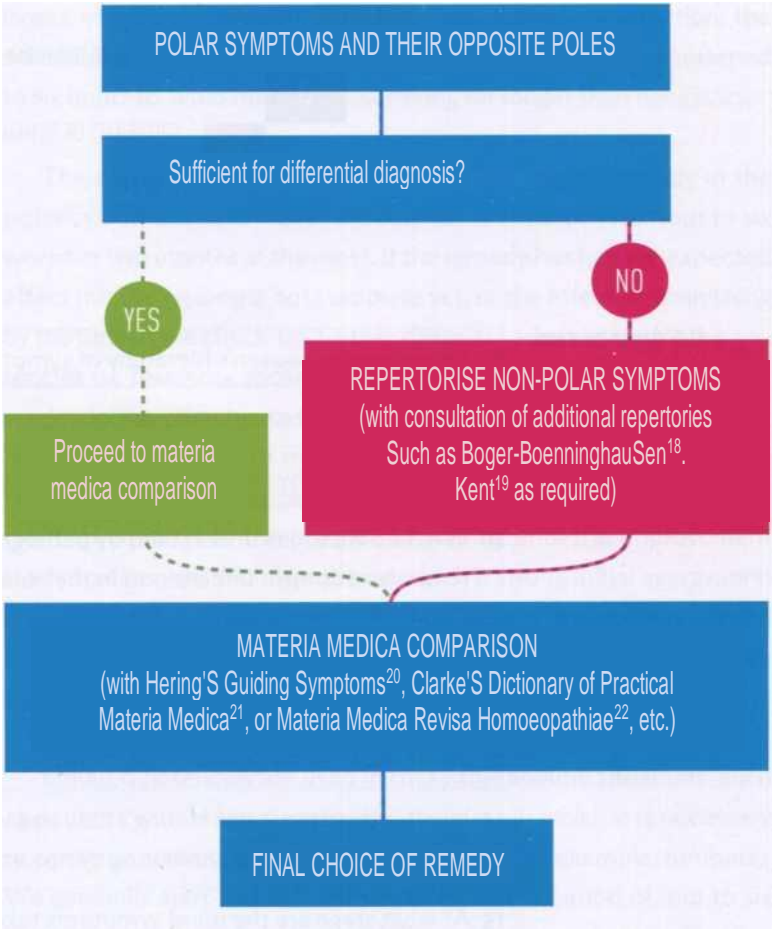
Boenninghausen's PB is based on the idea that the valuable modalities, sensations, and findings of a remedy are capable of generalisation. In other words, the modalities, sensations or findings observed in the proving process in various locations can be successfully transferred to other locations - that is, they can be generalised. This is the principle underlying the *dissociated repertorisation*, in which a complete symptom can be broken down into its elements and these can be repertorised individually. This means that a particular symptom restricts the choice of remedy less than with a *synthetic repertorisation*, in which the symptom is repertorised as a whole with all its elements. Synthetic repertorisation carries the risk that a case is restricted to one or a small number of remedies due to particular symptoms. When using this style of repertorisation, we often face the problem that not all symptoms can be assigned to a single remedy. The requirement that the remedy reflects the totality of symptoms is then no longer possible.

For our repertorisation, as already mentioned, at *least five polar symptoms* should be used if possible. If this number cannot be reached or if the polarity analysis is not sufficiently clear, further *non-polar* symptoms are used to differentiate the remedy. Table 5 shows the repertorisation scheme for polarity analysis. We use in our clinic exclusively the Polarity Analysis Software, edited by Frei and Hubele, a new computer program that is especially tailored to all the needs of polarity analysis.<sup>8</sup> It has proved to be a simple, straightforward, and very reliable tool (<https://polarity-analysis.com>).

The most important criteria for the *weighting of the repertorisation results* is the size of the polarity difference, second the absence of contraindications, followed by the completeness with which symptoms are covered, and finally the match established during the materia medica comparison (table 6). If we receive very many polar symptoms, as usually occurs for multimorbid cases, the completeness of the symptom

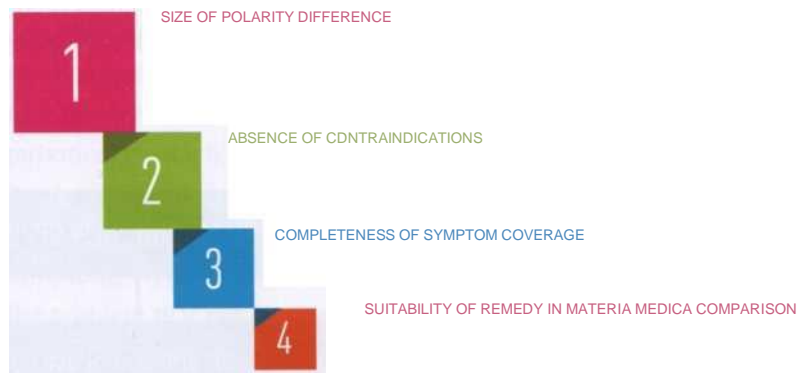
coverage has a significantly lower weight than the polarity difference. If we receive very many polar symptoms, as usually occurs for multimorbid cases, the completeness of the symptom coverage has a significantly lower weight than polarity difference and contraindications. With rather symptom-poor acute illnesses, however, this criterion of symptom coverage becomes more important. In the recommended software, the result of the repertorisation can be sorted

Table 5: Repertorisation Procedure for  
Polarity Analysis



by *number of hits* (click top left on screen, second row) - which corresponds to the *completeness of the symptom coverage* - or by *polarity difference* (click top left on screen, fourth row). We recommend using both sort criteria to achieve a good overview of the likely remedies.

Table 6: Weighting of the Repertorisation Results



## 1.6 QUIZ 2: THE BOENNINGHAUSEN METHOD

- 7 List Boenninghausen's hierarchy of symptoms (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>)!
- 8 What are the characteristics of a symptom?
- 9 Make a hierarchy of the reliability of the symptoms!
- 10 What do we today understand by pathognomonic symptoms? How was this term understood in the nineteenth century?
- 11 Define the genius of a remedy!
- 12 Define Boenninghausen's grading of symptoms (T', 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> grade)!
- 13 What did Boenninghausen mean by the term "contraindication"?
- 14 What is the essence of Hering's Law and what role does this play when the patient has conflicting symptoms?
- 15 At what stage are the mind symptoms taken into account in the

## 1.7 DOSAGE

The dosage of homeopathic remedies is a matter of individual preference. In tests with low potencies shaken by hand (5c, 7c, 9c, 12c), high potencies shaken by hand (30c and 200c), machine-made Korsakov potencies (1M, 10M, 50M, 100M) and Q potencies shaken by hand, I have formulated the following guidelines.

### ACUTE ILLNESS

The most suitable remedy is administered in the potency 200 c as a single dose (two pellets). If the patient does not achieve an improvement of at least 50% within two days, the next best remedy - the "reserve" remedy, which was also given to the patient at the end of the consultation - is then administered, also in 200 c. With very acute illness or very severe pain, such as acute middle-ear infection, the time interval before administering the next remedy can be shortened to six hours to avoid the patient suffering for longer than necessary.

### CHRONIC ILLNESS

The patient receives a dose of the most suitable remedy in the potency 200 c. The effect of the remedy is checked after four to six weeks or two months at the most. If the remedy has had the expected effect but the healing is not complete yet, or the effect is diminishing by the time of the check-up, further doses are administered in the potencies 1M, 10M, 50M, 100M, usually also with an interval of four to six weeks. In the complex casetaking study (CC = complex case, where the patient has three or more illnesses), presented in chapter 6, we have found that this procedure leads to the best course of improvement, in contrast to the practice of waiting until the improvement starts to diminish. With illnesses in which a strong initial aggravation is to be avoided (e.g. eczema), the first dose of the remedy can be administered in 30 c, since this is weaker and lasts a shorter time than 200 c.

### Q POTENCIES

Liquid Q potencies are used in tricky therapeutic situations, such as patients with organ disease or with illness in which it is necessary to continue conventional medical treatment (for example, tumours). We generally start with Q3, administered over a period of four to six weeks, and then we switch to Q6 followed by Q9, and so on. The frequency of the dose depends on the type of illness. It can be daily or less often.



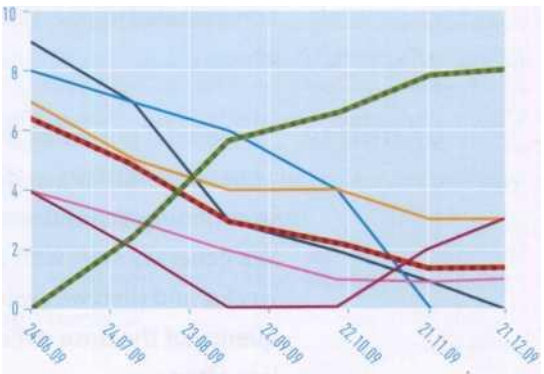
1.8 ASSESSING  
PROGRESS

Progress in acute illness can be assessed using the same criteria as those listed in section 1.7: if the patient achieves an improvement of at least 50% within two days, we wait; otherwise we administer the reserve remedy. Treatment is successful if the illness can be treated with the first or second remedy without any more consultations. Of course acute illness frequently resolves spontaneously. Healing can only safely be ascribed to the remedy in such cases when it occurs exceptionally quickly. For example, a meta-analysis by Del Mar and colleagues demonstrated that placebo treatment of acute middle -ear infection led to freedom from pain in 60% of patients within 24 hours.<sup>23</sup> In contrast, a study with 230 patients suffering from acute otitis media showed that 39% of the children were pain-free six hours after receiving the first homeopathic remedy, and a further 33% of the children who received a second remedy were pain-free within 12 hours.<sup>24</sup> Such improvements can be ascribed to the effect of the homeopathic treatment.

It is more straightforward to judge progress in *chronic illness* and *multimorbid patients*. We have found it useful to ask the patient to rate *each complaint* in terms of intensity and frequency on a scale of 1 to 10, where 10 is the worst state. This is done at the start of treatment and then at every check-up. In addition they judge their *improvement*, also on a scale of 1 to 10. This should ideally reflect the reduction in average symptom intensity. With the spreadsheet *case log*, presented in chapter 5, these patient assessments can be displayed in graphical form (see example below, figure 1).

figure 1: Example of  
Graphical Progress Check  
(Ms O. T., 58 years old)

- SYMPTOM INTENSITY
- IMPROVEMENT
- SLEEP DISTURBANCE
- BRONCHIECTASIS
- ANXIETY
- SWEAT
- DIARRHOEA



EXPLANATION OF  
FIGURE 1

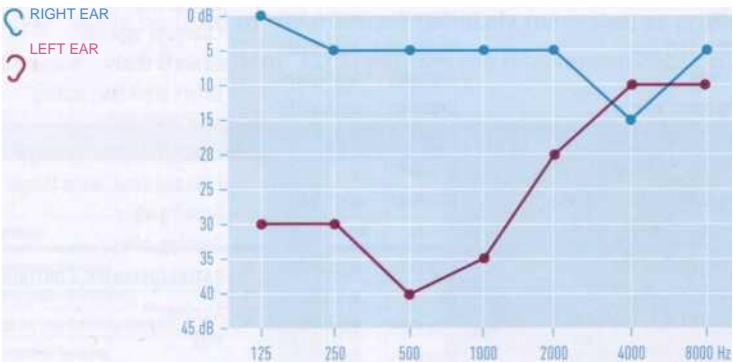
The list of symptoms is displayed on the left and the progress of each symptom is displayed on the right. The red dotted line represents the average decline in intensity of all symptoms, while the green dot- ted line represents the global improvement subjectively experienced by the patient. All dates are DD.MM.YY.

1.9 PRACTICAL  
PROCEDURE

1.9.1 CASE 2: MS L.T., 44 YEARS OLD, ACUTE HEARING LOSS

Ms T. is a highly industrious woman who, together with caring for her family of five, works 46 hours a week as a speech therapist. She comes for homeopathic treatment of acute hearing loss: while out riding the previous day, she suddenly felt a loud whistling in the left ear followed by severe ear pain and acute loss of hearing. Previous illnesses include atopy, migraine, and Raynaud’s phenomenon, which had practically disappeared during homeopathic treatment with *Nux vomica* in increasing potency. Due to mild arterial hypertension, she has been taking an angiotensin II receptor antagonist.\* The examination reveals a normal eardrum and considerable loss of hearing on the left. Otherwise there are no pathological findings. After starting the homeopathic treatment, the patient is sent to the ENT physician for an objective diagnosis. The first audiogram shows low-frequency hearing loss (125-1000 Hz, figure 2). The right ear is normal!.

Figure 2:  
Audiogram L.T. 24.11.08



\* The homeopathic treat- ment of arterial hypertension must be accompanied by lifestyle changes. It re- quires a reduction in stress, change in eating patterns, and sufficient exercise out- doors. Since this patient was unable or unWilling to undertake such measures due to her situation, it Was decided not to disContinue the angiotensin II receptor antagonist.

He recommends treatment with a histamine agonist to improve blood circulation and a course of Prednisone (cortisone). The patient decides not to follow his advice. The choice of homeopathic remedy is shown below: following the initial investigation the patient is given the Checklist of reliable Symptoms, with which she selects the following symptoms:

## POLARITY ANALYSIS: CHECKLIST OF RELIABLE SYMPTOMS <sup>10</sup>

Last name, First Name: \_\_\_\_\_ Date: \_\_\_\_\_

**DIAGNOSIS, PRIMARY AND SECONDARY SYMPTOMS** (description): Stabbing inWard With tinnitus and hard of hearing in left ear

Mark between 8 AND 16 IMPORTANT SYMPTOMS that pertain to the current disease. Symptoms are changes during a disease that differ from the healthy state.

## AIR/WEATHER/TEMPERATURE/WRAPPING

Desire for open air	increased	diminished
Dpen air	improves	aggravates
Room	improves	aggravates
weather / air, wet, damp	improves	aggravates
weather/air, dry	improves	aggravates
weather/air, cold	improves	aggravates
weather/air, warm	improves	aggravates
weather/air, wet-cold		aggravates
Cold in general	improves	aggravates
Cold, when getting cold	improves	aggravates
warmth, in general	improves	aggravates
warmly, from wrapping up	improves	aggravates
Uncovering	improves	aggravates

## POSITION

Lying position	improves	aggravates
Lying, on back	improves	aggravates
Lying, on side	improves	aggravates
Lying, on right side	improves	aggravates
Lying, on left side	improves	aggravates
Lying, on painful side	improves	aggravates
Lying, on pain-free side	improves	aggravates
Sitting	improves	aggravates
Sitting, bent over	improves	aggravates
Standing	improves	aggravates
Lying down, after	improves	aggravates
Rising from bed, after	improves	aggravates
Rising from seat, after	improves	aggravates
Hang down, letting arm/leg	improves	aggravates

## MOVEMENT

Resting (not moving)	improves	aggravates
Movement	desire	aversion
Movement	improves	aggravates
Movement, of affected parts	improves	aggravates
Walking	improves	aggravates
Running, jogging		aggravates
Stepping hard		aggravates
Physical effort		aggravates
Raising affected limb	improves	aggravates
Stretching out affected limb	improves	aggravates
Bending over, while	improves	aggravates
Sitting down, while	improves	aggravates
Rising from bed, while	improves	aggravates
Rising from seat, while	improves	aggravates

writing	aggravates
Traveling (bouncing) in a car	aggravates

## PERCEPTION

Light (bright)		aggravates
Looking, eyes strained		aggravates
Reading		aggravates
Touch		aggravates
Pressure, external	improves	aggravates
Rubbing	improves	aggravates

## HEAD

Warmly, from wrapping up head	improves	aggravates
Shaking head		aggravates
Sneezing		aggravates
Teething, during, in Children		aggravates
Talking, speaking		aggravates
Mental effort		aggravates

## EATING/DRINKING

Swallowing	improves	aggravates
Chewing		aggravates
Eating, before		aggravates
Eating, during	improves	aggravates
Eating, after	improves	aggravates
Change of appetite	hunger	no appetite
Desire to drink	thirst	no thirst
Before breakfast, fasting	improves	aggravates
After breakfast	improves	aggravates
Food and drink, cold things	improves	aggravates
Food and drink, warm things	improves	aggravates
Drinking while		aggravates
Drinking, after		aggravates

## EATING/DRINKING, CONTINUED

Alcohol		aggravates
Milk		aggravates
Coffee		aggravates
Saliva	increased	diminished

## BREATHING

Breathing	quicken
Breathing, in (inspiration)	aggravate
Breathing, out (expiration)	aggravate

## HEART-CIRCULATION

Pulse	too fast	too slow
Pulse	hard	

**DIGESTIVE TRACT**

Eructations (burping)	improves	aggravates	Urination	profuse	scanty
Stool, before		aggravates	Urination	frequent	infrequent
Stool, during		aggravates	While falling asleep		aggravates
Stool, after	improves	aggravates	Steep, during		aggravates
Flatus, after discharge of	improves		While/after waking up		aggravates

**GYNECOLOGY/UROLOGY**

Menstruation	too short	too long	Irritability (anger, aggression) unusual		
Menstruation	profuse	too weak	Sadness (dejection, inclined to weep) unusual		
Menstruation	too often	too rare	Solitude, being alone	improves	
Menstruation, blood, clotted [lumpy]			Company of people		aggravates
Menstruation worse	before	at start	Consolation		aggravates
Menstruation worse	during	after	Grinding teeth		
Sexual instinct	strong	weak	Understanding difficult		

Leucorrhea, acrid

In summary, the patient marked the following symptoms, from which we select the ones required for repertorisation:

- Left ear **P**
- Noises in ear, whistling, ringing
- Stabbing, pricking, inward **P**
- Hard of hearing, left
- Uncovering: worse **P**
- Cold in general: worse **P**
- Lying on painful side: better **P**
- Movement: worse **P**
- Physical exercise: worse **P**
- External pressure: worse **P**

For the repertorisation only the polar symptoms (**P**) are initially used. Polar symptoms that include a sensation of direction are generally not used since their reliability is questionable. Such symptoms may possibly be used to differentiate the likely remedies, as proved necessary with this patient. Table 7 shows the final repertorisation.

			Nux-v.	I Bry.	Arn.	Rhus. Sep.	Puls.	Ign.	Hep.
Hits			6	6	6	6	6	6	5
Sums			17	16	14	19	12	8	17
Polarity Difference			10	10	10	8	0	-3	11
56	< uncovering [worse]	P	3	1	2	4	2	1	4
90	< cold in general [worse]	P	4	2	2	4	2	1	3
24	> lying, on painful side [better]	P	2	4	2	5	2	3	2
126	< movement [worse]	P	4	4	3	1	1	1	3
70	< physical effort [worse]	P	3	4	4	4	2	1	2
93	< pressure, external [worse]	P	1	1	1	1	3	1	4
37	> uncovering [better]		1	1		1	1	2	2
73	> cold in general [better]		1	1	1	1	1	4/Cl	1
80	< lying, on painful side [worse]		3/Cl	1	1	2	2		2
102	> movement [better]			1	1	4/Cl	3/Cl	4/Cl	1
6	> physical effort [better]						4/Cl		3/Cl
74	> pressure, external [better]		2	2	1	3/Cl	1	1	2

Table 7: Repertorisation - Demonstration Case 2, Patient L.T.

In table 7 the remedies are ordered by *number of hits*. Seven remedies completely cover the symptoms. Five of these have contraindications. So only *Arnica* and *Bryonia* are likely remedies for this patient's illness. With the help of a materia medica comparison, these two remedies are differentiated.

MATERIA MEDICA  
COMPARISON FOR ARNICA  
(Hering's Guiding  
Symptoms [GS])<sup>20</sup>

**Hearing and ears:** Great sensitiveness to loud sounds, with pain in ears. Noises in ears caused by rush of blood to head; with great sensitiveness to sound. Buzzing and humming before ears with difficult hearing. Hard hearing from concussion. Rushing in ears with deafness of right and stitches through left ear.

MATERIA MEDICA  
COMPARISON FOR  
BRYONIA [GS]

**Hearing and ears:** Intolerance of noise. Ringing [in left]; roaring; humming or chirping [in right]. Roaring, humming in left ear, resembling water pouring over a dam. Head feels light, with constant wabbling in both ears.

In this case the materia medica comparison is not helpful. If we take a step back and try to assess the patient's overall situation, we can see that *Arnica* is the best remedy: the extremely high burden of work had in the past caused her problems. There is also the fact that the patient waited one day before seeing the doctor, despite the dramatic nature of her complaint. In Guiding Symptoms for *Arnica* we find: "... *dislikes sympathy*" or "[...] *fears even the possibility of being touched.*"

PRESCRIPTION  
AND PROGRESS

So we give her a dose of *Arnica 200 c*. The next day she calls to say she feels much better but she still feels some pressure in the ears and she still has a headache. By the fourth day, the pressure in the ears has gone and her hearing is almost normal. When standing up from a seated position she still feels slightly dizzy. She rates her recovery as 85%. On the 11th day, she returns to the ENT physician for a check-up and an audiogram, which is now completely normal (figure 3). He is astonished by the rapid recovery. As a result of this traumatic experience, which fortunately turned out well in the end, the patient was able to reduce her workload and to adopt a more balanced approach to life.

Arnica montana



**REMARKS** As often occurs with acute illness, the question arises as to whether the recovery was due to the effect of the homeopathic remedy or whether the patient's hearing improved spontaneously. The fact that the remedy chosen in this case with polarity analysis, although based on apparently unimpressive local symptoms, addressed the patient's core issues, indicates that the homeopathic treatment was a key factor rather than a spontaneous recovery having occurred. Another argument for a homeopathic cure here is the audiologist's astonishment at the improvement, despite the patient's refusal of conventional medications.

Figure 3: Audiogram L.T.  
05.12.08



**1.10 CONTRIBUTORS  
TO THE DEVELOP  
MENT OF POLARITY  
ANALYSIS**

As with many new developments, a number of people have contributed to polarity analysis at various times:

**S. Hahnemann**

Complete works, foundation of homeopathy

**C. v. Boenninghausen**

Boenninghausen's PB, with reliable symptom grading

Discovery of contraindications

**K.-H. Gypser**

Rediscovery of Boenninghausen's contraindications in his writings

**H. Frei**

Introduction of polarity difference

Focussing on polar modalities and symptoms

Repertory-specific checklists and questionnaires

Case log

Outcome studies

Teaching material and seminars

**BOWG\***

Incorporation of polarity analysis in PC software for revised edition of PB

**D. Muller / R. Stock**

Graphical progress check

Since polarity analysis varies decisively from Boenninghausen's original procedure (table 10), this method is not "*according to Boenninghausen*" but it is also not "*according to Frei*": without the contributions made by others, this new development would not have been possible.

Table 8: Polarity Analysis vs.

Boenninghausen Method: Similarities  
and Differences

	POLARITY ANALYSIS	BOENNINGHAUSEN METHOD
Aim of casetaking:	Complete set of symptoms	Complete set of symptoms
Additional questionnaire:	Always	Sometimes <sup>25</sup>
Highest weighting in repertorisation:	Polar symptoms	Cause, modalities, sensations, clinical findings
Repertory:	PB 7, <sup>8</sup>	PB <sup>7</sup>
Polarity difference:	Most important criterion	Not known
Contraindications:	Used systematically	Probably used sometimes

### 1.11 QUIZ 3:

#### QUESTIONS ON

#### POLARITY ANALYSIS

- 16 How is the polarity difference calculated?
- 17 What is the minimum number of polar symptoms that should be used in polarity analysis?
- 18 What does the polarity difference tell us?
- 19 How do you assess the results of polarity analysis?
- 20 When do you need to use non-polar symptoms to choose the remedy?
- 21 Which tools are available for casetaking in acute and chronic illness? Where can you download these?
- 22 What software is available for polarity analysis?

> YOU CAN FIND THE ANSWERS ON P. 259

### 1.12 SUMMARY

The goal of polarity analysis is to provide a reliable, reproducible method of choosing homeopathic remedies with an acceptable level of time and effort. The method should be practical, as well as easy to teach and learn. To achieve this goal, the *most reliable elements* of modern homeopathy need to be identified and any unreliable aspects eliminated.

Hahnemann's view of "that which is to be healed" has proven to be clear and reliable: the currently ascertainable symptoms of illness. Symptoms are changes in the condition of the patient, differing from the previous healthy state: *"Just as the sailors of old were guided by the heavenly stars, so we must be guided by the symptoms, which are the only reliable pointers to the correct remedy."* Polar symptoms are like fixed



stars, enabling the calculation of a polarity difference. The size of the polarity difference restricts the list of likely remedies, assuming there are no contraindications.

When repertorising, we need to pay attention to several other factors: the exclusion of “pathognomonic” symptoms is based on a misunderstanding of the term “pathognomonic” which contradicts the law of similarity. All characteristic symptoms - regardless of the question of whether they are pathognomonic or not - must therefore be included in the repertorisation.

If symptoms contradict each other, the characteristics of the chief symptom take priority over those of the secondary symptoms. The same is true for recent symptoms compared to older symptoms, according to Hering’s Law.

The mind symptoms, which are prioritized in many current approaches, are used to differentiate the list of most likely remedies drawn up using polarity analysis. It is thereby important to focus on the change in the state of mind compared to the previous healthy state.

If we follow all these principles, we will achieve a more targeted and comprehensible homeopathic prescription. This method often recommends minor remedies as well as the well-known major ones, so that the overall quality of treatment improves. Chapter 6 discusses the results of the various outcome evaluation studies of polarity analysis and demonstrates how they support these claims of efficacy.

**1.13 DISCUSSION** With polarity analysis, the initial casetaking is open-ended but also shorter than stipulated by Hahnemann in ORG § 82 - § 95. By supplementing the initial consultation with a *repertory-specific checklist* we can achieve a targeted collection of the polar symptoms. Moreover, the discussion of all symptoms brought to the casetaking by the patient together with supplementary questioning helps to identify anything not mentioned so far. And finally the dialogue that occurs during the repertorisation gives patients further space to freely describe the individual character of their symptoms.

The questionnaires have the advantage of drawing the attention of patients and parents to those symptoms that have proved especially valuable in choosing the remedy. With chronic illness there is

a period of two weeks between the initial consultation and the final casetaking in which patients take a good look at their symptoms as they record them in the questionnaire. This tends to avoid the situation of having to revise symptoms because the first stage of treatment has proved fruitless. Since with polarity analysis a single poorly described symptom can lead to an incorrect choice of remedy, it is crucial that what the patient tells us is correct. This new procedure is demanding for the patient and might be seen as unnecessarily burdensome. Yet the positive outcomes resulting from this structured form of casetaking make it clearly worth the effort. Questionnaires have a long tradition indeed: Hahnemann, who treated some patients by correspondence, encouraged them to read the *Organon*, partly to make clear to them the importance of accurately observing their symptoms, and Boenninghausen produced the first proper homeopathic questionnaire: *Homeopathic Diet*<sup>25</sup>. Later homeopaths such as Kent also used very comprehensive questionnaires. At this point we should recall ORG § 133, in which the modalities are said to constitute the actual individual and characteristic features of a complaint. These are particularly well captured by the questionnaires used in this method.

If the correct homeopathic remedy for a patient has been chosen with help of polarity analysis, we can make use of the *psychodynamic knowledge* gathered in recent decades to better understand the patient and so accelerate the process of healing.

## 2 ACUTE ILLNESS

**2.1 PROCEDURE** Polarity analysis was developed in a busy paediatric homeopathic practice where up to forty patients are seen each day, sometimes considerably more. Consultations for acute illnesses are allotted around 12 to 15 minutes with the doctor for both casetaking and examination. After the conventional medical diagnosis, patients or the sick child's parents receive the checklist for reliable symptoms and they are asked to mark between eight and sixteen symptoms concerning the actual complaint. Since the checklist is oriented towards polar symptoms, these can normally be fully recorded. While the patients or parents are filling out the checklist, the homeopath moves on to the next consultation room to do the same with the next patient. Then he or she returns to the first consultation room, checks the symptoms marked by the patient and repertorises them, It is important that the patient remains present during this step so that the homeopath can ask questions and fine-tune the symptoms. Then the decisive step is taken to find the best-fitting remedy based on the size of the polarity difference, the absence of contraindications, and the comprehensiveness of symptom coverage.

Patients immediately take the chosen remedy while still in the practice - and they are also given a reserve remedy (the second-choice remedy) to take home. This should cover the symptom set in the same way, although the polarity difference may be somewhat less than the best remedy, It is only taken if the improvement two days after taking the first remedy is not at least 50%.

If clinical findings need to be checked, the patient is asked to return in 7-14 days. Otherwise progress is assessed by asking the patient to phone the practice.

The *selection of the following case histories* was made according to three criteria:

1. Representative variety of diagnoses
2. Representative variety of successful remedies
3. Each case must contain something instructive.

Since we are attempting here to convey how the method works, we only present successfully solved cases. Obviously there are patients who cannot be homeopathically healed, at least not first time. The evaluation studies make clear how many patients fall into this category.

## 2.2. CASE HISTORIES 2.2.1 ALLERGY: MINOR REMEDY - MAJOR EFFECT

### CASE 1: ANNA A., 6 YEARS OLD

Anna is a nervous, slender child who is frequently ill. Her previous history includes eczema, which appeared at the age of 18 months. At the age of three, she had her first episode of allergic conjunctivitis, and at five she was diagnosed with bronchial asthma, for which she was treated with beta-2 stimulators and topical steroids. The actual consultation, prompted by a fresh outbreak of her allergy symptoms, took place when she was six: whenever the weather is fine, she suffers from inflammation of the conjunctiva with tears in the eyes, sensitivity to light, and reddened eyelids. In addition she has an intractable cough with mild shortness of breath, especially at night, and a mild cold.

The examination reveals reddening of the conjunctiva and the eyelids. A slightly accelerated breathing rate and prolonged expiration can be seen on auscultation. So the child is suffering from a renewed episode of allergic rhinitis involving the conjunctiva and asthma.

The mother fills out the *Checklist for reliable symptoms* and reports the following:

- *Reddening of the conjunctiva and eyelids, massive swelling of eyelids*
- *Watering of the eyes*
- *Dazzling of the eyes*
- *Profuse running of the nose*
- *Breathing difficulties*
- *After sleep: worse P*
- *Wet applications or compresses: better P*
- *Darkness: better P*
- *Cough, expectoration in morning, but not in evening P*
- *Breathing quickened P*
- *Breathing out (expiration): worse P*
- *Lying position: worse P*

Repertorisation is conducted with the polar symptoms and with the symptom vision, dazzled by light, which is in fact a modality. The more non-specific findings such as reddening of the eyes and eyelids, swelling of the eyes, tears in the eyes, and a runny cold do not have to be used because they do not contribute to the differentiation of remedies.

			Euphr.	Caust.	Nux-v.	Puls.	Ph-ac.	Ars.	Igo.	Staph.	1 Dig.
Hits			8	8	8	7	7	7	7	7	7
Sums			20	18	16	25	16	15	15	11	10
Polarity Difference			17	11	0	19	12	8	7	4	3
58	< sleep, after [worse]	P	3	5	1	3	2	2	2	3	1
23	> wet compress on body [better]	P	3	3	2	4		2		1	
74	> darkness [better]	P	4	2	3	3	3	2	3	1	2
65	cough, expectoration in morning, but r	P	3	2	2	4	3	1	1	1	1
92	breathing, quickened	P	1	1	3	3	1	3	3	1	1
52	< breathing, out (expiration) [worse]	P	1	2	2	4	2	1	3	3	3
125	< lying position (worse)	P	3	1	1	4	3	4	2	1	1
29	vision, dazzled by light		2	2	2		2		1		1
28	> sleep, after [better]				5/Cl	2	1	3/Cl	1		
40	< wet compress on body [worse]				1	1				2	
20	< darkness [worse]					2		2		1	
36	cough, expectoration in evening, but not in morning			2	2			1	2	1	2
63	breathing, slowed				2	1			3	1	2
61	> breathing, out (expiration) [better]		1	1							
106	> lying position (better)			2	4/Cl		1	1	1	2	2

Table 9: Repertorisation - Case 1, A.A.

All symptoms are covered by just three remedies, two of which do not have any contraindications. The most likely remedies are *Euphrasia*, with the highest polarity difference, and *Causticum*. When we include the remaining symptoms in the repertorisation, only *Euphrasia* remains.

#### MATERIA MEDICA

#### COMPARISON FOR

#### EUPHRASIA [GS]

**Sight and eyes:** Photophobia: in day and sunlight; < in evening; must remain in darkened room... Fluent coryza with scalding tears; aversion to light; < in evening or during night when lying down, from glare of daylight or sun; > in the dark. Streaming of hot, burning tears from eyes, with great photophobia; profuse running from nose without burning... Margins of lids red, with sensation of dryness in them... Lids sensitive and swollen.

**Smell and nose:** Sneezing, with profuse fluent coryza. Acute coryza, in stage of serous secretion, where there is redness of conjunctiva, swelling of lids and watery eyes.

**Cough:** Cough with severe coryza, eyes also affected, during day a scanty expectoration with occasional difficult respiration, > at night, < again in morning with copious expectoration.

MATERIA MEDICA  
COMPARISON FOR  
F[gs]

**Sight and eyes:** Photophobia the whole day, constantly obliged to wink. Eyes sensitive to light and heat... Lachrymation, even in room, though < in open air.

**Smell and nose:** Acrid burning discharge from nose.

**Respiration:** Shortness of breath. Worse during expiration and from talking.

**Cough:** Cough hollow, especially night and morning, with tightly adhering mucus in chest, and with sensation of soreness on chest.

*Euphrasia officinalis*



PRESCRIPTION  
AND PROGRESS

Due to the high polarity difference, the materia medica comparison, and the superior symptom coverage, *Euphrasia* is the first choice. Anna is given a dose in the potency 200 C.

The complaints improve immediately and the child is fine for two weeks. Then she is brought back to the practice with acute tonsillitis, which heals quickly with *Sepia*. The cough unfortunately then returns. This time a second dose of *Euphrasia 200 c* leads to an improvement that lasts the remainder of the summer. In the long term, her previous

susceptibility to illness is markedly reduced. Two years later she has a relapse of asthma and hay fever. This time too she is helped quickly and for a long time by *Euphrasia 200 c*. In the following four years, Anna requires a dose of this remedy on two further occasions (after two years in each case), and then the allergy symptoms disappear permanently.

**COMMENT** The surprising thing about this case is that a minor remedy - mostly prescribed on the reliable indication of conjunctivitis with photophobia and acrid (irritating) tears - achieves a deep-acting and long-lasting improvement and finally a permanent healing of the child's allergic disposition, and also cures her general susceptibility to illness. We have not infrequently found with polarity analysis that minor remedies can trigger major changes, which makes homeopathy so full of unexpected surprises.

### 2.2.2 ERYSIPELAS: WHAT IF THERE IS A LACK OF POLAR SYMPTOMS?

#### CASE 2: DANIEL M., 5 YEARS OLD

Daniel has been suffering for two days from an increasingly painful swelling and reddening on the back of the right foot. His mother brings him to the paediatric homeopathy clinic because she feels he is more ill than might be expected due to the local problem. He is whining constantly and does not want to put any weight on the affected foot. He does not have any fever but is complaining about pain in the right groin.

Our examination establishes a sharply demarcated area of redness and swelling on the back of the right foot, approximately 10 cm (4 inches) in diameter, which has substantially increased overnight. In the centre there are small blisters and the affected area is sensitive to touch and pressure. There is no indication of an insect bite. In the right groin a pressure-sensitive lymph node can be palpated. The blood test is normal.

Using the *Checklist for reliable symptoms* the mother only marks the following:

- *Standing: worse* **P**
- *Warmly, from wrapping up: worse* **P**
- *Cold in general: better* **P**
- *Wet compresses on body: better* **P**

This is a very small number of symptoms. When taking the case and performing the physical examination, however, the following polar symptoms come to light:

- *Right leg* **P**
- *Right groin* **P**
- *Touch: worse* **P**
- *Pressure, external: worse* **P**

			Puls.	Staph.	Sep.	«Pig»	Nux-v.	Bry.	Mur-ac.	Lyc.	Plat.
Hits			7	7	7	7	7	7	7	6	6
Sums			20	15	14	14	14	12	7	20	13
Polarity Difference			15	6	4	0	0	0	-9	14	12
107	< standing (worse)	P	3	1	3	1	1	2	1	2	3
37	< warmly, from wrapping up [worse]	P	2	2	1	3	1	1	1	4	2
73	> cold in general [better]	P	4	1	1	1	1	1	1	2	2
23	> wet compress on body [better]	P	4	1	1	3	2	1	1		
121	< touch [worse]	P	3	4	4	4	4	3	1	4	2
93	< pressure, external [worse]	P	1	3	3	1	1	1	1	4	3
130	side, right in general	P		3	1	1	4	3	1	4	1
71	> standing [better]			2		2	3/Cl	2	2		
56	> warmly, from wrapping up [better]		1	2	2		3/Cl	1	1		
90	< cold in general [worse]		1	2	2	2	4/Cl	2	2	1	
40	< wet compress on body [worse]		1	2	3/Cl	3	1	2	1	3/Cl	
42	> touch [better]				1			2	4/Cl	1	
74	> pressure, external [better]		1		1	2	2	2	3/Cl		

Table 10: Repertorisation - Case 2, D.M.

Seven remedies cover all symptoms. Pulsatilla has a very high polarity difference and is therefore probably the most suitable remedy. Staphisagria is the second choice. Sepia, Spigelia and Nux vomica are excluded due to contraindications. We can now further differentiate the remedies using the materia medica comparison or if necessary by prompting for further confirmatory mind symptoms.



MATERIA MEDICA  
COMPARISON FOR  
PULSATILLA [GS]

**Skin:** Itching, fine sticking sensation in skin, as from numerous fleas.  
.... on becoming warm in bed. Erysipelas: bluish, spreads rapidly;  
especially  
about buttocks and thighs.

MATERIA MEDICA  
COMPARISON FOR  
STAPHISAGRIA [GS])

*Pulsatilla pratensis*



PRESCRIPTION  
AND PROGRESS

Daniel was immediately given a dose of *Pulsatilla* 200 C.  
On the following night he slept soundly, and the redness is only slightly visible in the morning. The pains in the foot and the right groin have disappeared. Within 24 hours of taking the remedy, the local symptoms have healed and the inguinal lymph node is no longer painful. Its size also returned to normal within a few days.

COMMENT

A problem we occasionally encounter in polarity analysis is the lack of polar symptoms provided by the patient. By carefully supplementing the casetaking and by performing a precise examination we can generally acquire extra information so that polarity analysis becomes

### 2.2.3 INFECTIOUS MONONUCLEOSIS (GLANDULAR FEVER):

#### DEALING WITH AN EXCESSIVE NUMBER OF SYMPTOMS

##### CASE 3: LOUIS K., 15 YEARS OLD

In Louis's school class, several children have come down with infectious mononucleosis. Louis comes to the practice on the second day of his illness. He has high fever, a cold with yellow pus, coughing, bad mouth odour, and severe pain on swallowing, so bad that he cannot even swallow his own saliva. Talking is a torture. He can hardly stand and seems depressed. His temperature is 40 °C (104 °F), and his general condition is very reduced.

The clinical examination reveals a massive membranous angina tonsillaris (tonsils coated in a white deposit) but nothing else. The blood test shows the viral nature of the illness. Antibodies to the Epstein-Barr virus are subsequently found in the serological test.

Using the *Checklist* Louis's mother marks the following

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| • Mucus <i>thick, yellow, slimy</i>  | • <i>Sitting: better</i> <b>P</b>     |
| • Cough with discharge               | (means sitting bent over: better)*    |
| • Swallowing: worse <b>P</b>         | • Standing: worse <b>P</b>            |
| • Talking, speaking: worse <b>P</b>  | • Pressure, external: worse <b>P</b>  |
| • Saliva increased <b>P</b>          | • Rubbing: worse <b>P</b>             |
| • Warmth in general: better <b>P</b> | (means pressure aggravates)*          |
| • Warmly, from wrapping up:          | • Wet compress on body: better        |
| better <b>P</b>                      | <b>P</b>                              |
| (means warmth ameliorates)*          | • Weakened sense of smell <b>P</b>    |
| • Air, desire for open air <b>P</b>  | • Sleep, after; while waking up:      |
| • Movement, aversion to <b>P</b>     | worse <b>P</b>                        |
| • Physical exercise: worse <b>P</b>  | • Standing up, after: worse <b>P</b>  |
| (means aversion to movement)*        | (means standing: worse)*              |
| • Resting, while: better <b>P</b>    | • Sitting, bent over: better <b>P</b> |
| • Lying position: better <b>P</b>    |                                       |

<sup>^</sup>Symptom Was more predseely defined When disCussing the patient's symptoms.

<sup>\*\*</sup>This is normal with a sick child. Symptom therefore not used for repertorisation.

Faced with this excessive number of symptoms, we need to question the parents about similar symptoms and possibly discard some of these (shown in brackets above). The symptom *physical exercise: worse*, for example, is not very reliable in view of the patient's severely

reduced state, since he completely avoids any exercise. Once again, only the polar symptoms are used for repertorisation.

			Mez. !	Caust.	Bry.	Nux-v.	Alum.	Kali-c.	Bell.	Sulph.	Ars.	Nat-m.	Bar-c.
Hits			15	15	15	14	14	14	14	14	14	13	13
Sums			27	30	36	40	28	26	36	31	28	33	28
Polarity Difference			16	15	14	11	11	11	10	4	2	23	14
93	< swallowing [worse]	P	1	1	4	3	1	2	2	4	2	2	3
77	< talking, speaking [worse]	P	1	2	3	2	3	1	3	4	2	4	1
117	saliva, increased	P	1	3	3	4	3	3	4	3	1	3	3
90	> warmth, in general [better]	P	2	4	2	4	1	4	3	3	4	1	3
76	air, desire for open air	P	3	2	1		3	1	1	1	2	2	3
68	movement, aversion to	P	3	1	2	4	2	1	2	1	4	3	3
117	> resting (not moving) [better]	P	2	1	4	4	1	1	4	1	1	3	2
106	> lying position [better]	P	1	2	4	4	1	1	3	1	1	3	1
101	> sitting [better]	P	2	1	4	4	1	1	2	1	1	2	1
107	< standing [worse]	P	1	2	2	1	2	1	1	3	1	1	1
93	< pressure, external [worse]	P	2	1	1	1	1	1	1	1	1	3	4
23	> wet compress on body [better]	P	1	3	1	2	2			2			
46	smell, lost, weak, diminished	P	3	2	2	2	3	2	4	2		2	
111	< while/after waking up [worse]	P	1	4	2	4	4	3	3	5	5	4	2
43	> sitting, bent over [better]	P	3	1	1	1		4	3	1	1		1
47	> swallowing [better]		2			3	3/CI		1	1			
1	> talking, speaking [better]												
111	saliva, diminished		1	2	3	3	1	2	4	4(a)	3/CI	1	3
73	< warmth, in general [worse]		1	1	1	1	1	1	1	2		2	1
36	air, aversion to open air			3/CI	3/CI	4/CI	1	4/CI	3/CI	3/CI	2	1	
58	movement, desire for				2	1	1		1	1	2		
102	< resting (not moving) [worse]		1	1	1		2	1	1	1	2	1	1
125	< lying position [worse]		1	1	1	1	2	2	1	2	4/CI	1	1
126	< sitting [worse]		1	3/CI	1	1	2	1	1	1	2	1	3/CI
71	> standing [better]		1		2	3/CI			4/CI		2	2	1
74	> pressure, external [better]		1	3/CI	2	2	2	1	2	2	2	1	
40	< wet compress on body [worse]		2		2	1		2	3/CI	4/CI			1
49	smell, hypersensitive				1	4/CI		1	4	3/CI	1		2
28	> sleep, after; while waking up [better]				1	3					3		
42	< sitting, bent over [worse]			1	2	2	2			3/CI	3/CI		1

Table 11: Repertorisation - Case 3, L.K.

Three remedies cover all symptoms but only Mezereum has no contraindications. Staphisagria, would have been the second choice, although it does not cover the aversion to movement

With the example of *Lycopodium* in this repertorisation, we can illustrate the *principle of a relative contraindication (a): this concerns the*

*constellation of a patient symptom in the third or fourth grade with an opposite polar symptom in the fourth or fifth grade, at least one grade higher.* In this example, the patient symptom *smell lost, weak, diminished* is found for *Lycopodium* in the third grade, the polar opposite *smell, hypersensitive* occurs for the same remedy in the fourth grade. Both poles lie at the genius level of the remedy but the patient pole is graded lower than the polar opposite. This constellation is not seen as an absolute contraindication. *It is a matter of judgement whether a remedy with a relative contraindication is included or not.* (In this example *Lycopodium* is excluded due to additional, absolute contraindications and a smaller polarity difference.)

MATERIA MEDICA  
COMPARISON FOR  
MEZEREUM [GS]

**Palate and throat:** Burning: in throat and pharynx; in throat, dryness in fauces, hacking cough; anxious oppression of breath, and loosening of scanty mucus on coughing. Burning in pharynx and esophagus. Constriction in throat and stomach. Scraping and burning in fauces and pharynx. Rawness of fauces. Constriction of pharynx, food presses during deglutition. Severe burning sensation and raw pain extending from pharynx halfway down esophagus; deglutition even of fluids difficult and painful.

MATERIA MEDICA  
COMPARISON FOR  
STAPHISAGRIA [GS]

**Palate and throat:** Throat dry and rough, with soreness when talking and swallowing. While talking she swallows continually. Swelling of tonsils, also after abuse of mercury.

Daphne mezereum



#### PREScription AND PROGRESS

The size of the polarity difference and also the materia medica comparison indicate *Mezereum*, which Louis is given in the potency 200 C.

After he takes the remedy, his condition improves visibly from hour to hour. After four days, the swallowing difficulties and the inflammation of the membranes have completely disappeared. One week later, Louis has fully recovered, in contrast to many of his schoolmates, who are off school for many weeks.

#### COMMENTS

In this case, the patient provides so many symptoms that it is impossible to find a remedy without any contraindications. So it is necessary to summarize closely related symptoms with the most accurate description possible. The discussion and clarification of these symptoms is of the utmost importance for choosing the remedy. A great deal of sensitivity is required together with strong powers of observation plus a certain amount of experience, which develops rapidly and intuitively with frequent use of polarity analysis.

#### 2.2.4 TENDOSYNOVITIS: PATIENT CHARACTERISTICS ARE NOT SYMPTOMS! CASE 4, ANNA M., 13 YEARS OLD

Anna is a promising gymnast. She trains several times a week with a professional coach. For the last ten days, since starting a new exercise on the bar, she has been suffering from a painful swelling in the flexor tendons of the right wrist. The slightest movement of the fingers and wrist is exceptionally painful. Pressure, massage, and binding of the wrist aggravate the problem. She is otherwise a healthy teenager who is doing well both in her sport and academically at school.

The examination reveals a warm, doughy swelling in the middle of the forearm and wrist, which audibly cracks when the hand is bent. The slightest touch of the affected area is painful. Otherwise her condition is normal.

Anna suffers from tendosynovitis of the flexor tendons in the right wrist.

- *Drawing up the limbs: worse P (movement worse)*
- *Stretching the limbs: worse P (movement: worse)*
- *Turning of affected parts: worse P (movement: worse)*
- *Letting affected limbs hang down: better P*
- *Rest: better P*
- *Rubbing: worse P (pressure: worse)*
- *Pressure: worse P*
- *Touch: worse P*
- *Warmly, from wrapping up: worse P  
(wrapping the joint, that is, pressure: worse)*
- *Cold, when getting cold: better P*
- *Mildness P (Anna is always mild-mannered, even when she is well)*

This patient also marks a lot of symptoms on the checklist: so here too, we need to discuss with her which similar symptoms can be conflated - these are shown above in brackets. We are finally left with just six symptoms for repertorisation.

			Led.	Bell.	Bar-c.	Bry.	Nux-v.	Sil.	Nit-ac.	Mez. 1	Teucr.
Hits			6	6	6	6	6	6	6	6	6
Sums			19	17	13	17	15	13	12	12	10
Polarity Difference			18	10	9	8	8	8	8	8	8
126	< movement [worse]	P	4	4	2	4	4	1	2	2	1
60	> hang down, letting arm/leg [better]	P	3	3	3	2	1	3	1	2	2
117	> resting (not moving) [better]	P	4	4	2	4	4	1	2	2	1
93	< pressure, external [worse]	P	2	1	4	1	1	4	3	2	3
121	< touch [worse]	P	3	4	1	3	4	3	3	3	2
74	> cold, when getting cold (better)	P	3	1	1	3	1	1	1	1	1
102	> movement [better]			1	1	1		1	1	1	1
27	< hang down, letting arm/leg [worse]						1				
102	< resting (not moving) [worse]			1	1	1		1	1	1	1
74	> pressure, external [better]		1	2		2	2	1		1	
42	> touch [better]			1		2					
78	< cold, when getting cold [worse]			2	2	3	4/Cl	2	2	1	

Table 12: Repertorisation - Case 4, A.M.

The repertorisation generates 31 remedies that cover all symptoms. Of these, 12 have contraindications. By clicking the field *Polarity difference* to sort by the polarity difference (PD) (table 12), a clearer picture emerges: *Ledum* clearly stands out with a PD of 18.

In second place comes *Belladonna* (10), followed by *Barium carb.* (9) in third place.

MATERIA MEDICA  
COMPARISON FOR  
LEDUM [GS]

**Limbs in general:** Pressive pains in knees and wrists. Tense, hard swelling of affected joints; painful, hard nodes ... lancinating, tearing pains ... Stiffness of all the joints, could only move them after applying cold water.

*Ledum palustre*



MATERIA MEDICA  
COMPARISON FOR  
BELLADONNA [GS]

**Upper limbs:** Paralytic drawing pressure, with weakness in right upper arm and forearm. Peculiar cutting pains commencing in wrist, shooting to elbow and above, always from periphery to centre. Not able to turn hand easily and freely on its axis (as when dropping from a glass), turns only by jerks, as from want of synovial fluid in wrist joint; painless.

MATERIA MEDICA  
COMPARISON FOR  
BARIUM CARB. [GS]

**Upper limbs:** Nothing relevant.

PRESCRIPTION  
AND PROGRESS

Due to the large polarity difference and the relevant symptoms in the materia medica comparison, Anna is given a dose of *Ledum* 200 c.

The pain disappears in a few days and Anna can resume her training. She still shakes slightly when performing fine motor tasks.

(Ledum [cs]: Tremor of hands when seizing anything and when moving hands.) A dose of *Ledum* 1M on the ninth day of treatment causes this symptom to disappear as well.

**COMMENT** Anna is always mild-mannered: mildness, however, does not represent a change due to the illness but is a characteristic - a personality trait - and should not therefore be included in the repertorisation.

#### 2.2.5 OBSTRUCTIVE BRONCHITIS: THE SIGNIFICANCE OF "CHILDHOOD SYMPTOMS". CASE 5 CELINE B., 14 MONTHS OLD

Celine is a pretty, blue-eyed, blond girl with a tendency to obstructive bronchitis. Her past history is unremarkable - just cradle cap (milk crust), which disappeared with moisturizing creams. An initial episode of obstructive bronchitis one month before the homeopathic consultation was treated by another physician with a beta-2 agonist and antibiotics. Celine was brought to see me after a cold had developed within a few days into coughing and then into bronchial obstruction with a subfebrile temperature of 37.5°C (99.5°F).

Celine's general condition is reduced: she is breathing rapidly with whistling expiration and her skin is very pale, almost grey. She has to use the accessory muscles of respiration, resulting in visible jugular and intercostal retraction. Auscultation reveals that, together with the wheezing, there are dry, whistling, rattling noises. Her O<sub>2</sub>sat (oxygen saturation of the blood) is 90%, only just tolerable. It is striking that the otherwise gentle child resists the *examination with loud screaming*. In view of the somewhat critical situation, I only agree to try and treat the child homeopathically when the mother insists, and only on the condition that the child's progress is closely followed.

With the help of the *Checklist* Mrs. B. marks the following symptoms:

- *Profuse running of the nose, slimy*
- *Dry cough*
- *Thirst* P



- Food and drink, cold water: better P
- Eating, while: worse P
- Lying position, worse P
- Desire for movement P
- Irritation P
- Company: better P

Based on the clinical examination, we include the following symptoms:

- Quick breathing P
- Breathing out (expiration): worse P (Wheezing)

Repertorisation is done using solely the polar symptoms, without the changes in mood, which we will only consider later during the materia medica comparison.

			Cham.	Sep.	Verat.	Puls.	Ars.	Bry.	Caust.	Coff.	Laur.
Hits			8	8	8	8	8	8	7	7	7
Sums			23	23	18	23	19	20	14	11	10
Polarity Difference			16	15	10	8	8	6	8	6	6
99	thirst	P	4	2	3	2	4	4	2	1	2
21	> food and drink, cold water [better]	P	1	4	1	3	1	3	4		2
91	< eating, during [worse]	P	3	3	2	3	2	2	3	1	1
125	< lying position [worse]	P	4	3	2	4	4	1	1	1	1
58	movement, desire for	*	4	1	2	1	2	2		T	
64	irritability (anger, aggression)	p	4	3	3	3	2	3	1	4	1
92	breathing, quickened	p	2	4	3	3	3	3	1	*	1
	< breathing, out (expiration) [worse]	p	1	3	2	4	1	2	2	1	2
86	thirst, absent			3/Cl	2	4/Cl	3	1	1	1	
40	< food and drink, cold water [worse]		1	1	3/Cl	3	3/Cl				
54	> eating, during [better]		1			1					1
106	> lying position [better]		1	1	1		1	4/Cl	2	2	1
68	movement, aversion to		1	2		2	4/Cl	2	1	1	
37	mildness				1	4(Cl)			*		
63	breathing, slowed		1			1		3		1	2
61	> breathing, out (expiration) [better]		2	1	1			4/Cl	1		

Table 13: Repertorisation - Case 5. C.B.

Six remedies cover all symptoms, but only *Chamomilla* has no contraindications. Due to the large polarity difference, *Chamomilla* is the first choice. *Causticum* (PD 8) is the second, followed by *Antimonium tart*, in third place (PD 7), but both these remedies do not cover the desire for movement.

**MATERIA MEDICA** **Respiration:** Rapid, deep breathing with great heaving of chest ...  
**COMPARISON FOR** Short, croaking breathing ... slow inspiration and rapid expiration.  
**CHAMOMILLA [GS]** Asthmatic attack ... > from drinking cold water; < in dry weather and  
 from warm diet. Asthma after a fit of anger.  
**Cough:** Cough dry and hacking; child is very fretful.

**MATERIA MEDICA** **Respiration:** Shortness of breath. Worse during expiration and from  
**COMPARISON FOR** talking.  
**CAUSTICUM [GS]** **Cough:** Cough only on lying down.  
**Inner chest and lungs:** Tightness of chest, must frequently take a  
 deep breath.

*Chamomilla matricaria*



**PRESCRIPTION** Celine is given a dose of *Chamomilla* 200 c.  
**AND PROGRESS** She calms down within fifteen minutes, the irritability disappears, and  
 she starts breathing more slowly. After one day the obstructive bronchitis  
 has completely disappeared. At the check-up 10 days later, she seems  
 healthy and as lively as ever. The bronchitis has not recurred. Period of  
 observation: 2 years.

**COMMENTS** *Desire for company, and amelioration from touch or being carried* are  
 completely normal in small children during illness and should not be included in the  
 repertorisation. If the opposite of these symptoms are

found, however, these should be included, It is also normal to find thirst improved by drinking, so that this too should not be included as a symptom in the repertorisation. *Better from cold drinks* must differ from the normal state of the child, which the mother was able to confirm in this case. Otherwise we may not include this symptom in the repertorisation.

#### 2.2.6 GASTROENTERITIS: THE IMPORTANCE OF THE MATERIA MEDICA COMPARISON. CASE 6: SILVIA S., 9 YEARS OLD

Silvia is a very fair-skinned little girl with a sensitive disposition, which often expresses itself via psychosomatic pains in the abdomen. Her current illness started two days before the consultation with an episode of abdominal pain and bloating, resulting in severe diarrhoea with tenesmus and frequent small stools. She is extremely weak, can only lie in bed, does not want to move, and she feels cold all the time. The need for warmth is striking because she is normally “warm-blooded”.

The clinical examination reveals an apathetic, suffering child with sunken eyes, noises coming from the gut, meteorism (distension of the abdomen from gas), and dry mucous membranes, in other words, signs of dehydration. The skin feels very cold. Otherwise the child is normal.

Using the *Checklist* the mother marks the following symptoms:

- *Diarrhoea in general*
- *Stools too small*
- *Bloating*
- *Eruclations (burping): better P*
- *Warmth in general: better P*
- *Warmly, from wrapping up: better P*
- *Being in a room: better P*
- *Resting, while: better P*
- *Lying position: better P*
- *Sitting: better P*
- *Standing: worse P*
- *Movement: worse P*
- *Pressure, external: better P*
- *Warmth of bed: better P*
- *Thirst, absent P*
- *Being alone: worse P*
- *Company: worse P*
- *Sadness P*
- *Mildness P*

Once again the polar physical symptoms are used for the repertorisation. The mind symptoms are used, if at all, only later - during the materia medica comparison. *Being alone: worse* and *company: worse* contradict one another and are therefore left out.

Nux-v.		Camph.	Ganth.	Oocc.	Bry.	Sabad.	Phos.	Nux-m.
Hits		12	12	12	12	12	12	11
Sums		39	27	24	30	32	23	26
Polarity Difference		24	21	17	16	13	3	-3
44	> eructations (burping) [better] P	3	1	3	3	1	2	
90	> warmth, in general [better] P	4	4	2	3	2	4	3
56	> warmly, from wrapping up [better] P	3	2	2	3	1	2	3
107	> room [better] P	4	3	2	4	1	2	4
117	> resting (not moving) [better] P	4	3	2	3	4	1	3
106	> lying position [better] P	4	2	3	2	4	1	2
101	> sitting [better] P	4	2	1	1	4	1	2
107	< standing [worse] P	1	1	1	1	2	3	1
126	< movement [worse] P	4	3	2	3	4	1	3
74	> pressure, external [better] P	2	1	2	3	2	1	1
38	> warm, becoming heated in bed [bett P	4	2	2	2	4	3	1
86	thirst, absent P	2	3	2	2	1	3	2
34	< eructations (burping) [worse]	1			3	2		3/Cl
73	< warmth, in general [worse]	1			1	1	1	1
37	< warmly, from wrapping up [worse]	1				1		2
93	< room [worse]	1	1	1		3/Cl		4/Cl
102	< resting (not moving) [worse]				1	1	4/Cl	1
125	< lying position [worse]	1	1	1	1	1	3/Cl	1
126	< sitting [worse]	1	1	1	1	1	3/Cl	1
71	> standing [better]	3/Cl	2	2	2	2		4/Cl
102	> movement [better]				1	1	4/Cl	1
93	< pressure, external [worse]	1	1			1	2	2
67	< warm, becoming heated in bed [worse]	2			3/Cl	1	1	2
99	thirst	3/Cl		2	1	4/Cl	2	1

Table 14: Repertorisation - Case 6. S.S.

Seven remedies cover all symptoms but only two have no contraindications: *Camphora* and *Cantharis*. The non-polar symptom *stools too small, scanty* is not repertorised, although it is distinctive in a case of diarrhoea. It is introduced during the materia medica comparison.

## MATERIA MEDICA

## COMPARISON FOR

## CAMPORA [GS]

**Stools and rectum:** Difficult passage of faeces ... coldness of body

... with icy cold feet. Diarrhoea with colicky pain, particularly when

caused by cold ... frequently chilly... great sinking and collapse... After

taking cold, cutting with involuntary loose discharge of dark brown faeces ... Urging to stool and insufficient discharge ... Faeces passed with difficulty, not without exertion of abdominal muscles.

#### MATERIA MEDICA

#### COMPARISON FOR CANTHARIS [GS]

**Stools and rectum:** Frequent small, corrosive stools, with colic and pinching. Stools: yellow, brown, watery; white, with tenesmus. Diarrhoea of blood and mucus. Faeces red, slimy or green ... Passage of pure blood from anus and urethra. Before stool: straining; urging; colic. During stool: cutting, colicky pains; burning in anus; prolapse of rectum; pressing and urging, extorting cries... After stool: colic relieved; burning, biting and stinging in anus; straining; faintness; shuddering . Chilliness as though water was poured over one, with internal warmth.

*Cinnamomum camphora*



#### PRESCRIPTION AND PROGRESS

With its extreme sensitivity to cold and great weakness, *Camphora* fits the child's symptoms far better than *Cantharis*, which is noted especially for bloody stools and extreme irritation of the gut.

After taking *Camphora* 200 C, the child's complaints of fear and sadness disappear the same day. The abdomen calms down overnight. The complaints have gone by the next day.

**COMMENTS** The unusual aspect of this case is the retention of the stool together with diarrhoea, which explains the amelioration from pressure: "*Faeces passed with difficulty, not without exertion of abdominal muscles.*" This symptom is characteristic of *Camphora*. In addition, it would have been difficult to differentiate the two remedies without the materia medica comparison.

#### 2.2.7 TRIGEMINAL NEURALGIA: AMBIVALENCE OF THE LEFT-RIGHT RELATIONSHIP OF THE REMEDIES. CASE 7: MATTHIAS F., 73 YEARS OLD

Mr. F. comes to the emergency clinic. After a winter walk the previous day, he had severe, acute, shooting pains in the left lower jaw and the left cheek, with twitching of the entire left side of his face. The pain comes in fits lasting around 30 seconds. An accompanying symptom is nosebleeds. At the same time, the patient feels the familiar premature ventricular contractions (PVCs) more intensely and frequently than before: he has been having these for the past ten years, but not in this way. He is anxious because he has been taking anticoagulants for a prior heart attack, although he nevertheless suffered a deep-vein thrombosis in the leg two years ago.

With the help of the *Checklist* he gives the following symptoms::

- *Oppressive pain*
- *Twitching*
- *Sleep, during: worse P*
- *Cold in general: worse P*
- *Cold, when getting cold: worse P*
- *Draught: worse*
- *Warmly, from wrapping up: better P*
- *Touch: worse P*
- *Pressure, external: worse P*
- *Lying, on the painful side: better P*
- *Nosebleed, bright red blood P*
- *Pulse, irregular*

Only the polar symptoms are used for repertorisation.

Rhus.		I Bell.	Arn.	Sep.	Biy.	Stront.	Hyos.	Sil.
Hits	8	8	8	8	8	7	7	7
Sums	26	22	18	20	20	18	21	21
Polarity Difference	18	14	11	10	8	18	17	14
113	< sleep, during [worse] P	2	4	2	3	4	1	3
90	< cold in general [worse] P	4	3	2	2	2	4	3
78	< cold, when getting cold [worse] P	4	2	3	3	3	3	2
56	> warmly, from wrapping up [better] P	4	2	2	2	1	4	2
121	< touch [worse] P	3	4	3	4	3	3	4
93	< pressure, external [worse] P	1	1	1	3	1	1	2
24	> lying, on painful side [better] P	5	2	2	2	4		
39	nose, bleeding, bright red blood P	3	4	3	1	2	2	4
8	> sleep, during [better]							
73	> cold in general [better]	1	1	1	1	1	3	1
74	> cold, when getting cold [better]	1	1	1	1	3		1
37	< warmly, from wrapping up [worse]	1			1	1		
42	> touch [better]		1	1	1	2		
74	> pressure, external [better]	3/Cl	2	1	1	2		1
80	< lying, on painful side [worse]	2	2	1	2	1	1	4/Cl
41	nose, bleeding, dark blood		1	2	3/Cl	2		

Table 15: Repertorisation - Case 7. M.F.

If we include the left-right relationship in the repertorisation, no dear result emerges. Without it (as shown in table 15), six remedies cover all symptoms but only *Belladonna*, *Arnica*, and *Bryonia* have no contraindications.

#### MATERIA MEDICA COMPARISON FOR BELLADONNA [GS]

**Upper face:** Neuralgic pains commencing under left orbit and running back to ear... tic douloureux; Fothergill's face-ache [trigeminal neuralgia]... Twitching of facial muscles. Convulsive movement of facial muscles... Violent neuralgia; sometimes originating in right temple and spreading over orbit to right cheek... sometimes affecting ears and teeth. Lower face: Shooting and tension of lower jaw... Tearing and drawing behind right zygoma.

#### MATERIA MEDICA COM PARISON FOR ARNICA [GS]

**Upper face:** Nothing relevant.

#### MATERIA MEDICA COM PARISON FOR BRYONIA [GS]

**Upper face:** Twitching, tearing in right malar bone up to right temple, externally sore to touch. Painful pressure under right cheek bone > by external pressure.

*Atropa belladonna*

**PRESCRIPTION  
AND PROGRESS**

Based on the polarity difference and the materia medica comparison, Mr. F. is given a dose of *Belladonna 200 C*.

He phones the next day to say that he has had a good night. He calls again the following day to say that the trigeminal neuralgia has completely disappeared, and he can no longer feel the PVCs. No relapse over an observation period of 10 years.

**COMMENTS**

The symptoms of *Belladonna* are typically right-sided. Nevertheless it healed the patient in this case. The materia medica entry for *Belladonna* lists neuralgic pain both on the right and the left. The left-right relationship very often does not have the same value as other polar symptoms, It should therefore be used with caution, If the result of the repertorisation is unclear, the left-right relationship



2.2.8 **QUIZ 4: ACUTE  
ILLNESS, PART I**

- 23 What are the eight checklists available for supplementary case-taking in acute illness?
- 24 Describe the remedy dosage in acute illness (potency and interval)!
- 25 When is the reserve remedy to be taken and when not?
- 26 Describe the indications and mode of follow-up after treatment.
- 27 How do we deal with an excessive number of symptoms, in which not all symptoms can be unambiguously assigned to a remedy?
- 28 How do we distinguish character traits and characteristics of the patients from true symptoms?
- 29 List the "symptoms" that are normal in small children and that should not be included in the repertorisation.
- 30 What do we do when the repertorisation generates several equally well-indicated remedies?

> YOU CAN FIND THE ANSWERS ON P. 260

2.2.9 **COLIC IN YOUNG BABIES: EXACT FORMULATION OF THE SYMPTOMS IS  
CRUCIAL! CASE 8: LEA B., 5 WEEKS OLD**

Lea is the second child of healthy parents. During the pregnancy her mother had two urinary tract infections which were treated with antibiotics by the gynaecologist. Due to the breech (pelvic) presentation, the birth was by caesarean section in the 38<sup>th</sup> week of pregnancy. Neonatal adaptation was normal, with an Apgar score of 8/9/9, birth weight was 2.830 kg (6 lbs 4 oz), birth length was 47 cm (18.5 inches) and the circumference of the head was 34.2 cm (13.5 inches). Apart from a slight systolic heart murmur, the child is normal after birth.

She is brought in at the age of five weeks for her first postnatal checkup. The mother says that Lea drinks greedily, followed by (especially in the evening) screaming for hours on end, since she appears to be in pain. The next morning she is fine again.

The clinical findings are a facial exanthem (neonatal exanthem) as well as meteorism (tyimpanites) of the abdomen. The-child is

otherwise healthy and is growing well (current weight 3.9 kg / 8 lb 10 oz, length 50 cm /19.7 inches, head circumference 37.5 cm /14.8 inches). The neonatal heart murmur can no longer be heard.

With the help of the Checklist the mother notes the following symptoms::

- *Bloating pain*
- *Drinking, after: worse P*
- *Sitting up / straightening up: better P*
- *Eructation (burping): better P*
- *Flatus, after discharge: better*
- *Rubbing (massaging): better P*
- *Touch: better P*

This case has two traps for the unwary: the symptoms *sitting up/straightening up: better* and *touch: better*. Sitting or straightening up is an action - changing from lying to sitting. Does the mother actually **mean sitting: better**, or does she really mean **sitting up: better**? *Touch: better* is normal in small children and should not be used. The symptom might actually mean *warmth: better*. Despite our questions, the mother was unable to satisfactorily clarify these symptoms, so we decided to use *sitting up/straightening up: better* in the repertorisation but to leave out *touch: better*.

Ant-t.			Ign.	Sabin.	Canth.	Nat-c.	Sulph.	Nux-v.	Kali-c.	
Hits			6	6	6	6	6	6	6	
Sums			17	16	12	13	12	16	17	11
Polarity Difference			14	10	10	9	8	7	6	6
71	< drinking, after [worse]	P	3	2	1	1	2	3	4	1
57	> standing up / straightening up [bette	P	3	3	3	1	1	2	1	3
44	> eructations (burping) [better]	P	4	4	2	3	3	3	3	4
74	> rubbing [better]	P	1	3	1	4	4	3	1	1
121	< touch [worse]	P	3	1	4	2	1	4	4	1
88	flatulence painful, flatulent colic		3	3	1	2	1	1	4	1
13	> drinking, after [better]							2		
68	< straightening up [worse]			3				4/Ci	4/Ci	1
34	< eructations (burping) [worse]				1			1	1	2
44	< rubbing [worse]					2	1	1		
42	> touch [better]						2	2		1

Table 16: Repertorisation - Case 8, L.B.

This repertorisation contributes little to differentiating the remedies: twelve remedies cover all symptoms and eight have no contraindications. The fact that only five polar symptoms are available, so that the polarity difference is less helpful than normal, further hampers our efforts to solve this case.

MATERIA MEDICA COMPARISON FOR ANTIMONIUM TART. [GS] **Abdomen:** Upper part of abdomen tense and painful ... Abdomen tympanitic and very sensitive to pressure ... Violent cutting and labour-like tearing from above downward across groins.

MATERIA MEDICA COMPARISON FOR IGNATIA [GS] **Abdomen:** Flatulent colic; flatus incarcerated, rumbling and rolling about, making a loud noise; rumbling as from hunger .... Excessive flatulence ... Unsatisfactory, short and abrupt emissions of flatus, of offensive odor, not without exertion of abdominal muscles.

MATERIA MEDICA COMPARISON FOR SABINA [GS] Tympanitis, bloatedness of abdomen, rumbling in evening and in warm room. Writhing and pinching in abdomen in umbilical region, frequently recurring with increasing violence...

PRESCRIPTION AND PROGRESS Due to the paucity of symptoms in young babies, it is often difficult to identify the correct remedy. According to the polarity difference, the shortlisted remedies are (best first): *Antimonium tart.*, *Ignatia*, then *Cantharis*. So the child is immediately given *Antimonium tartaricum* in 200 c. The second remedy is to be taken after four days if there is no significant improvement and the third four days later in the same way.

There is virtually no reaction with *Antimonium tartaricum*. Yet *Ignatia* brings about a rapid and lasting improvement of the complaints, so that no further remedy is required.

COMMENTS The smaller the child, the more difficult it is to gather symptoms, If we use > *sitting*, instead of > *sitting up/straightening up* in this case, *Ignatia* turns out to be the best remedy. The correct observation would therefore have been > *sitting*. With polarity analysis it is crucial to precisely observe and formulate each symptom. Questions can often help to clarify what the patient really observed, and are therefore very important when defining the symptoms.

A child who is cured by *Ignatia* may be a hint that the mother is suffering the baby blues or that she is upset in some other way, and it may be worthwhile investigating in this direction. In this case the mother was very upset that she could not give birth to her child normally and needed a Cesarean section.

#### 2.2.10 INFLUENZA: EFFECT OF THE REMEDY OR SPONTANEOUS RECOVERY?

##### CASE 9: YANN S., 11 YEARS OLD

On the morning of the day before the consultation, Yann complained about dizziness and a cold, but he still went to school. During the morning he began to have a strong headache, so his mother had to take him back home. He had a temperature of 38.8°C (101.8 °F), and is therefore given paracetamol (acetaminophen). He spends the rest of the day in bed, eats almost nothing, and sleeps most of the time. The next day he wakes up at 5 a.m. with a very strong headache, an irritated, burning throat and excess saliva. He can hardly remain on his feet and his mother brings him to the practice as an emergency case.

The clinical findings are that his general condition is much reduced. The patient still has an elevated temperature of 38.7°C (101.7°F) and insists on lying down during the examination. His throat is red and the cervical lymph nodes are enlarged and slightly tender. No tenderness to palpation in the forehead or the sinuses. The lungs are normal on auscultation, and the abdomen is soft and not painful. A blood examination reveals the viral origin of the infection.

With the help of the *Checklist* the mother marks the following symptoms:

- |   |   |
|---|---|
| • <i>Headache</i>                         | • <i>Resting, while: better P</i>                   |
| • <i>Saliva increased P</i>               | • <i>Touch: better P (ameliorates the headache)</i> |
| • <i>Coryza</i>                           | • <i>Pressure, external: better P</i>               |
| • <i>Sense of taste lost</i>              | • <i>Rubbing: better P</i>                          |
| • <i>Wet compresses on body: better P</i> | • <i>Movement: worse P</i>                          |
| • <i>Better in room P</i>                 | • <i>Sitting: worse P</i>                           |
| • <i>Lying position: better P</i>         |   |
| • <i>Standing: worse P</i>                |   |

- *Physical exercise: worse P* (mother's interpretation is that he does not want to or cannot make any effort)
- *After getting up from bed: worse P* (standing: worse)
- *Company: better P* (always, not only during illness)
- *Mildness P* (always, not only during illness)

We definitely need to inquire about such a large number of symptoms: that which is present in the healthy state can be omitted. The mother's answers are shown in brackets in the above list. Both the mind symptoms *company: better* and *mildness* are not included in the repertorisation since these are also present in the healthy state.

		Chel.	Nux-v.	Caust.	spig.	Am-m.	Bry.	Alum.	Zinc.	Laur.
Hits		10	10	10	10	10	10	10	10	10
Sums		22	27	22	22	22	24	18	16	14
Polarity Difference		14	13	10	8	7	6	5	5	4
117	saliva, increased P	1	4	3	3	2	3	3	3	3
23	> wet compress on body [better] P	3	2	3	3	3	1	2	1	1
107	> room [better] P	3	4	1	3	2	1	1	1	1
106	> lying position [better] P	2	4	2	2	3	4	1	1	1
117	> resting (not moving) [better] P	3	4	1	3	1	4	1	1	1
74	> pressure, external [better] P	3	2	3	2	3	2	2	1	1
74	> rubbing [better] P	2	1	1	1	2	2	3	3	2
126	< movement [worse] P	3	4	3	3	1	4	1	1	1
126	< sitting [worse] P	1	1	3	1	2	1	2	2	2
107	< standing [worse] P	1	1	2	1	3	2	2	2	1
111	saliva, diminished	1	3	2	1	1	3	1	2	1
40	< wet compress on body [worse]		1		3	1	2		2	2
93	< room [worse]	1	1	2	1	1	3/Cl	4/Cl	2	2
125	< lying position [worse]	1	1	1	1	3	1	2	1	1
102	< resting (not moving) [worse]			1	1	3/Cl	1	2	1	1
93	< pressure, external [worse]		1	1	1	1	1	1	1	1
44	< rubbing [worse]	1		3/Cl	2	1				
102	> movement [better]			1	1	3/Cl	1	2	1	1
101	> sitting [better]	2	4/Cl	1	1	1	4/Cl	1	1	1
71	> standing [better]	2	3/Cl		2		2			

Table 17: Repertorisation - Case 9. Y.S.

Seven remedies cover all symptoms but only *Chelidonium* and *Spigelia* have no contraindications. Due to the high polarity difference *Chelidonium* is the favourite.

**MATERIA MEDICA** **Inner head:** Headache in morning on waking... Headache < in open air, when coughing, blowing nose and stooping.

**COMPARISON FOR** **Inner mouth:** Dryness [and burning] of mouth. Salivation, with nausea and giddiness.

**CHELIDONIUM [GS]** **Taste, speech, tongue:** Mucous pasty taste

**Palate and throat:** Fauces red

*Chelidonium majus*



**PRESCRIPTION** Yann is given *Chelidonium 200 C*, at around 10 a.m. He lies down at home but cannot sleep, then eats a little bit at midday. Then he sleeps for a good hour, gets up and starts playing. The headache is much better.

**AND PROGRESS** By 1730 the same day, his complaints have completely disappeared.

**COMMENTS** The patient's progress after taking *Chelidonium* is remarkable, If we wish to prove the effect of homeopathic remedies in conditions that are characterized by spontaneous recovery, we need to establish that the remedy caused a significant and rapid improvement - more so than would be expected with spontaneous recovery.

2.2.10 OTITIS MEDIA: THE SIGNIFICANCE OF KNOWLEDGE OF THE MATERIA  
MEDICA. CASE IO: GERALDINE D., 7 YEARS OLD

The normally open and straightforward Geraldine comes to the practice in tears, one hand holding her right ear, which is protected by a head-band, the other hand holding tightly on to her mother, whom she is hiding behind. The previous day she was in the swimming pool for the first time this year. The evening began with a cold, then she woke her parents after midnight, crying loudly from bad earache. A warm onion poultice (a naturopathic treatment) brought some relief but in the morning the pain came back.

Geraldine has a bright-red eardrum on the right side; the only other symptom is a cold with tough, viscous mucus.

With the help of the *Checklist* the mother marks the following symptoms:

- *Ears, right* **P**
- *Noises in ear, roaring*
- *Poor hearing*
- *Coryza (thick, tenacious mucus)*
- *Flabby muscles* **P** (always, not only during illness)
- *Lying on painful side: worse* **P**
- *Sleep, before; while falling asleep: worse* **P**
- *Movement, aversion to* **P**
- *Resting while: better* **P**
- *Sneezing: worse* **P**
- *Air, desire for open air* **P**
- *Yawning, while: worse*
- *Touch: better* **P** (consolation: better)
- *Company: better* **P** (consolation: better)
- *Mildness* **P** (always)

The set of symptoms appears to be more substantial than it really is. After the mother has clarified a number of points (brackets in the above list), little remains that is really specific to the illness. For the repertorisation, we must therefore include non-polar symptoms.

			Bar-c.	Ars.	Phos.	Graph.	Mez.	Mag-c.	Nat-m.	Lyc.
Hits			7	7	7	7	7	7	7	7
Sums			16	21	17	16	13	14	13	20
Polarity Difference			14	13	12	12	11	10	10	9
80	< lying, on painful side [worse]	P	4	5	3	3	1	3	1	3
99	< while falling asleep [worse]	P	2	4	4	3	1	2	2	5
68	movement, aversion to	P	3	4	2	1	3	3	3	3
117	> resting (not moving) [better]	P	2	1	3	3	2	1	3	1
47	< sneezing [worse]	P	1	3	1	2	2	2	1	3
76	air, desire for open air	P	3	2	1	1	3	3	2	3
71	< yawning, while worse [worse]		1	2	3	3	1	2	1	2
24	> lying, on painful side [better]									1
1	> sleep, before; while falling asleep [better]									
58	movement, desire for			2				1		1
102	< resting (not moving) [worse]		1	2	1		1	1	1	4/Cl
1	> sneezing [better]									
86	air, aversion to open air			2	1	1			1	3

Table 18: Repertorisation - Case 10. G.D.

Nineteen remedies cover all symptoms, nine of which without any contraindications. Due to the largest polarity difference, Barium carbonicum and Arsenicum album are shortlisted.

MATERIA MEDICA  
COMPARISON FOR BARIUM  
CARB. [GS]

**Mind:** Averse to strangers and company.

**Hearing and ears:** Drawing pain in ears, a kind of twinging earache.

Tearing, with boring and drawing in bones in front of right ear. Cracking in ear when sneezing, swallowing, or walking fast. Difficult hearing.

MATERIA MEDICA  
COMPARISON FOR  
PHOSPHORUS [GS]

**Mind:** Does not like to be alone.

**Hearing and ears:** Noises in ears: roaring from rush of blood; constant buzzing; ringing... earache... A painful and inflamed gathering in right ear... shooting pain through ear, especially at night, preventing sleep.

MATERIA MEDICA  
COMPARISON FOR  
ARSENICUM ALBUM [GS]

**Mind:** Attacks of anxiety at night driving out of bed ... Fear of being left alone. **Hearing and ears:** Humming in ears, with hard hearing, as if ears were stopped. Yellow discharge from right ear, with dryness of nose; hearing not weakened.



Darium carbonicum



**PRESCRIPTION AND PROGRESS** The unusual state of mind of this otherwise sociable child, who is now hiding behind her mother, very strongly indicates *Barium carb.* *Phosphorus* is the second choice. Geraldine is given a dose of *Barium carb.* 200 C. The pain disappears within a few hours. The next day she still has the feeling that there is water in her right ear. At her check-up four days later, everything has returned to normal.

**COMMENTS** If the polar symptoms are insufficient for complete differentiation of the shortlisted remedies, we first include the non-polar modalities (here < yawning), If these do not help matters, we can extend the repertorisation to include the clinical findings (here *thick, viscous mucus*). This frequently narrows the selection so much that we can use the mind symptoms in the normal way to make the final remedy selection.

Summary: Polarity analysis does not make knowledge of the materia medica superfluous...

#### 2.2.11 LARYNGOTRACHEITIS (SORE THROAT AND COUGH): PROCEDURE FOR AN INTERCURRENT ILLNESS. CASE 11: PAUL R., 15 YEARS OLD

Paul is a boy with ADHD, who we have been treating for a longtime with *Natrum mar.* in a Q (LM) potency. His Conners' Global Index (CGi) - a scale used to measure the intensity of ADHD - has thereby fallen from 19 to 0. He is now doing well at school, his average marks have improved noticeably, and the situation in his family, which was seriously disturbed by his behaviour, has returned to normal. He now comes to the clinic since he has been suffering from an intractable cough for the last two weeks. His current illness began when he caught a cold on a rainy autumn day. After going to the swimming pool, on the way home on foot, he developed a thick cold, his voice changed, and he gradually developed a dry, barking cough, which later became productive, and which is associated with severe throat and laryngeal pain.

The examination reveals that the patient has a hoarse voice. The palatal arch is redder than normal, and when he tries to talk he has a coughing fit in which mucus rises up and is swallowed. On auscultation a sharp sound of breathing can be heard in the trachea. No other clinical findings.

With the help of the *Checklist* mother (l.c.) and son mark the following symptoms:

- *Productive cough, painful, with expectoration in evening*
- *Hoarseness*
- *Wet, getting, drenched: worse*
- *Weather/air, wet, damp: worse P*
- *Warmth of room: better P*
- *Open air: better P*
- *Lying position: worse P*
- *Talking, speaking: worse P*
- *Sleep, before; while falling asleep: worse P*
- *Sleep, after; while waking up: worse P*
- *Thirst, absent P*
- *Company: better P*

		Rhus.	Ars.	Sulph.	Dulc.	Am-c.	Hep.	Bell.	Lyc.
Hits		10	10	10	10	10	10	10	9
Sums		35	30	28	22	19	24	23	26
Polar	ty Difference	20	14	14	13	12	5	3	16
58	< weather / air, wet, damp [worse] P	4	2	3	4	5	1	1	3
35	> warmth, of room or stove [better] P	3	4	2	2	1	2	1	
93	> open air [better] P	1	1	2	1	1	1	1	2
125	< lying position [worse] P	4	4	2	3	2	3	1	4
77	< talking, speaking [worse] P	4	2	4	3	1	3	3	2
99	< while falling asleep [worse] P	5	4	3	2	1	3	4	5
111	< while/after waking up [worse] P	4	5	5	2	4	4	3	4
86	thirst, absent P	2	3	2	1	1	1	2	1
28	< wet, getting, drenched [worse]	4	2	2	3	1	3	3	3
109	< coughing, while [worse]	4	3	3	1	2	3	4	2
30	> weather / air, wet, damp [better]		2	1			4/CI	2	
54	< warmth, of room or stove [worse]	1		2	1		1	1	2
110	< open air [worse]	2	1	1	1	2	3/CI	4/CI	1
106	> lying position [better]	1	1	1	1	1	2	3/CI	1
1	> talking, speaking [better]								
1	> sleep, before; while falling asleep [better]								
28	> sleep, after; while waking up [better]		3						
99	thirst	3/CI	4(CI)	4/CI	2	1	3/CI	3/CI	1

Table 19: Repertorisation - Case 11, P.R.

If we only repertorise the polar symptoms, 13 remedies cover all symptoms, five of which have no contraindications. Therefore, in order to narrow down the list of likely remedies, we need to include the most important non-polar modalities (table 19): *wet, getting, drenched: worse, coughing, while: worse*. The mind symptom *company: better* is normal for a sick child and is therefore omitted. This reduces the list to two remaining remedies which completely cover the symptoms without contraindications: Dulcamara and Ammonium carbonicum.

**MATERIA MEDICA**  
**COMPARISON FOR**  
**DULCAMARA [GS]**

**Nose:** Coryza, dry; > during motion; < during rest; renewed by slightest exposure, and < in cold air.

**Palate and throat:** Tonsillitis from every cold change.

**Voice and larynx. Trachea and bronchia:** Rough, hoarse voice ...

Constant titillation in larynx, with desire to cough. Trachea full of mucus... Laryngotracheitis.

**Cough:** Cough from damp, cold atmosphere, or from getting wet... Spasmodic cough, with profuse secretion of mucus in larynx and trachea.

MATERIA MEDICA COM  
PARISON FOR AMMONIUM  
CARB. [GS]

**Nose:** Child's nose stopped up, starts from sleep; rattling of phlegm in trachea. **Palate and throat:** Roughness and scraping in throat.

**Voice and larynx. Trachea and bronchia:** Great dryness of throat and hoarseness, roughness in throat; cannot speak a loud word; < from speaking. Rattling in larynx as from mucus.

**Cough:** Dry cough at night with tickling in larynx, headache. Cough dry and worse at night, like from feather down in throat.

MATERIA MEDICA  
COMPARISON FOR KALI  
CARB.  
[GS]

**Nose:** Dry coryza, with loss of voice or hoarseness; mucus in throat, or sensation of a lump... Obstruction of nose, making breathing through nostrils impossible; > when walking in open air [in the afternoon], returns in room. **Palate and throat:** Scraping in throat, it feels dry, parched and rough. **Voice and larynx. Trachea and bronchia:** Aphonia, with violent sneezing; complete hoarseness. Roughness of throat. Dry coryza; total loss of voice and hoarseness. **Cough:** During cough ... rough pain in larynx.

Solanum dulcamara



PRESCRIPTION  
AND PROGRESS

Based on the materia medica comparison, we decided to give Paul a dose of *Dulcamara* 200 c. The reserve remedy is *Kali carb.*. The *Natrum mur.* in Q potency he has been taking is suspended. The result is that the symptoms completely disappear within two days, without any noticeable initial aggravation. The reserve remedy is therefore not needed. One week later Paul resumes the *Natrum muriaticum* in Q potency that he was taking before the laryngotracheitis.

**COMMENTS** If - during the treatment of a chronic illness, such as ADHD in this case - an intercurrent illness arises, the previously administered “chronic” remedy must be stopped. Due to the acute symptoms now presented by the patient, it is necessary to retake the case and prescribe a new remedy. When the acute illness has resolved, it is necessary to reassess the case and decide whether or not the previous chronic illness has changed in the meantime. If the symptoms have changed, we need to retake the case, If not - as with Paul in this case - the previous treatment can be resumed.

#### 2.2.13 TONSILLITIS AFTER MMR VACCINATION: HOMEOPATHIC TREATMENT OF VACCINE SIDE EFFECTS. CASE 12: JAN L., 3 YEARS OLD

Jan is a rather unsettled, blond little chap who has had sporadic upper respiratory infections. Ten days after the measles-mumps-ru-bella (MMR) vaccination, he falls ill with a temperature of 39 °C, a dry, suffocating cough, especially when lying down, and such severe pain when swallowing that his saliva is dribbling out of his mouth.

The clinic examination reveals, apart from the fever, a very pale face and reddening of the tonsils. The lungs are normal and he has no signs of measles resulting from the vaccine. So he is suffering from a simple, probably viral tonsillitis, possibly triggered by the MMR vaccine.

Using the *Checklist* the mother marks the following symptoms:

- *Swallowing: worse* **P**
- *Lying position: worse* **P**
- *Rising from bed, after getting up: better* **P**
- *Saliva, increased* **P**
- *Warm, becoming heated in bed: worse* **P**
- *Dry cough (choking)*

The repertorisation proceeds, as usual, with the polar symptoms.

			Dros.	Puls.	Iod.	Plat.	Merc.	Cham.	Eupho.	Aur.
Hits			5	5	5	5	5	5	5	5
Sums			16	18	13	12	15	15	11	10
Polarity Difference			14	9	9	9	8	8	8	7
93	< swallowing (worse)	P	2	3	2	2	3	2	1	1
125	< lying position (worse)	P	4	4	1	4	1	4	4	4
124	> rising from bed, after [better]	P	3	4	4	3	3	2	3	3
67	< warm, becoming heated in bed (wors	P	4	3	3	1	4	4	1	1
117	saliva, increased	P	3	4	3	2	4	3	2	1
47	> swallowing [better]		1	3	1	1	2			
106	> lying position [better]		1		2		2	1	1	
80	< rising from bed, after getting up [worse]			3		1		3/CI	1	
38	> warm, becoming heated in bed [better]									2
111	saliva, diminished			3	1	1	3	3	1	1

Table 20: Repertorisation - Case 12. J.L.

AH symptoms are covered by 50 remedies, of which 26 have contraindications. In this situation, we need to sort the remedies by polarity difference with a click in the field *Polarity difference*. This makes it clear that *Drosera* stands out as the best-fitting remedy (table 20). If we also repertorise with the symptom *choking cough* using *Boenninghausen's Characteristics and Repertory* by C.M. Boger (p. 707)<sup>35</sup>, the following remedies are likely: Anac PD 2/ Ant-t PD 6/ Dros PD 14/ Seneg PD 6 / Sep PD 6.

**MATERIA MEDICA** **Palate and throat:** Difficulty swallowing solid food; esophagus as if contracted.

**DROSERA [GS]** **Cough:** Very hoarse cough, < after midnight, during or after measles ... frequently < at night on lying down ... Spasmodic cough, attended by retching and vomiting.

**MATERIA MEDICA COM** **Palate and throat:** Difficulty in swallowing. Violent irritation in throat with difficult swallowing. Swelling of tonsils and highly reddened pharynx. Throat so swollen and mucus coated, he was unable to swallow even liquids, and his breathing was obstructed.

**PARISON FOR**

**ANTIMONIUM TART.**

**[GS]**

**Cough:** Tickling cough, with violent eructations and retching, even vomiting of watery, tough slime; with it a running coryza.

**PRESCRIPTION  
AND PROGRESS**

Due to the large polarity difference, Jan is given a dose of *Drosera* 200 c. His progress is astonishing: within a few hours, the fever, throat pain, and cough have all completely disappeared, and the child is completely healthy again.

*Drosera rotundifolia*



**COMMENTS**

With such a long list of remedies covering all symptoms, the polarity difference is often the only possibility to identify the most suitable remedy. For the selection of the homeopathic remedy, the hypothetical cause of an illness or the name of the illness (diagnosis) is of no importance. If, as in this case, we are dealing with actual or supposed side effects of vaccines - which are rare with modern vaccines - these are treated in the usual homeopathic way according to the rules of polarity analysis. In addition, the fact that *Drosera* is frequently used to successfully counter the effects of measles should not mean that this remedy is used as a proven indication for this illness, regardless of the contraindications and the polarity difference. This would constitute a relapse to pre-homeopathic times.

## 2.2.14 EPIDEMIC PAROTITIS (MUMPS): THE SIGNIFICANCE OF CONTRAINDICATIONS.

### CASE 13: ERNIE E., 11 YEARS OLD

Ernie - who has been treated for asthma and nocturnal enuresis with *Bryonia* as a “chronic” remedy, achieving an improvement of around 50% - falls ill with a temperature of 39 °C (102 °F) and joint pains. On the second day, he also develops a painful swelling of the left parotid gland, which is tender when touched. The mother waits one more day before bringing him to the practice, declaring that he seems to have mumps.

The clinical examination reveals a febrile, very ill boy, who can hardly move his head for the pain. His face is distorted by the swelling in front of the left ear. Both his eardrums are normal, and the lymph nodes in the neck are not enlarged. On the other hand, there is a slight reddening of the pharynx and chewing is painful. There is no sign of either meningitis or orchitis. The diagnosis of his mother is obviously correct.

Using the *Checklist* she picks out the following symptoms:

- *Touch: worse* **P**
- *Movement: worse* **P**
- *Chewing: worse* **P**
- *Lying down, after: worse* **P**
- *Rising from seat, while: worse* **P**
- *Physical effort: worse* **P**
- *Resting, while: better* **P**
- *Being in room: better* **P**
- *Lying position: better* **P**
- *Thirst* **P**
- *Being alone: better* **P**



		Sulph.	Phos.	Sep. 1	Nat-c.	Nux-v.	Sry.	Nit-ac.	Gocc.	Carb-a.	chin.	Nat-m.
Hits		11	11	11	11	10	10	10	10	10	10	10
Sums		26	24	25	17	31	33	22	22	20	24	25
Polarity Difference		15	7	2	1	23	19	16	16	16	15	14
121	< touch [worse] P	4	1	4	1	4	3	3	2	2	1	2
126	< movement [worse] P	2	3	1	1	4	4	2	3	3	3	3
66	< chewing [worse] P	1	3	3	1	1	3	2	1	1	3	3
112	< lying down, after [worse] P	3	3	3	2	1	3	2	1	1	2	
70	< rising from seat, while [worse] P	3	4	3	2	3	3	3	2	2	3	3
70	< physical effort [worse] P	4	2	2	2	3	4	2	3		3	3
117	> resting (not moving) [better] P	1	3	1	1	4	4	2	3	3	1	3
107	> room [better] P	1	1	1	2	4	1	2	4	3	3	1
106	> lying position [better] P	1	1	1	1	4	4	1	2	3	1	3
99	thirst P	4	1	2	2	3	4	3	1	1	4	3
16	> solitude, being alone [better] P	2	2	4	2					1		1
42	> touch [better]	2	3/CI	1	2		2				1	1
102	> movement [better]	1	1	3/CI	4/CI		1	1	1	1	1	1
2	> chewing [better]						1					
10-0	> lying down, after [better]	1	1	2	1	4/CI	4(CI)	1	1	1	1	4/CI
27	> rising from seat, while [better]		1	3	2						2	
6	> physical effort [better]			4/CI								1
102	< resting (not moving) [worse]	1	1	3/CI	2		1	1	1		1	1
93	< room [worse]	2	4/CI	1	1	1	3/CI	1		1		2
125	< lying position [worse]	2	1	3/CI	3/CI	1	1	1	1	1	1	1
86	thirst, absent	2	2	3/CI	1	2	1	1	2		2	
15	< emotions, solitude (being alone) [worse]		3/CI									

Table 21: Repertorisation - Case 13. E.E.

If we omit the rather unreliable mind symptom *being alone: better* - although in fact unusual for a child - 21 remedies cover everything. If we do not include the contraindications, the degree of differentiation in the resuming table (not shown) is too low, despite the many symptoms. But if we now include the symptom *being alone: better* (table 21), *Sulphur* is the only acceptable remedy. *Carbo animalis* and *Arnica* are the second and third choices, although they do not cover all symptoms.

MATERIA MEDICA  
COMPARISON FOR  
SULPHUR [GS]

**Upper face:** Swelling of cheek, with pricking [and tender to touch].

**Lower face:** Glandular swellings on lower jaw. Enlarged submaxillary gland; swelling as large as hen's egg, under ramus of jaw; gland tender to touch, painful on swallowing.

MATERIA MEDICA  
COMPARISON FOR  
CARBO ANIMALIS [GS]

**Ears:** Parotid gland swollen and indurated.

MATERIA MEDICA  
COMPARISON FOR ARNICA  
[GS]

**Ears:** Feeling of heat externally in left ear and cheek. Swelling of parotid gland.

Native Sulphur



PRESCRIPTION  
AND PROGRESS

The materia medica comparison is inconclusive, since the parotid gland is not even mentioned in *Sulphur*. Nevertheless, Ernie is given a dose of *Sulphur 200 c*, since this covers the modalities more completely than the other leading remedies.

On the first night, he is still restless. On the second day, his condition improves noticeably, the pain on swallowing disappears, and his appetite returns. His right parotid gland swells a little the same day, but without the strong pain he had when the left side was swollen. The next morning it is all over, and he is cheerful again - his initially critical mother is very impressed by this recovery.

**COMMENTS** This case emphatically demonstrates the value of contraindications, without which the case could not have been solved. The choice of remedy is convincing when we see exactly this kind of swift recovery.

2.2.15 UPPER RESPIRATORY INFECTION: CAREFULLY READING THE MATERIA  
MEDICA... CASE 14: LILIAN M., 6 MONTHS OLD

Lilian is a 6-month-old baby who has so far always been healthy, but now in late autumn she comes down with a heavy cold, which quickly turns into a dry cough. It is evidently painful because she cries whenever she has a fit of coughing. On the third day of her illness, she wakes up screaming and cannot be comforted. Her mother brings her to the practice early in the morning.

The child does not have any fever, but she is unable to breathe through her nose and is continually coughing. The slightest touch causes her to scream. Her nose is blocked, and the tonsils and right eardrum are red, but preauricular pressure on the right appears not to be painful. She is breathing with a rattling sound due to mucus in the main airways.

Using the *Checklist* the mother marks the following symptoms:

- *Coryza with blocked nose*
- *Cough without expectoration, painful*
- *Sleep, after; while waking up: worse P*
- *Warmly, from wrapping up: better P*
- *Ears, right P*
- *Lying position: worse P*
- *Sitting: better P*

There is a paucity of symptoms, which is typical when treating babies. So we use all the available symptoms in the repertorisation.

			1 Samb.	Hep.	Sil.	Ars.	Aur.	Con.	Cham.	Merc.
Hits			7	7	7	7	7	7	7	7
Sums			22	20	18	20	14	18	17	16
Polarity Difference			11	9	9	7	7	6	6	6
111	< while/after waking up [worse]	P	5	4	3	5	2	3	3	4
56	> warmly, from wrapping up [better]	P	4	4	4	3	3	3	2	2
125	< lying position [worse]	P	4	3	4	4	4	4	4	1
101	> sitting [better]	P	1	1	1	1	1	1	2	3
109	< coughing, while [worse]		2	3	1	3	1	2	2	2
113	cough, without expectoration (dry)		3	3	1	3	2	2	2	2
97	coryza, blotked nose		3	2	4	1	1	3	2	2
28	> sleep, after; while waking up [better]		2			3			1	
37	< warmly, from wrapping up [worse]						1		2	1
106	> lying position [better]			2	1	1		1	1	2
126	< sitting [worse]		1	1	2	2	2	4/Cl	1	1

Table 22: Repertorisation - Case 14. L.M.

There are 32 remedies covering all symptoms, 16 of which have contraindications. Clicking on Polarity difference sorts the remedies by *polarity difference* (table 22). This shows that, among the 16 remedies without any contraindications, *Sambucus nigra*, *Hepar sulfuris* and *Silicea* have the highest polarity difference.

**MATERIA MEDICA** **Hearing and ears:** Great swelling, heat, redness and lump just under right ear, in neck, accompanied by a very sharp pain.

**COMPARISON FOR** **Nose:** Breathing through nose impeded, with dry coryza, especially in nursing infants. Dry coryza of infants; nose dry and completely obstructed, preventing breathing and nursing; constant sniffles.

**SAMBUCUS NIGRA [GS]** **Cough:** Hollow, dry, at night; deep and dry before chill... suffocative with crying children; < about midnight, during rest, lying in bed, or with head low, from dry, cold air.

**MATERIA MEDICA** **Hearing and ears:** Sleep disturbed by pain in ears.

**COMPARISON FOR** **Smell and nose:** Complete stoppage of nose, could scarcely speak, [and had to keep the mouth open in order to breathe]. Nose stuffed up, or alternately dry and fluent; obstructed mornings, fluent during day.

**SILICEA [GS]** **Cough:** Cough: dry, with hoarseness; with soreness in chest.

MATERIA MEDICA  
COMPARISON FOR  
HEPAR SULFUR [GS]

**Ears:** Darting pain in ears.

**Smell and nose:** Nose stopped up in morning. Febrile fluent coryza if it gets dry, especially with scrofulous and rachitic children; hoarseness, or hollow, croupy cough.

**Cough:** Violent, deep cough, consisting of several impulses which strike painfully against larynx and occasional retching. During cough: stitches, burning and swelling in throat.

PRESCRIPTION  
AND PROGRESS

The materia medica comparison supports each of the three remedies. Due to the child's thinness and her light blond hair, which we have often seen in *Silicea* patients, I decide to give Lili a dose of *Silicea* 200 c, with *Sambucus nigra* 200 C as the reserve remedy if *Silicea* does not work.

After two days, the mother calls to say there has only been a slight improvement. The child is now given *Sambucus nigra* 200 c. Within a few hours, there is a dramatic improvement, leading to complete healing.

COMMENTS

The attentive reader will have noticed that "infants" are mentioned in the materia medica for *Sambucus nigra*, but not for *Silicea* and *Hepar sulph*. It would therefore have been better to start with *Sambucus nigra*.

I was distracted into prescribing *Silicea* by the characteristics *thinness* and *light blond hair*. To repeat: characteristics are not symptoms and should therefore not be included when selecting the remedy.

*Sambucus nigra*



## 2.2.16 SCARLET FEVER: POLARITY DIFFERENCE IS MORE IMPORTANT THAN

### THE MATERIA MEDICA COMPARISON. CASE 15: FELIPE A., 4 YEARS OLD

Felipe's troubles began three days before the current consultation with a mild sore throat. The mother comes to the practice because he has since developed a headache and pains in the limbs, as well as a high temperature of 39.4 °C (102.9 °F). He is very weak and he can hardly swallow; he can only tolerate cold things.

The examination reveals a bright red throat, severely swollen tonsils, and petechial bleeding on the palatal arch: this is typical for the betahaemolytic group B streptococci, which cause scarlet fever. The tongue is bright red, the cervical lymph nodes are severely swollen and painful, and the abdomen slightly painful on palpation. The provisional diagnosis is *streptococcal angina* ("strep throat"). A diagnosis of scarlet fever also requires the presence of the skin rash with a characteristic light speckling of slightly raised, bright red spots, which arise when the infectious agent produces toxins. Having glanced at the skin, I am able to show the surprised mother that the exanthema has already formed.

Using the *Checklist* the mother picks the following symptoms:

- *Mouth odour*
- *Dry mouth*
- *Thirst P*
- *Swallowing: worse P*
- *Food and drink, cold things: better P*
- *Cold in general: worse P*
- *Warmly, from wrapping up: better P*
- *Open air: worse P*
- *Air, aversion to open air P*
- *Movement: worse P*
- *Physical exercise: worse P*
- *Lying position: better P*
- *Standing: worse P*
- *Pressure, external: worse P*

		Bry. I	Sil.	Nux-v.	Merc.	Nat-m.	Lach.	Rhus.	Ars.	Phos.
Hitt		12	12	12	12	12	12	12	12	12
Sums		34	30	35	27	25	22	30	25	22
Polarity Difference		21	19	17	12	12	8	7	5	5
99	thirst P	4	3	3	4	3	1	3	4	1
93	< swallowing [worse] P	4	1	3	3	2	2	3	2	3
53	>food and drink, cold things [better] P	4	1	1	2	2	2	1	1	4
90	< cold in general [worse] P	2	3	4	1	1	2	4	4	2
56	> warmly, from wrapping up [better] P	1	4	3	2	2	2	4	3	1
110	<open air [worse] P	1	4	4	3	1	4	2	1	1
86	air, aversion to open air P	3	4	4	2	1	2	3	2	1
126	< movement [worse] P	4	1	4	3	3	1	1	1	3
70	< physical effort [worse] P	4	3	3	2	3	1	4	4	2
106	> lying position [better] P	4	1	4	2	3	1	1	1	1
107	< standing [worse] P	2	1	1	1	1	1	3	1	1
93	<pressure, external [worse] P	1	4	1	2	3	3	1	1	2
86	thirst, absent	1		2	1		1	2	3	2
47	> swallowing [better]			3	2		3/Cl	1		1
47	<food and drink, cold things [worse]	1	2	4/Cl	2	1		4/Cl	4/Cl	
73	>cold in general [better]	1	1	1	1	2	1	1		1
37	< warmly, from wrapping up [worse]	1		1	1		1	1		2
93	> open air [better]	2		1	1	2	3	1	1	3/Cl
76	air, desire for open air	1				2	1	1	2	1
102	> movement [better]	1	1		3	1	2	4/Cl	2	1
6	>physical effort [better]		2			1				
125	< lying position [worse]	1	4/Cl	1	1	1	2	4/Cl	4/Cl	1
71	> standing [better]	2		3/Cl	2	2		1	2	4/Cl
74	>pressure, external [better]	2	1	2	1	1		3/Cl	2	1

Table 23: Repertorisation - Case 15. F.A.

If we repertorise just the polar symptoms, eleven remedies completely cover all symptoms, four of them without contraindications, but with greatly varying polarity differences (Bry 21, Merc-s 12, Nat-m 12, Thuj 2). If we include the scarlet fever rash in the repertorisation, only *Bryonia* and *Mercurius sol.* remain.

**MATERIA MEDICA Taste, speech, tongue:** Dry tongue.

**COMPARISON FOR BRYONIA [GS] Palate and throat:** Sticking pain on swallowing, on feeling of throat, and on bending neck. Great dryness in fauces and throat, sometimes with burning. Pain in throat; throat is dry and raw on empty swallowing; on drinking this sensation disappears for a short time, but soon returns... Quickly prostrated; shuns all motion; complains bn moving, or when being moved, of pain everywhere.

MATERIA MEDICA  
COMPARISON FOR  
MERCURIUS SOLUBILIS  
[GS]

**Palate and throat:** Redness and swelling of soft palate, tonsils and whole oral cavity ... Difficult deglutition. Burning in throat... Painful dryness of throat, with mouth full of saliva; rawness, roughness and burning in throat... Suppuration of tonsils, with sharp, sticking pain in fauces when swallowing. Lymphatic glands of throat hard and large.

PRESCRIPTION  
AND PROGRESS

Felipe is given *Bryonia 200 c* due to the large polarity difference, In the following night, the child still has a slight fever. The next morning, twelve hours later, the throat pain and headache have gone. The little chap is cheerful again.

COMMENTS

Scarlet fever is usually harmless. In rare cases, however, the illness progresses to a most dangerous fulminant, septic form, which is why it should always be diagnosed and treated by an expert, In this case, the patient would have received *Bryonia* even without a materia medica comparison, since the genius of the remedy - expressed in the very high polarity difference - far more comprehensively and specifically matches the modalities than *Mercurius solubilis*.

This would also have been the case even if the symptom *scarlet fever rash* had not been covered by the remedy. Boenninghausen's PB contains several *diagnostic rubrics* (such as scarlet fever, chicken pox, measles, rubella, eczema, erysipela). Since these clinical rubrics are not symptoms in the phenomenological sense, we should use them with caution.

Bryonia alba





2.2.17 "THE SNOWS OF KILIMANJARO" - MISHAP ON A TRIP IN THE MOUNTAINS:  
HOW CAN "PROVEN INDICATIONS" BE USED IN A RATIONAL WAY?

CASE 16: ANITA G., 22 YEARS OLD

Anita is a young medical student who has set herself the goal of climbing Mount Kilimanjaro with a group of colleagues and a mountain guide. Her physical condition is average. Due to exams she was only able to do minimal training for the climb. Anita likes hiking, but has no experience of high-altitude climbing. Her group is progressing *pole - pole* (Swahili for "take it easy, no rush") up the imposing mountain. They have already put the base camp at around 2400m (7900 feet) behind them and they are heading up to the Horombo hut (3700m or 12,100 feet above sea level). Shortly after passing the tree line, a colleague notices that Anita is looking very pale and is walking more slowly, uncertainly and with a wobbly gait. Her face is covered in cold sweat and she yawns frequently. He takes her rucksack and tells her to sit down. Our patient has just had a blackout, and feels very weak, hot and thirsty. She lies down, opens her jacket, unties her scarf and breathes deeply. Her pulse is slow and weak. When questioned, she denies having a headache or breathing difficulties, so that a serious case of altitude sickness can be ruled out. She is probably merely suffering from exhaustion.

Anita receives a dose of *Veratrum, album 200 c* (as a proven indication for a state of exhaustion) and some warm tea to drink. She recovers astonishingly quickly, and after 30 minutes she asks to continue the climb. For the rest of the walk she is fine and reaches the peak of Kilimanjaro four days later.

Back in Switzerland, we attempt to reconstruct the choice of remedy. Anita's striking symptoms were:

- *Staggering gait*
- *Cold sweat*
- *Yawning*
- *Feeling of weakness*
- *Temporary loss of vision*
- *Thirst P*
- *Heat with desire to uncover P*
- *Physical effort: worse P*

- *Standing: worse* **P**
- *Lying position: better* **P**
- *Resting, while: better* **P**
- *Food and drink, hot, warm things: better* **P** (“better from drinking warm water” **p**)
- *Pulse, slow* **P**
- *Pulse, weak* **P**

The repertorisation is done as usual only with the polar symptoms.

			Verat.	Spig.	Rhus. 1	Ars.	Thuja.	Ign.	Mur-ac.	Sulph.	Nux-v.	Chin.
Hits			•	9	9	9	9	9	9	8	8	8
Sums			25	16	20	21	11	13	12	20	22	16
Polarity Difference			15	5	4	3	3	0	0	10	8	5
99	thirst	P	3	1	3	4	1	2	1	4	3	4
37	heat, with inclination to uncover	P	3	3	1	1	2	2	3	2	1	2
70	< physical effort [worse]	P	4	1	4	4	1	1	1	4	3	3
107	< standing (worse)	P	3	1	3	1	2	2	1	3	1	1
106	> lying position [better]	P	1	2	1	1	1	1	1	1	4	1
117	> resting (not moving) [better]	P	1	3	1	1	1	1	1	1	4	1
42	> food and drink, warm things [better]	P	3	3	4	4	1	2	2	3	4	
43	pulse, slow	P	3	1	1	2	1	1	1			1
73	pulse, weak (empty)	P	4	1	2	3	1	1	1	2	2	3
86	thirst, absent	2	3/Cl	2	3	1	1	2	2	2	2	2
55	heat, with aversion to uncover			3/Cl	3/Cl	1	1	1		4/Cl	2	
6	> physical effort [better]						3/Cl					
71	> standing [better]			2	1	2	1	1	2		3/Cl	1
125	< lying position [worse]	2	1	4/Cl	4/Cl	2	2	2	3/Cl	2	1	1
102	< resting (not moving) [worse]	2	1	4/Cl	2	2	1	2		1		1
52	< food and drink, warm things [worse]	1	1	1	1	1				1	1	
80	pulse, quick	1		1	3/Cl		2			2	1	2
54	pulse, strong (full)	2	3/Cl				2	2	2	2	2	2

Table 24: Repertorisation - Case 16, A.G.

**MATERIA MEDICA** Seven remedies cover all symptoms, but only *Veratrum album* and *Thuja* have no contraindications.

**MATERIA MEDICA  
COMPARISON FOR  
VERATRUM  
ALBUM [GS]**

**Sensorium:** Vertigo: with cold sweat on forehead; with loss of vision; sudden fainting... Faints from least exertion.

**Sight and eyes:** Black motes or specks before eyes... < on rising from bed or chair.

**Upper face:** Face: collapsed, pale ... death-like, hippocratic ... Cold sweat, particularly on forehead.

**Appetite, thirst:** Drinks frequently but only a little at a time.

**Heart, pulse and circulation:** Pulse: frequent, small, hard; slow, soft, intermittent; slower than heart beat; very small, irregular; imperceptible.

**Nerves:** [General, paralytic-like,] rapid sinking of forces; complete prostration; cold sweat and cold breath; collapse. Excessive weakness; is obliged to move very slowly; so weak.

So we can see that the materia medica comparison and the large polarity difference of *Veratrum album* confirm the choice of remedy in retrospect.

*Veratrum album*



## COMMENTS

Decisive for the administration of the correct remedy in this case was not just the knowledge that *Veratrum album* is a “proven indication” for states of exhaustion.

The *Veratrum* state is typified by excessive weakness, extending to the heart, and resulting in a weak (“small”) pulse. A rapid or powerful (“big”) pulse would be a contraindication for this remedy.

## 2.2.18 QUIZ 5: ACUTE ILLNESS, PART II

- 31 Name five examples of symptoms which you need to clarify with the patient!
- 32 In acute illness, how can you distinguish spontaneous recovery from healing due to the effect of the homeopathic remedy?
- 33 Describe the typical mind symptoms of *Barium carbonicum*, *Phosphorus*, and *Arsenicum album*! How do they chiefly differ?
- 34 Which repertory could you refer to when you cannot find important symptoms in Boenninghausen's PB??
- 35 What is a relative contraindication? How do you deal with it?
- 36 Name two risk factors for the occurrence of complications in childhood illness!
- 37 Do you know three severe complications of (a) measles and (b) mumps?
- 38 Name five clinical rubrics from Boenninghausen's PB! How do you deal with these?

> YOU CAN FIND THE ANSWERS ON P. 261

## 2.2.19 WORKING WITH ACUTELY ILL PATIENTS

For maximum learning effect - after reading the first two chapters and comprehending the repertorisations of the sample cases - it is advisable to gain experience by treating acutely ill patients in a real-life practice. Keep in mind that the most important prerequisite for success is to make sure that the patients have accurately described their condition and that this precisely corresponds to the symptom in the repertory. You can use the following table to summarize the results of your treatment.



# MODULE 2

### 3. CHRONIC ILLNESS

**3.1. PROCEDURE** Casetaking in chronic illness takes place, as already mentioned, in two separate consultations. In the first consultation lasting about twenty minutes, the patients explain why they are seeking help. Then we examine him or her and make a conventional medical diagnosis. If necessary, we request further diagnostic tests. Although not required for homeopathic treatment, it is best if a conventional medical diagnosis is available. The homeopath should be clear about the nature of the problem, the prognosis, and the potential of conventional medicine to treat the condition. If it is clear that homeopathy is the best possible therapy for the patient, the next step is to start the casetaking. The patient is given the *questionnaire for diagnoses and main symptoms* and the *checklist for reliable symptoms*, with the accompanying explanations: to underline changes occurring with the illness, not states or dispositions also found in the healthy state. The aim is to comprehensively record all current symptoms characteristic of the patient's illness. Then an appointment is made to select a remedy, and the patient is asked to bring the completed questionnaire and checklist along. Except in emergencies, the time between the consultations is normally about one week, which allows patients time to observe and think about their symptoms.

In the second consultation, lasting about thirty minutes, we go through questionnaire and checklist, discussing the symptoms with the patient and asking any additional questions necessary for clarification. Then we complete the repertorisation, as described in 1.5.2. In order to differentiate the shortlisted remedies, we consult the materia medica to compare the remedies, looking for confirmatory symptoms, especially in the area of modalities and mind. Here too it is important that the patient is present during the repertorisation so that we can discuss anything that is unclear

The remedy is generally administered in the form of single doses in the potency 200 C. In therapeutically difficult cases, we also use liquid Q potencies to be taken daily.

Table 25: Casetaking in  
Uncomplicated Chronic  
Illness

PREPARATORY CONSULTATION	MAIN CONSULTATION
History	Discussion of symptoms
Examination	Additional questioning
Additional tests	Repertorisation
Diagnosis	Materia medica comparison
Explanation of questionnaires and Checklist	Search for confirmatory symptoms
	Selection of remedy

3.2 CASE HISTORIES  
OF UNCOMPLICATED  
CHRONIC ILLNESS

3.2.1 SOFT TISSUE RHEUMATISM: WHAT ARE RELIABLE CRITERIA FOR CHOOS-  
ING THE REMEDY? CASE 17: MR. MANUEL Z., 54 YEARS OLD

Mr. Z. comes to the practice for an emergency consultation. His current illness began two months ago. After a walk in stormy weather, he suffered general joint pains and tension in the neck and shoulder that are still so strong that he can hardly twist his head; even swallowing is painful. He also has some general symptoms, especially a feeling of heat in the entire body and outbreaks of sweating with a disinclination to uncover. He fears that he may have a serious illness. And he comes to me, a paediatric homeopath, to avoid undergoing aggressive conventional medical treatment.

The examination reveals a tense, thin, and pale patient with a reduced general condition, who attempts to conceal his anxiety by cracking jokes. The muscles in the area of the shoulder and neck are tense on both sides and, as already described, the rotation of his head is restricted. Otherwise his condition is normal. The clinical diagnosis is subacute soft tissue rheumatism.



- *Clammy muscles*
- *Cold in general: worse P*
- *Uncovering: worse P*
- *Being in a room: worse P*
- *Touch: worse P*
- *Pressure, external: worse P*
- *Rubbing: worse P*
- *Lying down, after: worse P*
- *Lying on the back: worse P*
- *Stooping: worse P*
- *Lying on the side: better P*
- *Wind: worse*

In the *Questionnaire for Chronic Illness: Additional Complaints* he also underlines the following:

- *Mild sweating*
- *Swallowing: worse P*

The following extra symptom comes up during the casetaking:

- *Turning the head: worse*

As usual, we only use the polar symptoms in the repertorisation.

			Stront.	Sep.	Ars.	Puls.	Borx.	Phos.	Merc.	Nat-c.	Sil.	Rhus.
Hits			11	11	11	11	11	11	11	11	10	10
Sums			29	30	25	27	18	25	21	15	27	29
Polarity Difference			28	21	19	6	6	5	4	-3	18	17
90	< cold in general [worse]	P	4	2	4	1	3	2	1	2	3	4
56	< uncovering [worse]	P	4	2	3	1	1	1	1	2	4	4
93	< room [worse]	P	2	1	1	5	2	4	1	1		3
121	< touch [worse]	P	3	4	2	3	2	1	2	1	3	3
93	< pressure, external [worse]	P	1	3	1	1	1	2	2	1	4	1
44	< rubbing [worse]	P	4	3	2	4	1	1	2	1	3	
112	< lying down, after [worse]	P	4	3	4	4	2	3	3	2	1	4
48	< lying, on back [worse]	P	2	3	3	2	1	4	2	1	3	3
108	< bending over, while [worse]	P	3	4	1	2	3	1	3	2	3	2
46	> lying, on side [better]	P	1	2	2	1	1	3	1	1	2	2
93	< swallowing [worse]	P	1	3	2	3	1	3	3	1	1	3
73	> cold in general [better]			1		4/CI	1	1	1	1	1	1
37	> uncovering [better]			1	1	2	3/CI	2	1			1
107	> room [better]		1	1	1	1	1	1	2	2	4/CI	2
42	> touch [better]			1	1			3/CI		2		
74	> pressure, external [better]			1	2	1	3/CI	1	1	4/CI	1	3/CI
74	> rubbing [better]						2	4/CI	3/CI	4/CI		2
100	> lying down, after [better]			2		1		1	1	1	1	1
50	> lying, on back [better]			1		3/CI	1	1	3/CI	1	1	
44	> bending over, while [better]				1	1		1				1
50	< lying, on side [worse]			1		5/CI	1	4/CI	3/CI	2	1	
47	> swallowing [better]					3		1	2	1		1

Table 26: Repertorisation - Case 17, M.Z.

Eight remedies cover all symptoms, three of them have no contraindications

: *Strontium carb*\* (PD 28), *Sepia* (PD 21) and *Arsenicum album* (PD19).

Thinness, paleness, dark circles round the eyes, inner restlessness, and hidden anxiety would normally make us first think of *Arsenicum album*.

#### MATERIA MEDICA

#### COMPARISON FOR ARSENICUM ALBUM

[GS]

**Neck and back:** Nape stiff, as if bruised or sprained [with same pain over the hips; at night and early]... The pressing pain becomes burning and shooting; pain in sacrum as if broken, anxiety, restlessness, rush of blood, most to the head ... Drawing pains: between scapulae, necessitating lying down; from small of back to shoulders ... insupportable backache towards evening and on rising from a seat. Rheumatism . [Severe] burning in back.

#### MATERIA MEDICA

#### COMPARISON FOR STRONTIUM CARB [GS]

**Neck and back:** Tearing tension in nape of neck, as if tendons were drawn up [exceptionally painful and recurring frequently]. Drawing, sticking pain in small of back. Sensation as if bruised in back and sacrum, < from stooping and when touched. Slight drawing pain along spine in afternoon, changes to a seated, dull tearing in joints of legs, < by walking.

**Limbs in general:** Rheumatic pains, especially in joints, < in evening, and at night in bed.

#### MATERIA MEDICA

#### COMPARISON FOR SEPIA [GS]

**Neck and back:** Pain constantly between shoulders and down back ... Pain particularly with stiffness, > by walking... Heaviness in back in morning on awaking as if she could not turn or raise herself, or as if she had lain in a wrong position, almost as if parts had gone to sleep. When stooping sudden pain in back as if struck by a hammer... After a severe cold, chilliness along back in evening, followed by a severe pain in back, < slightest motion of back, on account of which she must lie very quietly on back... The spine is tender to touch on pressure.

#### PRESCRIPTION AND PROGRESS

First choice here should have been *Strontium carb*, on account

---

\*The repertory softWare uses the abbreviation "Stront." for Strontium carbonicum.

materia medica comparison. In contrast, the materia medica comparison and the patient's morphology fit *Arsenicum album* well. Therefore we prescribe a dose of *Arsenicum album* 200 c which he takes while still in the practice. He is given a dose of *Strontium carb.* 200 c to take home as the reserve remedy if there is no improvement within two days after taking the first remedy.

*Arsenicum album* does not bring about any improvement in the symptoms. We often hear patients report a noticeable relaxation even in the first few hours after a correctly prescribed remedy. Mr. Z. therefore takes *Strontium carb.* 200 c after two days. A few hours later he develops a fever, sleeps the entire night through from 8 p.m. to 11 a.m. On the second day, the fever recedes, accompanied by a massive outbreak of sweating. The next day he can move his head freely again. In the following days, he feels a slight twitching in the neck, and then the illness is completely over. *Period of observation: 3 years.*

In this case it would have been better to ignore the typical

Strontium  
carbonicum



**COMMENTS** “remedy picture” of *Arsenicum album*: *thin, pale, anxious, perfectionist patient with dark circles round the eyes.* The high polarity difference of *Strontium carb.* deserved more attention.

TYPICAL REMEDY PICTURES  
MAY BE MISLEADING.

### 3.2.2 IRRITABLE BLADDER WITH RECURRENT CYSTITIS: THE CONNECTION BETWEEN § 153 AND § 133. CASE 18: MIRJAM G, 18 YEARS OLD

Ms. G. is a slim patient who comes to our homeopathic practice due to recurrent cystitis. The family doctor has so far treated her solely with ciprofloxacin. She has nevertheless suffered from the residual symptom of an irritable bladder which has not reacted to conventional medical treatment. The patient continually has the feeling that her bladder is full. After initial casetaking she was given *Arsenicum album 200 c*, which leads to a 60% improvement in her symptoms within two months. Further doses of *Arsenicum album* (M and XM) at monthly intervals leads to an improvement of 80%. During the summer holidays she nevertheless comes down with cystitis, which is treated with antibiotics by another doctor. The consequence is that the irritable bladder again worsens, and this is why the patient is again coming to see us.

With *Questionnaire and Checklist* Ms. G. marks the following symptoms:

- *Warmth in general: better* P
- *Movement: better* P
- *Thirst* P
- *Stabbing outwards* P
- *Desire for open air* P
- *Becoming warm ameliorates (local)*
- *Worse after urination*
- *General urge to urinate*

Our questioning does not produce any further relevant symptoms.

There are very few symptoms in this case. Therefore the repertorisation with only the polar symptoms indicates that 26 remedies cover everything; 11 of these have no contraindications. The highest difference is shown by *Strontium carb.* (9), *Rhododendron* (8) and *Spongia* (7). We proceed in this case by including the non-polar symptoms in the repertorisation, as shown in the table 27.

		Rhod.	Rhus.	Lyc.	Nat-c.	Sulph.	Kali-c.	Verat.	Carb-v.	Nat-m.
Hits		8	8	8	8	8	8	8	8	8
Sums		15	23	20	19	22	19	13	12	15
Polarity Difference		8	6	5	5	4	3	3	3	2
90	> warmth, in general [better] P	3	4	1	2	3	4	1	2	1
102	> movement [better] P	3	4	4	4	1	1	2	1	1
99	thirst P	1	3	1	2	4	2	3	3	3
76	air, desire for open air P	2	1	3	1	1	1	1	1	2
77	> warm, becoming [better]	1	4	3	2	2	4	2	1	1
112	urination, urging	1	3	3	2	4	3	2	1	2
72	< urination, after [worse]	2	1	2	3	3	2	1	1	4
59	stabbing, pricking, outward P	2	3	3	3	4	2	1	2	1
73	< warmth, in general [worse]		1	2	1	2	1	1	1	2
126	< movement [worse]	1	1	1	1	2	1	1	1	3/CI
86	thirst, absent	1	2	1	1	2	1	2	1	
86	air, aversion to open air	1	3/CI	3	4/CI	3/CI	4/CI	1	1	1
47	stabbing, pricking, inward		2						2	

Table 27: Repertorisation - Case 18, M.G.

Now we can see that 19 remedies cover all symptoms, seven of which have no contraindications. (Due to lack of space, we cannot show the entire differential diagnosis.) The highest polarity difference occurs with *Rhododendron*, and the second highest with *Lycopodium*.

#### MATERIA MEDICA

#### COMPARISON FOR

RHODODENDRON [GS,

MMRH<sup>2</sup> AND JAHR<sup>22</sup>]

**GS - Urinary organs:** Frequent urging to urinate, with drawing in region of bladder... Frequent desire to urinate; pain in urethra as from subcutaneous ulceration and as with streaks of blood [at night]. **MMRH -**

**Urinary organs:** Frequent urge to urinate; several days, Increased desire to urinate. Urge to urinate with drawing in region of bladder and flank.

**JAHR - Urinary organs: Burning before and during urination;** after urination, a few drops spill, accompanied by burning of the urethra and contraction of the body, In the urethra, stinging, after urination, or in the evening (at the opening).

#### MATERIA MEDICA

#### COMPARISON FOR

LYCOPODIUM [GS]

**Urinary organs:** After taking cold, frequent desire to urinate. Cystitis . Stitches: in bladder; in neck of bladder [and in anus]. Frequent desire to urinate, with discharge of large quantities of pale urine. After urination: [in the evening when going to sleep] crawling, burning in urethra and bladder.

Rhododendron aureum



#### PRESCRIPTION AND PROGRESS

Due to the higher polarity difference and the better fit for the materia medica comparison, we decide to prescribe *Rhododendron*, which the patient takes in a dose of 200 C.

Within a few days the bladder complaints have completely disappeared. After just two months she describes the improvement as 100%. With further doses of the remedy in ascending potencies (1M, 10M, 50M) she remains symptom-free for a long time. *Observation period: 3*

#### COMMENTS

If we look at the guiding symptoms for *Rhododendron* - for example, in Allen<sup>28</sup>, Boericke<sup>27</sup>, Guernsey<sup>30</sup> or Nash<sup>31</sup> - we see that rheumatic symptoms dominate the picture. The urinary tract symptoms are not even mentioned. Yet the modalities for this patient correspond precisely to the remedy. *Rhododendron* was considered in this case only because it had the highest polarity difference. All the other remedies - especially *Lycopodium*, *Phosphoric acid* and *Thuja* - have many more urinary tract symptoms than *Rhododendron*.

#### CHARACTERISTIC SYMPTOMS ARE ESPECIALLY MODALITIES. WHICH ARE A RECURRENT THEME IN THE REMEDY PROVINGS AND THE CLINICAL SUCCESS STORIES.

This case demonstrates impressively that Hahnemann, when referring to characteristic symptoms in ORG § 153, did not only mean striking, rare, and maybe even peculiar symptoms. The key to correctly understanding characteristic symptoms is to be found, as already mentioned, in a correct appreciation of ORG § 133: characteristic symptoms are especially modalities, which are a recurrent theme in the remedy provings and the clinical success stories.

WE CAN STRONGLY EXPECT

A REMEDY TO HEAL EVEN IF

IT ONLY MATCHES THE

MODALITIES OF THE PARENT'S  
SYMPTOMS.

For day-to-day practice, we can draw a key conclusion from this case and very many others like it: We can strongly expect a remedy to heal even if it only matches the modalities of the patient's symptoms.

With many successfully healed cases, the materia medica comparison does not list the symptom quoted by the patient in the given localization, since the rubrics of the PB are based on generalization of several similar modalities, sensations and findings from various different organs or parts of the body.

### 3.2.3 BRONCHIAL ASTHMA: DISTINGUISHING BETWEEN THE PATIENT'S SYMPTOMS AND CONDITIONS OF NATURE. CASE 19: JANA S., 11 YEARS OLD

Jana has been suffering from asthma since her puberty started 18 months ago, with shortness of breath whenever she exercises, especially in spring. Her previous family doctor prescribed her a beta-2 agonist for palliative relief. An initial homeopathic treatment with *Iodum* and *Crocus* led to significant but only temporary relief.

The patient is a tall, slim, blond teenager who is rather shy and reserved. She still reacts to any kind of agitation with stomach pains, and at school camps she suffers from homesickness. She was successfully treated using homeopathy a few years ago for massive hyperplasia of the tonsils with snoring and sleep apnoea. Apart from this, she has always been healthy.

The examination establishes that she is generally in good health. The ear-nose-throat status is normal, nasal respiration is unimpeded, and the size of the tonsils is normal. Resting expiration is slightly prolonged; no rattling sounds. Urticarial exanthema on the trunk. The cardiovascular system, abdomen, and musculoskeletal system are all normal.

Using *Questionnaire and Checklist* the parents mark the following symptoms:

- *Quickened breathing* P

- *Physical exercise*: worse **P**
- *Being in a room*: worse **P**
- *Standing*: worse **P**
- *Touch*: worse **P**
- *Wind/draught*: worse
- *Breathing in (inspiration)*: worse **P**
- *Desire for open air* **P**
- *Better after sleep* **P**
- *Nettle rash (urticaria)*

Free description: she generally breathes with her mouth open.

The parents also mark the following symptoms from the *Questionnaire for Chronic Illness: Additional Complaints*:

- *Rest*: worse **P** (*thinking of the complaint makes it worse*)\*
- *While falling asleep*: worse **P** (*thinking of the complaint makes it worse*)\*
- *Being alone*: worse **P** (*thinking of the complaint makes it worse*)\*
- *Grief or sorrow*: worse
- *Sadness* **P**
- *Sensitive hearing*
- *Increased salivation* **P**
- *Fluor vaginalis*: yellow/foul-smelling vaginal discharge
- *Frequent awakening at night*

Further questioning does not produce any more symptoms.

The effect of *wind/draught* is that the patient is exposed to a larger amount of pollen, which itself will aggravate the symptoms. The aggravation from wind is a natural phenomenon and should not therefore be regarded as a symptom of the patient.

According to Boenninghausen's notion of hierarchy, we only use the chief complaint in the repertorisation if there are enough symptoms of it

---

\* The patient explains her complaints more precisely.



		Sabin.	Puls.	Sep.	AcS.	Bry.	Phos.	Nat-c.	Ruta.	Calc.	Lyc.	Acon.
Hits		8	8	8	8	8	8	8	8	8	7	7
Sums		20	22	20	17	21	18	12	11	13	23	19
Polarity Difference		18	13	9	9	7	7	3	3	-2	15	15
92	breathing, quickened P	1	3	4	3	3	4	3	1	2	4	4
70	< physical effort [worse] P	3	1	2	4	4	2	2	3	3	5	3
93	< room [worse] P	4	5	1	1	3	4	1	1	1	2	3
107	< standing [worse] P	1	3	3	1	2	1	2	1	1	2	1
121	< touch [worse] P	4	3	4	2	3	1	1	2	1	4	3
76	air, desire for open air P	2	4	1	2	1	1	1	1	1	3	1
100	< breathing, in (inspiration) [worse] P	4	1	2	1	4	1	1	1	3	3	4
28	> sleep, after [better] P	1	2	3	3	1	4	1	1	1		
63	breathing, slowed		1			3	2	1	1	1		1
6	> physical effort [better]			4/CI								
107	> room [better]	1	1	1	1	1	1	2	2	2	1	
71	> standmg [better]				2	2	4/CI		2	2		
42	> touch [better]			1	1	2	1/CI	2		4/CI	1	
86	air, aversion to open air	1	1	3/CI	2	3/CI	1	4/CI	2	4/CI	3	
33	> breathing, in (inspiration) [better]		3/CI	2		1			1			
58	< sleep, after [worse]		3/CI		2	2				2	3/CI	3/CI

Table 28: Repertorisation - Case 19, J.S.

Nine remedies cover all symptoms. Only *Sabina*, *Arsenicum album* and *Ruta* have no contraindications, although *Ruta* is discarded due to the very low polarity difference. Of the secondary symptoms, *Sabina* also covers the yellow, stinking vaginal discharge, but not the remaining secondary symptoms.

**MATERIA MEDICA** **Mind:** Much irritability of temper, hysteria. Hypochondriacal mood. Great tiredness and laziness, with a feeling of deep-seated inward trouble, which makes him melancholy and sad.

**Respiration:** Shortness of breath [without pain resting or when moving].

**Female sexual organs:** [Itching or yellow, stinking, thick] leucorrhea

**Mind:** Her mind is depressed, sad... Melancholy after mental overexertion

**MATERIA MEDICA** ... Melancholy sadness. Fear of being left alone.  
**COMPARISON FOR** **Respiration:** After going to bed, tightness on chest, whistling expiration.  
**ARSENICUM ALBUM** Asthma ... Arrested breathing with cough. Difficult inhalation ... Air passages seem constricted, cannot breathe fully ... Windy  
**[GS]**

weather increases dyspnoea even when well-protected and while in a warm room ... Arrested breathing and suffocative apprehension.

**Female sexual organs:** Leucorrhoea acrid, corroding, thick and yellow ... stinking watery discharge from vagina.

**PRESCRIPTION  
AND PROGRESS**

Although the materia medica comparison tends to favour *Arsenicum album*, we give Jana a dose of *Sabina* 200 c because the polarity difference was twice as large.

The complaints improve straight after she takes the remedy, and she stops using the inhaler. After two months, patient and parents assess the improvement as 85-90%. A further dose of *Sabina* 1M has no impact. The improvement remains at 85-90%. When exercising vigorously, Jana feels a mild sense of constriction in the chest. Two months later, after *Sabina* 10M, the complaints have completely disappeared, even on vigorous exercise. As well as the asthma, the secondary symptoms also resolve completely. *Observation period: 3*

*Juniperus sabina*



**COMMENTS**

With pollen allergy I have found from experience that it is best not to repertorise using conditions of nature, which determine the concentration of pollen in the air. Examples are < in open air/ > in room, < warm weather/ > cold/damp weather, < wind/draught.

WITH POLLEN ALLERGY IT IS  
 BEST NOT TO REPERTORISE  
 USING CONDITIONS OF  
 NATURE, WHICH DETERMINE  
 THE CONCENTRATION OF  
 POLLEN IN THE AIR.

*Sabina*, which is chiefly known as a female remedy, with many symptoms of bleeding, is falsely thought to be of no use as an asthma remedy. Nevertheless, the patient's yellow, foul-smelling vaginal discharge is a secondary symptom that indicates the gynaecological aspect of this remedy. This case also shows that above all the modalities must match the patient's symptoms for healing to occur.

### 3.2.4 CHRONIC WHIPLASH: THE COURSE OF THE "INITIAL REACTION"

#### CASE 20: CORINA R., 33 YEARS OLD

Ms. R. has a managerial post in the health service. She comes to the practice because she has been suffering for the last few years from chronic pain in the left arm as a result of several car accidents involving whiplash affecting the cervical region. She suffers from sudden, severe shooting pains, triggered by coughing, beginning in the area of the left elbow, leading to a tingling as if caused by insects running around on the forearm, extending into the fingertips. Once the pain has been triggered, it moves from the arm to the entire left side of the body. The pain is initially stabbing but then becomes numbing and is associated with weakness. Conventional medical treatment has so far had no effect.

She has the secondary symptom of an extended menstrual period lasting five weeks with strong bleeding and sputtering urination with a weak flow. There are no other complaints and no findings from the clinical examination.

With *Questionnaire and Checklist* the patient marks the following symptoms:

- Left side in general **P**
- Pricking, like lightning, shooting in
- Tingling/pins and needles (front of arm and hand)
- Paralyzing pain
- Wandering pains
- Cough: worse
- Physical exercise: worse **P**
- Worse on waking **P**
- Sitting: worse **P**
- Standing: worse **P**
- Rubbing: better **P**
- Movement: better **P**
- Lying position: better **P**
- Change of position: better **P**

She mentions the following symptoms on the *Questionnaire for Chronic Illness: Additional Complaints*:

- *Cough dry (always together with pain)*
- *Urine stream weak, interrupted*
- *Menstruation late P*
- *Menstruation lasts a long time P*

		Sulph.	Zinc.	Chin.	Sabin.	Ign.	Rhus.	1 Merc.	Nat-c.	Arn.	Caust.	Sabad.
Hits		12	12	12	12	12	11	11	11	11	11	11
Sams		35	25	28	24	21	31	29	25	27	23	21
Polarity Difference		16	14	13	11	2	12	12	11	9	7	7
130	side, left in general	P	5	2	5	3	2	1	5	1	4	1
70	< physical effort [worse]	P	4	3	3	3	1	4	2	2	4	1
111	< while/after waking up [worse]	P	5	3	5	2	4	4	4	3	4	2
126	< sitting [worse]	P	1	2	2	2	1	4	1	3	1	3
107	< standing [worse]	P	3	2	1	1	2	3	1	2	1	2
74	> rubbing [better]	P	3	3	2	1	3	2	3	4	3	1
102	> movement [better]	P	1	1	1	1	1	4	3	4	1	1
106	> lying position [better]	P	1	1	1	1	1	2	1	3	2	1
69	menstruation, late, too seldom	P	4	3	1	3	1	1	3	1	1	4
49	menstruation, too long duration	P	2	1	3	3	3	3	3	1		2
109	< coughing, while [worse]		3	2	3	1	1	4	2	2	3	2
17	wandering pains (pains change place)		3	2	1	3	1				3	
130	side, right in general		1	2	1	1	S/CI	4/CI	1	3/CI	1	5/CI
6	> physical effort [better]					3/CI						
28	> sleep, after; while waking up [better]			2	1	1			1			
101	> sitting [better]		1	1	1	1	1	3/CI	1	2	1	1
71	> standing [better]			1		1	1	2		2		
44	< sitting [worse]		1					2	1	1	3/CI	
126	< movement [worse]		2	1	3/CI	1	1	3	1	3/CI	3/CI	1
125	< lying position [worse]		2	1	1	1	2	4/CI	1	3/CI	1	3/CI
84	menstruation, too early, too often		2	2	2	4(CI)	3/CI	4/CI		2	2	1
29	menstruation, too short duration		4/CI					3				2

Table 29: Repertorisation - Case 20, C.R.

If we first repertorise with the polar symptoms, but without *change of position ameliorates* (which is found in only eight remedies and which therefore too severely restricts the remedy choice), we find that 15 remedies cover everything; *Zincum* is the only remedy

without any contraindications. If we add the symptoms *wandering pains, cough aggravates* and *change of position ameliorates*, *Zincum* remains the only remedy (table 29).

**MATERIA MEDICA  
COMPARISON FOR  
ZINCUM [GS]**

**Upper limbs:** Disagreeable jerking in elbow joint, between olecranon and on inner condyle of humerus... Sharp tearing in left forearm, mostly in upper part... above right wrist, on moving arm ... Crawling and throbbing frequently in left thumb ... Hands are asleep in morning on waking.

Zincum metallicum



**PRESCRIPTION  
AND PROGRESS**

The materia medica comparison highlights that *Zincum* has a huge number of symptoms in the area of the left arm, resembling those of the patient. We therefore choose *Zincum*. The patient is given a dose in the potency 200 c.

Ms. R. reports the following six weeks later: in the first three days after *Zincum* 200 C, all her symptoms completely disappeared. After physical exercise, the symptoms returned, but in a different form: no more shooting pains, instead a rather mild, painful tingling, "like a tendon-sheath inflammation". This gradually receded, disappearing completely after two weeks. There was also a noticeable change in the menstrual symptoms: the patient had six episodes of bleeding in four weeks, each lasting three days, with black, clumpy blood and abdominal cramps, before things calmed down. Our long-term

observation revealed that the arm and thorax pains remained completely in remission without any further remedy, and the menstrual periods returned to normal. *Observation period: six years.*

#### COMMENTS

THE "INITIAL REACTION": WITH

CHRONIC ILLNESS OCCURS

NOT INFREQUENTLY AFTER A

CERTAIN PERIOD OF TIME. IT IS

GENERALLY Milder THAN THE

SYMPTOMS OF THE ILLNESS.

The astonishing thing about this case is the disappearance of agonizing long-term pains, which the patient had endured on a daily basis, with a single dose of *Zincum*: truly a rapid and gentle cure!

It is also illuminating to precisely examine the "initial reaction": with chronic illness, this occurs not infrequently after a certain period of time. With the correct choice of remedy, it is generally milder than the symptoms of the illness and is soon transformed into a genuine improvement.

#### 3.2.5 ORTHOSTATIC ARTERIAL HYPOTENSION: THE REMEDY PROVIDES INSIGHTS INTO THE PSYCHODYNAMICS. CASE 21: NINO E., 14 YEARS OLD

An introverted 14-year-old lad with a sensitive disposition, Nino has had a rather late puberty, heralded by acne and a growth spurt. He comes to the practice because he has been suffering from dizziness and nausea on getting up from bed. Since he was bitten by a tick several weeks ago, he is afraid that he might have contracted tick-borne encephalitis. Yet there are no other symptoms that might indicate encephalitis - in particular, he does not have a headache and there are no symptoms of flu or meningeal irritation.

Clinical findings are low blood pressure - 93/61 mm Hg - and the acne already mentioned. The neurological examination is normal: no meningitis-like illness. The blood test is also normal. So the problem appears to be, at least superficially, a growth-related, orthostatic arterial hypotension.

With *Questionnaire and Checklist* he marks the following symptoms:

- Dizziness
- Nausea
- Worse after getting up from bed **P**
- Wrapping up warmly: better **P**
- Sitting: worse **P**
- Rest: better **P**
- Lying position: better **P**
- Tense muscles **P**
- Thirst **P**

He returns the *Questionnaire for Chronic Illness: Additional Complaints* without making any entries.

When asked what he means by stiff muscles, he replies that his neck muscles have been tense since he began to suffer from dizziness. This indicates that he is not suffering from constitutional hypertonia of the muscles (which would not be a symptom). The origin of his sadness is the loss of his grandfather three months ago, with whom he had a very good relationship. He cries a lot because he misses him so much. The dizziness started just after this sad event.

		Nat-m.	Nux-v.	Graph.	Bell.	Ant-c.	Rhus.	Acon.	Staph.	Phos.	Sep.	Ars.	
Hits		7	7	7	7	7	7	7	7	7	7	7	
Sums		17	22	16	15	11	19	13	14	14	16	15	
Polarity Difference		12	11	11	6	5	4	4	3	3	2	2	
80	< rising from bed, after getting up [worse]	P	3	3	3	1	1	4	1	3	3	2	2
56	> warmly, from wrapping up [better]	P	2	3	2	2	4	1	2	1	2	3	
126	< sitting [worse]	P	1	1	4	1	2	4	1	1	1	4	2
117	> resting (not moving) [better]	P	3	4	3	4	1	1	1	3	3	1	1
106	> lying position [better]	P	»	4	2	3	1	1	1	2	1	1	1
99	thirst	P	3	3	1	3	3	3	4	1	1	2	4
34	muscles, tense	P	2	4	1	1	1	2	4	2	4	4	2
124	> rising from bed, after [better]	1	3	2	3/Cl	2	3	2	2	3	4/Cl	3/Cl	
37	< warmly, from wrapping up [worse]		1				1	3/Cl	2	2	1		
101	> sitting [better]	2	4/Cl	1	2		1	2	2	2		1	
102	< resting (not moving) [worse]	1			1	1	4/Cl	1	1	1	3/Cl	2	
125	< lying position [worse]	1	1	1	1	2	4/Cl	1	1	1	3/Cl	4/Cl	
86	thirst, absent		2		2	1	2		3/Cl	2	3/Cl	3	
53	muscles, flabbiness			1									

Table 30: Repertorisation - Case 21, N.E.

The repertorisation without mind symptoms shows that fourteen remedies cover all symptoms. Only four - *Natrum mur.*, *Graphites*, *Antimonium crudum* and *Phosphorus* - have no contraindications. When asked whether he likes being comforted, Nino replies no, not *at all*, *he prefers to withdraw*. He reacts very sensitively to insults, often suffering for sometime afterwards, If we include the mind symptoms *sadness*, *consolation aggravates* and *company aggravates*, *Natrum mur.* remains the only remedy that covers everything.

MATERIA MEDICA COM  
PARISON FOR NATRUM MUR.  
[GS]

**Mind:** Likes to be alone. Whenever alone he wished to cry, he did not know why. Very much inclined to weep and to be excited ... Lachrymose depression ... When trying to comfort him he gets into a violent rage... Despairing, hopeless feeling about the future... Anthropophobia.

**Sensorium:** Vertigo ... objects turn around, tendency to fall forward [especially when walking] ... when rising from bed in morning. Vertigo: great dullness of head ... when rising, > lying down awhile ... on walking.

Natrum muriaticum



**MATERIA MEDICA  
COMPARISON FOR  
GRAPHITES [GS]**

**Mind:** Mood: changeable; forlorn; depressed; dejected. Sadness, with thoughts of nothing but death. Sad, despondent; he must weep ... Oppression. Feels miserable, unhappy. Apprehensiveness, with inclination to weep, in frequent attacks. Extreme apprehensiveness, so that he did not know how to overcome it [passes after crying].

**Sensorium:** Feels as if drunken when rising from bed in morning [with contraction in the forehead, nausea and sour vomit]... Vertigo: during and after stooping ... in the morning on waking; in evening [with stupefaction]; was obliged to lie down.

**PRESCRIPTION  
AND PROGRESS**

Following the results of the materia medica comparison, Nino is given a dose of *Natrum muriaticum* 200 c.

His dizziness and sadness have improved by the next day. In the following weeks, things return to normal, and he begins to recover his composure. One month later he reports that things are much better now. To be on the safe side, we give him a spare dose of *Natrum mur.* 1M with the instruction to take it if he starts to feel dizzy again. But this proves unnecessary. *Observation period: 4 years.*



## COMMENTS

This case shows how, using apparently common symptoms, we can narrow the choice down to the precise remedy corresponding to the psychodynamic core of the patient's suffering - although, at the beginning of the case, there is no need to explore the psychological issues. The boy's grief at the loss of his grandfather is the superficial trigger of his symptoms. The heart of the matter may be that Nino's stark realization that life on earth is not endless makes him truly "dizzy".

VIA THE PSYCHODYNAMIC

BACKGROUND OF THE REMEDY.

POLARITY ANALYSIS OFTEN

PROVIDES AN INDIRECT ACCESS

Via the psychodynamic background of the *remedy*, polarity analysis thus provides us indirect access to a better understanding of the patient. This is of great importance because it is easier to accurately identify the remedy through the modalities of the physical symptoms than through the difficult-to-interpret symptoms and sensations of mind (see chapter 4).

### 3.2.6 HYPEREMESIS GRAVIDARUM (MORNING SICKNESS): INITIAL AGGRA- VATION OR REMAINING SYMPTOMS? CASE 22: MS. ANITA F., 34 YEARS OLD

Ms. F. is 10 weeks pregnant and is suffering from very severe hyperemesis. She describes her symptoms as follows: "As soon as I get up in the morning, I start to feel extremely strong nausea in my stomach and throat, with watery vomiting; not much comes up but then it gets worse from hour to hour. Because my mouth is so dry, I would like to drink, but at the same time I have a dislike of this, going as far as panicky disgust, especially in the afternoon. When I want to sleep, I get a huge amount of saliva which I have to spit out. I'm often cold and sometimes I have fits of shivering. I am totally exhausted and feeble and I have to lie down after any kind of work. Sometimes I regret and curse my decision to have a second child; the prospect of the coming months fills me with anxiety. Dying would be a lot easier." In her first pregnancy she had the same problems: at that time she spent a month in hospital and was fed intravenously. She then had to stay in bed for five months. Her gynaecologist's comment about her current predicament is: "You knew what would happen, so why did you do it again?" In this emergency, the patient is given *Aconite 200 C* after a brief examination. An appointment is made in the next few days to take her case properly. Two days after taking *Aconite*, her nausea is 50-60% better and she can get up again.

For the main casetaking, she marks the following symptoms in  
*Questionnaire and Checklist*:

- Nausea in neck and stomach, disgust
- Burping, gagging, vomiting
- Water collecting in the mouth
- Heartburn
- Pregnancy: worse
- Touch: worse **P**
- Worse after sleep, while waking up **P**
- Worse before eating
- Better while eating **P**
- Desire for open air **P**
- Physical exercise: worse **P**
- Bread and fatty food: worse
- Lying position: better **P**
- Dislike of movement **P**
- Flabby muscles **P**
- Indifference
- Sadness **P**

		croc.	tyc.	Sulph.	Arn.	Lach.	Graph.	Ambr.	Nat-c.	Merc.	Zinc.	Cocc.
Hits		8	8	8	8	8	8	8	8	7	7	7
Sums		19	24	20	19	15	14	15	14	17	15	19
Polarity Difference		18	12	9	9	8	8	6	-1	11	11	10
121	< touch [worse] <b>P</b>	2	4	4	3	2	2	2	1	2	1	2
111	< while/after waking up [worse] <b>P</b>	2	4	5	3	2	5	4	4	4	3	4
54	> eating, during [better] <b>P</b>	3	1	1	1	4	1	3	1	2	4	1
76	air, desire for open air <b>P</b>	4	3	1	3	1	1	2	1		1	
70	< physical effort [worse] <b>P</b>	2	5	4	4	1	1	1	2	2	3	3
106	> lying position [better] <b>P</b>	2	1	1	3	1	2	1	1	2	1	2
68	movement, aversion to <b>P</b>	1	3	1	1	2	1	1	2	2	2	3
53	muscles, flabbiness <b>P</b>	3	3	3	1	2	1	1	2	3		4
42	> touch [better]		1	2	1				2			
28	> sleep, after; while waking up [better]					1		1	1			1
91	< eating, during [worse]		3/Cl	1	2	2	3/Cl	2	3/Cl	2	1	3/Cl
86	air, aversion to open air		3	3/Cl	1	2	1	1	4/Cl	2	1	4/Cl
6	> physical effort [better]											
125	< lying position [worse]	1	4/Cl	2	1	2	1	3/Cl	3/Cl	1	1	1
58	movement, desire for		1	1	3/Cl			2	1	1		
34	muscles, tense			2	2		1		1		1	

Table 31: First Repertorisation - Case 22, A.F.

Due to the wealth of symptoms, it is possible to repertorise with only the modalities and the polar symptoms. Food intolerance is not particularly reliable and should therefore be left out. The other symptoms correspond to what Hahnemann in ORG § 153 termed *common and indeterminate* - they therefore deserve only minimal attention. Eight remedies in this case cover all relevant symptoms but only *Crocus* and *Lachesis* have no contraindications.

MATERIA MEDICA  
COMPARISON FOR  
CROCUS [GS]

**Mind:** Greatly concerned about his life, believes that he will die, is no longer fit for business.

**Hiccough, belching, nausea and vomiting:** Eructations, tasteless. Violent heartburn. Feeling of nausea in chest and throat [as if she would instantly vomit]. Nausea, disappearing in open air.

MATERIA MEDICA  
COMPARISON FOR  
LACHESIS [GS]

**Mind:** Quiet, sorrowful, lowness of spirits, > by sighing; repugnance to society and dislike to talk; solicitude about future, with disgust for life; inclination to doubt everything... Aversion to every kind of labour and motion. Melancholia ... Sad; loathing of life; suspicious and peevish; moaning and complaining... Satiety of life with longing for death.

**Hiccough, belching, nausea and vomiting:** Eructations: affording relief; amounting to vomiting... Nausea after drinking... want of appetite ... in attacks [of 5 to 10 minutes mornings and afternoons], weakness, even to syncope; dyspnea, palpitation, cold sweat... with great flow of saliva... Sick stomach, with terrible retching, but no vomiting...

**Vomiting:** of bile or mucus [also early, in pregnant women]; of food ... of blood.

Crocus sativus



**PRESCRIPTION** Due to the far larger polarity difference, Ms. F. was given a dose **AND** **PROGRESS** of *Crocus 200C*.

Two weeks later she reports on how she is doing: the nausea and vomiting are 90-95% better. On the other hand, she still has dreadful headaches, especially at night - the patient did not mention this before.

With the *Checklist* she marks the following symptoms:

- Worse during sleep *P*
- Worse after sleep, while waking up *P*
- Lying position: worse *P*
- Physical exercise: worse *P*
- Dislike of movement *P*
- Touch: worse *P*
- Desire for open air *P*
- Flabby muscles *P*

		lyc.	Puls.	Sulph.	Groc.	Borx.	Graph.	Ambr.	Lach.	Arn. 1	Nat-c.
Hits		8	8	8	8	8	8	8	8	8	8
Sums		30	25	24	16	14	15	15	13	18	17
Polar	ty Difference	24	19	15	14	12	11	10	9	8	7
113	< sleep, during [worse] <i>P</i>	4	4	4	1	2	3	1	1	2	2
111	< whiie/after waking up [worse] <i>P</i>	4	5	5	2	1	5	4	2	3	4
125	< lying position [worse] <i>P</i>	4	4	2	1	2	1	3	2	1	3
70	< physical effort [worse] <i>P</i>	5	1	4	2	1	1	1	1	4	2
68	movement, aversion to <i>P</i>	3	2	1	1	1	1	1	2	1	2
121	< touch [worse] <i>P</i>	4	3	4	2	2	2	2	2	3	1
76	air, desire for open air <i>P</i>	3	4	1	4	3	1	2	1	3	1
53	muscles, flabbiness <i>P</i>	3	2	3	3	2	1	1	2	1	2
8	> sleep, during [better]										
28	> sleep, after; while waking up [better]		2					1	1		1
106	> lying position [better]	1		1	2	1	2	1	1	3/Cl	1
6	> physical effort [better]										
58	movement, desire for	1	1	1		1		2		3/Cl	1
42	> touch [better]	1		2						1	2
86	air, aversion to open air	3	1	3/Cl			1	1	2	1	4/Cl
34	muscles, tense		2	2			1			2	1

Table 32: Second Repertorisation - Case 22, A.F.

In this repertorisation of the remaining symptoms, 14 remedies cover all symptoms. *Lycopodium*, with a polarity difference of 24

appears to be the best follow-up remedy. So the patient is now given a dose of *Lycopodium* 200 C. At this point, the nausea and vomiting immediately returns - and the patient realizes that this is far worse than the headache! She is immediately given another dose of *Crocus* 200 c. The hyperemesis completely disappears and the headache becomes better but does not completely disappear. A switch to daily doses of Q potencies of *Crocus* solves this problem. After this the progress of the pregnancy is unremarkable. At week 39 Ms. F. gives birth to a healthy boy.

**COMMENT** What was the mistake in this case? In *Hering's Guiding Symptoms* we find under "Inner head" for *Crocus*: "Headache during climacteric period with throbbing, pulsating pains in various parts of head, pressure in eyes, dilatation of vessels of head and of other parts of body; < during period in which she was accustomed to have menstrual flow, pain continuing at that time two or three days without remission, preventing sleep."

This describes a headache caused by hormonal changes, preventing sleep. So presumably the headache following *Crocus* was an initial aggravation which was so poorly tolerated by the patient that we were led to retake her case. If we had waited a while longer, these symptoms would probably have abated.

### 3.2.5 LENNOX SYNDROME - A COMPLEX FORM OF EPILEPSY: POSSIBILITIES AND LIMITATIONS OF HOMEOPATHY. CASE 23: NICOLE D., 3 YEARS OLD

At the age of twelve months, the previously well Nicole began to have "Blitz Nick Salaam" seizures. Despite intensive conventional therapy with a total of seven different antiepileptic drugs, she continues in the first two years of treatment to have three fits a day, one regularly before midnight, the others during the day. The fits are sometimes followed by violent outbreaks of rage. From the age of two, she begins to have increasingly frequent major episodes of cramp while still conscious. The university clinic where she is being treated diagnoses incipient Lennox syndrome - this is a complex form of epilepsy with poor prognosis. After a four-week period of inpatient therapy with adrenocorticotrophic hormone (ACTH) had

brought no improvement, the parents are now hoping for help from homeopathy and therefore register in our homeopathic paediatric practice. Together with the child's chief problem, they also describe a psychomotor developmental disorder with some similarity to ADHD; restlessness, strong desire for movement, irritability, frequent falls, and repetitive movements, plus obstipation. There is also unusual and sudden reddening of the cheeks, hands, and feet.

During the examination the child is restless and difficult to communicate with. The extensor muscles are noticeably tense and she almost always walks on tiptoes. Secondary symptoms established during the examination include dry, sensitive skin, cold extremities, and a fissured wart on the tip of the nose.

Two weeks before the start of the homeopathic treatment, the latest EEG produced the following report:

*"Basic level of activity age-appropriate as far as can be ascertained with open eyes. Intermittent delta wave left fronto-temporal. Frequent occurrence of paroxysmal, fronto-temporal-central stressed high-tension delta waves with tendency to propagate, especially parasagittal. Single beta discharges with clinical correlation."*

We took the case after the parents had prepared the required questionnaires. They marked the following symptoms:

### **Neurology**

- *Epilepsy ("falling sickness"), while conscious*
- *Convulsions (with rigidity)*
- *Cramps (twitching)*
- *Worse while waking up P*
- *Anger, fury: worse (handwritten addition)*
- *Stiff muscles P*
- *Tendency to fall (handwritten addition), [falls easily]*
- *Walks on tiptoes (handwritten addition)*

### **Additional Complaints**

- *Desire for movement P*
- *Irritation P*
- *Cold in general: worse P*
- *Warmly, from wrapping up: better P*

- *Difficulty understanding P* (psychomotor retardation)
- *Constipation with hardened stools*
- *Dry skin* (handwritten addition)
- *Warts* (handwritten addition)

If we repertorise only with the polar symptoms, we get eight remedies, five of which do not have any contraindications, especially *Belladonna* (PD 12) and *Sepia* (PD 11). With the inclusion of further specific symptoms, we are able to select the remedy with precision.

		Nux-v.	Ars.	Bell.	Sep.	Ph-ac.	Chin.	Nat-m.	Nat-c.	Phos. l	Hyos. t	Sulph.
Hits		10	10	10	10	9	9	9	9	9	9	9
Sums		30	28	24	26	18	19	21	18	22	20	20
Polarity Difference		13	13	12	11	10	9	8	8	5	5	2
111	<while/after waking up [worse] P	4	5	3	4	3	5	4	4	4	2	5
58	movement, desire for P	1	2	1	1	2	4		1		1	1
64	irritability (anger, aggression) P	4	2	3	3	1	2	3	1	3	3	3
90	< cold in general [worse] P	4	4	3	2	1	2	1	2	2	3	1
56	> warmly, from wrapping up [better] P	3	3	2	2	1	2	2	2	1	2	
74	understanding, difficult P	2	2	2	4	4	1	2	4	1	2	2
25	epilepsy, while consciousness	3	2	2	1			2		2	1	2
101	convulsions, clonic (repetitive twitching)	1	3	4	4	2	1	3	2	2	4	3
46	< emotions, anger [worse]	4	3	3	1	2	1	2	1	3	2	1
34	muscles, tense P	4	2	1	4	2	1	2	1	4		2
28	> sleep, after; while waking up [better]	3	3		4	1	2		1	4		
68	movement, aversion to	4/Cl	4/Cl	2	2	1	1	3/Cl	2	2	1	1
37	mildness					1		1	1			3
73	>cold in general (better)	1		1	1	1	1	2	1	1	3	2
37	< warmly, from wrapping up [worse]	1			1		2			2		2
17	understanding, easy				1					1	1	1
53	muscles, flabbiness						2		2			

Table 33: Repertorisation - Case 23, N.D.

Four remedies cover all symptoms; only *Belladonna* and *Sepia* have no contraindications; *Sepia* is the second choice, despite lacking the symptom *falls easily*.

MATERIA MEDICA  
COMPARISON FOR  
BELLADONNA [GS]

**Nerves:** Bodily inquietude; he was constantly obliged to move whole body to and fro, and especially hands and feet; he cannot stay long in any position, now he lies, now he sits, now he stands, so that he is

always changing his posture in one way or another... Spasmodic diseases ... Convulsive momentary extension of limbs on waking.

Convulsions come suddenly. Repeated convulsions and horrible spasms.... distortion of limbs and eyes. Spasms, startings and convulsions of limbs; after a fit of chagrin... Epilepsy, with violent congestion to head, with attacks or at other times... Clonic and tonic spasms.

*Atropa belladonna*



MATERIA MEDICA  
COMPARISON FOR  
SEPIA [GS]

**Nerves:** Extreme nervous restlessness; uneasiness in whole body; fidgety... Jerking and twitching of head and limbs... Twitching of limbs during sleep ... Convulsive motions of head and limbs; when talking (which is only a stammering), jerking of facial muscles; general muscular agitation; desire to constantly change position and place.

PRESCRIPTION  
AND PROGRESS

Repertorisation and the materia medica comparison strongly indicate *Belladonna*, and so we give Nicole a dose of this remedy in the potency 200 C.

Two weeks later her mother phones to report that she has developed a dry cough. The frequency of epileptic attacks has already started to diminish somewhat, and Nicole is more friendly than before. To avoid disturbing the action of the remedy, the cough is treated with medicinal herbs.

By the first check-up after two months, the frequency of attacks has declined to once a day. These occur at night and are accompanied



by crying. A new symptom is that the child trembles. She is also making some welcome progress with her psychomotor skills and has fewer repetitive movement patterns. The constipation has improved, as has the reddening of the skin and the cold extremities. She continues to walk on tiptoes. The mother rates the improvement at 50-60%. Since the process of healing is still ongoing, we decide to wait for the moment, without administering any further remedy. The EEG two weeks later produces the following result: *"Normal basic activity. No differentiating wave findings, no epilepsy-specific potential. In contrast to the previous investigation, normalization of findings."* At the mother's insistence, the neurologists now begin to taper the antiepileptic treatment. They write in their progress report: *"The extent to which the very encouraging progress is due to the homeopathic treatment or to a favourable spontaneous recovery cannot be ascertained."* When the child remains free of attacks although the neurological medication has been stopped, another neurologist writes the following in his report: *"Ms. D. is convinced of the efficacy of homeopathy whereas we prefer to judge the cessation of attacks as evidence of spontaneous remission of the child's Lennox syndrome, as has occasionally been observed."*

Nicole remains free of attacks until her seventeenth year. Then she unfortunately suffers renewed grand mal seizures, which fail to respond to homeopathy or conventional antiepileptic treatment despite the best efforts of all involved.

**COMMENTS** When an intercurrent illness occurs in the early stages of an apparently successful homeopathic treatment, it is important to avoid disturbing the recovery process if at all possible. Since a new homeopathic remedy generally antidotes the previous one, it is only advisable to administer a different remedy if absolutely necessary. medicinal herbs are one way to treat the illness without interfering with the progress of the homeopathic recovery.

This case shows impressively how poor our current understanding of epilepsy is. How can we explain how a single dose of *Belladonna 200 C* can give the patient 14 years of remission in a case judged by conventional medicine to be particularly difficult and which has failed to respond to risky and aggressive treatments such as with

ACTH? And why did we fail to homeopathically treat the grand mal seizures when they recurred 14 years later? Nicole shows how much can be achieved with homeopathy but also the limits of our treatment: there are clearly insuperable obstacles to what we can achieve in some cases.

The case presented here dates from before the development of polarity analysis. Due to the notes made at that time, we were able to easily reconstruct the choice of remedy using the polar symptoms from the case history.

### 3.2.8 HAY FEVER: DO NOT REST ON YOUR LAURELS!

#### CASE 24: SUSANNE H., 43 YEARS OLD

Ms. H. suffers since early childhood from such severe hay fever that five minutes of mowing the lawn is enough to cause intense symptoms: watery running of the nose, fits of sneezing, conjunctivitis with reddening, watering eyes, swelling of the eyelids, and in the worst case swelling of the conjunctiva. She has also suffered from eczema for many years, affecting the backs of both knees. No other complaints. She was first treated homeopathically shortly before a long stay in Brazil with her family, where her husband worked in a Swiss school. With *Sulphur 200c*, *1M*, *10M*, *50M* and *100M*, the symptoms improved markedly (80% better) without completely disappearing. After returning from Brazil she returns to our practice following the start of her hay fever as usual in May. In the meantime she has developed a tendency to recurrent tonsillitis, necessitating a new case-taking.

The patient marks the following symptoms on *Questionnaire and Checklist*:

#### Ear-Nose-Throat and Eye:

- |  |  |
|--|--|
| • <i>Fluent coryza</i>                             | • <i>Sneezing: worse P</i>               |
| • <i>Watering of eyes with swelling of eyelids</i> | • <i>Better after eating P</i>           |
| • <i>Prickling inside body</i>                     | • <i>Hypersensitive sense of smell P</i> |
| • <i>Wound-like pain inside body</i>               | • <i>[Being in a room: better P]</i>     |
| • <i>Worse after sleep P</i>                       | • <i>[Being in open air: worse]</i>      |

- [Wind aggravates]  
(windy weather aggravates)
- [Cold weather: better *p*]
- [Wet weather: better *p*]
- [Dry weather: worse *P*]
- [Warm weather: worse *P*]

### Additional Complaints:

- Swallowing: worse *P*
- Thirst, absent *P*
- Warmth in general: better *p*
- Warmly, from wrapping up: better *P*
- Desire for movement *P* (always, including when well)
- Dry skin rash

As usual, we repertorise initially only with the patient's polar symptoms (table 36). The symptoms in brackets in the above list are conditions of nature, which cause high pollen levels in the air. As mentioned above (case 19,3.2.3), these should not be included in the repertorisation.

			Sabad.	Ars.	Nat-c.	Sep.	Nux-v.	Chin.	Phos.	Bry.	Puls.	Hep.	Con.
Hits			8	8	8	8	8	8	8	8	8	7	7
Sums			19	22	17	23	24	19	20	15	21	21	17
Polarity Difference			13	11	9	7	6	6	4	2	0	13	11
111	< while/after waking up [worse]	P	2	5	4	4	4	5	4	2	5	4	3
47	< sneezing [worse]	P	3	3	1	3	3	1	1	3	3	2	1
52	> eating, after [better]	P	3	1	4	2	1	2	3	1	2		
93	< swallowing [worse]	P	1	2	1	3	3	2	3	4	3	4	2
86	thirst, absent	P	3	3	1	3	2	2	2	1	4	1	3
90	> warmth, in general [better]	P	4	4	2	2	4	2	2	2	1	4	3
56	> warmly, from wrapping up [better]	P	2	3	2	2	3	2	1	1	1	4	3
1 49	smell, hypersensitive	P	1	1	2	4	4	3	4	1	2	2	2
28	> sleep, after; while waking up [better]			3	1	4	3	2	4	1	2		
1	> sneezing [better]												
121	< eating, after [worse]		1	4/Cl	3	4/Cl	5/Cl	3/Cl	4(0)	4/Cl	4/Cl	2	4/Cl
47	> swallowing [better]		2		1		3	1	1		3		
99	thirst		2	4(0)	2	2	3/Cl	4/Cl	1	4/Cl	2	3/Cl	1
73	< warmth, in general [worse]		1		1	1	1	1	1	1	4/Cl	1	
37	< warmly, from wrapping up [worse]					1	1	2	2	1	2		
46	smell, lost, weak, diminished					4	2		3	2	4/Cl	2	1

Table 34: Repertorisation - Case 24, S.H.

Nine remedies cover all symptoms, but only *Sabadilla* and *Natrum carb*, have no contraindications.

## MATERIA MEDICA

COMPARISON FOR  
SABADILLA [GS]

**Eyes:** Lachrymation: when walking in open air... Margins of lids red.

**Nose:** Fluent coryza... agreeable titillation in alae [wings of the nose].

Violent sneezing from time to time, shaking abdomen; followed by lachrymation. Coryza with severe frontal pains and redness of eyelids; copious watery discharge from nose.

**Palate and throat:** Stitches in throat, only when swallowing; tonsils swollen and inflamed, nearly suppurating; left to right. Tonsillitis after coryza ... Dryness [and burning] of fauces and throat. Can swallow warm food more easily, in sore throat.

## MATERIA MEDICA COM

PARISON FOR NATRUM  
CARB. [GS]

**Eyes:** Inflammation of eyelids [and eyes], with photophobia. Dry eyes.

Heaviness of upper lids; could hardly open them; they close involuntarily . Agglutination of eyes in morning; lachrymation during forenoon.

**Nose:** Violent sneezing, with rush of blood to head [and stars in front of the eyes]. Coryza with discharge of thin mucus and frequent sneezing.

**Palate and throat:** Throat and esophagus feel rough, scraped, dry. *Accumulation* of mucus in throat and posterior nares. Violent hawking up of thick mucus that constantly collects. Throat [left] painful when swallowing and when mouth is open wide.

PRESCRIPTION  
AND PROGRESS

The large polarity difference and the materia medica comparison both point to *Sabadilla*, which the patient is given in the potency 200 C. At the check-up - during her worst time of the hay-fever season

- she says that she feels much better. Despite the windy weather, she has relatively few symptoms even when outside, and says that she has never had such a pleasant spring since childhood. The improvement is rated at 80-90%. Further doses of *Sabadilla* (500c and 1000C) bring about even more improvement, to 98-99%. But the eczema at the back of the knees does not react and is still present in the autumn. With doses of *Sulphur* 200c, 1M and 10M, this improves 90% by December.

At the beginning of the next hay-fever season, she receives renewed doses of *Sabadilla* 200C and 500c, which she takes at intervals of six weeks. This more or less cures the hay fever. Even when mowing

**COMMENTS** The decision to retake the case was the key to success here. If there are very many symptoms when starting to treat a chronic illness, a major remedy is not infrequently required. As the improvement progresses, more minor remedies can be considered to complete the healing. Changes of remedy are indicated when new symptoms emerge, as when this patient developed a tendency to tonsillitis, or when the improvement with an initially correct remedy stalls.

**3.2.9 QUIZ 6:  
UNCOMPLICATED  
CHRONIC ILLNESS „**

- 39 Assume there are five criteria that influence the choice of remedy in a particular patient:
  - a) The causative factor of the complaint
  - b) The totality of symptom coverage
  - c) The materia medica comparison
  - d) The size of the polarity difference
  - e) The "remedy picture" - the picture we have of a particular remedy. Which is often the most important criterion?
- 40 Explain the difference between dissociated and synthetic repertorisation!
- 41 Which symptoms may not be used when treating allergies?
- 42 Describe the characteristics of an "initial reaction" in chronic illness!
- 43 What is the minimum number of remedies that a repertory rubric should have so that the single symptom it represents does not restrict the number of available remedies too greatly?
- 44 How can we distinguish an initial aggravation from the remaining symptoms?
- 45 How should you proceed when an intercurrent illness occurs in the early phases of an apparently successful constitutional treatment?
- 46 When must you consider changing the remedy if treatment has so far been successful?

## 4. MENTAL ILLNESS IN CHILDREN AND TEENAGERS

### 4.1. PROCEDURE PECULIARITIES OF MENTAL ILLNESS

EVEN WHEN TREATING  
MENTAL ILLNESS, REPERTORISE  
IF POSSIBLE WITH THE PO-  
LAR PHYSICAL SYMPTOMS.  
THE MENTAL SYMPTOMS  
ARE DIFFERENTIATED AT THE

Hahnemann assigns mental illness to the category of *one-sided diseases* (ORG § 215). In addition, the description of mind symptoms, as already mentioned, depends greatly on the individual patient and their cultural and familial background. It is therefore generally problematic and often unreliable to precisely select a remedy based on a few, often vaguely formulated mind symptoms. When treating mental illness, Hahnemann in ORG § 216 and § 218 advised precisely recording "all the *befallments of the former so-called somatic disease, the presence [of which] can only be discerned by the subtly observing physician.*" Since mental illness is an example of a one-sided disease, it is often difficult to find a suitable remedy due to the small number of symptoms. Yet Hahnemann maintained in ORG § 175 that this lack of symptoms is often due to the inattentiveness *of the medical observer*. This problem is largely solved with the introduction of the questionnaires and checklists used in polarity analysis. So in this chapter we will look at the use of polar symptoms for the treatment of mental illness in exactly the way recommended by Hahnemann, avoiding currently fashionable speculation about the patient's mental state. Since mind symptoms, due to the wide variability in their formulation, are more difficult to generalize, they are only included in a "rough" way in Boenninghausen's PB and they are only used in the final stage of the procedure, the materia medica comparison.

The following cases show that this procedure is generally valid: polar physical symptoms are a good route to the correct remedy, even when treating mental illness.

### 4.2. CASES

#### 4.2.1 ADHD: THE VALUE OF PATHOGNOMONIC SYMPTOMS

##### CASE 25: BARAN I., 12 YEARS OLD

Baran is a young lad of Serbian descent who is brought to our homeopathic practice by his mother due to his behavioural problems, which have been causing him difficulty at school. During the extensive case-taking, she describes how her son's aggression has

made him feared by his teachers, his fellow pupils and even his own family. He is stubborn and obstinate, swears, insults other people, is easily offended, and his behaviour tends to be arrogant and dictatorial with outbreaks of rage which often end in fights. He also has motor "tics" (involuntary movements) and he bites his fingernails. At school, where he attends special classes, he grasps things only with difficulty, has trouble concentrating and his memory is poor. Since everyone now makes him the scapegoat, he has become depressed in recent years. He often sleeps badly and the resulting tiredness aggravates his psychological problems. Baran is afraid of being alone and he is also afraid of anything new. He is discontented with himself, has no self-confidence and suffers from pangs of conscience. He often says he does not want to live any longer. For the last two years he has been taking Ritalin (20 mg / day), but this seems to be insufficient to help him. There have also been various attempts to help him with child psychiatry and remedial education, but so far without any real success. With the Conners Global Index (CGI)<sup>32</sup>, his mother rates the intensity of the ten most important ADHD symptoms with a score of 25 points, which corresponds to severe ADHD (the maximum is 30 points). Baran's physical symptoms are solely a tendency to inflammatory, painful lymph node swellings on the neck and eczema on the face.

With the *Checklist for Perception Disorders* the mother marks the following chief symptoms:

- *Distracted, poor concentration*
- *Irritability P*
- *Hypersensitive sense of smell P*
- *Difficulty understanding P*
- *Weak memory*
- *Movement: better P*

On the back of the checklist she marks: shyness, fear of events, stubbornness, quarrelsomeness, swearing, dictatorial/arrogant behaviour, willingness to use violence, discontentedness, tics, nail-biting, worse from grief or worries, worse from lack of sleep, worse from

full moon, better from open air, worse from hunger, better from eating , worse from north wind and change of weather. The mother also notes that Baran suffers a lot from insults.

As additional complaints she reports the following:

- *Wet cold weather: worse*
- *Wind: worse (windy weather)*
- *Falling asleep late*
- *Dry rash*

And she adds in her own handwriting:

- *Snoring*
- *Swollen glands on the neck*

#### CASE ANALYSIS

With ADHD/ADD patients, we need to concentrate primarily on the symptoms of perception and their effects - in other words, on that which the parents underline on the first page of the ADHD questionnaire . In this difficult area, these are the most reliable signposts to the correct remedy. The next most useful are the modalities of the secondary symptoms or secondary complaints - especially when the symptoms of perception do not enable us to sufficiently restrict the choice of remedy. Since the many mind symptoms offered by parents for the ADHD/ADD patients on the back of the questionnaire have proven to be unreliable, we mostly leave these until the final phase of remedy selection, the materia medica comparison, when there is already a manageable shortlist of possible remedies based on the more reliable symptoms. The exception to this are the *polar* mind symptoms (such as *irritability/mildness*, *sadness/happiness*), which can be used in the repertorisation to restrict the remedy choice. In this patient , the following symptoms are particularly relevant to the choice of remedy:



## Symptoms of perception and their effects

- *Hypersensitive sense of smell* *P*
- *Difficulty understanding* *P*
- *Weak memory*
- *Movement: better* *P*
- *Distracted, poor concentration*
- *Irritability* *P*

## Additional symptoms

- *Wet cold weather: worse*
- *Windy weather: worse*
- *Falling asleep late*

## Special mind symptoms

- *Suicidal thoughts*

The available set of symptoms - possibly due to the language barrier - is rather limited, with only four polar symptoms. To arrive at an adequate differentiation of remedies, the weather modalities and the sleep disturbance have to be included in the repertorisation.

		Aur.	Sep.	lyc.	Bar-c.	Petr.	Hep.	1 Calc.	Bell.	Phos.	Zinc.	Sulph.
Hits		7	7	7	7	7	7	7	7	7	7	7
Sums		18	a	25	13	12	13	18	18	15	11	18
Polarity Difference		10	8	7	5	5	3	2	2	2	2	1
102	> movement [better]	P	4	3	4	1	1	1	1	1	1	1
74	understanding, difficult	P	2	4	4	2	2	1	3	2	1	2
64	irritability (anger, aggression)	P	4	3	3	3	2	4	2	3	3	2
49	smell, hypersensitive	P	4	4	4	2	2	2	2	4	4	1
60	memory, poor, weak		1	2	4	2	3	1	2	4	1	2
55	< weather / air, wet-cold [worse]		2	1	3	1	1	1	4	1	1	2
105	falling asleep, late		1	4	3	2	1	3	4	3	4	1
126	< movement [worse]		1	1	1	2	2	3/Cl	2	4/Cl	3/Cl	1
17	understanding, easy			1	1						1	
37	mildness	1		3							1	3
46	smell, lost, weak, diminished	2	4	3			2	4/Cl	4	3	2	2

Table 35: Repertorisation - Case 25, B.I.

Thirteen remedies cover all symptoms and seven of them have no contraindications. Aurum has the highest polarity difference with 10, followed by Sepia (8) and Lycopodium (7). If we add the symptom of suicidal thoughts - very problematic and unusual for a child (matched by seven remedies) - Aurum is the only one remaining. This remedy also matches the less reliable mind symptoms that were not used in the repertorisation, such as arrogance/dictatorial behaviour, sensitivity to insults, hopelessness, fearfulness, tics, and the painful lymph node swelling. The second choice is Lycopodium.

**MATERIA MEDICA  
COMPARISON FOR  
AURUM MET. [GS]**

**Mind:** Weak memory ... Inability to reflect... [Dejected and disheartened.] Imagines he cannot succeed in anything, and he does every thing wrong; he is in disunion with himself, Imagines to see obstacles in his way everywhere, occasioned partly by contrary fate, partly by himself; makes him feel desponding ... Uneasy, hurried, desire for mental and bodily activity; cannot do things fast enough [he could not live to his liking]... Extreme disposition to be offended; he was extremely affected and provoked by least circumstances which had the appearance of hurting his feelings. Choleric and quarrelsome. Disposed to grumble and quarrel ... Peevish and vehement, least contradiction excites his wrath; he trembles when he cannot satisfy his anger... Feels weary and exhausted from performing mental labour... Great anguish increasing unto self-destruction ... Melancholy, feels hateful and quarrelsome; anxious palpitation and desire to commit suicide.

Aurum metallicum



MATERIA MEDICA  
COMPARISON FOR  
LYCOPODIUM [GS]

**Mind:** Weak memory ... Vanishing of thoughts ... Uses wrong words for correct ideas [especially evenings]... Mental torpor and weakness; slow of comprehension ... Irritability and melancholy ... Desponding, grieving mood ... Want of self-confidence; indecision; timidity; resignation. Sensitive, irritable disposition; peevish and cross on getting awake; easily excited to anger; cannot endure slightest opposition, and is speedily beside herself. Obstinate, defiant, arbitrary; seeks disputes ... Discontented and impatient... Haughty, reproachful and overbearing... Ailments from fright, anger, mortification, or vexation, with reserved displeasure.

PRESCRIPTION  
AND PROGRESS

Due to the greater polarity difference, the complete symptom coverage and the favourable materia medica comparison, Baran is given *Aurum* Q3 in liquid form, initially every two days, then daily after two weeks have passed.

During the first two weeks, his symptoms become slightly more severe, but then an impressive improvement takes hold. After four weeks, the CGI has dropped from 25 to 16, although his mother stopped giving him Ritalin on her own initiative. From school too, the feedback is surprisingly positive: "What have you done with Baran? He's suddenly turned into a completely different child!"

The treatment continues with daily doses of *Aurum* in increasing Q-potencies Q6, Q9, Q12, Q15, etc., four weeks at each potency level. The CGI continues to drop and his aggression and depression completely disappear (figure 4). As the treatment progresses, Baran eventually becomes a thoroughly unremarkable child (CGI after one year of treatment is 5, well within the normal range of 0-9). His school performance is now considerably higher than when he was taught in the special class.

Figure 4: CGI Progress of Patient

B.I. with Homeopathic ADHD

Treatment



**COMMENTS** This is one of the most impressive ADHD cases that we have ever treated in our practice, ADHD is very challenging in every respect and it taxes therapists of all kinds, including homeopaths. Within the bounds of ADHD treatment, this case proves that pathognomonic symptoms, in as much as they are characteristic, must be included in the process of selecting a remedy, In this case it is the symptoms of perception that are, on the one hand, essential for the conventional medical diagnosis of ADHD, and on the other hand, prove critical to the homeopathic remedy selection since they turn out to be the most reliable pieces of information. So we can say that pathognomonic symptoms, when they are characteristic of the patient, must definitely be included in the process of remedy selection. To exclude them would amount to a contravention of the law of similarity (see chapter 1.2.4). On the contrary, we have found that the mind symptoms of these children are highly unreliable, If we repertorise using the mind symptoms, we very often find that we have prescribed an incorrect remedy.<sup>4,33</sup>

#### 4.2.2 CRISIS IN STARTING WORKING LIFE: THE NEW STAGE OF LIFE REQUIRES A CHANGE OF REMEDY. CASE 26: THEO F., 16 YEARS OLD

Theo has been treated for the last five years for ADHD with *Lycopodium* in Q potencies. This was very effective at controlling his poor concentration, restlessness and impulsivity, and his school performance was good. He is now in the ninth year of school and his mother says he has been suffering from severe nosebleeds at least every other day for several months. Then he gets a headache and feels dizzy and very floppy.

There is reddening of the frontal, inner parts of the nose and a small, white-covered ulcer in the area of the left nostril. His blood pressure is 145/75 mm Hg with a pulse of 67/min, which is not surprising for this sensitive patient. No other findings.

Using the *Checklist for reliable Symptoms* the patient and his mother mark the following symptoms:

- *Dark-red nose bleed* P
- *Nose bleed with clots*

- Worse while falling asleep *P*
- Worse while waking up *P*
- Lying position: better *P*
- Coffee, Red Bull and Coke: worse
- Flabby muscles *P*

		Canth.	Cham.	Cocc.	tyc.	Sulph.	Merc. 1	Ign.	Nux-v.	Caust.	Bry.
Hits		7	7	6	6	6	6	6	6	6	6
Sums		14	19	17	18	17	19	17	19	16	15
Polarity Difference		9	6	15	14	12	11	11	10	10	10
99	< while falling asleep [worse] <i>P</i>	1	1	2	5	3	5	3	2	2	5
111	< while/after waking up [worse] <i>P</i>	1	3	4	4	5	4	4	4	4	2
106	> lying position [better] <i>P</i>	3	1	2	1	1	2	1	4	2	4
28	nose, bleeding, coagulated (clotted) blood	2	4				2	3	1	2	1
53	muscles, flabbiness <i>P</i>	1	3	4	3	3	3				1
27	< coffee [worse] <i>P</i>	4	4	3	3	3	3	4	4	5	
41	nose, bleeding, dark blood <i>P</i>	2	3	2	2	2		2	4	1	2
1	> sleep, before; while falling asleep [better]						3				
28	> sleep, after; while waking up [better]		1	1				1	3		1
125	< lying position [worse]	1	4/Cl	1	4/Cl	2	1	2	1	1	1
34	muscles, tense					2			4/Cl	3/Cl	
4	> food and drink, coffee [better]	1	4								
39	nose, bleeding, bright red blood	1				1	2				2

Table 36: First Repertorisation - Case 26, T.F.

Only two remedies cover all symptoms: *Cantharis* and *Chamomilla*, although the latter has a contraindication. *Calcium carb.* has the highest polarity difference but does not have the dark blood colour. This symptom may only be used when we are quite sure that the blood really is dark: patients are often not clear about what dark or *bright* blood really looks like, and they not infrequently have problems judging other excretions such as the colour of the stool or the quality of expectoration, in this case, the mother confirms that the blood is dark brown, almost black, which restricts the choice to *Cantharis*.

**MATERIA MEDICA** **Tissues:** Increased secretions from mucous membranes and ulcerated surfaces. Hemorrhages from nose, mouth, intestinal canal, urinary and genital organs.

**COMPARISON FOR**

**CANTHARIS [GS]**

MATERIA MEDICA  
COMPARISON FOR  
CALCIUM

CARBONCUM [GS]

**Smell and nose:** Epistaxis frequent and profuse, almost to faintness. Bleeding of nose in morning... Hemorrhage from nose; < from right nostril ... Nosebleed in the scrofulous, subject to cold in head (morning).

Cantharis (Lytta vesicatoria)



PRESCRIPTION  
AND PROGRESS

The materia medica comparison does not alter the choice of *Cantharis*. Theo is therefore given a dose of *Cantharis* 200c.

The nosebleed stops suddenly and remains in remission for six weeks. Then he has another nosebleed. A further dose of *Cantharis*, this time 500c, solves the problem completely and permanently.

Soon afterwards he starts his first job working in a warehouse. He is rapidly out of his depth in the rough working atmosphere. The unfamiliar conversational style at work offends and demotivates him. Theo begins to have self-doubts and is constantly tired and exhausted. The family hopes for homeopathic help from a fresh look at his case.

Using the *Checklist for Perception disorders* they come up with the following symptoms:

- *Physically restless*
- *Falling asleep late*
- *Worse after waking up P*
- *Open air: better P (> movement)\**
- *Walking in open air: better P (> movement)\**
- *Winter: worse (< cold P)\**
- *Hot weather: worse (< heat)\**
- *Sadness P*
- *Anger: worse*
- *Grief or sorrow: worse*
- *Insult or mortification: worse*
- *Dejected*
- *Mood swings*
- *Hopelessness*
- *Lack of self-confidence\*\**
- *Fear of events\*\**
- *Indecisiveness\*\**

		Ign.	Lyc.	Staph.	Ph-ac.	Puls.	Bell.	Verat.	Rhus.	Ars.	Acon.	Aur.	
Hits		9	9	9	9	9	9	9	8	8	8	8	
Sums		31	26	23	21	29	24	20	22	24	21	20	
Polarity Difference		7	7	4	4	3	2	2	13	7	7	7	
111	< while/after waking up [worse]	P	4	4	3	3	5	3	2	4	S	1	2
102	> movement [better]	P	1	4	1	3	4	1	2	4	2	1	4
90	< cold in general [worse]	P	3	1	2	1	1	3	1	4	4	3	3
101	< heat aggravates [worse]		3	3	1	3	4	4	3	3	4	4	
61	sadness (dejection, inclined to weep)	P	4	3	2	1	3	3	2	3		4	2
46	< emotions, anger [worse]		4	3	4	2	3	3	2	1	3	4	2
27	< emotions, grief and sorrow [worse]		4	2	4	3	3	1	3	1	2		1
22	< emotions, insult, humiliation [worse]		4	2	4	3	2	2	1		1	1	2
123	affection of the mind in general		4	4	2	2	4	4	4	2	3	3	4
28	> sleep, after; while waking up [better]		1			1	2			3			
126	< movement [worse]		1	1	3/CI	1	1	4/CI	1	1	1	1	1
73	> cold in general (better)		1	2	1	1	4/CI	1	1	1		1	1
42	cheerfulness, happiness		2	2		1	3	3	3/CI				2

Table 37: Second Repertorisation - Case 26, T.F.

The repertorisation with just the polar physical symptoms does not permit a clear choice of remedy, so the key mind symptoms *sadness*, *worse from anger*, *grief or sorrow*, *insult*, *humiliation* and *affection of the mind* must be included (table 37). The choice is thereby reduced

\*Following discussion of the symptoms, it becomes clear that the symptoms *open air: better* and *walking in open air: better* really amount to an improvement from movement. The symptoms *winter*:

\*\*These symptoms are missing from Boenninghausen's PB.

to three remedies without any contraindications: *Ignatia*, *Lycopodium* and *Phosphoricum acidum*.

MATERIA MEDICA  
COMPARISON FOR  
IGNATIA [GS]

**Mind:** Memory weak and untrustworthy. Heaviness of head; very great weakness of memory ... Absent-mindedness. Difficult comprehension; mental dullness; mental effort is irksome, Incapacity for thought [and talking] in evening ... Apprehensive feeling ... Melancholia ... with much sighing ... Fright is followed by grief [or cramps] ... Slight blame or contradiction excites him to anger, and this makes him angry with himself... Peevish, capricious and quarrelsome; impatient . Anger, followed by quiet grief or sorrow.

MATERIA MEDICA  
COMPARISON FOR  
LYCOPODIUM [GS]

**Mind:** Weak memory ... Vanishing of thoughts ... Uses wrong words for correct ideas [especially evenings]... Mental torpor and weakness; slow of comprehension ... Sensitive, irritable disposition ... Desponding , grieving mood ... Want of self-confidence; indecision; timidity; resignation ... Loss of confidence: in his own vigour. Ailments from fright, anger, mortification, or vexation, with reserved displeasure, Inner Head: Heaviness and obtuseness of head; stupefaction.

MATERIA MEDICA COM  
PARISON FOR PHOS  
PHORICUM ACIDUM [GS]

**Mind:** Incapacity for thought... Quiet, indifferent, unwilling to speak ... Listless, apathetic ... Sadness, grief and disposition to weep ... Ailments from care, grief... or disappointed love... Disinclined to work... [Sadness and] brooding.

PRESCRIPTION  
AND PROGRESS

The materia medica comparison points to *Ignatia*. So the previous remedy, *Lycopodium*, is dropped and Theo is now given *Ignatia* Q3, again in liquid form, daily for one month.

Mother and son both say he is now doing better and has even made quite a name for himself at work. The mother is surprised at the rapid success. After a further six weeks with *Ignatia* Q6, there is more positive feedback: Theo has now passed the test to drive a fork-lift truck, and everyone is full of praise for him. His sense of self-worth has noticeably improved. The therapy is now continued on a long-term basis to give this patient the necessary support. Theo has now almost reached the end of his training, which has been very successful with this homeopathic treatment. *Observation period: three years.*



**COMMENTS** Transition phases in life quite often lead to physical and mental problems, necessitating a new choice of remedy. The signal in this case was the sudden nosebleeds. To continue doggedly pursuing the initial prescription of *Lycopodium* would have been fruitless. We are dynamic beings, in a constant process of development, and the choice of homeopathic remedy must adapt to these developmental changes.

#### 4.2.3 PSYCHOLOGICAL TRAUMA: POLAR PHYSICAL SYMPTOMS IDENTIFY THE CORRECT REMEDY. CASE 27: SANDRA B., 6 YEARS OLD

Six-year-old Sandra B. has always been a fearful child. She is afraid of the dark, of strangers, and especially of anything new. Earlier she used to react with panic to visiting the doctor. Now the child is still very shy and hides behind her mother when she comes to see me. Since starting kindergarten, she has again developed serious fears of separation. In the mornings she makes a big scene and can hardly bear to let go of her mother. She cannot even go to a friend's birthday party without dragging her mother along too. The parents can barely cope with this problem which is why they bring Sandra to see us. A secondary symptom is the tendency to recurrent tonsillitis and inflammation of the middle ear.

The child is pale, dark-haired and shy, and hardly tolerates being touched. On examination, the tonsils are slightly enlarged and the right eardrum is dull. Otherwise she is normal.

Using *Questionnaire and Checklist for reliable symptoms* the mother reports the following:

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| • Anxiety, fear, nervousness      | • Right ear <i>P</i>                |
| • With strangers: worse           | • Touch: worse <i>P</i>             |
| • Desire for open air <i>P</i>    | • Physical exercise: worse <i>P</i> |
| • Open air: better <i>P</i>       | • Swallowing: worse <i>P</i>        |
| • Resting, while: better <i>P</i> | • Uncovering: worse <i>P</i>        |
| • Sitting: better <i>P</i>        | • Dislike of movement <i>P</i>      |

We can once more repertorise with the polar symptoms.

		Acon. 1	Bry.	Borx.	Sulph.	Phos.	Ars.	calc.	Thuj.	croc.	lod.
Hlts		9	9	9	9	9	9	9	9	8	8
Sums		22	25	17	20	19	18	16	14	21	20
Polar	ty Difference	17	14	11	10	10	5	2	2	20	16
76	air, desire for open air P	1	1	3	1	1	2	1	1	4	3
93	> open air [better] P	3	2	2	2	3	1	1	1	4	2
117	> resting (not moving) [better] P	1	4	2	1	3	1	2	1	3	3
101	> sitting [better] P	2	4	2	1	2	1	2	1	2	3
121	< touch [worse] P	3	3	2	4	1	2	1	1	2	2
70	< physical effort [worse] P	3	4	1	4	2	4	3	1	2	2
93	< swallowing [worse] P	2	4	1	4	3	2	2	3	3	2
37	> uncovering [better] P	3	1	3	2	2	1	3	2		3
68	movement, aversion to P	4	2	1	1	2	4	1	3	1	
86	air, aversion to open air		3/Cl		3/Cl	1	2	4/Cl	2		
110	< open air [worse]		1	1	1	1	1	2	2		1
102	< resting (not moving) [worse]	1	1	1	1	1	2	1	2		
126	< sitting [worse]	1	1	2	1	1	2	2	2	1	1
42	> touch [better]		2		2	3/Cl	1	4/Cl	3/Cl		
6	> physical effort [better]										
47	> swallowing [better]				1	1					1
56	< uncovering [worse]	1	1	1		1	3/Cl		1		
58	movement, desire for	2	2	1	1		2	1			1

Table 38: Repertorisation - Case 27. S.B.

Eight remedies cover all symptoms but only Aconite and Borax have no contraindications. With a polarity difference of 17, Aconite is the first choice.

**MATERIA MEDICA** **Mind:** Extreme timidity, especially after a fright; afraid in dark. Fears to go where there is any excitement or many people ... Inconsolable anxiety, piteous wailing ... Moaning, anxious lamentations; reproaches from trifling causes.

**MATERIA MEDICA** **Mind:** Restless, anxious, sorrowful mood; deep melancholy. Excessive timidity.

**COMPARISON FOR CROCUS**

**[GS]** **Mind:** Apprehends an accident from every trifle. Fear of evil, with over-carefulness. Fear and anxiety, shuns even the doctor.

As we explored the reasons for the panicky fear of separation, Sandra's mother explained that the little girl fell on the first day at

kindergarten, hurting herself. She was so shocked that she had an affect spasm with apnoea and became unconscious. The absence of her mother in this frightening situation triggered a fear of separation.

**PRESCRIPTION  
AND PROGRESS**

Based on the repertorisation, the materia medica comparison, and the cause of separation anxiety, *Aconitum napellus* is the best-fitting remedy. Sandra is given a dose of this remedy in the potency 200 c.

The separation anxiety subsequently disappears within two weeks. She is nevertheless given additional monthly doses of *Aconite* in increasing potency (1M, 10M, 50M). The problem does not recur and the following year Sandra starts school without any further problems.

**COMMENTS**

This case history also shows clearly how the modalities and polar symptoms enable us to grasp the nub of the problem, without having to include the difficult-to-interpret mind symptoms in the reperto

*Aconitum napellus*



#### 4.2.4 ASPERGER SYNDROME: CONSTITUTIONAL CHARACTERISTICS MUST BE DISTINGUISHED FROM SYMPTOMS. CASE 28: VALERIE L., 7 YEARS OLD

Valerie is born the second child of two healthy parents following a normal pregnancy in the 39<sup>th</sup> week. Even as a very young baby, her sensitivity to noise and other environmental stimuli was noticeable. Due to slight extensor spasticity with a tendency to opisthotonos, she is given developmental physiotherapy from the age of four months. Yet the parents are concerned about further abnormalities: in the first two years of life, she often wakes at night and screams for hours without any obvious reason. Until the age of 12 months, she never establishes

eye contact with her mother when pointing to objects. Her speech development is precocious and by her third year she attracts attention with "highly differentiated speech", In South Africa, where her family frequently stays, she learns English with ease, It is striking that she also avoids eye contact during conversation. Her gestures betray no feelings but she conveys these verbally or with signs. Valerie always plays with dolls in the same way, and her wooden animals are assigned a fixed place in her toy stable. She plays her favourite games for years on end without tiring of them.

With other children, she attempts to take the leading role, which often leads to arguments and fights. She has trouble perceiving how other people feel. If someone is in pain, she has to be told. The mother even observed how she once hugged a small child and then suddenly dropped him. It is difficult to explain social conventions to Valerie. If something does not precisely follow her expectations - for example, if the family suddenly changes its plans - it can lead to hours of screaming. Her perception of cold is minimal yet her sense of smell is exceptionally sensitive, and she reacts very strongly to noise: for example, she finds the "loud waves" at the seaside unbearable. And she does not like being touched.

ness. He prescribes a course of remedial education and ergotherapy with sensory integration.

**HOMEOPATHIC** The first comprehensive case-taking occurs at the age of 1/2, on **TREATMENT** the one hand due to the behavioural disturbances and on the other hand due to the recurrent upper respiratory tract infections. With several doses of *Asafoetida* the infections improve and the child's behaviour becomes more harmonious and tolerable for around nine months. Then the restlessness, screaming fits, and fickleness increases again, leading to a suspicion of ADHD. The case is retaken and this time *Sepia* is prescribed. With increasing Q potencies in liquid form, the Conners Global Index (CGI)<sup>32</sup> declines within a few months from 20 (moderately severe ADHD) to 9/2 points (upper normal). This improvement again lasts nine months. Then renewed outbreaks of rage trigger the search for another remedy: with single doses of *Aconite* (200 C, 1M, 10M, 50M), she significantly improves again, but then at the age of 4<sup>1</sup>/<sub>2</sub> there is another escalation with endless screaming and fits of rage. *Ferrum met.* as intermediate remedy and later *Aconite* calm the situation once again.

When Valerie starts school at the age of 7, the illness can finally be diagnosed according to the tenets of *child psychiatry*. This is unusually early for a diagnosis of Asperger syndrome, which is made on average when the child is 11.<sup>34,35</sup>

In terms of the therapeutic approach, we decide not to react further to the individual variations in the child's symptoms but - despite the problems caused by the family moving between different homes - to start even more comprehensive long-term homeopathic care. Valerie's parents prepare for the new case analysis by filling out the relevant questionnaires. Since autism chiefly entails disturbances of perception, the main complaint is covered by the *Checklist for Perception Disorders*. They select the following symptoms:

#### **Disturbances of Perception ADHD/ADD**

- Flabby muscles **P**\*
- Worse after sleep, while waking up **P** • Sound, noise: worse
- Touch: worse **P** • Sensitive hearing

- Warmth in general: worse P
- Uncovering: better P
- Movement: better P
- Hypersensitive sense of smell P
- Irritability P
- Sadness P

### Additional Complaints (recurrent tonsillitis)

- Desire for open air P
- Cold weather: worse P
- Physical exercise: worse P
- Loss of appetite P\* \*\*
- Company: worse P

Here too, the repertorisation only uses the polar symptoms, If these would not permit an unambiguous choice of remedy, we could also include non-polar symptoms, especially modalities. The polar mind symptoms, however, are not included (table 39).

			Lyc.	Calc.	Bry.	1 Cham. I	M-arc.	Puls.	Salph.	Aur.	AcOn.	Sp'8-	Arn.	Nat-c.
Hits			11	11	11	10	10	10	10	10	10	10	10	10
Sums			37	26	19	26	18	30	26	23	21	20	20	21
Polarity Difference			19	2	-3	12	11	9	8	8	8	7	5	3
111	<while/after waking up [worse]	P	4	4	2	3	3	5	5	2	1	2	3	4
121	<tOUch [worse]	P	4	1	3	4	1	3	4	1	3	4	3	1
73	<warmth, in general [worse]	P	2	1	1	2	2	4	2	1	1	1	1	1
37	> uncovering [better]	P	4	3	1	2	3	2	2	1	3	3		
102	> movement [better]	P	4	1	1	2	1	4	1	4	1	1	1	4
76	air, desire for Open air	P	3	1	1		3	4	1	4	1		3	1
88	<weather/air, cold [worse]	P	3	3	3	2	2		2	4	3	2	1	2
115	appetite, absent	P	3	3	3	2	1	3	3	1	1	1	3	1
53	muscles, flabbiness	P	3	4	1	3		2	3			1	1	2
43	< noises [worse]		3	3	2	3	1	1		1	4	3	3	3
49	smell, hypersensitive	P	4	2	1	3	1	2	3	4	3	2	1	2
28	> sleep, after; while waking up [better]			1	1	1	1	2				1		1
42	> touch [better]		1	4/CI	2		1		2				1	2
90	>warmth, in general (better)		1	1	2	1		1	3/CI	3/CI	3/a	2	2	2
56	< Uncovering [worse]				1	2		1		3/CI	1		2	2
126	< mevement [worse]		1	2	4/CI	1	1	1	2	1	1	3/a	3/a	1
36	air, aversion to open air		3	4/CI	3/CI	4/a		1	3/CI	1		3/a	1	4/a
44	> weather/air, cold [better]		3	1	2	1	1	4/CI	3/CI	1				
99	hunger		3	4(d)	3	1	1	4(0)	1	3/a		1	1	2
	muscles, tense							2	2		4/CI		2	1
46	smell, lost, weak, diminished		3	4/CI	2		1	4/a	2	2				

Table 39: Repertorisation - Case 28, V.L.

\* Flabby muscles are only a symptom when the child is feeling ill. Only then we may use this in repertorisation. Valerie is especially

\*\* Loss of appetite is an "indeterminate" symptom according to Organon § 153, yet the polarity loss of appetite / hunger assigns it

Three remedies cover all symptoms (Lyc, Calc, Bry), but only *Lycopodium* has no contraindications. With a score of 18, *Veratrum album* has the second-highest polarity difference but the sensitive sense of smell is missing. (Ver-a. is not shown in the table due to lack of space). Further discussion reveals that Valerie can still be dictatorial but - unlike before - rarely resorts to physical aggression.

MATERIA MEDICA  
COMPARISON FOR  
LYCOPODIUM [GS]

**Mind:** Irritability and melancholy. Weeps all day, cannot calm herself, < from 4 to 8 p.m. ... Strikes her attendant and grows angry ... Desponding, grieving mood ... Easily frightened and starts up; feels frightened at everything, even ringing of door bell... Indifferent, taciturn; insensibility to external impressions ... Want of self-confidence; indecision; timidity; resignation ... Sensitive, irritable disposition; peevish and cross on getting awake; easily excited to anger; cannot endure slightest opposition, and is speedily beside herself. Obstinate, defiant, arbitrary; seeks disputes ... Discontented and impatient... Distrustful, suspicious and fault-finding ... Haughty, reproachful and overbearing.

*Lycopodium clavatum*



MATERIA MEDICA  
COMPARISON FOR  
VERATRUM ALBUM [GS]

**Mind:** She is inconsolable over a fancied misfortune, runs about room howling and screaming; or sits brooding, wailing and weeping; < in evening; sleeps only till 2 a.m.... Attempts a great many things,

but accomplishes nothing... A tendency to violent outbreaks, desire to strike those about him ... Loquacity, he talks rapidly ... Depression and despondency... Despair; hopelessness, loss of courage.

**PRESCRIPTION  
AND PROGRESS**

Due to the unambiguous result of the repertorisation, the large polarity difference, and the clear *materia medica* comparison, Valerie is now given *Lycopodium 200 c*.

One month later the mother reports a decisive improvement. Valerie has become a different child with completely normal behaviour. Her gaze has become open, she seeks more closeness, and is generally more responsive. The previous awkwardness when she was asked to do something has disappeared. And she is even looking forward to going to school.

She is given further doses of *Lycopodium* at monthly intervals and in increasing potencies (1M, 10M, 50M, 100M). When we attempt to extend the monthly intervals, her irritability returns, only to disappear again with the next dose of *Lycopodium*. We establish that the best interval is three weeks between doses.

Three years after the start of treatment with *Lycopodium*, the child is still doing well. The new style of communication at home is now well-established and the teacher says that her current behaviour is radically different from the difficult patterns of the past. Valerie still has problems with arithmetic and she remains very sensitive to any kind of bad atmosphere at school.

The main stumbling block here was the diffuse nature of the patient's behavioural disturbances, which were elusive and difficult to pin down for many years, resulting in poor-quality homeopathic treatment. The conventional medical diagnosis was also relevant, since it prompted all those involved to realize that long-term homeopathic treatment was required.

In this case it would have made no difference to exclude the symptom *flabby muscles*. In many other cases, however, poor differentiation of symptoms from constitutional characteristics can indeed result in an incorrect remedy being prescribed. Therefore this differentiation is crucial.



4-2.5 BORDERLINE PERSONALITY DISORDER: SECONDARY SYMPTOMS CAN ALSO INDICATE THE CORRECT REMEDY! CASE 2Q: LINDA E., 15 YEARS OLD

The mother of fifteen-year-old Linda comes to the practice on her own for a consultation because her daughter has been cutting herself with razor blades for the last three months and has refused all attempts to offer her therapy. At the same time the girl has undergone a significant psychological transformation: the previously happy and open girl has suddenly become serious, reserved, and withdrawn, and refuses to see anybody. She has also completely refused to discuss the problem with her parents, who are insisting she starts some kind of therapy. When her mother suggests at least going to see the paediatrician, she says: "If you say so much as a word about this to him, I won't go and see him ever again". During the discussion with the mother, the following picture emerges: Linda has been having severe mood swings for the last few months, her self-confidence is shattered, and she is sometimes completely bad-tempered and disturbed. Massive fits of rage can be triggered by minor things that she would previously have tolerated without problem. She expresses self-doubt and a feeling of emptiness: "Why am I here? You don't need me at all". Her behaviour has also become impulsive and unrestrained. This state alternates with periods of almost childlike ease.

Linda thereby fulfils six diagnostic criteria for borderline personality disorder according to DSM-IV: unstable self-image, impulsiveness, self-injuring behaviour, emotional lability and dysphoria, feeling of emptiness and fits of rage.<sup>37</sup> Since she resists treatment for her psychological problems, she is instead offered treatment for her physical complaints which include menstrual problems and plantar warts. Due to the holistic approach of homeopathy, her chief complaint can be treated simultaneously.

Linda's mother is given the *Questionnaire* and the *Checklist for reliable Symptoms* to record her daughter's symptoms. At the follow-up consultation, the mother - who is once more on her own for the special reasons explained above - provides the following symptoms:

**Mind:**

- "Harms herself"
- Poor nerves
- Mood swings
- Hopelessness (suicidal thoughts)
- Distracted
- Grief/worry: worse
- Consolation: worse (dislike of consolation)
- Company: worse P
- Falling asleep late
- Worse while falling asleep P
- Worse after waking up P

**Additional complaints:**

- Menstruation too strong P
- Menstruation too long P
- Menstruation too early P
- Menstrual blood clotted
- Worse before menstruation
- Loss of appetite P
- Warts

Further discussion of these symptoms during the consultation provides no additional relevant information, In terms of the chief complaint, the casetaking yields few symptoms, as expected; the polar secondary symptoms affecting menstruation, on the other hand, are very useful. We initially repertorise only with the polar symptoms (*without company: worse*), supplemented by the additional physical symptoms *worse before menstruation, menstrual blood clotted* and *warts*.

		Rhus.	Bell.	Sep.	Caust.	Calc.	1 Nux-v.	chin.	Plat.	Ign.	Sabin.
Hits		9	9	9	9	8	8	8	8	8	8
Sums		30	26	29	19	31	24	24	23	21	20
Polarity Difference		18	14	8	3	15	15	13	12	11	11
99	< while falling asleep [worse] P	5	4	4	2	5	2	3	1	3	2
111	< while/after waking up [worse] P	4	3	4	4	4	4	5	1	4	2
80	menstruation, profuse P	2	4	3	1	4	4	3	4	1	4
49	menstruation, too long duration P	3	2	3	2	3	4	3	4	3	3
84	menstruation, too early, too often P	4	2	3	1	4	4	2	3	3	4
115	appetite, absent P	4	3	4	1	3	4	4	3	3	1
66	< menstruation, before [worse]	1	1	4	2	4	1	1	3	1	
28	menstruation, blood, clotted (lumpy)	4	3	1	2		1	3	4	3	3
41	warts	3	4	3	4	4					1
1	> sleep, before; while falling asleep [better]										
28	> sleep, after; while waking up [better]					1	3	2		1	1
66	menstruation, too weak	1		4 2	3/Cl	1	1		1	2	1
29	menstruation, too short duration								1		
69	menstruation, late, too seldom	1	1	4(Cl)	4/Cl	2	1	1		1	3
99	hunger	2	3	3	1	4(0)	2	4	2	2	

Table 40: Repertorisation - Case 29. L. E.

Four remedies cover all symptoms but only *Rhus tox.* and *Belladonna* have no contraindications.

MATERIA MEDICA COM  
PARISON FOR RHUS  
TOXICODENDRON [GS]

**Mind:** Great despondency ... desire for solitude ... Apprehensive, anxious and tremulous... Fretful; general unhappiness of temper. Ill-hu-moured, depressed; easily moved to tears, impatient and vexed at every trifle; she does not endure being talked to.

Great despondency, with prostration; inclination to weep, especially in evening, with desire for solitude. Disgust for life: thoughts of suicide; wants to drown himself; with fear of death; with desire to die, without sadness. Depression and discouragement and dissatisfaction with the world, in the evening. Sad, begins to weep without knowing why. Melancholy, ill-humour and anxiety, as if a misfortune would happen, or as if she were alone and all about her were dead and still.

MATERIA MEDICA  
COMPARISON FOR  
BELLADONNA [GS]

**Mind:** Strikes himself... Aversion to noise and company... Depression, or too great hilarity. Sadness and dejection; patients are indifferent to everything, seek solitude, and desire rest... Despair. Loss of courage. Very sensitive, irritable mood ... Fretfulness; nothing seemed right to him; was vexed with himself. Weeping and vexation about trifles ... Anger, proceeding even to paroxysms of convulsive rage.

*Atropa belladonna*



The key symptom *self-injury* is missing in Boenninghausen's PB. In Kent's *Repertory*<sup>9</sup> there is the symptom fear, alone *of being, lest he injure himself*, with *Arsenicum album* as the only remedy; in Boenninghausen's *Characteristics and Repertory*<sup>6</sup> there is no rubric exactly corresponding to self-injury. So the symptom cannot be adequately assessed using the repertories, In the *Encyclopaedia* of J.H. Clarke<sup>21</sup> we can find under the mind symptoms of *Belladonna injures himself and others*. Therefore it is *Belladonna* that becomes the focus of our attention : it includes both the self-injuring behaviour (chief symptom) and completely covers both the secondary and mind symptoms.

#### PRESCRIPTION

The patient is given a dose of *Belladonna 200 c*.

#### AND PROGRESS

The mother reports six weeks later that the symptoms disappeared within a few days, without any initial aggravation. Linda has not cut herself again and is once more open and relaxed and is feeling more positive about life. She is more willing to talk and says that she does not understand what happened to her that caused her to behave in such a "stupid" way. Her mood remains normal through a series of check-ups. Fifteen months after starting treatment, the girl tearfully tells her mother how, before the outbreak of the borderline personality disorder, she was drugged with something at a teenage party and sexually abused. This was the trigger for the psychological disturbance . She does not want to report the case to the police, however, since she now feels that she has overcome the incident and does not want to relive the experience. *Observation period:3 years*.

#### COMMENTS

The significance of this case is that the required remedy *Belladonna* emerged as one of the best remedies after repertorisation although the actual chief symptom - self-injuring behaviour - could not be directly included. Another patient with self-injuring behaviour was successfully healed in our practice with *Calcium carb.*. This remedy also has no reference to self-injuring behaviour in the materia medica. To emphasize once again: more crucial for the efficacy of the remedy is that it adequately covers all the modalities, without any contraindications.

#### 4-2.6 TRICHOTILLOMANIA (COMPULSIVE HAIR PULLING):

##### REMEDY PICTURES CAN DECEIVE! CASE 30: URS T., 12 YEARS OLD

Urs is a young fellow with a very introverted manner. His mother brings him to the practice for mood swings, his tendency to easily take offence and tics, especially an inclination to constantly tear out his hair - trichotillomania.<sup>38</sup> This has caused extensive temporal alopecia on both sides, so that his hair looks like it has been eaten away by moths. Together with the psychological abnormalities, he often complains of headaches, especially during mental exertion and as a result of sleeplessness. And if he does not regularly eat something, he suffers from painful bloating of the abdomen. No other complaints could be established.

The mother selects the following symptoms from *Questionnaire and Checklist*:

#### **Tearing out the hair**

- *Emotions, insults, anger: worse*
- *Changes of mood*
- *Boldness*
- *Irritability P*
- *Movement: better P*
- *Worse on falling asleep P*
- *Desire for open air P*
- *Open air: better P*
- *Mental effort: worse P*

#### **Abdominal pain:**

- *Bloating*
- *Empty stomach: worse P*
- *Warmth in general: better P*
- *Sitting bent: better P*
- *Lying position: better P*

#### **Headache:**

- *Lack of sleep: worse*
- *Mental effort: worse P*
- *Worse while falling asleep P*
- *Light: worse P*
- *Desire for open air P*
- *Open air: better P*
- *Movement: better P*
- *Thirst P*
- *Food, cold water: better P*
- *Loss of appetite P*

The repertorisation uses only the somatic symptoms, as usual, and the mind symptoms are only used later on during the materia medica comparison.

		Anac. 1	Kali-c.	Ars.	Verat.	Laur. Sep.	LYC-	Calc.	Bry. 1	Phos.	Caust.
Hits		13	13	13	13	12	12	12	12	12	12
Sums		22	23	28	19	22	32	32	29	25	24
Polarity Difference		9	8	6	5	IS	13	12	11	10	9
102	> movement (better) P	1	1	2	2	1	3	4	1	1	1
99	< while falling asleep [worse] P	1	4	4	1	2	4	5	5	5	4
76	air, desire for open air P	1	1	2	1	2	1	3	1	1	2
93	> open air (better) P	S	1	1	2	4	1	2	1	2	3
65	< mental effort [worse] P	3	1	2	2	1	4	5	4		1
50	< light (bright) [worse] P	2	1	2	1	2	3	3	4	2	4
99	thirst P	2	2	4	3	2	2	1	4	4	1
115	appetite, absent P	1	1	3	2	2	4	3	3	3	2
57	< before breakfast, fasting [worse] P	1	1	1	1	2	3	1	4	1	1
90	> warmth, in general [better] P	1	4	4	1	1	2	1	1	2	2
106	> lying position [better] P	2	1	1	1	1	1	1	3	4	1
21	> food and drink, cold water (better) P	1	1	1	1	2	4		1	3	4
43	> sitting, bent over [better] P	1	4	1	1			3		1	
126	< movement [worse]	2	1	1	1	1	1	1	2	4/CI	3/CI
1	> sleep, before; while falling asleep [better]										
86	air, aversion to open air	1	4/CI	2	1	1	3/CI	3	4/CI	3/CI	1
110	< open air [worse]	3	1	1	1	1	1	1	2	1	1
3	> mental effort [better]										
13	> light in general (better)	1		1					2		
86	thirst, absent		1	3	2		3/CI	1	1	1	2
99	hunger	1	1	2	2	1	3	3	4(0)	3	2
65	> before breakfast, fasting [better]	1	3/CI	2	1	1	1	2	1	3/CI	2
73	< warmth, in general [worse]	2	1		1	1	1	2	1	1	1
125	< lying position [worse]	1	2	4/CI	2	1	3/CI	4/CI	1	1	1
40	< food and drink, cold water [worse]	1	1	3/CI	3/CI		1	3/CI	3/CI		
42	< sitting, bent over [worse]			3/CI			2			2	3/CI

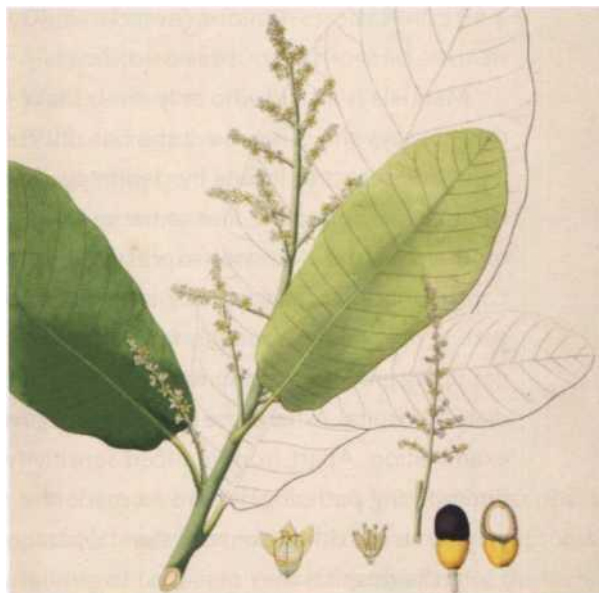
Table 41: Repertorisation - Case 30,U.T.

Four remedies cover all symptoms, though only *Anacardium* has no contraindications. Particularly *Laurocerasus*, *Barium carb.*, *Magnesium carb.*, and *Mezereum* have a high polarity difference, yet they do not cover all symptoms (for reasons of space, not all remedies are shown).

**MATERIA MEDICA** **Mind:** Disinclined to talk... Anxious and hypochondriac, shuns people ...  
**COMPARISON FOR** Hypochondriac sullen mood. Excessively peevish and ill-hu-moured ...  
**ANACARDIUM [GS]** Extreme irritability. Irritable, passionate and contradictory.  
 He takes everything in bad part and becomes violent... Bad effect of  
 mental exertion ... Exertion of mind brings on tearing pressing headache  
 in forehead, temples and occiput ... Consequences of fright or  
 mortification.  
**Sensorium:** Dullness of head and pale face. Mania.  
**Outer head:** Violent itching of scalp... Baldness.

**MATERIA MEDICA** **Mind:** Nothing relevant.  
**COMPARISON FOR** **Sensorium:** Nothing relevant.  
**LAUROCERASUS [GS]**

Anacardium orientale



**PRESCRIPTION  
AND PROGRESS**

Urs is given a dose of *Anacardium orientale* 200 c. The trichotillomania disappears completely within two weeks. On the first day of school after the Christmas holidays he has one final headache. The abdominal pains also disappear and the mother rates his improvement after four weeks at 70-80%. After *Anacardium* 1M he says the improvement is now 100%, and the boy's hair is growing normally once more. Urs is more sociable and communicative and is much

better able to deal with insults. His condition remains stable without further doses of the remedy. *Observation period: 2 years*

**COMMENTS** The state of mind of *Anacardium* patients is, according to the remedy picture commonly found in the homeopathic literature, very disturbed. This case shows that there are more moderate cases of *Anacardium* pathology in which the mania manifests itself in, for example, habitual tearing out of the hair. Polarity analysis ensured that the remedy remained clearly visible in this case. Morrison writes: "Although the descriptions in our literature indicate a very disturbed psychological condition, *Anacardium* can be thought of in different stages of pathology."<sup>39</sup>

#### 4.2.7 CONVERSION SYNDROME (HYSTERICAL PARALYSIS): HOMEOPATHIC HEALING OR SPONTANEOUS REMISSION? CASE 31: MANUELA L, 12 YEARS OLD

Manuela is a child who only rarely looks up when spoken to. Her parents says she is reserved: she has difficulty describing her problems, and reacts to insults by clamming up rather than directly confronting her opponent. She sometimes feels aggressive towards her mother but she does not express this verbally. The homeopathic consultation is occasioned by an acute event: four days ago when getting up, her legs suddenly felt weak, and she collapsed, unable to get up again. She was immediately admitted to the university paediatric hospital, where the neurologists gave her a comprehensive examination. Apart from reduced sensitivity in the legs, they could find nothing pathological and so made the diagnosis of conversion syndrome - in other words, hysterical paralysis.

In the hospital they managed to get her waiting with sticks. She thus displayed a very striking style of movement, similar to paraparesis on both sides. The psychological investigation revealed that both parents had been working very long hours for some time and that the middle, now pubescent sister spends less time with Manuela than she used to.

Mother and daughter mark the following symptoms from *Questionnaire and Checklist*:



## Mind

- *Irritability* P
- *Anxiety, fear, shock*: worse
- *Thinking of the complaints*: worse
- *Annoyance with fear*: worse
- *Food and drink cold water*: better P
- *Worse before falling asleep* P
- *Worse while waking up* P
- *Touch*: better P (distraction)

## Neurology

- *Paralytic weakness*
- *Flabby muscles* P
- *Emotions/ annoyance/ worry*: worse
- *Dislike of movement* P
- *Movement*: worse P
- *Walking*: worse P
- *Physical exercise*: worse P
- *Worse rising from bed* P
- *Standing*: worse P
- *Resting, while*: better P
- *Cold in general*: better P
- *Rubbing*: better P (distraction)
- *External pressure*: better P
- *Wet compresses*: better P

Here too we repertorise only with the polar physical symptoms if possible. In addition, we need to note that symptoms with the meaning *distraction: better* - such as *thinking of the complaints: worse* or *consolation: better* - should not be used, because they are normal. In this case we should therefore not use the symptoms *touch: better* and *rubbing: better*.

		Bry.	Oaust.	Thuj.	calc.	Puls.	Sep.	Cocc.	Graph.	Nux-v.
Hits			13		13	13	13	12		12
Sums			27		30	33	27	34		34
Polarity Difference			15		12	6	-8	25		14
99	<while falling asleep [worse] P		2		5	4	4	2		2
111	<while/after waking up [worse] P		4		4	5	4	4		4
65	movement, aversion to P		1		1	2	2	3		4
126	< movement [worse] P		3		2	1	1	3		4
126	< walking [worse] P		1		2	1	1	3		4
70	< physical effort [worse] P		1		3	1	2	3		3
79	< rising from bed, while getting up [woi P		1		3	2	2	4		3
107	< standing [worse] P		2		1	3	3	1		1
117	> resting (not moving) [better] P		1		2		1	3		4
73	>cold in general [better] P		1		1	4	1	1		1
74	> pressure, external [better] P		3		1	1	1	3		2
23	> wet compress on body [better] P		3			4	1			2
21	>food and drink, cold water (better) P		4		1	3	4			
53	muscles, flabbiness P				4	2		4		
1	> sleep, before; while falling asleep [better]									
28	> sleep, after; while waking up [better]				1	2	4			3
58	movement, desire for				1	1	1			1
102	> movement [better]		1		1	4/CI	3/CI			
102	> walking [better]		1		1	4/CI	3/CI	1		
6	> physical effort [better]					4/CI				
41	> rising from bed, while [better]		1			4/CI	4/CI			
71	> standing [better]				2			2		3/CI
102	< resting (not moving) [worse]		1		1	4/CI	3/CI	1		
90	<cold in general [worse]		4/CI		1	1	2	3/CI		4/CI
93	< pressure, external [worse]		1		3/CI	1	3/CI			1
40	< wet compress on body [worse]				4/CI	1	3/CI			1
40	<food and drink, cold water [worse]				3/CI	3	1			3/CI
34	muscles, tense		3/CI			2	4/CI			4/CI

Table 42: Repertorisation - Case 31, M.I.

Only Bryonia covers all symptoms without any contraindications. Second choice might be Graphites with a polarity difference of 22, although this lacks the symptoms *cold drinks: better* and *wet compress: better*.

**MATERIA MEDICA** *Mind:* Great depression ... without any cause, quite contrary to his habit... Mood irritable, weeping and morose; wishes to be alone. Very  
**COMPARISON FOR**  
**BRYONIA [GS]** irritable; inclined to fright, fear and vexation ... Peevishness ... and violence ... everything puts him out of humour... Anxiety and restlessness ... with fear of future ... Ailments arising from chagrin, and other conditions... As consequence of fright: painful rigidity of limbs.

**Nerves:** Hysteric spasms [and convulsions] ... Loss of strength on slightest exertion ... On rising, great exhaustion and weakness, which increased during forenoon, while walking, so that he had to drag himself about; on going up stairs there was excessive weakness in knees and legs ... Sudden prostration, shunning all motion. Uncommonly wearied and prostrated. Great prostration. Very tired and prostrated; great weariness... Great lameness, and desire to keep quiet. Paralysis generally of both sides.

**Lower limbs:** Great weariness in thighs, he can scarcely go up steps; less when going down steps. Knees totter and knock together when walking. The legs are so weak that they will scarcely hold him, on commencing to walk, and even when standing.

MATERIA MEDICA  
COMPARISON FOR  
GRAPHITES [GS]

**Mind:** Feels miserable, unhappy. Grief about slightest occurrences, even to despair. Apprehensiveness... Fidgety while sitting at work [or at night, driving them out of bed]... Extreme hesitation; she is unable to make up her mind about anything; timidity... irritability [and nervousness]... Fretful: ill-humored; easily vexed: irritable. Extremely fretful; everything angers and offends him ... Ailments from grief (or fright).

**Nerves:** Tired feeling; lassitude; inclination to sit down. Amazingly weary and sleepy... Frequently feels faint, with partial loss of senses ... Cataleptic condition; conscious, but without power to move or

speak.

**Lower limbs:** Heaviness of legs, [tired and dead, in the open air] ... Weakness of feet, cannot walk.

PRESCRIPTION  
AND PROGRESS

Repertorisation and materia medica comparison correspond best to *Bryonia*, which the patient is given in a potency of 200 c. Within 10 days the paralytic weakness has completely gone and the child's sensitivity has returned to normal. After three weeks the "neurological" symptoms have completely healed. Manuela has also changed psychologically: she is more open and relaxed and can express her feelings more easily. The mother now finally feels like she has a normal pubescent child. She says the improvement is 100%.

**COMMENTS** In theory the hysterical paralysis could have spontaneously gone into remission. Yet the positive action of *Bryonia* is indicated by the normalization of the behavioural disturbance, which very accurately corresponds to *Bryonia*. The hysterical paralysis is not listed in the materia medica for *Bryonia*; hysterical cramps and a feeling of paralysis are given, although hysteria and hypochondria only at low grades.

*Bryonia alba*



#### 4.2.8 DUCHENNE MUSCULAR DYSTROPHY AND ITS CONSEQUENCES: HOMEOPATHIC CARE OF AN INCURABLE ILLNESS. CASE 32: LUCA U., 17 YEARS OLD

Luca's early years were normal, apart from relatively frequent respiratory infections and slight clumsiness which was traced to muscle hypotonia. His mother said that, at the age of six years, he appeared to be retarded in his motor development compared to his peers, and this is why she brought him to our practice for a check-up. The neurological findings at that time were muscle hypotonia, associated

movements when walking on tiptoe and heels, as well as mild ataxia in the finger-nose test on both sides. It was also noticeable that he had very pronounced lordosis (inward curvature) of the lumbar region and when getting up from the floor he displayed Gower's sign: due to weakness or paralysis of the hamstring muscles, he had to support himself by putting his arms on his legs in order to raise himself. The highly elevated creatine phosphokinase (CPK) confirmed the suspicion of Duchenne muscular dystrophy. The illness progressed to the point that Luca was confined to a wheelchair by the age of 10. With doses of Sepia and later *Lycopodium* the otherwise commonly associated frequent respiratory infections could be reduced to a minimum. Compared to other patients, he was relatively well up till this point.

The current casetaking takes place when he is 17 because his behaviour suddenly becomes very difficult and he has more frequent respiratory infections: in the morning on waking he is awkward and irritable so that he has to be constantly attended and nothing anyone does is right for him. His mother puts it like this: *"He is spiteful to everyone, cross and angry, sullen and takes things badly, and he also gets tearful. And he has a strong fear of the dark."* At night he is often unable to sleep, which causes a headache that in turn negatively affects his mood. As soon as he catches a cold, he now gets respiratory infections: starting with a hoarse voice, he develops a cough with pus in the expectoration. The most recent symptom is urgent diarrhoea, forcing him to get to the toilet as quickly as possible. He is now 1.80 m (5' 11") tall and weighs 85 kg (188 lbs). It takes his mother ten minutes of heavy work to get him out of his room, during which time he is invariably very critical. He also has cramps in the calf muscles, an over-sensitive and flaky, itchy skin and foul-smelling sweat. Luca is clearly now suffering from concealed depression, which is unsurprising considering his low life expectancy, a maximum of 20 to 30 years.

Mrs U. marks the following symptoms on *Questionnaire and Checklist*:

**Mind:**

- Irritability **P**
- Sadness / weepiness **P**
- Sullenness
- Anxious/fearful
- Sleeplessness due to complaints
- Annoyance: worse
- Anger: worse
- Darkness: worse **P**
- Worse while waking up **P**
- Movement: worse **P**

**Gastrointestinal Tract:**

- Diarrhoea
- Urge to stool

**Additional Complaints:**

- Headache
- Cough with expectoration
- Expectoration with pus
- Coryza, yellow discharge
- Rattling breathing
- Muscle cramps
- Flabby muscles **P**
- Hunger **P**
- Obesity
- Skin dry and flaky
- Offensive sweat
- Cold in general: worse **P**
- Cold, when getting cold: worse **P**
- Worse while waking up **P**
- Movement: worse **P**
- I vira on back: worse **P**

FOLLOWING HERING'S LAW. THE PRIMARY SYMPTOMS OF MUSCULAR DYSTROPHY, WHICH HAVE BEEN PRESENT FOR YEARS - SUCH AS FLABBY MUSCLES-ARE NOT INCLUDED IN

Following Hering's law, the primary symptoms of muscular dystrophy, which have been present for years by this time - such as *flabby muscles* - are not included in the current determination of the remedy. This repertorisation concentrates on the more recent symptoms. The mind symptoms are, as usual, held in reserve for the later materia medica comparison. Repertorisation proceeds, therefore, primarily with the polar symptoms of the gastrointestinal tract and the polar secondary symptoms. This restricts the choice to 23 remedies which cover all symptoms. Eight of these have no contraindications. *Carbo animalis* and *Kali carb*, have the highest polarity difference.

This degree of differentiation is insufficient; therefore we need to include further characteristic symptoms, the best of which are the *rattling breathing*, the *cough with expectoration* and the *urge to stool*. In this way the choice is further restricted to five remedies. Excretions such as expectoration with pus, yellow coryza or offensive sweat

could also be included; however, their reliability is low, as already mentioned, It is therefore preferable to include the symptom *Light in general ameliorates*, which is unusual for a 17-year-old, even though it is a mind symptom normally reserved for the materia medica comparison (table 43).

		Carb-a.	calc.	Kali-c.	Carb-v.	Am-c.	Bell.	Caust.	Nux-v.	Nat-m.	Ars.
Hits		11	11	10	10	10	10	10	10	10	10
Sums		25	27	23	19	18	24	23	30	21	30
Polarity Difference		16	8	11	9	9	8	8	7	7	6
68	movement, aversion to	P	1	1	1	1	2	1	4	3	4
126	< movement [worse]	P	3	2	1	1	4	3	4	3	1
99	hunger	P	1	4	1	2	3	1	2	2	2
90	<cold in general [worse]	P	2	1	4	2	3	4	4	1	4
78	< cold, when getting cold [worse]	P	1	2	4	1	2	3	4	1	4
111	<while/after waking up [worse]	P	5	4	3	4	3	4	4	4	5
50	> lying, on back [better]	P	3	4	3	1	2	1	2	2	
13	> light in general [better]	P	3	2	3						1
93	urging to stool		2	1	2	1	2	2	2	2	3
50	breathing, rattling of mucus		2	2	1	1	2	2	2	2	2
105	cough, with expectoration		2	4	3	2	1	2	2	1	4
58	movement, desire for			1		1	1		1		2
102	> movement [better]		1	1	1	1	1	1		1	2
115	appetite, absent		1	3	1	1	2	3	1	4/CI	3/CI
73	>cold in general [better]			1	1	1		1	1	2	
74	>cold, when getting cold [better]			1	1	2		1	1	1	
28	> sleep, after; while waking up [better]			1					3		3
48	< lying, on back [worse]				1	1	1	3/CI	4/CI	1	3/CI
80	< light (bright) [worse]		1	4/CI	1	1	3/CI	2	3/CI	1	2

Table 43: Repertorisation - Case 32, L.D.

Two remedies finally cover all symptoms but only Carbo animalis - has no contraindications.

MATERIA MEDICA  
COMPARISON FOR  
CARBO ANIMALIS  
[GS]

**Mind:** Unclouded consciousness and great anguish with sinking of vital forces ... Confused, did not know whether he had been asleep or awake; morning... Desire to be alone; she is sad, reflective; avoids conversation. Variable mood; alternate cheerfulness and melancholy. Low-spirited ... Fearful in the dark... Head heavy and dull early in morning, with irritable mood.

MATERIA MEDICA  
COMPARISON FOR  
CALCIUM

CARBONICUM [GS]

**Mind:** When roused opens eyes with absence of mind and alarm ... Rush of thoughts [and lively mind] prevents sleep ... Disinclined to talk, and very irritable ... Apprehensive mood: as if some misfortune was about to happen; about his health ... Fear, that something sad or terrible will happen ... Despondent and melancholy ... Diarrhoea. Muscular atrophy ... Anxious and irritable by spells ... Apprehension about present and future ... Peevishness, much nervous excitement and irritability.

PRESCRIPTION  
AND PROGRESS

The materia medica comparison does not really help here. So We give Luca a dose of *Carbo animalis* 200 c due to the greater polarity difference, In the following days his melancholy mood disappears and he becomes "more *relaxed, polite and pleasant, not so spiteful anymore, and he can sit still at the table. At times he even laughs about his fears, even though they have not completely disappeared*". The diarrhoea has stopped and the cough disappears within two weeks. After six weeks, the effect seems to diminish. Luca is given additional doses of *Carbo animalis* in increasing potencies (1M, 10M, 50M, LOOM), which stabilize his condition over a period of years. Nowadays he loves to race his wheelchair with a colleague through the arcades of the old town in Bern. *Observation period: 8 years*

COMMENTS

This case shows how a fatal illness such as muscular dystrophy cannot itself be homeopathically treated. Nevertheless we are able to palliate or even cure the secondary symptoms of the illness so that the patient can enjoy a better quality of life within the limits of the illness.

If the polar symptoms are insufficient to adequately differentiate the remedy, we initially include the most "indisputable" clinical findings in the repertorisation. Subjective judgements, such as the quality of secretions, should, if possible, be avoided. In some cases, as here, it is necessary to also include a striking modality of mind.



**4.2.9 QUIZ 7:  
MENTAL ILLNESS  
IN CHILDREN AND  
TEENAGERS**

- 47 What is the significance of pathognomonic symptoms in the choice of remedy?
- 48 What is the significance of excretions or secretions in the choice of remedy?
- 49 Which symptoms can reliably be used for the repertorisation in cases of mental illness: mind symptoms or physical symptoms?
- 50 What is the role played by constitutional characteristics in the choice of remedy?
- 51 How do you proceed when the patient does not want to reveal any mind symptoms?
- 52 How do you avoid incorrect prescriptions due to reliance on conventional remedy pictures?
- 53 How can you differentiate between spontaneous healing and homeopathic cure in cases of chronic illness?
- 54 Which symptoms should you add to the repertorisation if the polar symptoms are insufficient to adequately differentiate the choice of remedy?

> YOU CAN FIND THE ANSWERS ON P. SEITE 260

4.2.10 WORKING WITH PATIENTS WHO HAVE A CHRONIC PHYSICAL OR MENTAL ILLNESS

After working through the cases presented in chapters 3 and 4, it is advisable to put the ideas into practice with your own patients? You can use the following table to summarize the results of your treatment.

' We deai with difficult ADHd/ADD patients in module3 below, together with the multimor- bid patients.

NAME	DIAGNOSIS	CHECK-UPS: PERCENTAGE IMPROVEMENTIN OVERALL SYMPTOMS					
		1	2	3	4	5	6
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

# MODULE 3

## 5 MULTIMORBID PATIENTS

**5.1. PROCEDURE** Multimorbid patients have three or more complaints at the same time. There are obviously more elderly people in this group. With conventional medicine, which prescribes separate medications for each complaint, such patients often undergo polypharmacy, in which up to ten or more individual medications are prescribed simultaneously. This results in problematic interactions which can lead to undesirable side effects. Due to the possibility of dealing with all complaints by a single remedy, the treatment of multimorbid patients is one of the core areas of expertise in classical homeopathy.

Casetaking takes place, as with chronic illness, in two separate consultations. In the *preparatory consultation*, the patient's history is taken and a physical examination is conducted with the aim of recording all complaints in a holistic manner. The conventional medical diagnoses must be clear before treatment starts. After the indication for homeopathic treatment has been established, the patients receive the Questionnaire for Diagnosis and Main symptoms and a Checklist for reliable Symptoms for each of their complaints, to prepare them carefully until the case taking.

Around a week later, the patient brings the completed questionnaires to the clinic for the main *consultation*, and a **Case log** is produced (see cases 33 to 38 below). The following aspects of each complaint are logged:

- *First occurrence (year)*
- *Frequency of complaints*
- *Localizations, sensations and modalities*
- *Average intensity of each complaint on a scale from 1-10 (1 = minor, 10 = severe), which the patient is asked to rate*

We then repertorise with the help of the case log, as usual giving priority to the polar symptoms. For the definitive *determination of the remedy*, the lack of contraindications and the size of the polarity difference are crucial. The remedy is finally selected with the help of a materia medica comparison (tables 44 and 45).

Table 44

**BASIC PRINCIPLES OF REPERTORISATION IN MULTIMORBID PATIENTS**

- Conduct initial repertorisation only with polar symptoms, especially modalities.
- If there are more than 20 relevant symptoms, consider using only the most recent symptoms for repertorisation (according to Hering's Law).
- Consider particularly remedies with a large polarity difference and no or few contraindications and clarify any uncertainties in discussion with the patient.

Table 45

**CRITERIA FOR THE CHOICE OF REMEDY IN MULTIMORBID PATIENTS**

- Which remedy has no contraindications and the highest polarity difference?
- Are symptoms not covered by a remedy really relevant?
- Does the remedy cover the key complaints?
- Check any symptoms that are missing from Boenninghausen's Therapeutic Pocket Book, by comparing with other materia medicas, such as [Hering's Guiding Symptoms](#)<sup>21</sup>, Clarke's [Dictionary](#)<sup>21</sup> or the [MMRH](#)<sup>1</sup>.

Table 46

**REMEDY PRESCRIPTIONS**

- First prescription: Single doses in potency 200C. rarely 0 potencies
- Subsequent prescriptions: 1M. 10M. 50M, 1000M or Q potencies

At the monthly check-ups, the patient is again asked to rate the intensity of each symptom and also give an overall improvement rating, also on a scale of 0-10 (0 = no improvement, 10 = complete cure). The spreadsheet then automatically generates a graphic of the patient's progress. Further doses of the remedy are given in ascending potency at monthly intervals, If the healing process comes to a standstill the remaining symptoms of the patient are repertorised again, including possible new symptoms, to determine the follow-up remedy.

### 5.2.1 EXHAUSTION DUE TO STRESS BOTH AT WORK AND IN THE FAMILY: CRITERIA FOR SELECTION OF SYMPTOMS FOR REPERTORISATION

#### CASE 33: GERARD G., 33 YEARS OLD

Mr G. is an athletic man working part-time as a computer technician and part-time as a house husband, taking care of his family with two children, a dog and a cat. Simultaneously he is taking a bachelor's degree by correspondence course at a foreign university. In addition he does a great deal of sport.

For several weeks now he has been plagued by chronic tiredness, severely aggravated by hustle and bustle, stress and unpredicted events. After two to three hours of physical work, he is completely exhausted - although he used to be able to work for nine hours without problems. After lunch he needs a short sleep to be able to continue working. Mr G. assumes that his perfectionism is responsible for the deterioration of his performance and is now asking himself what he should try to cut down on ...

He has recently begun to have additional symptoms such as headaches and dizziness and he sometimes feels befuddled. In addition he has been suffering pain when working with tools after distorting his right wrist. Another symptom is pain in the right hip-joint which he traces to his high-powered sport and a difference in the length of his legs. The oldest complaint he mentions is a tendency to aphthae and recurrent tonsillitis, which occur particularly after exposure to the cold in winter. To summarize the complaints, Mr G. is suffering from exhaustion, which is beginning to manifest itself in somatic symptoms, and he may well be in the early stages of burnout.

He marks his symptoms on *Questionnaire and Checklists* as follows:

This is his case log after the main consultation:

## CASE LOG G.G. 33 YEARS OLD

Consultation Dates DD/MM/YYYY

DIAGNOSIS. START OF SYMPTOMS	FREQUENCY OF COMPLAINTS	CHARACTERISTIC SYMPTOMS	12.06.2009	02.07.2009	10.08.2009	14.09.2009	14.10.2009	28.11.2009	25.01.2010	25.05.2010
Mean Symptom Intensity (Scale 10-0)			6.8	2.0	1.0	0.5	1.0	0.8	0.3	0
Global Improvement (Scale 0-10)			0	7.0	8.5	8.8	9.0	9.3	9.8	10
<b>Exhaustion</b> 2 months	Always	Befuddled Tiredness Feeling of drunkenness Seriousness (always) <sup>1</sup> Sleeps soundly, deeply Irritability <sup>P</sup> Sadness <sup>P</sup> <Anger > Movement <sup>P</sup> (always) <sup>1</sup> > In open air <sup>P</sup> (always) <sup>1</sup>	8	4	2	2	4	1	0	0
<b>Headaches</b> 12 months	Daily	Dull pain Dizziness < Worries / anger < after midday meal (= < after eating) <sup>P</sup> < Cold weather <sup>P</sup> <sup>1*</sup> < Getting cold <sup>P</sup> < Physical effort <sup>P</sup> < Looking intensely <sup>P</sup> «Shaking head <sup>P</sup> > Closing eyes [= < light! <sup>P</sup> > wrapping up head <sup>P</sup> > Rubbing [massaging) <sup>P</sup> > Rest <sup>P</sup>	9	0	0	0	0	0	0	0
<b>Joint pains</b> 6 weeks	Daily	wrist/hip joint right Muscles tense/constricted Cracking in joints < Movement <sup>P</sup> < Sitting <sup>P</sup> < Cold [in general) <sup>P</sup> <sup>IV</sup> > warmth <sup>P</sup> <sup>IV</sup> > Rubbing <sup>P</sup> Aversion to open air <sup>P</sup>	4	4	2	0	0	2	1	0
<b>ENT infections</b> 1999	Ca.6 x per year	Sore throat Aphthae Mucocoeles < Swallowing <sup>P</sup> «winter <sup>111</sup> < Cold weather <sup>P</sup> <sup>1*</sup> < Cold <sup>P</sup> <sup>IV</sup> < Inhaling cold air <sup>1</sup> < Movement <sup>P</sup> < Physical effort <sup>P</sup> < Talking <sup>P</sup> > Rest <sup>P</sup>	6	0	0	0	0	0	0	0

## COMMENTS ON

## THE CASE LOG:

**(Brackets):** clarifications added by the patient during the repertorisation

**I:** These characteristics are always present, not only during illness. Therefore, these are characteristics of the patient, not symptoms, so they are not included in the repertorisation.

**II:** Polar mental symptoms are only included in the materia medica comparison.

**III:** The symptoms < *cold weather*, < *winter*, < *inhaling cold air* correspond to the symptom < *cold in general*. Only the latter symptom is included in the repertorisation.

**IV:** In *Boenninghausen's Therapeutic Pocket Book*, < *cold* and > *warmth* have the same remedies. Only one of these is used in the repertorisation, otherwise the polarity difference would be artificially increased. The same is true for the symptoms < *in open air* and > *in room*.

Only the polar physical symptoms are used for the repertorisation. This patient notes down his aggravation from cold in many variations. We use only < *cold*, < *getting cold* and > *wrapping up head*. The differentiation between symptoms and characteristics of the patient is especially important in complex cases, since otherwise the correct remedy can be missed (table 49 on the next page).

The result is seven remedies that cover all relevant symptoms; four of them have no contraindications: *Hepar sulfur* (PD 35), *China* (PD 22), *Cicuta* (PD 19) and *Staphisagria* (PD 10). *Nux vomica* has the greatest polarity difference but one contraindication of a symptom that the patient confirms (< *sitting*). *Hepar sulfur* is therefore the first choice, *China* off. the second.



		Nux-v.	Hep.	Rhus.	Chin.	Cic.	Merc.	Staph.	Bell.	Cocc.	Bry.	Graph.
Hits		15	15	15	15	15	15	15	14	14	14	14
Sums		47	40	41	33	24	29	25	36	35	<0	34
Polarity Difference		37	35	26	22	19	12	10	28	28	27	25
121	< eating, after [worse] P	5	2	4	3	1	1	1	1	2	4	3
90	< cold in general [worse] P	4	4	4	2	3	1	2	3	3	2	2
78	< cold, when getting cold [worse] P	4	3	4	2	2	2	1	2	3	3	3
70	< physical effort [worse] P	3	2	4	3	1	2	1		3	4	1
85	< looking, eyes strained [worse] P	1	1	1	1	3	1	2	2	1	1	3
71	< shaking head [worse] P	4	3	1	1	1	2	2	4	2	3	2
50	< light (bright) [worse] P	3	3	1	3	1	3	1	3	1	2	4
45	> warmly, from wrapping up head [beti P	4	4	4	1	2	1	1	3	2		1
74	> rubbing [better] P	1	1	2	2	2	3	2	1		2	
117	> resting (not moving) [better] P	4	3	1	1	2	3	3	4	3	4	3
126	< movement [worse] P	4	3	1	3	2	3	3	4	3	4	3
126	< sitting [worse] P	1	1	4	2	1	1	1	1	1	1	4
86	air, aversion to open air P	4	3	3	3	1	2	2	3	4	3	1
93	<swallowing [worse] P	3	4	3	2	1	3	1	2	3	4	1
77	< talking, speaking [worse] P	2	B	4	4	1	1	2	3	4	3	3
52	> eating, after [better]	1		2	2		1				1	2
73	> cold in general [better]	1	1	1	1		1	1	1	1	1	1
74	> cold, when getting cold [better]	1		1	1		3/CI	1	1	2	3	2
6	> physical effort [better]											
5	> looking, at something close-up, strained vision [better]											
3	> shaking head [better]				1							
13	> light in general [better]							2				
32	< warmly, from wrapping up head [worse]				2		1	2			1	
44	< rubbing [worse]						2	2				
102	< resting (not moving) [worse]		1	4/CI	1	1	1	1	1	1	1	
102	> movement [better]		1	4/CI	1	1	3	1	1	1	1	
101	> sitting [better]	4/CI	1	1	1	2	3/CI	2	2	1	4/CI	1
76	air, desire for open air		1	1		1		1	1		1	1
47	> swallowing [better]	3		1	1		2	2	1	1		2
1	> talking, speaking [better]											

Table 47: First Repertorisation - Case 33, G.G.

**MATERIA MEDICA** **Mind:** Violent, fretful, passionate; spoke with great volubility, would not listen to any remarks offered ... Depressed or irritable mood ...

**COMPARISON FOR** **HEPAR SULFUR [GS]** Low spirited ... The slightest cause irritates him and makes him extremely vehement.

**Sensorium:** Vertigo: mornings; when closing eyes, at siesta [as if everything is going round and round]; evening, with nausea; when riding in a carriage; during dinner, after belching, with blackness before eyes, when shaking head. Short attacks of stupidity, vertigo, dullness

of mind and want of memory. Forepart of head feels stupefied and heavy.

**Inner head:** Pressure and drawing in temples by day ... Pressure in head, semi-lateral, as from a plug or dull nail, at night, and when waking in morning; < when moving eyes and on stooping; > when rising and from binding head up tight. Constant pressive pain in one-half of brain, as from a plug or nail.

**Lower limbs:** Left hip pains as if sprained, when walking in open air. Buttocks and posterior thighs painful when sitting.

**Nerves:** General exhaustion.

**Sleep:** So sleepy and fatigued, in evening, that he falls asleep while sitting. Great, irresistible inclination to sleep in evening; must lie down immediately after supper and sleeps till morning. Sleepiness during day, < toward evening, with frequent, almost spasmodic yawning.

#### MATERIA MEDICA

##### COMPARISON

##### FOR P[GS]

**Mind:** Excessive nervousness, with lowness of spirits and intolerance of noise ... Nervous irritation, with slowness of ideas.

**Sensorium:** Vertigo: after loss of... fluids... on raising head [especially at back of head, as if head wanted to sink backwards]... head inclined to sink backward; < on motion and when walking; < when lying. Stupefaction of head, with pressure in forehead.

**Inner head:** Painful pressure towards forehead, as if something would fall out; < by firm pressure of hand. Pressive frontal headache; on leaning back pain < in temples and again in forehead when sitting. Pain in head as if brain was pressed into a ball, with excessive vividness of mind.

**Upper limbs and lower limbs:** Nothing relevant.

**Nerves:** Weakness from loss of animal fluids (blood, etc.), or after severe and exhausting illness.

**Sleep:** Irresistible sleepiness during day and after eating. Constant stupor or unrefreshing sleep... On awaking cannot collect one's senses.

#### REMEDY AND

##### PROGRESS

Due to the large polarity difference and the conclusive materia medica comparison, Mr G. is given a dose of *Hepar sulfur 200 C*.

In the first days after taking the remedy, he is very tired and the sore throat recurs. Then all complaints slowly and continuously improve. After one month, he reports an overall improvement of 70%.

With further doses of *Hepar sulfur* (1M, 10M and 50M) the improvement increases to over 90% before stagnating, In fact, there is now an opposing trend: after Mr G. had to be treated with antibiotics for Lyme disease, his tiredness increases again. Yet there are no new symptoms, In the case log he highlights the remaining symptoms:

- *Irritability* P
- *Sleepiness, tiredness: worse*
- *Weather, cold: worse* P
- *Sitting: worse* P
- *Warmth (in general): better* P
- *Aversion to movement* P
- *Physical effort: worse* P
- *Mental effort: worse* P

With such a small number of symptoms, it is best to use all of them for the repertorisation.

		Ars.	Nux-v.	lye-	Lach.	Sep.	calc. :	Nat-m.	Phos.	Zinc.	Ign.
Hits		7	7	7	7	7	7	7	7	7	7
Sums		22	25	24	18	20	16	17	14	12	19
Polarity Difference		19	18	15	15	12	11	10	10	10	9
64	irritability (anger, aggression) P	2	4	3	2	3	2	3	3	2	4
88	< weather / air, cold [worse] P	4	4	3	3	3	3	2	3	1	3
126	< sitting [worse] P	2	1	4	3	4	2	1	1	2	1
-	> warmth, in general [better] P	4	4	1	2	2	1	1	2	1	3
68	movement, aversion to P	4	4	3	2	2	1	3	2	2	3
70	< physical effort [worse] P	4	3	5	1	2	3	3	2	3	1
65	< mental effort [worse] P	2	5	5	5	4	4	4	1	1	4
37	mildness			3				1		1	3
44	>weather/air, cold (better)		1	3	2	2	1	1	1		1
101	> sitting (better)	1	4/Cl				2	2	2	1	1
73	< warmth, in general [worse]		1	2	1	1	1	2	1		1
58	movement, desire for	2	1	1		1	1				1
6	> physical effort [better]					4/Cl		1			3/Cl
3	> mental effort (better)										

Table 48: Second Repertorisation - Case 33, G.G.

Eighteen remedies cover everything, eight of which have no contraindications. Arsenicum album stands out with a polarity difference of 19. Second are Lachesis and Lycopodium (PD 15).

MATERIA MEDICA  
COMPARISON FOR  
ARSENICUM ALBUM  
[GS]

**Mind:** Irritable mood, alternating with despondency... Hypersensitive ... Irritability, with dull, confused feeling in head ... Irritable, discouraged, restless; vexed about trifles...

**Nerves:** Weary, averse to all bodily effort... Exhaustion from slightest exertion, must lie down ... Weakness, obliging him to lie down, he feels stronger when doing so ... Debility from overworking. Rapid and complete prostration.

MATERIA MEDICA  
COMPARISON FOR  
LACHESIS [GS]

**Mind:** Great dullness of mind with bodily weakness ... Disinclined to his own proper work; complains of trifles ... Quiet, sorrowful, lowness of spirits, > by sighing; repugnance to society and dislike to talk; solicitude about future, with disgust for life; inclination to doubt everything; mistrusts and misconstrues; indolence; aversion to every kind of labour and motion ... Sad; loathing of life; suspicious and peevish; moaning and complaining... Irritability; ill humour; sensitive disposition. Peevish, disposed to be morose or quarrelsome.

**Nerves:** Nervous irritability; restlessness; jerking ... Great weakness in back, extending into limbs... Feeling of weariness; languor... Great physical and mental exhaustion, constantly sinks down from weakness; < in morning... Muscular prostration.

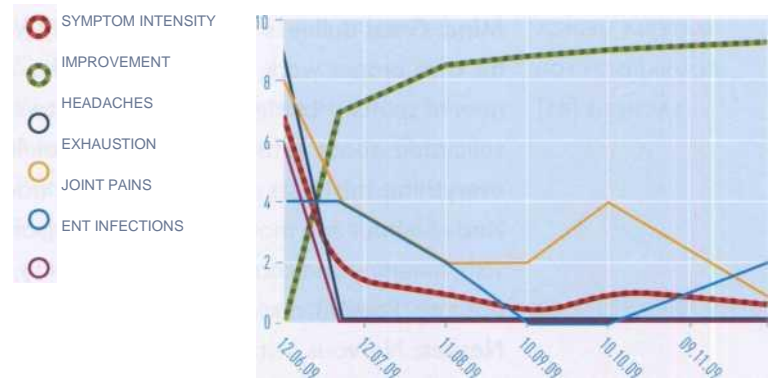
Arsenicum metallicum



REMEDY AND  
PROGRESS

Due to the large polarity difference and the favourable materia medica comparison, Mr. G. is given *Arsenicum album* 200 c. One month later all symptoms have disappeared. He rates his improvement at 100%. To be on the safe side, *Arsenicum album* is administered for three further months in the potencies 1M, 10M and 50M. There has been no relapse since this time. *Observation period: 2 years.*

Figure 5: Progress  
Check Graphic, G.G.



COMMENTS

The main difficulty with complex cases is the correct selection of symptoms for repertorisation. The key criteria are:

- SELECTION OF SYMPTOMS FOR
- REPERTORISATION: 1. OMIT
- CONTRADICTIONARY SYMPTOMS.
- 2. DISTINGUISH SYMPTOMS
- FROM CHARACTERISTICS OF
- THE PATIENT.
- 3. SUMMARIZE SYMPTOMS WITH
- THE SAME MEANING IN AS
- GENERAL A FORMULATION AS
- POSSIBLE.

- Omit contradictory symptoms.
- Distinguish symptoms from characteristics of the patient.
- Summarize symptoms with the same meaning in as general a formulation as possible, as seen in this case with the example of the symptom *cold in general: worse* (discussed above).

5.2.2 CARDIAC SYNCOPE: COMPLICATIONS OF AN INTERMEDIATE REMEDY  
CASE 34: FRANCA C., 53 YEARS OLD

Mrs C. is a very active and communicative person - in fact, she might be called a "superwoman". The mother of two grown-up

children who are still living at home, she also works full-time in the family gastronomy business. And the family also runs a modern farm with ten Arab horses and many Scottish Highland cattle to take care of. She comes to the practice because she has been having fainting fits involving falling for a year. As a consequence she has already suffered a fracture of the pubic bone. The current falls differ, however, from the orthostasis which she has so far been able to cope with well. Her family doctor supposes that cardiac syncope is the cause of the falls. The patient has an additional symptom causing her to fall asleep at the most inopportune moments. Yet her productivity is so far unaffected. For several years she has also suffered from hot flushes, poor wound healing and perinasal dermatitis. In addition she has had anaemia for a long time, with low blood pressure and orthostatic arterial hypotension. Even older complaints are gastritis with heartburn and frequent attacks of migraine.

The clinical examination reveals a thin and pale patient. She is 1.71m (5' 7") tall and weighs 52 kg (115 lb), with a BMI of 17.8 kg/m<sup>2</sup>, has dark rings round the eyes and somewhat sunken cheeks and the labial folds of the nose are distinctly red. The skin is cool and dry, and there is mild peripheral cyanosis. There is a faint mesosystolic noise in the heart. Blood pressure is 98/70 mmHg, and the pulse is regular with a frequency of 52/min. The blood picture shows anaemia with haemoglobin of 94 g/L. No other findings.

To summarize, the patient is suffering from syncope (fainting), climacteric complaints, gastritis, perinasal dermatitis, migraine and anaemia - she is indeed a multimorbid patient par excellence.

Mrs. C. is prescribed iron supplementation. For the homeopathic casetaking she describes her symptoms using *Questionnaire and Checklists*.

## CASE LOG F.C. 53 YEARS OLD

Consultation Dates DD/MM/YYYY

DIAGNOSIS, START OF SYMPTOMS	FREQUENCY OF COMPLAINTS	CHARACTERISTIC SYMPTOMS	16.07.2008	01.09.2008	27.10.2008	16.12.2008	21.01.2009	24.02.2009	24.03.2009	06.05.2009	09.06.2009	05.08.2009	06.11.2009
Mean Symptom Intensity (Scale 10-0)			3.6	1.0	0.2	0.4	3.0	1.4	0.4	0.2	0.2	0	0
Global Improvement (Scale 0-10)			0	5	9	8.5	2	7.3	9	9.4	9.7	10	10
<b>Syncope</b> 2008	1x per week	Temporary loss of vision Dizziness Fainting Sweat, cold Buzzing in ears Cold feeling Palpitations with fear Quick pulse P «weather warm P «Standing P < Sitting up / straightening up P < In room P	4	0	0	0	0	0	0	0	0	0	0
<b>Hot flushes</b> 12 months	1x per week	Heat / sweat > Heat with inclination to uncover P Menstruation suppressed	1	0	0	0	8	7	0	0	0	0	0
<b>Dermatitis</b> 2004	Always	Reddening of labial folds of nose Poor wound-healing	2	1	1	0	0	0	1	1	0	0	0
<b>Gastritis</b> 1998	1x per week	Heartburn Burping Bitter taste oppressive pain Upper abdomen left P < Fatty food < Rest P < Annoyance Stool too large	5	1	0	0	1	0	0	0	0	0	0
<b>Migraine</b> ca.1984	1x per month	Inner head on one side Bursting pain Stabbing outwards P Conjunctivitis Right eye P Swelling of eyelids Tears Sleepiness in daytime Hypersensitive sense of smell P Keen sense of taste < Movement P < Shaking head P	6	3	0	2	6	0	1	0	1	0	0

			Sulph.	Puls.	Phos.	Galc.	Sep.	Asar.	Lyc.	Bry.	Nat-m.	Nit-ac.	Nux-v.
Hits			13	13	13	13	13	13	12	12	12	12	12
\$ums			32	31	31	29	29	25	36	31	26	17	28
Polarity Difference			27	23	17	17	16	16	27	19	14	10	9
80	pulse, quick	P	2	1	4	1	1	1	1	4	1	1	1
44	< weather/air, warm [worse]	P	3	4	1	1	2	3	3	2	1	2	1
107	< standing [worse]	P	3	3	1	1	3	1	2	2	1	1	1
93	< room [worse]	P	2	5	4	1	1	3	2	3	2	1	1
37	heat, with inclination to uncover	P	2	2	2	3	1	2	3	1		1	1
102	< resting (not moving) [worse]	P	1	4	1	1	3	1	4	1	1	1	
126	< movement [worse]	P	2	1	3	2	1	3	1	4	3	2	4
71	< shaking head [worse]	P	2	1	2	1	2	2		3	2	1	4
68	< stepping hard [worse]	P	3	2	3	3	3	3	3	4	3	2	3
70	< physical effort [worse]	P	4	1	2	3	2	1	5	4	3	2	3
6S	< mental effort [worse]	P	3	2	1	4	4	2	5		4		5
85	< looking, eyes strained [worse]	P	2	2	3	4	3	1	4	1	4	1	1
80	< light (bright) [worse]	P	3	3	4	4	3	2	3	2	1	2	3
43	pulse, slow			1	1								
88	> weather / air, warm [better]		2		3/Ci	3/Ci	3/Ci	1	3	3/Ci	2	1	4/Ci
71	> standing [better]				4/Ci	2		3/Ci		2	2	1	3/Ci
107	>room [better]		1	1	1	2	1		1	1	1	2	4/Ci
55	heat, with aversion to uncover			2	1		1	1		1	2		4/Ci
117	> resting (not moving) [better]		1		3/Ci	2	1	3/Ci	1	4/Ci	3/Ci	2	4/Ci
102	> movement [better]		1	4/Ci	1	1	3/Ci	1	4/Ci	1	1	1	
3	> shaking head [better]												
1	> stepping (hard) [better]												
6	> physical effort [better]						4/Ci				1		
3	> mental effort [better]												
5	> looking, at something close-up, strained vision [better]												
13	> light in general [better]					2							

Table 49: First Repertorisation - Case 34, F.C.



Six remedies cover all symptoms but only Sulphur (PD 27) has no contraindications. The second choice of remedy is Nitricum acidum with a polarity difference of 10, although it lacks the symptoms *hypersensitive sense of smell* and *mental effort aggravates*.

#### MATERIA MEDICA

#### COMPARISON FOR

#### SULPHUR [GS]

**Inner head:** Headache: in forehead in morning... > by shutting eyes; violent, at night, disturbing sleep ... tense ... stitching ... above right eye, lasting until noon.

**Nose:** Wings of nose inflamed, swollen.

**Hiccough, belching, nausea:** Heartburn all day ... emaciation. Food rises into throat.

**Nerves:** Weak, fainting spells frequently during day; feels very faint and weak, with a strong craving for food, from 11 to 12 every morning. **Fever:** Hot flushes with spells of faintness, or passing off with a little moisture, faintness or debility. Continued dry heat or coldness and cold sweat.

Sulphur crusts at the edge  
of a crater on Mauna Loa,  
Hawaii



MATERIA MEDICA  
COMPARISON FOR  
NITRICUM ACIDUM

[GS]

**Inner head:** Head sensitive to rattling of wagons over paved streets or stepping hard ... Pressure in forepart of head and upon eyes.

**Nose:** Alae: itching herpes.

**Hiccough, belching, nausea:** Eructations: before and after eating; sour, with nausea; empty.

**Nerves:** So weak, almost constantly obliged to lie down; loses breath and speech.

**Fever:** Heat... flushes of single parts, or over entire body; with moisture of hands; with dryness of throat... dry, internal at night, wants to uncover.

REMEDY AND  
PROGRESS

Due to the large polarity difference and the complete symptom coverage, Mrs C. is given a dose of *Sulphur 200 c*.

Six weeks later, she says she is feeling better: she no longer has syncopes, the hot flushes have stopped and the heartburn is less frequent and weaker. She has had one migraine and rates the overall improvement at 50%. The patient is then given two more doses of *Sulphur* in potencies 1M and 10M during the next two months, one of which (1M) she takes immediately and the other (10M) one month later.

Almost two months later, all symptoms except the perinasal dermatitis have disappeared. She now rates the overall improvement at 95%. Further doses of *Sulphur* follow, now 50M and 100M, once again at monthly intervals.

At the next check-up, five months after the start of treatment, she says she is feeling well, but she recently had another attack of migraine. And during the holiday by the sea she had to be treated with antibiotics due to pyelonephritis. She thinks that the bathing triggered the illness...

Why does the patient, who says she otherwise feels well, suddenly come down with pyelonephritis? Should we continue with *Sulphur* or is a new remedy required? If new symptoms appear, the case should be taken again. On the other hand, this might be due to an

The patient uses the Checklist for reliable symptoms and reports the following:

### Pyelonephritis:

- Frequent urination **P**
- Scanty urination **P**
- Bloody urine
- Sitting: worse **P**
- Standing: worse **P**
- Fever, shivering, then overheating with sweating

In addition, she highlights in the case log the following symptoms that still remain.

### Migraine:

- Stabbing outwards **P**
- Conjunctivitis, right eye **P**
- Swelling of eyelids, right **P**
- Light: worse **P**
- Noise: worse
- Hypersensitive sense of smell
- Keen sense of taste

Since there are now far fewer symptoms, we repertorise with all relevant details: the polar symptoms (with the exception of the localizations and sensations), the fever symptoms and the urine quality. (Table 50)

		Con.	lyc.	Ph-ac.	Sep.	Sulph.	Chin.	Puls.	Acon.	Petr.	Phos.	1 Dig-
Hits		7	7	7	7	7	7	7	7	7	7	7
Sums		19	20	19	19	18	15	20	14	11	18	11
Polarity Difference		13	12	12	10	9	8	7	5	5	4	4
90	urination, frequent	P	1	2	3	1	2	1	1	2	2	1
91	urination, scanty	P	2	2	2	1	3	3	3	2	3	4
44	urine, bloody		2	3	2	3	3	2	4	2	1	3
126	< sitting [worse]	P	4	4	5	4	1	2	4	1	1	1
107	< standing [worse]	P	4	2	3	3	3	1	3	1	2	1
80	< light (bright) [worse]	p	4	3	3	3	»	3	3	3	1	4
49	smell, hypersensitive	P	2	4	1	4	3	3	2	3	2	4
68	urination, infrequent		1	1	1	1	1	2	3/CI	3/CI	1	1
99	urination, profuse		1	1	3/CI	1	2	1	1	2	1	1
101	> sitting [better]		1		1		1	1	1	2	2	1
71	> standing [better]							1			1	2
13	> light in general [better]										4/CI	
46	smell, lost, weak, diminished	1	3		4	2		4/CI			3	

Table 50: Second Repertorisation - Case 34, F.C.

Sixteen remedies cover all symptoms, nine of which have no contraindications. Conium with a polarity difference of 13 is the first choice, followed by Lycopodium (PD 12) in second place. Conium also remains the favourite if we include the symptoms that are regarded as less reliable.

MATERIA MEDICA  
COMPARISON FOR  
CONIUM [GS]

**Inner head:** Brain sensitive to noise... Stitching pain from within outward, in forehead, mornings, or at noon ... Semilateral, gradually increasing headache, as if the head had been bruised, and as if a load was pressing down on it; this sensation is increased by moving head towards affected side.

**Urinary organs:** Pain in kidneys if urine is restrained ... Great pain in bladder, constant disposition to urinate, only a few drops passing at a time... Burning, cutting and drawing through urethra while urinating... Urine... bloody.

REMEDY AND  
PROGRESS

The patient is now given a dose of *Conium 200 C*.

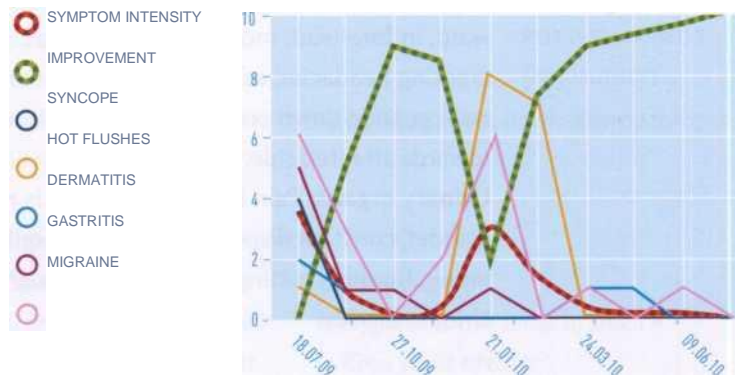
There now follows a *dramatic worsening*: the patient suffers serious heat flushes and loses five kilograms in four weeks. The migraines also return with their original intensity and the heartburn starts again, though not as strong as before. And the haematuria is still present.

What happened? Does the patient have a malignancy, tuberculosis (TB) of the kidneys, or hyperthyreosis? We immediately ask for computer tomography tests on the kidney and a urological profile, which do not identify anything unusual: the urological tests exclude both a tumour and TB. The next hypothesis, hyperthyreosis, can be excluded since the levels of TSH (thyroid-stimulating hormone) are normal. The endocrinology tests only find a lack of vitamin D3 with secondary hyperparathyroidism, which would not explain the symptoms observed. The endocrinologist prescribes vitamin D3 therapy and sends the patient to the cardiologist on account of her mesosystolic murmur. But the cardiologist can find no heart disease. The negative results of these tests reassure both the patient and the referring doctor, since there appears to be no serious pathology.

While all these tests are being conducted, the patient receives her original remedy, *Sulphur*, in the potency 200 c. Four weeks later the hot flushes are still strong but she has regained two kilograms

and the other symptoms have all disappeared. Further progress with high-potency *Sulphur* at monthly intervals is problem-free and one year after starting homeopathic treatment she reaches an improvement of 100% that has remained to this day (figure 6). *Period of observation: 3 years.*

Figure 6, Progress  
Check Graphic, F.C.



**COMMENTS** With hindsight we can reconstruct what happened when the patient took *Conium*. Further detailed questioning of the patient revealed that she suffered several episodes of pyelonephritis during her adolescence - not simply sporadic bladder infections, as she originally said. The current episode of pyelonephritis, which was evidently relatively mild, seems to have been the recurrence of these earlier symptoms - in other words, the symptomatology was unwinding in time under the effect of *Sulphur*, as we might expect with a healing reaction. Her reaction to *Conium* was equivalent to a proving reaction. In the materia medica of *Conium* we can see the following:

*Feeling of heat in whole body; perspiration general... Sweat day and night, as soon as one sleeps, or even when closing eyes ... Sour belching, < at night. Marasmus.*

### 5.2.3 ANXIETY DISORDER: HOW TO PROCEED WHEN NO REMEDY COVERS ALL SYMPTOMS. CASE 35: EVA C., 48 YEARS OLD

Mrs C. is a delicate, small-built woman. She is a serious patient who expresses her cares by a striking posture: her head is always drawn-in in a distinctive way. The patient has a harmonious marriage and has been coming to the paediatric homeopathy practice for years with her daughter. During one such consultation she asks whether it would be possible to treat her too. Her inquiry is prompted by pain in the knee and hip joints during the previous two years and muscular tension in the shoulder and neck, due to cervical hernia in C5/C6. The conventional medical treatment that she has so far tried - rheumatism medication, physiotherapy and chiropractic manipulations - have only brought about a slight improvement. She also complains of very strong and painful menstruation, starting after the birth of her daughter ten years earlier. In addition, following a stillbirth fifteen years ago, she has been plagued by fears that something dreadful might happen or that one of her loved ones might become seriously ill. Since childhood she has been prone to worry about things. She supposes that this might be because she has a brother who is physically and mentally disabled.

The physical investigation is normal apart from the presence of a paravertebral, pressure-sensitive muscular knot on the left at the height of the chest. Motor function and sensitivity is intact on both sides. Her knee and hip joints have a normal range of movement and are externally normal. To exclude coxarthrosis as well as inflammation of the sacroiliac joints, an x-ray of the hip joints and pelvis is ordered but the results are normal. The chief problem of this patient is evidently the pathological fears, which have been greatly increased by the recent somatic complaints.

She describes her symptoms with the help of *questionnaire and checklists*. The case log after the second consultation looks as follows:

CASE LOG E.C. 48 YEARS OLD			Consultation Dates DD/MM/YYYY								
DIAGNOSIS, START OF SYMPTOMS	FREQUENCY OF COMPLAINTS	CHARACTERISTIC SYMPTOMS	24.06.2009	18.09.2009	19.10.2009	23.11.2009	21.12.2009	25.01.2010	02.03.2010	03.05.2010	14.06.2010
Mean Symptom Intensity (Scale 10-0)			8.3	4.8	4.0	2.3	1.5	1.3	1.3	1.0	0.8
Global Improvement (Scale 0-10)			0	6.0	6.0	7.2	8.2	8.3	8.3	9.0	9.0
DiSC hernia 2007	Daily	Cracking in neck vertebrae Clammy muscles Twitching muscles < After getting up from bed P < Initial movement	9	4	4	4	3	2	2	2	2
Rheumatism 12 months	Daily	Stretching /stabbing / aching in knees and toes, right > left Reddening of joints < Cold weather P < wet and cold weather < winter / spring «Standing P < Before menstruation < Annoyance, insult, anger > walking P > Lying [position] P > VVet compress P > In open air P > Rubbing P	6	5	3	2	0	0	0	0	0
Joint pains 6 weeks	Daily	Menses strong P Menses too early P Clots in menstrual blood Inner heat Excessive sweating < Standing P > Lying (position) P > Movement P	10	5	5	0	0	0	0	0	0
ENT infections 1999	Approx. 6 x per year	weak nerves Tiredness < Anxiety, fear, shock < Worries / insults / anger < Thinking of complaints P < Being alone P < Before / at start of menstruation «After eating P > Lying (position) P	8	5	4	3	3	3	3	2	1

As usual only the polar symptoms are used for repertorisation. All the remaining symptoms can be considered during the materia medica comparison.



		Laur.	Bry.	Caust.	Mur-ac.	Mag-c.	Am-m.	Ph-ac.	J Rhus.	Mag-m.
Hits		12	12	12	12	12	11	11	11	11
Sums		19	27	23	18	20	31	24	33	22
Polarity Difference		7	6	5	5	1	19	13	11	11
SO	< rising from bed, after getting up [wor P	1	2	1	1	2	4	2	4	2
88	< weather / air, cold [worse] P	1	3	4	1	1		1	4	1
107	< standing [worse] P	1	2	2	1	2	3	3	3	2
102	> walking [better] P	1	1	1	2	1	3	3	4	3
106	> lying position [better] P	1	4	2	1	1	3	1	1	1
23	> wet com press on body [better] P	1	1	3	1	2	3			
93	> open air [better] P	4	2	2	1	4	1	2	1	3
74	> rubbing [better] P	2	2	1	3	2 1	2 2	2 2	2	2 1
SC	menstruation, profuse P	2	3	1	2				2	
84	menstruation, too early, too often P	3	2	1	2	1	3	2	4	2
102	> movement [better] P	1	1	1	2	1	3	3	4	3
121	< eating, after [worse] P	1	4	4	1	2	4	3	4	2
124	> rising from bed, after [better]	2	1	1	2	3/Cl	1	2	3	1
44	>weather/air, cold [better]		2						1	
71	> standing [better]		2 4/Cl		2				1	
126	< walking [worse]	1		1	1	1	1	1	2	1
125	< lying position [worse]	1	1	1	3/Cl	2	3	3/Cl	4/Cl	3/Cl
40	< wet compress on body [worse]	2	2		1	1	1		4/Cl	
110	<open air [worse]	1	1	1	2	1	2	2	2	1
44	< rubbing [worse] menstruation, too weak			3/Cl	1	1	1	1		
66		1	1	3/Cl		4/Cl			1	2
69	menstruation, late, too seldom		2	4/Cl		4/Cl		1	1	2
126	< movement [worse]	1	4/Cl	3/Cl	1	1	1	1	1	1
52	> eating, after [better]	3/Cl	1	1		1	2		2	

Table 51: First Repertorisation - Case 35, E.C.

Five remedies cover all symptoms yet all have contraindications and low polarity differences (1-7). 23 remedies fail to cover one symptom; four of these have no contraindications: *Ammonium mur.* has the highest polarity difference, 19 (missing symptom: < cold weather). With *Veratrum album*, the polarity difference is 11 but it does not cover two symptoms, > wet compress and > rubbing (*Verat*, is not shown due to reasons of space.)

MATERIA MEDICA  
COMPARISON FOR  
AMMONIUM MURI  
ATICUM [GS]

**Mind:** Melancholy and anxious, as if labouring under some grief or sorrow. Apprehensive and gloomy, as from internal grief [and sorrow with weepiness]. Great earnestness. Morose, indifferent mood [disinclined to talk]. Fretfulness; irritability, mostly mornings. Mood irritable, malicious. Consequences of grief.



**Female sexual organs:** Menses too early, with pain in abdomen and small of back, continuing at night; flow more profuse at night. Menses black, clotted. During menses: diarrhoea and vomiting; bloody discharge from bowels; neuralgic pains in feet. Violent metrorrhagia;.

**Neck and back:** Stiff neck, with pain from nape to between shoulders, when turning [for 6 days]. Bruised and sprained pain between scapulae [or as if the back muscles were stretched apart].

**Lower limbs:** Stitches in knee joint, evening, when sitting. Hamstrings painful when walking, as if too short. Stitching in toes [when standing and walking], coming slowly and going slowly.

MATERIA MEDICA  
COMPARISON FOR  
VERATRUM ALBUM  
[GS]

**Mind:** Depression and despondency. Fear and anxiety... Fearfulness ... Anxious, restless, easily frightened, whining, weeping, apathetic ... Melancholy, head hangs down, sits brooding in silence [involuntary crying and tears in eyes]... Despair; hopelessness, loss of courage.

**Female sexual organs:** Menses: too early, too profuse... very exhausting. Before menses: headache, vertigo, bleeding of nose, night sweats. During menses: morning headache, nausea, ringing in ears, thirst, and pain in all limbs... Menorrhagia, with nausea, vomiting, diarrhoea, cold sweat on forehead, and weak pulse.

**Neck and back:** Constant pain in shoulders of ten years' standing, extending thence to occiput and arms, < from motion, and in damp weather... Rheumatism between scapulae extending from nape of neck to small of back.

**Lower limbs:** Transient stinging pain in toes of right foot, while standing.

REMEDY AND  
PROGRESS

Both the polarity difference and the materia medica comparison indicate *Ammonium mur.*, which the patient is given as a single dose in the potency 200 c.

A month later a noticeably more relaxed and happy patient comes to the practice. The musculoskeletal pain and the dysmenorrhoea are distinctly better and her fears are not as strong as before.

She rates the overall improvement at 60%. Four weeks later, after a dose of *Ammonium mur.* 1M, her condition is mostly unchanged. Only the fears have continued to decline. Mrs C. is given another dose of *Ammonium mur.* this time in the potency 10M. After a further month,

her improvement has increased to 72% in terms of her assessment of the intensity of her symptoms. Yet she complains that the improvement has stopped after a marvellous initial phase of recovery. No new symptoms have arisen. She is now asked to highlight the symptoms from her case log that still remain. These are only the following:

### Pain in knee joint

- *Standing: worse* **P**
- *Walking: better* **P**
- *Lying position: better* **P**
- *Getting cold: better* **P**
- *Open air: better* **P**

### Gynaecological complaints and weak nerves

		Sabin.	Alum.	Verat.	Sulph.	Lyc.	Ph-ac.	Op. 1	M-arc.	Acon. J	Dulc.
Hits		5	5	5	5	5	5	5	5	5	5
Sums		10	10	11	10	12	11	7	7	7	10
Polarity Difference		7	6	s	4	3	3		3	3	2
107	< standing [worse]	P	1	2	3	2	3	1	2	1	2
102	> walking [better]	P	1	2	1	3	3	2	1	1	4
106	> lying position [better]	P	1	1	1	1	1	1	1	1	1
74	> cold, when getting cold [better]	P	3	1	3	4	2	1	1	1	2
93	> open air [better]	P	4	4	2	2	2	2	2	3	1
71	> standing [better]										
126	< walking [worse]		1	1	1	1	1	1	1	1	1
125	< lying position [worse]		1	2	2	2	4/Cl	3/Cl	2	2	3/Cl
78	< cold, when getting cold [worse]			2	2	3	2			2	3/Cl
110	< open air [worse]		1	1	1	1	2	1	1		1

Table 52: Second Repertorisation - Case 35. E.C.

There are 39 remedies that cover all symptoms, sixteen of which have no contraindications. The most suitable remedy seems to be Sabina with a polarity difference of seven.

## MATERIA MEDICA

## COMPARISON FOR

## SABINA [GS]

**Mind:** Great tiredness and laziness, with a feeling of deep-seated inward trouble, which makes him melancholy and sad.

**Female sexual organs:** Menses: too profuse, too early ... partly fluid, partly clotted and offensive; flow in paroxysms ... Dysmenorrhoea with violent pain extending from back through to pubes, rheumatic in origin.

**Neck and back:** Nothing relevant.

**Lower limbs:** Painful drawing in joints of right toes, < during a walk.

## MATERIA MEDICA

## COMPARISON FOR

## VERATRUM ALBUM [GS]

See above

Juniperus sabina



## REMEDY AND

## PROGRESS

The patient is now given *Sabina* 200 C.

Four weeks later she is clearly more content. The knee pains are now better even when standing for a long time, and the menstruation was normal and pain-free. The average value of the symptom intensity indicates an improvement of 82%; with *Sabina* 1M it increases to 84% where it remains, despite additional doses of this remedy in the potencies 10M, 50M. The remaining symptoms are particularly the cervical disc hernia and her fears. It is therefore necessary to once again seek a new remedy.

Mrs C. now marks in the case log the following remaining symptoms:

### DisC hernia

- *Twitching of muscles*
- *Desire for movement* **P**
- *Open air: better* **P**
- *Getting cold: better* **P**
- *Lying position: better* **P**
- *Standing: worse* **P**
- *Touch: better* **P** (attention ameliorates?)
- *Worse on getting out of bed* **P**
- *Worse after getting out of bed* **P**
- *Movement: better* **P**
- *Uncovering: better* **P**
- *Walking: better* **P**

### Mind

- *Sadness* **P**
- *Fearfulness*
- *Company: better* **P**

			M-arc.	calc.	Lyc.	Bry. 1	Sep.	Verat.	Ph-ac.	Acon.	Suiph.	Rhus.
Hits			12	12	12	12	12	11	11	11	11	11
Sums			19	24	29	26	21	25	23	21	21	29
Polarity Difference			10	9	4	4	-4	6	6	6	4	2
58	movement, desire for	P	3	1	1	2	1	2	2	2	1	4
93	> open air [better]	P	2	1	2	2	1	2	2	3	2	1
74	>cold, when getting cold [better]	P	1	1	4	3	1	3	2	1	3	1
106	> lying position [better]	P	1	3	1	4	1	1	1	1	1	1
107	< standing [worse]	P	2	1	2	2	3	3	3	1	3	3
79	<risingfrom bed, while getting up [woi	P	2	3	3	4	2	2	3	3	3	
80	< rising from bed, after getting up [wor	P	1	3	1	2	2	3	2	1	3	4
102	>movement [better]	P	1	1	4	1	3	2	3	1	1	4
37	> uncovering [better]	P	3	3	4	1	1	3		3	2	1
102	> walking [better]	P	1	1	3	1	3	2	3	1	1	4
61	sadness (dejection, inclined to weep)	P	1	2	3	2	2	2	1	4	2	3
42	> touch [better]	P	1	4	1	2	1		1		2	
68	movement, aversion to			1	3/CI	2	2		1	4/CI	1	
110	<open air [worse]		1	2	1	1	1	1	2		1	2
78	<cold, when getting cold [worse]			2	3	3	3/CI	2	2	2	2	4/CI
125	< lying position [worse]		2	1	4/CI	1	3/CI	2	3/CI	1	2	4/CI
71	> standing [better]			2		2						1
41	> rising from bed, while [better]				3		4/CI	3/CI			1	3
124	>risingfrom bed, after [better]		3/CI	2	3/CI	1	4/CI	3	2	2	3	3
126	< movement [worse]		1	2	1	4/CI	1	1	1	1	2	1
56	< uncovering [worse]					1	2		1	1		4/CI
126	< walking [worse]		1	2	1	4/CI	1	1	1	1	1	2
42	cheerfulness, happiness				2			3/CI	1			
121	< touch [worse]		1	1	4/CI	3/CI	4/CI	3/CI	3/CI	3/CI	4/CI	3/CI

Table 53: Third Repertorisation - Case 35. E.C.

There are now five remedies that cover everything. *Calcium carb*, has the highest polarity difference and is the only one without contraindications.

MATERIA MEDICA COM  
PARISON FOR CALCIUM  
CARBONICUM [GS]

**Mind:** Mind full of concern about imaginary things that might happen to her. Inclination to weep, with mental depression... Low-spirited, with weeping and despair of life... Despondent and melancholy, in highest degree, with a kind of anguish ... Apprehension about present and future.. Fear, that something sad or terrible will happen.

**Female sexual organs:** Menses: too early; last too long; too profuse.

**Neck and back:** Stiffness and rigidity at nape of neck: with headache; cramplike, up to vertex; in morning, with coryza; with dysmenorrhoea. Pain in neck, on turning head... Rheumatic pain in upper cervical vertebrae with stiffness of neck... Drawing pain between shoulder blades ... Pressure between and under shoulder blades ...

Ostrea edulis (Calcium  
carbonicum)

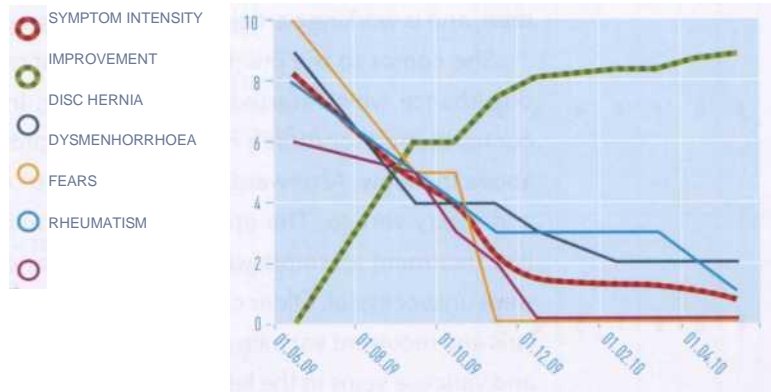


REMEDY AND  
PROGRESS

Mrs C. is now given a dose of *Calcium carb*. 200 c. To start with, the symptoms worsen again somewhat before clearly improving thereafter. She achieves an improvement of 90%. With further doses of *Calcium carb*, (1M, 10M, 50M), her improvement

ratings settle between 93% and 95%. What remains is a certain melancholy and minimal complaints with the cervical disc hernia. The fearfulness is better than before the treatment but has not completely disappeared. Yet overall the patient appears much more relaxed and cheerful than before the treatment.

Figure 7: Progress  
Check Graphic, E.C.



#### COMMENTS

WHEN NO REMEDY COVERS ALL  
SYMPTOMS: FIRST TAKE A GOOD  
LOOK AT THE REMEDIES WITH THE  
HIGHEST POLARITY  
DIFFERENCE. ARE THERE  
CONTRAINDICATIONS?  
ARE MISSING SYMPTOMS  
RELEVANT?

How should we proceed when no remedy covers all symptoms? First we take a good look at the remedies with the highest polarity difference. Are there any contraindications? Are the missing symptoms relevant? The best way to answer this last question is to ask the patient. With this patient the aggravation from cold weather affected the mind more than it did the rheumatic complaints: she dislikes cold but the joint pains are only minimally affected by the cold. We can therefore ignore this symptom. The polarity difference of *Ammonium mur.* was so pronounced that practically only this remedy was considered.

CORRECT HOMEOPATHIC  
TREATMENT MEANS SIMPLY  
STICKING TO THE CURRENTLY  
PRESENTED SYMPTOMS

The subsequent remedies in this case probably follow the evolution of the patient's suffering in reverse order. She would have needed *Calcium carb.* first in her childhood, then she could have benefited from *Sabina* after the birth of her daughter, and finally (most recently) *Ammonium mur.* for the disc hernia. Correct homeopathic treatment means simply sticking to the currently presented symptoms, which point to the correct remedy with unerring precision. Homeopathy thus becomes much less complicated than it may appear in certain theories.

#### 5.2.4 PAROXYSMAL VISUAL DISTURBANCE: THE IMPORTANCE OF GRAPHICAL PROGRESS CHECKS. CASE 36: GERALDINE Z., 61 YEARS OLD

Mrs Z. is a patient with a rather reserved manner. Her most striking external characteristic is her blonde, unruly mop of hair. She is married with two grown-up daughters, a son and several grandchildren, and is working part-time as a salesperson in a boutique.

She comes to the practice for treatment of an occasional visual disturbance which started three years ago, in which her sight becomes blurred for fifteen minutes with jagged lines that move from above to below. Afterwards she is dazed with neck pain on the right and rotary vertigo. The ophthalmologist could find nothing wrong. Her treatment attempts with acupuncture and craniosacral therapy were unsuccessful. Older complaints include chronic sinusitis maxillaris and recurrent ear pain on both sides, eczema on the mons pubis, and varicose veins in the left leg, with severe congestion at times.

The clinical investigation reveals tenderness in the maxillary sinus on both sides, tension in the neck muscles on the right and varicose veins in the left leg, otherwise the patient is normal.

She describes her symptoms with the help of *Questionnaire and Checklists*.

The case log after the second consultation looks as follows:



CASE LOG G.Z. 61 YEARS OLD			Consultation Dates DD/MM/YYYY							
DIAGNOSIS. START OF SYMPTOMS	FREQUENCY OF COMPLAINTS	CHARACTERISTIC SYMPTOMS	18.05.2009	22.06.2009	01.09.2009	19.10.2009	03.12.2009	12.01.2010	05.03.2010	30.04.2010
Mean Symptom Intensity (Scale 10-0)			7.0	4.8	5.0	2.0	2.0	1.8	1.3	0.7
Global Improvement (Scale 0-10]			0	3.3	3.0	6.8	6.4	7.0	8.0	9.0
<b>Visual disturbance</b> 2006	2-3x per week	Unclear vision Seeing zigzag lines Prickling of outer parts < Looking intensely P < Light (dazzling) P > Rest P > Lying P	10	6	6	1	1	0	0	0
<b>Vertigo and neck pain</b> 2006	2-3x per week	Dizziness Sensitive hearing < Draught < Cold P < Uncovering P > Rest P > Lying P	9	5	5	1	0	0	0	0
<b>ENT infections</b> 2004	Always	Blocked ears Roaring in ears Tough coryza Cough with expectoration Expectoration yellow / green / tough / sweet > Food, warm P	7	5	7	0	0	0	0	0
<b>Varicose veins</b> 2006	Always	Burning in veins > External pressure P	6	3	3	2	4	4	3	0
<b>Constipation</b> since youth		Constipation with hardened stools	3	3	2	0	0	0	0	2
<b>Eczema</b> 2004		Dry, cracked rash < washing P < Uncovering P > Getting cold P > Rubbing P	7	7	7	8	7	7	5	2

DO NOT USE SKIN  
MODALITIES FOR  
REPERTORISATION

As usual, the repertorisation uses the polar symptoms of the internal complaints. The skin modalities are omitted because they are superficial.



		Graph.	Sil.	Ars.	Merc.	chin.	Phos.	Con.	I Nat-m. 1	Sulph.	Mag e i	Bry.
Hits		9	9	9	8	8	8	8	8	8	8	8
Sums		23	25	19	21	19	19	21	16	22	12	16
Polarity Difference		15	11	10	11	11	10	8	8	7	7	6
SO	< light (bright) [worse] P	4	3	2	3	3	4	4	1	3	1	2
69	< reading [worse] P	3	4	1	1	3	3	3	4	3		2
117	> resting (not moving) [better] P	3	1	1	3	1	3	1	3	1	1	4
56	> warmly, from wrapping up [better] P	2	4	3	2	2	1	3	2		2	1
90	< cold in general [worse] P	2	3	4	1	2	2	3	1	1	3	2
70	vision, weakness of (blurred vision)	1	3	1	3	2	2	2	1	3	1	1
4S	hearing, obstruction of the ears	2	4	1	3	1	1	4		3	1	3
24	varicose veins	3	2	3					3	3	1	
130	side, left in general P	3	1	3	5	5	3	1	1	3	2	1
13	> light in general [better]			1								
2	> reading [better]											
102	< resting (not moving) [worse]		1	2	1	1	1	4/CI	1	1	1	1
37	< warmly, from wrapping up [worse]				1	2	2			2		1
73	> cold in general (better)	1	1		1	1	1		2	2		1
130	side, right in general	1	3/CI	1	1	1	2	3/CI	1	1	1	3/CI

Table 54 First Repertorisation Case 36, G.Z.

Sixteen remedies cover all polar symptoms, five of which have no contraindications. We therefore include some of the characteristic nonpolar symptoms too. Now only three remedies cover everything, and Graphites is the favourite with a polarity difference of 15.

**MATERIA MEDICA** **Sensorium:** Vertigo: during and after stooping; on looking upwards; in the morning on awaking; in evening; was obliged to lie down; with inclination  
**COMPARISON FOR** to fall.  
**GRAPHITES [GS]**

**Sight and eyes:** Light blinds or dazzles the eyes. Sees fiery zigzags around outside of field of vision, in evening, with open eyes. Flickering before eyes. Headache.

**Hearing and ears:** Violent nocturnal roaring, ears feel stuffed at times.

**Upper face:** Very painful tearing in left zygoma, so that she had to cry out, in evening in bed.

**Stool and rectum:** Constipation from hardened stool or from inactivity of bowels; stools knotty and large.

**Female sexual organs:** itching vesicles and pimples on labia, which smart and are painful; painless pimples on inside of labia.

**MATERIA MEDICA** **Sensorium:** Vertigo... on raising head [with reddening of face]... as if he  
**COMPARISON FOR** would fall to one side ... in morning and after dinner... redness of face [as  
**NUX VOMICA [GS]** if suddenly coming from the cold into a warm room]... while

eating and immediately after eating; when walking [diminishing when standing].

**Sight and eyes:** inability to bear daylight, especially in morning [with reddening of face]. Streaks like lightning before eyes. Glittering appearance just outside of distinct field of vision; also black and grey points floating before eyes.

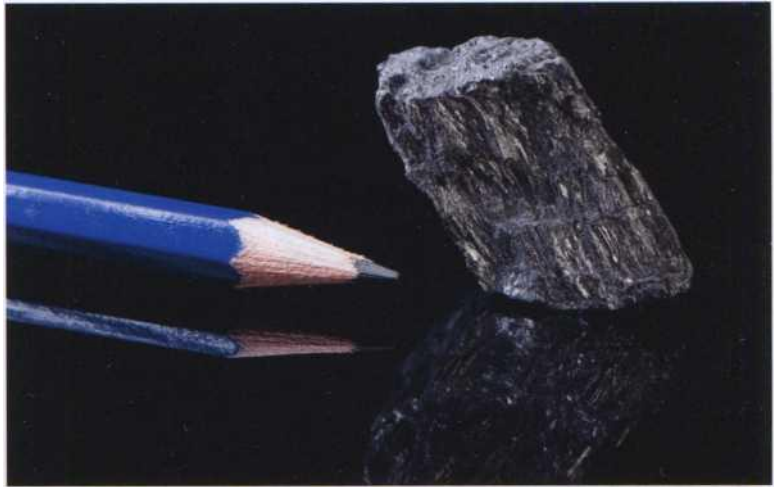
**Hearing and ears:** Ringing in ears ... humming... hissing.

**Upper face:** Nothing relevant.

**Stool and rectum:** Constipation: with ineffectual and frequent urging to stool.

**Female sexual organs:** Gnawing, itching eruption on pudendum.

Graphites



The materia medica comparison points us to

**REMEDY AND** *Graphites*, which the patient receives in the potency 200 c.

**PROGRESS** Fifteen minutes after taking the remedy the patient becomes dizzy. The other complaints - visual disturbance, neck pain, ENT infections, and varicose veins - all improve considerably. The eczema and the constipation are unchanged. The patient rates her improvement as 33%. Further doses of *Graphites* (1M, 10M) have no additional effect. After three months we reassess the remaining symptoms,

In the case log, the patient now highlights the following symptoms:

- *Unclear vision (zigzag lines)*
- *Light: worse P*
- *Reading: worse P*
- *Resting position: better P*
- *Left ear P*
- *Blocked ears*
- *Wrapping up warmly: better P*
- *Cold in general: worse P*
- *Varicose veins*
- *Burning in the veins*

As a new symptom she reports an obstruction of the ears.

			Graph.	Sil.	Ars.	Merc.	Chin.	Phos.	Con.	Nat-m.	Sulph.	Mag-c.	Bry.
Hits			9	9	9	8	8	8	8	8	8	8	8
Sums			23	25	19	21	19	19	21	16	22	12	16
Polarity Difference			15	11	10	11	11	10	8	8	7	7	6
80	< light (bright) [worse]	P	4	3	2	3	3	4	4	1	3	1	2
69	< reading [worse]	P	3	4	1	1	3	3	3	4	3		2
117	> resting (not moving) [better]	P	3	1	1	3	1	3	1	3	1	1	4
56	> warmly, from wrapping up [better]	P	2	4	3	2	2	1	3	2		2	1
90	< cold in general [worse]	P	2	3	4	1	2	2	3	1	1	3	2
70	vision, weakness of (blurred vision)		1	3	1	3	2	2	2	1	3	1	1
48	hearing, obstruction of the ears		2	4	1	3	1	1	4		3	1	3
24	varicose veins		3	2	3					3	3	1	
130	side, left in general	P	3	1	3	5	5	3	1	1	5	2	1
13	> light in general [better]				1								
2	> reading [better]												
102	< resting (not moving) [worse]			1	2	1	1	1	4/CI	1	1	1	1
37	< warmly, from wrapping up [worse]					1	2	2			2		1
73	> cold in general [better]		1	1		1	1	1		2	2		1
130	side, right in general		1	3/CI	1	1	1	2	3/CI	1	1	1	3/CI

Table 55: Second Repertorisation - Case 36, G.Z.

If we repertorise only the polar symptoms, 23 remedies cover all symptoms, 11 of which have no contraindications. Therefore, we must add the chief complaints *unclear vision*, *blocked ears* and *varicose veins* to narrow down the choice (table 55). This leaves only 2 remedies: *Graphites* and *Arsenicum album*.

MATERIA MEDICA  
COMPARISON FOR  
ARSENICUM ALBUM  
[GS]

**Sensorium:** Whirling vertigo, heaviness of head ... Vertigo and buzzing before ears ... Vertigo: when shutting eyes ... Vertigo, reels when walking.

**Sight and eyes:** Sensitive to light; especially to sunlight... [Darkness and] flickering before eyes... Dim vision with headache.

**Hearing and ears:** Humming in ears, with hard hearing, as if ears were stopped.

**Upper face:** Nothing relevant.

**Stool and rectum:** Nothing relevant.

**Female sexual organs:** Nothing relevant.

REMEDY AND  
PROGRESS

Although the additional symptoms are not especially well covered in the materia medica, the patient is now given *Arsenicum album* 200 c. During her subsequent holiday she reacts with a viral upper respiratory infection which spontaneously subsides. Then she experiences continuous improvement in all her complaints, apart from the eczema, which rather worsens: the visual disturbance and vertigo almost disappear and the feeling of blockage in the left ear improves. The constipation disappears completely. The patient now rates the overall improvement at 68%.

With *Arsenicum album* 1M and 10M, the eczema improves slightly but the varicose veins worsen again. The remaining symptoms have completely disappeared. Yet Mrs Z. reduces her overall improvement rating to 64%. At every check-up this patient always complains about the things that are not going well and makes the doctor feel he is not doing his job properly. She seems to ignore the fact that two thirds of her complaints have almost completely disappeared. When questioned about this she concedes that: "Yes, yes, it's *certainly much better than before the treatment.*" Due to intermittent episodes of coughing with subsequent thrombophlebitis on the left lower leg, she is given *Calcium carb*, and later *Lycopodium* as acute intermediate remedies. The intercurrent illnesses improve rapidly with this treatment.

Then we retake her case with the remaining symptoms from the original pathology (visual disturbance, varicose veins and eczema), as follows:

- Looking intensely: worse **P**
- Light: worse **P**
- Talking: worse **P**
- Movement: worse **P**
- Uncovering: worse **P**
- Getting cold: worse **P**
- Closing eyes: better **P**
- Open air: better **P**
- Lying on the painful side: better **P**
- Warmth in general: better **P**
- External pressure: better **P**

		Nux-v.	Am.	Bry.	Bell.	*gn-	Rhus.	Borx.	con.	Phos.
Hits		11	11	11	11	11	10	10	10	10
Sums		29	22	27	25	22	28	21	23	24
Polarity Difference		17	14	13	10	10	16	15	13	12
85	< looking, eyes strained [worse] <b>P</b>	1	2	1	2	2	1	2	2	3
80	< light (bright) [worse] <b>P</b>	3	1	2	3	3	1	2	4	4
77	< talking, speaking [worse] <b>P</b>	2	3	3	3	2	4	2	1	3
126	< movement [worse] <b>P</b>	4	3	4	4	1	1	2	1	3
S6	< uncovering [worse] <b>P</b>	3	2	1	2	1	4	1	3	1
78	< cold, when getting cold [worse] <b>P</b>	4	3	3	2	2	4	2	2	3
24	> eyes, closing (better) <b>P</b>	3	1	3	1	3		2	2	1
93	> open air [better] <b>P</b>	1	2	2	1	1	1	2	1	3
24	> lying, on painful side [better] <b>P</b>	2	2	4	2	2	5			
90	> warmth, in general [better] <b>P</b>	4	2	2	3	3	4	3	3	2
74	> pressure, external [better] <b>P</b>	2	1	2	2	2	3	3	4	1
5	> looking, at something close-up, strained vision [better]									
13	> light in general [better]									
1	> talking, speaking [better]									
102	> movement (better)		1	1	1	1	4/Cl		4/Cl	1
37	> uncovering [better]	1		1		2	1	3/Cl		2
74	> cold, when getting cold [better]	1	1	3	1	1	1			1
38	< eyes, closing [worse]	1	2	5(Cl)	S/Cl	1			1	1
110	< open air [worse]	4/Cl	1	1	4/Cl	3/Cl	2	1	5/Cl	1
80	< lying, on painful side [worse]	3/Cl	1	1	2	2	2			B/Cl
73	< warmth, in general [worse]	1	1	1	1	1	1	1		1
93	< pressure, external [worse]	1	1	1	1	1	1	1		2

Table 56: Third Repertorisation - Case 36. G.Z

Only Arnica completely covers all polar symptoms.

**MATERIA MEDICA** **Sensorium:** Dizzy with sickness at stomach, < on rising or moving; > when lying still [after physical injury]. Giddiness and incapacity for all exertion, with headache ... Vertigo when shutting eyes. Vertigo in forehead when walking, or raising and moving head.

**COMPARISON FOR** Sight and eyes: Photophobia. Muscae volitantes.

**ARNICA [GS]** **Female sexual organs:** Nothing relevant.

Arnica montana

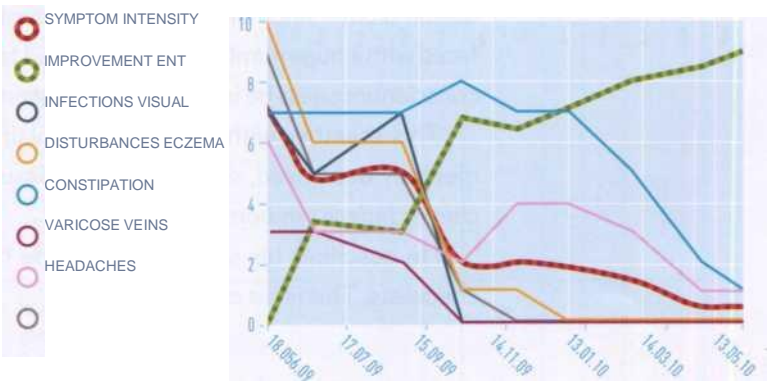


REMEDY AND  
PROGRESS

Despite the unsatisfying materia medica comparison, the patient is now given *Arnica 200 c*.

One month later the visual disturbance has completely disappeared and it never recurs. Yet the eczema and varicose veins do not initially improve. With *Arnica 1M, 10M, 50M* and *100M* at monthly intervals , these finally also improve (see figure 8). One year after the start of treatment the patient rates her overall improvement as 90%. This remains roughly the overall improvement for the remainder of the treatment. The eczema disappears completely yet the varicose veins cause problems from time to time, especially on long flights. *Period of observation: two years.*

Figure 8: Progress Check  
Graphic, G.Z.



COMMENTS

The most difficult aspect of this case was the tendency of the patient to always complain about her remaining symptoms without acknowledging the improvement reached in other complaints. She often gave the initial impression at many of her check-ups that the

PATIENTS OFTEN IGNORE  
SYMPTOMS THAT HAVE DIS-  
APPEARED AND EMPHASIZE  
WHAT IS STILL PRESENT

prescribed remedy had had no effect. Only when we asked about the current intensity of her symptoms and sometimes also printed out and discussed her progress graphic did she realize what had in reality been achieved so far. We see this phenomenon relatively often: patients notice current symptoms but ignore those that have disappeared. The progress graphics help the doctor to correctly choose the follow-up remedy.

#### 5.2.5 CHRONIC FATIGUE SYNDROME: STRESS AS AN ANTIDOTE TO HOMEOPATHIC REMEDIES. CASE 37: NIKLAUS S., 37 YEARS OLD

Mr S. is a gaunt, ascetic man. He appears calm but on getting to know him better it becomes clear that he is very tense inside. He is unmarried, living together with his partner and their small son, who is a patient in our paediatric practice. He works as a surveyor in the architecture department of the local authority. His department appears to have too few staff which is why he comes to our practice suffering from constant tiredness and nervousness, inability to sleep and frequent migraines due to pressure of work. A further complaint is irritable bowel.

His case is as follows: for the last few months he has been having great difficulty falling asleep, sleeps poorly and wakes up feeling tired, so that by the afternoon he is already sleepy again. The current disturbance was triggered by taking on a new position, for which he is well qualified but - since the position was vacant for some time - he is now faced with a huge number of uncompleted tasks. With his usual dogged conscientiousness he is attempting to regain control of the situation.

This together with the other complaints has made him fundamentally depressed, so that we must assume an initial diagnosis of *chronic fatigue syndrome*.

He describes his symptoms with the help of questionnaire and checklists. This is his case log.



CASE LOG N.S. 37 YEARS OLD			Consultation Dates DD/MM/YYYY											
DIAGNOSIS, START OF SYMPTOMS	FREQUENCY OF COMPLAINTS	CHARACTERISTIC SYMPTOMS	02.03.2009	31.03.2009	29.04.2009	26.05.2009	23.06.2009	08.09.2009	10.10.2009	20.11.2009	15.12.2009	29.01.2010	01.03.2010	13.04.2010
Mean Symptom Intensity (Scale 10-0)			6.3	3.3	1.5	1.3	1.3	3.5	6.3	3.8	3.0	2.5	0.8	1.3
Global Improvement (Scale 0-10)			0	4.9	8.0	8.5	8.5	5.0	1.0	5.0	6.5	7.5	8.0	8.5
Depression 2008	Always	Nervous restlessness Distraction weak memory Mood swings Irritability P Difficulty understanding P Reduced sex drive P Sweating strong/offensive Hunger P Desire for fatty food P < Mental effort P < Thinking of complaints P < Cares and worries < Insults < Anger > Movement P > After sleeping P > warmth P*	7	4	2	1	1	4	6	4	4	3	3	3
Sleep disorder 2008	Always	Sleeplessness before midnight Unrefreshing sleep Sleepiness afternoons < Mental effort P < Light P < After eating P < Noise < Lack of sleep < Excitement < Annoyance < Insults < Anger < warmth P* > Lying on the side P > Running - P1* > Physical exertion P1*	7	4	2	2	2	4	7	4	3	3	0	0
Migraine 2009	3-4xper week	Headache in forehead, on one side Pressing outwards P Sleepiness in daytime Flabby muscles P1* < Mental effort P < Looking intensely P «Standing P < Noise < Annoyance	2	2	1	1	0	0	0	1	1	0	0	0





		Sep.	cham.	Puls.	Phos.	Ign.	chin.	Nat-c.	Sil.	Ph-ac. I	Nux-v.
Hits		8	8	8	8	8	8	8	7	7	7
Sums		26	14	21	21	15	14	18	18	15	22
Polarity Difference		18	9	8	3	3	2	1	12	10	8
65	< mental effort (worse) P	4	1	2	1	4	2	1	3	1	5
80	< light (bright) [worse] P	3	2	3	4	3	3	3	3	3	3
121	< eating, after [worse] P	4	4	4	4	1	3	3	4	3	5
46	> lying, on side [better] P	2	2	1	3	1	1	1	2		4
85	< looking, eyes strained [worse] P	3	1	2	3	2	1	3	4	1	1
107	< standing (worse) P	3	1	3	1	2	1	2	1	3	1
102	> movement (better) P	3	2	4	1	1	1	4	1	3	
28	> sleep, after; while waking up [better P	4	1	2	4	1	2	1		1	3
3	> mental effort (better)							3/Cl			
13	> light in general (better)										
52	> eating, after (better)	2	1	2	3	3/Cl	2	4(Cl)	1		1
50	< lying, on side [worse]	1		5/Cl	4(Cl)	3/Cl	1	2	1		2
5	> looking, at something close-up, strained vision [better)							3		1	
71	> standing (better)				4/Cl	1	1				3/Cl
126	< movement (worse)	1	1	1	3/Cl	1	3/Cl	1	1	1	4/Cl
111	< while/after waking up [worse]	4	3/Cl	5/Cl	4	4/Cl	5/Cl	4/Cl	3/Cl	3/Cl	4(Cl)

Table 57: First Repertorisation - Case 37. N.S.

Seven remedies cover all relevant symptoms; of these, only Sepia has no contraindications (table 57). Nux vomica, which we might expect to figure prominently in this case, lacks the symptom *movement: better* which, together with *standing: worse*, are contraindications for this remedy.

**Mind:** Weak memory. Heavy flow of ideas; inability for mental activity;

MATERIA MEDICA  
COMPARISON FOR  
SEPIA [GS]

it is an exertion to think ... Very sad with unusual lassitude. Sad and gloomy mood, mostly when walking in open air... Depression on awaking in morning ... Nerves very sensitive to the least noise ... Is easily offended and inclined to be vehement [with trembling (especially the hands)] ... Passionate, irritable ... Great nervous irritability, with sadness, despondency and absentmindedness ... Constant illhumour; at times headache with anxiety, < lying down; head also hurts externally; constant pains in occiput, < lying; oversensitive to

MATERIA MEDICA  
COMPARISON FOR  
SILICEA [GS]

**Mind:** Confusion of mind ... Mental labour is very difficult. Reading and writing fatigue, cannot bear to think ... Compunction of conscience about trifles ... Very irritable [although cheerful], low-spirited, peevish mood ... Restless, fidgety, starts at least noise ... Imagines to be in two places at the same time.

*Sepia officinalis*



REMEDY AND  
PROGRESS

Mr S. is given a dose of *Sepia* 200 c. Four weeks later he is sleeping better and says he has had no migraine since taking the remedy. His abdomen has also calmed down and he is generally more content. The overall improvement, calculated from the reduction in symptoms, is 49%. After *Sepia* 1M this rises four weeks later to 80%, and after *Sepia* 10M to 86%, where it remains with *Sepia* 50M. With *Sepia* 100M at six months after the start of treatment, there is a massive relapse, in which all the original complaints worsen again. Mr S. rates his 1Mprovement now as only 50%. When questioned about the reasons for this relapse, he says that his secretary has been sick for several weeks and that the amount of work has increased still further due to the time of year, In addition, his partner is expecting their second child...

After detailed discussion about whether the changed circumstances caused the worsening or whether *Sepia* has just stopped working, we decide to retake the case with the remaining symptoms. Mr S. highlights the following remaining symptoms in the case log:

### Chronic Fatigue Syndrome

- Nervousness restlessness
- Distraction
- Weak memory
- Mood swings
- Irritability *P*
- Strong sweating, offensive
- Hunger *P*
- Desire for fatty foods *P*
- Mental effort aggravates *P*
- Thinking of complaints aggravates *P*
- Cares/ worries aggravate
- Insults aggravate
- Anger aggravates
- Better after sleep *P*
- Warmth ameliorates *P*

### Sleep disorder

- Sleepless before midnight
- Mental effort aggravates *P*
- Light aggravates *P*
- Noise aggravates
- Lack of sleep aggravates
- Excitement aggravates
- Annoyance / insult / anger aggravates

### Migraine

- Pressing outwards at the forehead *P*
- Mental effort aggravates *P*
- Looking intensely aggravates *P*
- Dislike of movement *P* (new)
- Better after sleep *P*

### Irritable bowel

- Constipation with hardened stool
- Stool too large

		Nux-v.	Sep.	Phos.	Ars.	ign.	Lach.	Calc.	chin.	Coer.	Nat-c.	Ph-ac.
Hits		6	6	«	6	6	6	6	6	6	6	6
Sums		25	17	16	17	18	13	13	12	12	10	8
Polarity Difference		22	15	IS	12	11	9	7	6	5	4	2
64	Irritability (anger, aggression)	P	4	3	3	2	4	2	2	2	1	1
65	< mental effort [worse]	P	5	4	t	2	4	5	4	2	3	1
90	> warmth, in general [better]	P	4	2	2	4	3	2	1	2	3	2
80	< light (bright) [worse]	P	1	3	4	2	3	1	4	3	1	3
28	> sleep, after [better]	P	5	3	4	3	1	1	1	2	1	1
68	movement, aversion to	P	4	2	2	4	3	2	1	1	3	2
37	mildness					3				4/CI	1	1
3	> mental effort [better]										3/CI	
73	< warmth, in general [worse]		1	1	1		1	1	1	1	1	1
13	> light in general [better]				1			2				
58	< sleep, after [worse]		1		3	2	3/CI	2	1	2		2
58	movement, desire for		1	1		2	1	1	4/CI		1	2

Table 58: Second Repertorisation - Case 37. N.S.

Thirteen remedies cover all symptoms, seven without contraindications. Nux vomica now has the highest polarity difference (22). Further possible remedies are Sepia and Phosphorus (PD each 14).

we include the peculiar symptom *desire for fatty foods*, Nux vomica is the only remedy that covers everything.

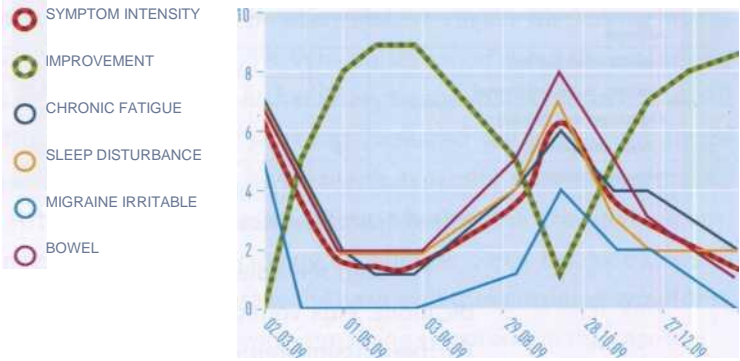
MATERIA MEDICA  
COMPARISON FOR  
NUX VOMICA [GS]

**Mind:** [Great vehemence and] irritable ... Inclined to find fault and scold; morose; stubborn ... Oversensitiveness to impressions upon the senses; noise, smell, light and music, and the most trifling symptoms are unbearable; every harmless word offends, every little noise frightens, anxious and beside themselves, cannot bear even the least suitable medicine ... Irritable and wishes to be alone ... Irritable, angry disposition, anxious concern about little things ... Fiery, excited temperament... Malicious vehemence [and violent temper]... Over- sensitiveness [of senses]... Ailments after continued mental exertion [sitting through night and staying at home]; indisposition to it, particularly to that form which involves elaboration and connection of subjective ideas independently of external objects.

REMEDY AND  
PROGRESS

Mr S. is now given *Nux vomica 200 c*, which might have been expected at the start of treatment. The patient reacts to this prescription with a crisis: all complaints worsen and the symptom intensity increases again to 6.3, which is not far from his initial state before the start of treatment. At the next check-up, after four weeks, he is again given a dose of *Sepia 200 C*, and the symptoms subside. One month later the improvement reaches 50%. With further doses of *Sepia (1M, 10M, 50M, 100M)*, the improvement increases to 86%, where it settles during further treatment despite a continuing heavy workload (figure 9). After the birth of a healthy baby daughter, the patient also now marries his partner. *Period of observation: 2 years.*

Figure 9: Progress Check  
Graphic: N. S.



**COMMENTS** The decision to change the remedy from Sepia during the stress-induced relapse was not taken lightly - it was taken because the relapse was considerable although the work situation did not seem to be all that dreadful. This case shows what a major effect stress can have by diminishing or even negating the action of a well-chosen remedy.

The aggravation found with *Nux vomica* could indicate an incorrect prescription but it could also have been a healing crisis that finally cleared the way for sustained improvement. It is also evidence that homeopathy does not work via the attention of the homeopath but rather via the action of the remedy.

#### 5.2.6 CONCEALED DEPRESSION: SUBTLETIES OF THE MATERIA MEDICA COMPARISON.

##### CASE 38: MRS. URSULA I., 46 YEARS OLD

Mrs I. is a patient with a friendly manner whose inner suffering can clearly be sensed from her quiet dejection, even though she does not openly talk about it. She is the mother of three children aged 19, 16 and 11. Alongside her family duties, she works in her husband's company as a secretary and takes care of her ageing mother. Her husband is suffering greatly from the business uncertainties caused by the recession, which makes him depressed to the point of having suicidal thoughts. He firmly refuses any treatment, so adding to the patient's concerns. She also feels burdened by her children who rely too much on her for everything. This makes her often feel impatient and irritable, which contrasts with her quietly spoken and reserved manner in the practice.

She comes for homeopathic treatment because she has recently been having the sensation of a lump in her throat with frequent burping. She often feels overtired yet has trouble falling asleep since she feels haunted by her problems. Everything upsets her and she cannot see any way round her difficulties. Her somatic complaints include chronic, allergic rhinitis, constipation and an irritable bladder, caused by prolapse of the pelvic organs. Finally she mentions osteoarthritis in the left upper ankle joint which at the moment, however, is not causing her any trouble.

She describes her symptoms with the help of *questionnaire and check*

**Mind** — Depression, feeling of lump, difficulty falling asleep

**Ear-Nose-Throat and Eye** — Rhinopathy, faulty aeration in ear  
**Gastrointestinal Tract** — Burping, constipation

**Urinary Tract** — Irritable bladder, prolapse of pelvic organs  
**Additional Complaints** — Further complaints

## Background — Psychosocial information

CASE LOG U.I. 46 YEARS OLD			Consultation Dates DD/MM/YYYY											
DIAGNOSIS, START OF SYMPTOMS	FREQUENCY OF COMPLAINTS	CHARACTERISTIC SYMPTOMS	13.05.2008	16.06.2008	11.07.2008	29.08.2008	20.10.2008	24.11.2008	15.12.2008	19.01.2009	16.02.2009	16.03.2009	20.04.2009	18.05.2009
		Mean Symptom Intensity (Scale 10-0)	4.7	2.7	1.9	2.1	2.4	1.0	0.7	1.4	1.3	1.0	0.9	0.4
		Global Improvement (Scale 0-10)	7	8	7.5	9	9.5	10	10	7	8	9	10	10
Depression 2005	Always	Sadness P Irritability P Nervous excitement Hopelessness Dejected Distracted Constriction of throat Burping < Before sleep P < while waking up P < Alcohol P (wine) <sup>1</sup> < coffee P <sup>1</sup> < Before menstruation < Annoyance / worries / insult > walking in open air P <sup>a</sup> Desire for movement P	8	4	3	4	3	2	2	3	2	1	1	0







			Rhus.	Lye-	Sil.	Calc.	Sulph.	Con.	Bry.	Sep.	Ars.	Caust.	Mag-m.]]
Hits			13	13	13	13	13	13	13	13	12	12	12
Sums			51	41	34	37	35	25	35	38	37	29	25
Polarity Difference			43	25	25	22	22	18	17	15	22	21	20
99	< while falling asleep [worse]	P	5	5	3	5	3	1	5	4	4	2	2
111	<while/after waking up [worse]	P	4	4	3	4	5	3	2	4	5	4	2
58	movement, desire for	P	4	1	2	1	1	1	2	1	2		2
46	smell, lost, weak, diminished	P	3	3	4	4	2	1	2	4		2	3
78	< cold, when getting cold [worse]	P	4	3	2	2	2	2	3	3	4	3	1
77	< talking, speaking [worse]	P	4	2	2	4	4	1	3	3	2	2	3
125	< lying position [worse]	P	4	4	4	1	2	4	1	3	4	1	3
126	< sitting [worse]	P	4	4	2	2	1	4	1	4	2	3	3
80	< rising from bed, after getting up [wor	P	4	1	2	3	3	1	2	2	2	1	2
121	< eating, after [worse]	P	4	4	4	4	4	4	4	4	4	4	2
47	< sneezing [worse]	P	3	3	1	2	2	1	3	3	3	2	1
90	urination, frequent	P	4	2	2	2	2	1	3	1	1	4	1
70	< physical effort [worse]	P	4	5	3	3	4	1	4	2	4	1	
1	> sleep, before; while falling asleep [better]												
28	> sleep, after; while waking up [better]					1			1	4	3		
68	movement, aversion to			3/CI		1	1	1	2	2	4/CI	1	1
49	smell, hypersensitive			4(CI)	1	2	3/CI	2	1	4	1		
74	> cold, when getting cold [better]		1	4(CI)	1	1	3/CI		3	1		1	
1	> talking, speaking [better]												
106	> lying position [better]		1	1	1	3/CI	1	1	4/CI	1	1	2	1
101	>sitting [better]		1		1	2	1	1	4/CI		1	1	1
124	>risingfrom bed, after [better]		3	3/CI	2	2	3	1	1	4/CI	3/CI	1	1
52	> eating, after [better]		2		1	2			1	2	1	1	
1	> sneezing [better]												1
68	urination, infrequent			1		1	1	1	1	1	1	1	
6	> physical effort [better]				2					4/CI			

Table 59: First Repertorisation - Case 38, U.I.

Eight remedies cover all symptoms, three of which have no contraindications. *Rhus tox.* is the remedy of choice with a PD of 43, followed by *Silicea* with a PD of 25 in second place.

**MATERIA MEDICA**  
**COMPARISON FOR RHUS**  
**TOXICODENDRON [GS]**

**Mind:** Absence of mind; forgetfulness [sadness, loves being alone and quiet] ... apprehensive, anxious and tremulous [whereby she loses strength and has to lie down for hours in order to recover; rarely has a cheerful thought; could not be satisfied and was indifferent to company] ... Fear and despair on account of sad thoughts, which she could not get rid of... Fretful; general unhappiness of temper. Ill humour, depressed; easily moved to tears, Impatient and vexed at every trifle; she cannot endure being talked to. Great despondency,

with prostration; inclination to weep, especially in evening, with desire for solitude ... > walking in open air.

*Rhus toxicodendron*



**MATERIA MEDICA**  
**COMPARISON FOR**  
**SILICEA [GS]**

**Mind:** Very irritable, low-spirited, peevish mood. Very sensitive, weeping mood. Desponding, melancholy, tired of life ... Gloomy ... Yielding, fainthearted, anxious... When crossed has to restrain himself to keep from doing violence... Imagines to be in two places at the same time.

**REMEDY AND**  
**PROGRESS**

Based on the repertorisation and the materia medica comparison, *Rhustox.* is the most suitable remedy. Mrs I. is given a dose of this in the potency 200 c.

On the first day after taking the remedy she feels extremely tired and is hardly able to move. The following day she has a headache, a cold with fluent coryza and sharp pain in the ear as well as a feeling of pressure in the eyes and a sore throat. After these symptoms subside she has pain in an old scar on her left wrist, which then spontaneously disappears. After four weeks the patient rates her improvement at 70%.

A dose of *Rhus toxicodendron* 1M follows. There is again a mild aggravation, this time for three days, followed by an overall improvement within the next four weeks to 80%. After *Rhus toxicodendron* 10M the patient has the feeling of observing symptoms from an earlier period in her life - approximately from her thirties. Her improvement rating drops slightly to 75%. We now ask her to note any newly arising complaints and to highlight in the case log any of her original symptoms that still remain. The results are as follows:

**Mind**

- Irritability *P*
- Worse before falling asleep *P*
- Worse before menstruation

**Allergic rhinitis**

- Getting cold: worse *P*
- Food, wine: worse *P*

**Osteoarthritis of left ankle**

- Physical effort: worse *P*

**Irritable bladder**

Involuntary urination

- Sneezing: worse *P*
- Cold in general: worse *P*
- Warmly, by wrapping up: better *P*

**Gastrointestinal tract**

- Burping
- Food, fat: worse
- Constipation with hardened stool
- Worse before menstruation

Repertorisation with the polar modalities is now unable to adequately differentiate the remedies. Even the inclusion of non-polar symptoms such as *< before menstruation*, *constipation with hardened stool* and *involuntary urination* do not enable us to sufficiently narrow down the choice of remedy. In this situation we have to include symptoms that are generally known to be less reliable - such as *worse from fat* and *wine* - in the repertorisation, in the knowledge that this is a questionable step.

		Nux-v.	Sil.	Nat-c.	Nat-m.	Ars. i.	Rhus.	Hep.	Bry.	Bell.	Sep.
Hits		11	11	11	11	10	10	10	10	10	10
Sums		31	29	19	23	33	31	24	26	22	29
Polarity Difference		19	16	12	9	26	22	17	13	12	9
99	< while falling asleep [worse] <i>P</i>	2	3	2	2	4	5	3	5	4	4
78	< cold, when getting cold [worse] <i>P</i>	4	2	2	1	4	4	3	3	2	3
47	< sneezing [worse] <i>P</i>	3	1	1	1	3	3	2	3	3	3
90	< cold in general [worse] <i>P</i>	4	3	2	1	4	4	4	2	3	2
56	> warmly, from wrapping up [better] <i>P</i>	3	4	2	2	3	4	4	1	2	2
70	< physical effort [worse] <i>P</i>	3	3	2	3	4	4	2	4		2
66	< menstruation, before [worse]	1	2	1	3		1	1	1	1	4
99	constipation from hardness of faeces	3	3	2	2	2	1	2	4	2	3
76	urination, involuntary	2	3	1	3	2	4	2	2	3	3
39	< food and drink, fat [worse]	2	1	1	2	3		1	1	1	3
35	< food and drink, wine [worse] <i>P</i>	4	4	3	3	4	1			1	
1	> sleep, before; while falling asleep [better]										
74	> cold, when getting cold [better]	1	1	1	1		1		3	1	1
1	> sneezing [better]										
73	> cold in general [better]	1	1	1	2		1	1	1	1	1
37	< warmly, from wrapping up [worse]	1					1		1		1
6	> physical effort [better]		2		1						4/C1
10	> food and drink, wine [better]	1								1	

Table 60: Second Repertorisation - Case 38, D.I.

Four remedies now cover all symptoms without contraindication, with *Nux vomica* and *Silicea* showing the highest polarity difference.

MATERIA MEDICA  
COMPARISON FOR NUX  
VOMICA [GS]

**Mind:** Suits very particular, careful, zealous persons, inclined to get angry or excited, or of a spiteful, malicious disposition [with pale, sallow complexion or bright red, highly coloured face; also suitable for venous constitutions with tendency to haemorrhoids as well as for those inclined to hypochondria, melancholy and hysteria; seems more suited to men than women; in women, more suited to those with early and strong menstruation].....[Great vehemence and] irritable

... Inclined to find fault and scold; morose; stubborn ... Irritable, angry disposition, anxious concern about little things... Fiery, excited temperament... Malicious vehemence [and violent temper]... Over-sensitiveness [of senses]... Very much inclined to violently reproach others for their faults, ill-humored, resists obstinately the wishes of others.

He quarrels, reproaches, scolds, insults, from jealousy, mingled with unchaste expressions; soon afterwards howls and weeps aloud. Is put out of patience when spoken to; gets angry and violent without any provocation; headstrong and self-willed.

MATERIA MEDICA  
COMPARISON FOR SILICEA  
[GS]

Silicea



## REMEDY AND PROGRESS

When we discuss the differential diagnosis of *Nux vomica* and *Silicea*, the patient says that *Nux vomica* would certainly fit her husband but not herself. She is now given *Silicea 200 c*.

Once again, in the first week after taking the remedy, there is an increase in the existing symptoms. Then she has the urge to tidy up her house but at the same time she feels that she should take better care of herself and live a more healthy life. During the check-up, she comes across as clearer and more certain of herself. She now rates her improvement at 88%, although there is still some variability in her condition.

With *Silicea 1M and WM*, the patient's improvement increases to almost 100% (figure 10). She remains at this level, apart from some fluctuation caused by external events such as the death of a relative or periods of stress at work. Yet now she can cope well with such events.

Figure 10: Progress  
Check Graphic, U.I.



## COMMENTS

If we study the mind symptoms of *Rhus tox.*, we can see that patients needing this remedy tend to be of a delicate nature. *Silicea* on the other hand can have strong impulses: when *crossed has to restrain himself to keep from doing violence*. And with *Nux vomica* the violence comes out clearly: *fiery, excited temperament... malicious vehemence [and violent temper]*. For this patient, *Rhus tox.* - which is better known for its somatic than for its mind symptoms - was a surprise. *Silicea* fitted well the picture given by the patient whereas the genius of *Nux vomica* did not really seem to match the characteristic symptoms given by her. The remedy would probably have a symptomatic effect without bringing about healing.

**5.2.7 QUIZ 8:**  
**MULTIMORBID**  
**PATIENTS**

- 55 Name three important criteria for the selection of symptoms for the repertorisation in multimorbid patients!
- 56 How should you evaluate the results of the repertorisation?
- 57 During homeopathic treatment, new symptoms emerge: these can be either illness-related or the result of a remedy proving. What would indicate that new symptoms are the result of a remedy proving?
- 58 What do you do when no remedy covers all symptoms?
- 59 How do you determine the follow-up remedy when - following an initially successful phase of treatment - the first remedy no longer brings any further improvement?
- 60 What value should be placed on desire for and aversion *to certain foods* for the choice of remedy?

> YOU CAN FIND THE ANSWERS ON P. 264

5.2.8 WORKING WITH PATIENTS WHO HAVE ADHD/ADD OR MULTIMORBID ILLNESS

After working through the cases in chapters four and five, you are now ready to tackle the demanding ADHD/ADD and multimorbid patients . You can use the following table to summarize the results of your treatment.

TREATMENT RESULTS FOR PATIENTS WITH ADHD/ADD AND MULTIMORBID ILLNESS							
NAME	CHIEF OIAGNOSIS	CHECK-UPS:					
		PERCENTAGE IMPROVEMENTIN OVERALL SYMPTOMS					
		1	2	3	4	5	6
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

## 6 EVALUATION STUDIES OF POLARITY ANALYSIS

### 6.1 ACUTE ILLNESS<sup>5</sup> 6.1.1 INTRODUCTION

After the successful use of polarity analysis and repertory-specific questionnaires in the treatment of children with ADHD/ADD, the next step was to further test the technique with acute illness. This entailed first the creation of checklists for acute disease, which later were further developed to the checklist for reliable symptoms (see chapter and 7.3).

#### 6.1.2 DESIGN

Testing occurred in two related prospective studies. In the first study, the results of the new method were compared with the results of a previous conventional homeopathic study using the key symptom of *coughing*. In the second study, the new method was evaluated for the remaining spectrum of acute illness.

#### Key symptom coughing

- The first study-group comprised 100 patients with coughing, in which the remedy was chosen with *polarity analysis and the repertorisation software* for Boenninghausen's PB. The checklist was not used.
- The second group comprised 48 patients with coughing in which both polarity analysis and a checklist was used [CL] (see chapter 7-3).
- The *conventional homeopathic control group* comprised 103 children who were the subject of an earlier (unpublished) study examining the results of repertorisation with the cough rubrics of Boger-Boenninghausen's *Characteristics, Materia Medica and Repertory*<sup>8</sup>.

#### Other acute illness

The results of the treatment of all remaining cases of acute illness were subject to prospective evaluation (see chapter 7.2 with corresponding checklists). The studied cohort included 206 children with common paediatric illnesses such as tonsillitis, enteritis, influenza,



sinusitis, inflammation of the middle ear, teething problems, colic, etc. In all cohorts the most suitable remedy was administered in the potency 200 C. If the outcome after two days was unsatisfactory, the reserve remedy was also administered in the same potency, as described in chapter 2.

The *outcome parameter* consisted of a parental rating of the course of the illness at 7 to 10 days after the start of treatment. An improvement of 50% or more after four days as well as the lack of necessity for a followup consultation resulted in a rating of *successful treatment*.

### 6.1.3 RESULTS

#### Cough studies

- Polarity analysis without checklists: 81 of 100 children (81%) were successfully treated.
- Polarity analysis with checklist: the success rate increased to 83%.
- Conventional homeopathic control group, treated with the cough rubrics from Boger-Boenninghausen's *Characteristics, Materia Medica and Repertory*<sup>8</sup>: 75 of 103 children (75%) were successfully treated.

#### Other acute illness

The evaluation of polarity analysis and checklists in 206 patients with a mixture of various acute illnesses resulted in successful treatment of 175 patients - a success rate of 85% (figure 11).

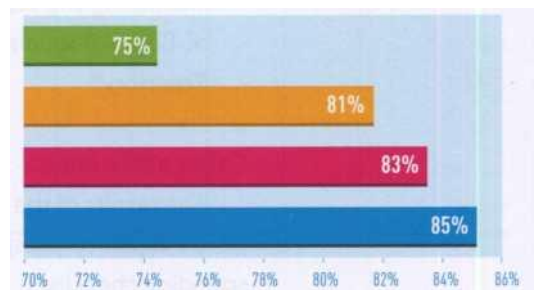
Figure 11: Effect of Polarity Analysis (PA) and Checklists (CL) on the Success Rate for Treatment of Acute Illness

COUGH: CONVENTIONAL (N=103)

COUGH: PA (N=100)

COUGH: PA+CL (N=48)

ACUTE ILLNESS: PA+CL (N=206)



#### 6.1.4 DISCUSSION

Making use of the fresh insights gained in the ADHD study for the treatment of acute illness resulted in a 10% increase in the success rate. Unfortunately the results were only published as an overall figure in this study. Information on how many patients can be healed with the first remedy and how many with the second are included in the influenza study presented below. Experience shows that, when the effect of the first remedy is incomplete, the second often has a complementary effect in completing the healing.

The results of treatment with polarity analysis directly depend on the quality of symptom observation by the patients or parents. In this study many of the participating parents had had many years' experience with homeopathy and were therefore aware of what they had to look for.

Critics object that the high success rate should be trimmed to reflect the patients who experienced spontaneous recovery. This is certainly a valid objection, especially for acute illness. Yet all therapies benefit from a certain percentage of spontaneous recovery. In this evaluation study, only the difference between the earlier and the current methodology is relevant.

#### 6.2.1 INTRODUCTION

### 6.2 THE INFLUENZA EPIDEMIC OF 2011: — A PROSPECTIVE OUTCOME STUDY<sup>40</sup>

During the flu epidemic in the spring of 2011, the Swiss health ministry said that the H1N1 virus had been found in 75% of all patients. So this section mainly concerns the homeopathic treatment of "swine flu". This is the context of our prospective evaluation study of therapeutic outcomes using polarity analysis and the *Checklist* (see chapter 7.3).

#### 6.2.2 DESIGN

During a four-week period at the height of the flu epidemic of 2011, all patients diagnosed with influenza - fever, headache and/ or sore throat, coughing, cold, joint pains - were included in the prospective evaluation study. If there was any doubt about the diagnosis, the viral aetiology of the illness was confirmed via a blood test. The casetaking and clinical examination was supplemented by

noting the polar flu symptoms using the checklist. The repertorisation was conducted as usual with the Polarity Analysis Software<sup>8</sup>. The patients were then given the most suitable remedy in the potency 200 C to take immediately. They were also given a reserve remedy, the second-choice remedy, to take home for use in the event that the first-choice remedy failed to bring about a 50% improvement in the original symptoms within 2 days. Treatment success was assessed by asking the patients to phone us within one week of starting therapy - if they failed to do so, we phoned them to enquire about their progress. Therapy-resistant patients - those who showed "no reaction" to treatment - were defined as those who did not achieve a 50% improvement with the first or second remedy, and who therefore required follow-up consultations. The observation period was designated as at least four weeks after the first consultation. The study was designed to answer the following questions:

1. How many flu patients achieved an improvement of 50% or more within two days of taking the first-choice remedy, therefore requiring neither a second remedy nor a follow-up consultation?
2. How many flu patients achieved an improvement of 50% or more within two days of taking the reserve remedy, therefore requiring neither a further remedy nor a follow-up consultation?
- 3- How many patients were resistant to therapy?
- 4- Remedy spectrum: did one or more epidemic remedies emerge from this process?

### 6.2.3 RESULTS

#### **Biometric data of the study participants**

Fifty-two patients were evaluated, with an average age of 13.5 years and a range of 5 months to 48 years. There were 39 children and 13 adults, of which 30 were female and 22 male.

#### **Outcome**

Thirty two patients (62%) achieved an improvement of 50% or more within two days of taking the first-choice remedy and therefore did not need to take the reserve remedy. Thirteen further patients (25%) achieved this improvement only after taking the reserve rem

edy and were not healed until taking this remedy. Six patients (11.5%) were resistant to therapy. They were not healed by the first or the second remedy and therefore required a follow-up consultation (figure 12). One patient experienced complete recovery after taking the reserve remedy, but ten days later she had a relapse. She was also counted as therapy-resistant, raising the total to 13%.

Figure 12: H1N1 Influenza Epidemic  
2011: Healing Time with  
Homeopathic Treatment (N=52  
Patients)

1ST REMEDY (2 DAYS)  
2ND REMEDY (4 DAYS)  
RESISTANT TO TREATMENT



Table 61 shows, together with the biometric patient data, which remedies brought about complete healing (uppercase, blue). Remedies with an insufficient effect - that is, they did not bring about healing - are marked in red. Reserve remedies that were not used are marked in black in ordinary.

st Table 61: Patient Statistic, Influenza Epidemic 2011

DATE DD.MM.YYYY	PATIENT	AGE	GENDER	1ST REMEDY	2ND REMEDY	FOLLOW-UP CONSULTATION
7.2.2011	1	13	F	Bry*	GRAPH*	None
	2	15	F	NAT-M	Bry**	None
	3	23	M	NAT-M	Nit-Ac	None
	4	5	M	Bry	HEP	None
	5	5	F	Ars	Bry	None
	6	2	M	Lyc	SENEG	None
	7	25	F	Bry	NAT-M	None
	8	9	M	NUX-V	Bry	None
8.2.2011	9	6	F	PHOS	Anae	None
	10	6	F	PHOS	Asar	None
	11	18	M	COCCUL	Lyc	None
	12	48	F	ARS	Nat-m	None
	13	10	F	HEP	Graph	None

4r Table 61: Patient Statistic, Influenza Epidemic 2011 (continued)

DATE DD.MM.YYYY	PATIENT	AGE	GENDER	1ST REMEDY	2ND REMEDY	FOLLOW-UP CONSULTATION
	14	4	F	LYC	Phos	None
	15	8	F	Bry	GRAPH	None
	16	5	F	Bry	Graph	Resistant
	17	7	M	Bry	ANT-T	None
9.2.2011	18	15	M	NAT-M	GRAPH	None
	19	3	F	COCC	Nux-m	None
	20	4	F	NUX-V	Coccul	None
	21	8	M	NUX-V	Coccul	None
11.2.2011	22	7	F	Bry	Cupr	Resistant
	23	8	M	Nux-v	Bry	Resistant
14.2.2011	24	21	M	NUX-V	Bry	None
	25	11	M	BRY	Phos	None
	26	12	M	COCC	Arnica	None
22.2.2011	27	0.3	F	CALC	Phos	None
	28	7	F	BRY	Merc-s	None
	29	6	M	Bry	PHOS	None
23.2.2011	30	10	M	BRY	Bell	None
	31	18	M	ZINC	Alum	None
24.2.2011	32	9	F	Lyc	PLAT	None
	33	8	F	Nux-v	Bell	Resistant
	34	31	M	ARS	Nat-c	None
25.2.2011	35	25	F	Cocc	CALC****	Resistant:relapse i
	36	9	F	THUJA	Croc	None
	37	9	M	BRY	Coccul	None
28.2.2011	38	11	F	NAT-M	Bar-c	None
	39	47	F	CAMPH	Nux-m	None
	40	5	M	Aco	Cham	Resistant
	41	38	M	Coccul	CROC	None
	42	38	F	PHOS	Aco	None
	43	5	F	Calc	SULF	None
1.3.2011	44	12	M	Iod	CROC	None
	45	21	M	Ars	COCC	None
	46	40	F	Cocc	Bry	Resistant
	47	11	F	COCC	Nux-m	None

2.3.2011	48	7	M	PECA	Cocc	None
4.3.2011	49	8	F	PHOS	Asar	None
	50	16	F	Arn	SPONG	None
	51	8	F	SULF	Calc	None
	52	5	F	M-ART	Borax	None

\*Red = No or insufficient reaction \*\*Blue, UPPERCASE = Successful remedy

\*\*\*Black = Unused remedy [reserve] \*\*\*\*Red, UPPERCASE - only temporary improvement

### Remedy spectrum

With the 45 successfully treated patients, 21 different remedies cured influenza. *Cocculus*, *Natrum mur.*, *Phosphorus*, *Bryonia*, *Nux vomica* and *Arsenicum album* covered half of all patients, whereas the other 14 remedies were used more rarely (table 62). An epidemic remedy as specified in § 100 - § 102 could not be identified. *Bryonia* occurs noticeably often among the remedies with insufficient patient reaction (table 63).

Table 62: Influenza Epidemic  
2011, Successful Remedies

#### SUCCESSFUL REMEDIES

Coccul. Nat-m, Phos	5 patients each
Bry, Nux-v	4 patients each
Ars-a	3 patients each
Croc, Graph, Hep, Sulph,	2 patients each
Ant-t, Calc-c, Camph, Ipecac, Lyc, M-art. Plat. Seneg.	1 patient each
Spong, Thuja. Zinc	

Table 63: Influenza Epidemic 2011,  
Remedies with Insufficient Patient

Reaction

#### REMEDIES WITH INSUFFICIENT PATIENT REACTION

Bry	10 patients each
Coccul	3 patients each
Nux-v. Calc-c	2 patients each
Aco, Arn. Ars-a. Bell, Cham, Cupr, Graph, Iod	1 patient each

### 6.2.4 DISCUSSION

The H1N1 virus was responsible for the influenza epidemic of 1917/1918, with a mortality rate of over 20%. In 2010, amid expectations of a new H1N1 pandemic, extensive preparations were made, although it turned out that relatively few people subsequently fell ill

with flu. In contrast, the rate of illness in 2011 was considerably higher so that, within one month, we treated 50 flu patients. In spontaneous or untreated cases of H1N1 influenza and for those patients who suppressed their flu symptoms with the usual palliative medication, we observed that patients frequently suffered relapses in which their flu symptoms flared up again or a persistent cough resulted. Homeopathically treated patients, on the other hand, almost all experienced complete healing within two to four days, without any relapse or recurrence of their symptoms. The rate of cure approximates that found in the 2002 evaluation study of polarity analysis for other acute illness<sup>5</sup>. As in every study on acute illness, the number of spontaneous recoveries is unknown. We can probably safely assume that patients who recovered with the first remedy were indeed healed by homeopathy. For those patients who were only cured by the second remedy, we can be less sure of this.

If polarity analysis is the chosen approach, we see that during epidemics the contraindications through the pooling of symptoms from many different patients prevents the determination of a single epidemic remedy. Yet due to the positive results that can be achieved with this method, there is no good reason to try to determine the epidemic remedy.

The high frequency of incorrect prescriptions for *Bryonia* was a surprise: there were four successful prescriptions of this remedy compared to ten unsuccessful ones. Since in six of these unsuccessful cases, the reserve remedy cured the patient, this only became apparent after we analysed the results. How can we explain this phenomenon? On superficial observation, certain patients only produce the symptoms *lying position: better; resting, while: better; aversion to movement; movement: worse*, and maybe *thirst with food and drink / cold water: better*. If we repertorise these symptoms, *Bryonia* - with a polarity difference of 15 - is the first remedy, followed by *Causticum* and *Phosphorus* as the second-choice remedies with a polarity difference of 9. We cannot really classify these symptoms as general and unspecific, as described by Hahnemann in § 153, yet they are relatively stereotypical. The consequence is that it is important to always question *Bryonia* symptomatology. By searching for additional symptoms, the choice of remedy can often be refined.

### 6.3 CHRONIC ILLNESS 6-3-1 INTRODUCTION

After the successful trial of polarity analysis for acute illness, we then turned to examine it for chronic illness. We created a set of questionnaires for various types of illness, the questionnaires being more comprehensive than the checklists used for acute illness. They are also based on the relevant repertory rubrics from Boenninghausen's PB, so that there is no need to translate the patient's symptoms into the language of the repertory. Today they have been further developed to the *Questionnaire for diagnoses and main symptoms* and the *Checklist for reliable symptoms*, see chapter 7.

#### 6.3.2 DESIGN

A prospective outcome study was also used to test the method of polarity analysis for the treatment of chronic illness. The therapeutic procedure corresponds to that presented in chapters 3 and 4.

#### Study groups

- From a certain date, all patients with a chronic illness who came for casetaking were included in the study. The spectrum of diagnosis therefore corresponded to the range of illness found in a typical paediatric and general practice - tendency to infections, allergy, digestive problems, migraine, chronic pain in the locomotor system, sleep disturbances, psychosomatic disease, etc. The study group comprised 107 patients.
- The control group consisted of patients from a previous study in which we investigated the results of various conventional homeopathic approaches to symptom selection for repertorisation. In our control cohort, the system of symptom selection used by Hahnemann was tested in 50 patients.<sup>41</sup>

#### Remedy prescription

The patients were given a dose of the most suitable homeopathic remedy in the potency 200 C, and asked to return for a check-up two months later.



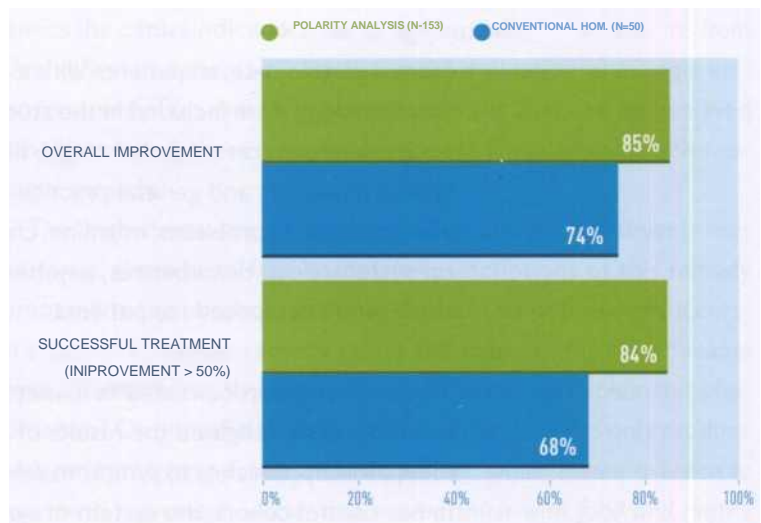
### Outcome parameters

Progress was checked by asking the patient or their parents to record whether each previously reported symptom was better, the same, or worse. Finally they were asked to subjectively estimate the *overall improvement in percentage*. The treatment was regarded as successful if there was a subjective improvement in the overall symptomatology of 50% or more. The outcome parameters were evaluated for the entire study cohort as well as for each of the eleven questionnaires to identify possible failings in the questionnaires.

#### 6.3.3 RESULTS

The number of *successfully treated cases* was 84% with polarity analysis compared to 68% in the control group. The *overall improvement* also reached an average level of 85% compared to 74% in the control group (figure 13).

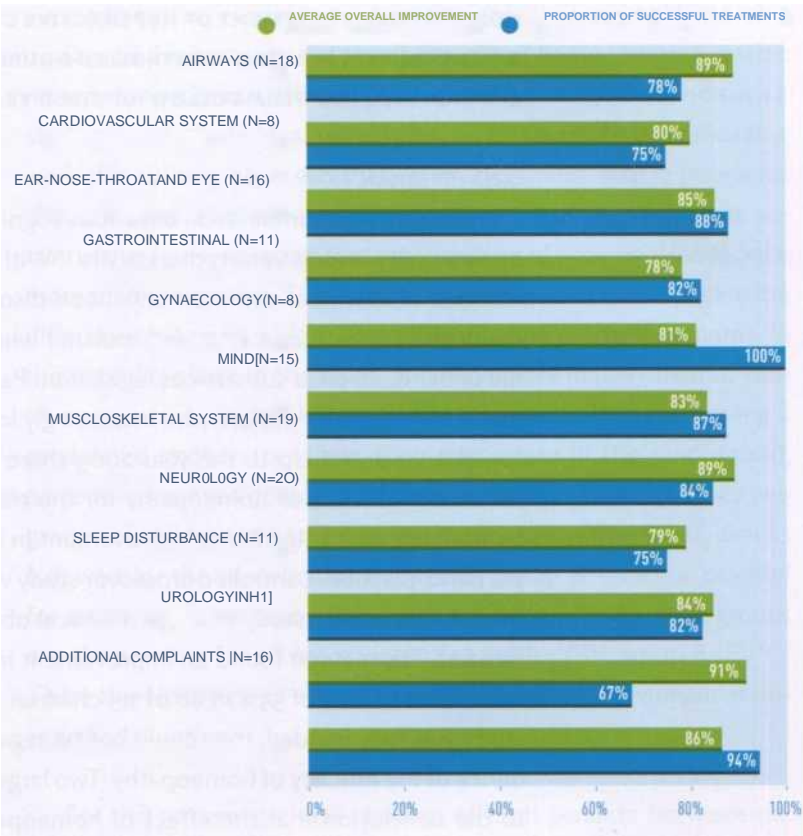
Figure 13: Evaluation of  
Polarity Analysis for  
Chronic Illness



For each organ system there were between eight (Cardiovascular System and Gynaecology) and twenty patients (Neurology) available for evaluation. The results are relatively heterogeneous (figure 14).

Note that the titles of the individual organ systems have been adapted to the newest edition and do not invariably correspond to previous publications.

Figure 14: Evaluation of Individual Questionnaires used in Polarity Analysis in Chronic Disease



6.3.4 DISCUSSION

For chronic illness we were able to increase the proportion of successful prescriptions with polarity analysis by 16%, and the overall improvement by 11%. Since in chronic illness spontaneous remission is far less likely than in acute illness, we can assign the great majority of this improvement to the effects of treatment. We should note that here too most of the parents participating had many years' training in the observation of symptoms during homeopathic treatment, which also certainly affects the result.

A satisfying consequence of this method is that the casetaking is more precise and therefore requires less time than with all previous procedures. The questionnaires require commitment from the parents and are often said to be challenging. Yet the patients or their parents seem to be well able to meet this challenge. The evaluation did not identify any serious weaknesses in the questionnaires.,

## 6.4 ADHD/ADD STUDY HOMEOPATHIC TREATMENT OF HYPERACTIVE CHILDREN: RESULTS OF A RANDOMIZED, PLACEBO-CONTROLLED DOUBLE-BLIND STUDY WITH CROSSOVER, LONG-TERM FOLLOW-UP FOR 8 YEARS<sup>3</sup>

### 6.4.1 INTRODUCTION

ADHD/ADD is a combination of various cognitive disturbances with hyperactivity/impulsiveness or passivity.<sup>35</sup> With a prevalence of 3-5%, it is one of the most common childhood disorders.<sup>42</sup> Conventional medical treatment consists of stimulants which in most countries fall under controlled substances legislation. Parents who reject such medication for their children are increasingly looking to homeopathy for an answer.<sup>43,44</sup> Up to the year 2005 there have been two studies on the efficacy of homeopathy for the treatment of ADHD/ADD. Lamont observed significant improvement in outcomes with a simple blind, placebo-controlled crossover study with 43 ADHD/ADD children.<sup>45</sup> In a further study with open clinical observation of progress, Frei and Thurneysen found an improvement in the Conners' Global Index (see below) of 55% in 86 of 115 children (75%).<sup>46</sup> Since neither study was fully blinded, they could not be regarded as scientific evidence of the efficacy of homeopathy. Two large meta-analyses came to the conclusion that the effect of homeopathy cannot solely be interpreted in terms of the placebo effect.<sup>47,48</sup> They criticized the unsatisfactory methodology of the studies analysed and suggested that better-quality studies on particular illnesses should be conducted, which led to the planning of the Bern ADHD/ADD double-blind study. This was conducted with a multidisciplinary study team including the Institute for Complementary Medicine of the University of Berne<sup>A</sup>, the department of child neurology and neuropsychology at the paediatric university hospitals<sup>8</sup>, the Institute for Mathematical Statistics and Actuarial Studies<sup>-</sup> - referred to as iMsv below - and the author's paediatric homeopathic practice<sup>0</sup>. The design and results of this study are presented below.

A: KIKOM: Institute for Complementary Medicine of the University of Berne, Switzerland B: Department of Neurology and Neuropsychology, Pediatric University Clinics, Berne C: Institute for Mathematical Statistics and Actuarial Studies (MSV), University of Berne D: Heiner Frei, MD, Paediatrician FMH, FA Homeopathy, Study Coordinator

#### 6.4.2 DESIGN

Due to the particularly difficult process of finding a homeopathic remedy for patients with ADHD/ADD, it is only possible to blind such a study after the individual remedy has been found. In the preceding work the authors observed that, when treatment with Q potencies is interrupted at an early stage,<sup>9,49</sup> a worsening of the symptoms occurs within four weeks and that a resumption of treatment leads once more to improvement. This worsening can be used to investigate the difference between a placebo and verum (the active treatment). In the *screening phase* of the study, all children are initially treated with an open, individualized homeopathic treatment. Those achieving a predefined improvement can then participate in the randomized, placebo-controlled *double-blind crossover study*, which examines two groups of children in parallel: group A receives verum for six weeks followed by the placebo for six weeks; group B receives placebo for six weeks followed by verum for six weeks; finally, both groups are given verum for six more weeks (group A=VPV, group B=PVV). There then followed an open *homeopathic long-term treatment* of unspecified duration.

#### ELIGIBILITY CRITERIA

For the screening phase children of both genders between the ages of 6 and 16 were recruited. The children had all been confirmed with a diagnosis of ADHD/ADD according to the DSM-IV criteria<sup>36</sup> in a rigorous neurological and neuropsychological examination. It had to be demonstrated that they required treatment of their symptoms and they were not admitted to the trial if they had other chronic illness.

In the *crossover study* patients were included who achieved an 1M-improvement on the Conners' Global Index of at least 50% or 9 points during homeopathic treatment in the screening phase.

#### THERAPEUTIC INTERVENTIONS

**Screening phase:** The individual homeopathic treatment proceeded according to the guidelines of Hahnemann and Boenninghausen<sup>7,9</sup> (including polarity analysis) with Q potencies in daily doses. The precise therapeutic procedure in this study has been described in earlier publications.<sup>433</sup> Any other treatment was either stopped immediately or phased out, and check-ups were made every four weeks. If the reaction was insufficient, the homeopathic prescription was changed.

**Crossover study:** On admission to the study, the patients were referred back to the university paediatric clinic. At this point they were randomly assigned to group A or B. The patients, their parents, the doctor and the investigator were all completely blind as to the treatment, and the doctor had no contact with the parents and patients during the crossover phase. Children with acute illness, serious accidents or disturbing social experiences were, according to the *intention to treat principle*, not simply excluded from the final analysis but were included in the evaluation as far as possible.

**Long-term progress:** After the second crossover period, all patients received an unblinded verum treatment. Further follow-ups occurred at 14 weeks after the crossover period with a questionnaire for the parents and teachers and a written and phone inquiry five and eight years after the start of therapy, conducted by doctoral students. At this time, the parents were allowed to freely choose their child's treatment. These final inquiries registered the child's current treatment and intensity of their ADHD/ADD symptoms.

**Measurement (Outcome)** The primary outcome variable was the parental rating with the Conners' Global Index (CGI, table 64).<sup>32</sup> The CGI, a questionnaire of change of behaviour (QCB), as well as the sub-tests HAWIK-IH<sup>50</sup>, K-ABC<sup>51</sup>, VLMT<sup>52</sup> and TAP<sup>53</sup> were evaluated at the start of the screening phase, before and after every crossover period, and six weeks after crossover period 2. To minimize learning effects, only a few of these investigations were identical with those used to make the diagnosis. Fourteen weeks after the crossover study, parents and teachers filled out the Conners' Parent/Teacher Rating Scales (CP/TRS)<sup>32</sup>, and at the five- and eight-year check-ups they evaluated the CGI and indicated their child's current treatment.

**Randomization, blinding, and statistical evaluation** The IMsv generated a randomized list and sealed the assignments to group A or group B in sequentially numbered envelopes. These were handed to the remedy manufacturer, Spagyros, which produced the homeopathic remedies and the placebos. When a child reached the eligibility criteria for the screening phase, Spagyros was informed in writing.

The participating families were then sent the specific medicine (verum or placebo) for the current treatment phase at the begin of each crossover period.

Table 64: ADHD/ADD Study.  
conners' GlobalIndex

ADHD/ADD STUDY, CONNERS' GLOBAL INDEX	RATING
Overactive	0 = never.
Disturbs other children	1 = occasionally.
Excitable, impulsive	2«often.
Fails to finish things	3 = very often
Fidgeting	
Inattentive	
Easily frustrated	
Cries often	
Moods change quickly	
Temper outbursts	

Placebos consisted of 20% alcohol (diluted 1:1000 for use, as was the verum), and were indistinguishable from verum in terms of packaging, labelling, colour, smell, and taste. There was no communication between Spagyros on the one hand and the study participants, the doctors and the psychologists on the other - except if a child had to leave the screening phase due to unexpected difficulties. The statistical evaluation by the IMSV was also blinded - the statisticians did not know to which group the patients were assigned to.

6.4.3 RESULTS

RECRUITMENT AND  
PARTICIPATION

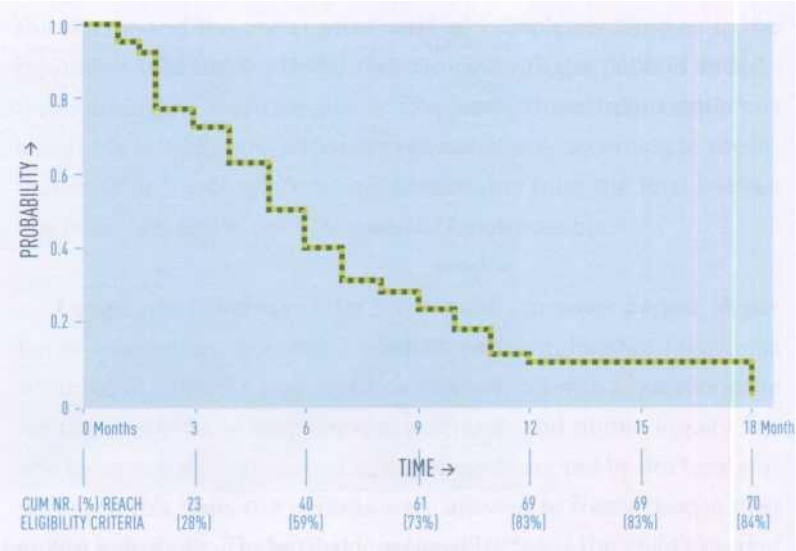
Of 140 children recruited, 83 met the initial criteria and were admitted to the screening phase. The average CGI rating at the start was 19, with a range 15-25. Seventy children (84%) met the eligibility criteria for the crossover study and 62 children in fact took part in the crossover study. The following data originate only from the 62 children in the crossover study.

SCREENING PHASE

**Time needed to reach the eligibility criteria** The patients reached the eligibility criteria for the crossover study after an average treatment period of 5.1 months (standard deviation 3.20, range 1-18 months), with an average CGI rating of 8 (range 4-15). Figure 15 shows

the *treatment* period required by individual patients to reach the eligibility criteria.

Figure 15: ADD/ADHD Study.  
Kaplan-Meier Curve of Time  
required to reach Eligibility Criteria



REMEDY

The 62 patients were *successfully treated* with 17 different homeopathic remedies (table 65). Remedies were classified as successful if the patient met the eligibility criteria for the test phase. Further remedies were used but did not lead to a sustained improvement at the required level; they are therefore not included.

Table 65:  
ADHD/ADD Study.  
Remedy List

ADHD/ADO STUDY, REMEDY LIST (frequency of prescriptions given in brackets)	
Calcium carbonicum (15)	Mercurius solubilis (3)
Sulphur(8)	Capsicum [1]
Chamomilla [5]	Causticum II]
Lycopodium [5]	Hyoscyamus HI
Hepar sulphuris (4)	Phosphorus[1]
Nux vomica (4)	Phosphoricum acidum [1)
China (3)	Sepia [1]
Ignatia (3)	Staphisagria 11)

NEUROPSYCHO  
LOGICAL CHANGES

Some neuropsychological investigations were conducted, both on diagnosis and on entry to the crossover study, enabling a com- parison of the untreated state with the state following homeopathic

treatment. Highly significant improvements were seen in the ability to recognize visual details, attention capacity and impulsivity (table 66).

Table 66: ADHD/ADD STUDY.		MEASUREMENT [OUTCOME-VARIABLE]	MEDIAN OF DIFFERENCES	DIFFERENCE %	P-VALUE* **	EFFECT
RESULTS OF THE SCREENING						
PHASE: Differences in the Perceptual Ability Between Diagnosis and Start of the Crossover Study (Wilcoxon Signed-Rank Test)	Holistic visual recognition (GC <sup>A</sup> , K-ABC]	-3	10.1	0.0001	Improvement	
	Impulsivity (G0/N0G0. SD <sup>B</sup> , TAP)	-13	17.0	0.1044	Improvement	
	Impulsivity (G0/N0G0. Median <sup>C</sup> , TAP)	17.5	16.2	0.0001	Improvement	
	Impulsivity (G0/N0G0. Errors, TAP)	-43	104.2	0.0001	Improvement	
	Divided attention (SD <sup>B</sup> , TAP)	-30.5	24.1	0.0001	Improvement	
	Divided attention (Medians TAP)	-32	44.3	0.0001	Improvement	
	Divided attention (Missings, TAP]	-29	24.6	0.0001	Improvement	
	Divided attention (Errors, TAP]	-30.5	27.1	0.0001	Improvement	

**CROSSOVER STUDY** Out of 62 patients, three dropped out of the study during the first crossover period and one during the second crossover period. The reasons for dropping out were increasing tics, behavioural disturbances and a reactive depression. These patients were included in the final analysis according to the intention-to-treat principle.

The comparison of the treatment effect - “within-patient differences” - shows that the CGI with verum compared to placebo declines on average by 1.67 points. This improvement is statistically significant with a p-value of 0.0479 and a 95% confidence interval

\* Changes compared to test values before treatment.

\*\* p < 0.05 means a significant difference in performance between diagnosis and the start of the crossover period

A Gestalt closure

B Standard deviation of reaction time

C Median of reaction time



(CI) of -3.316 - 0.016. Further neuropsychological investigations during the crossover study produced a significantly improved resistance to verbal interference (VLMT test), with a p-value of 0.0328, a trend towards stabilization of mood ( $p=0.0693$ ) and a trend towards 1M- provement in reaction to unpredicted events ( $p=0.0001$ ).

#### LONG-TERM PROGRESS

##### WITH OPEN HOMEOPATHIC TREATMENT

Comparisons of evaluations with the Conners' Parent Rating Scale (CPRS) before treatment and 14 weeks after the crossover study show highly significant improvements in all rubrics: behaviour, learning/attention, psychosomatic complaints, impulsiveness/hyperactivity, shyness/anxiety and Conners' Global Index

Table 67: ADHD/ADD STUDY. RESULTS  
OF LONG-TERM TREATMENT  
Parental rating of differences in the  
Conners' Parent Rating Scale between  
diagnosis and investigation 14 weeks after  
the crossover study [wilcoxon signed-rank  
test]

PARENTAL RATING	MEDIAN OF DIFFERENCES	DIFFERENCE %	P-VALUE	EFFECT
Behaviour	3.5	42.5	0.0001	Improvement
Learning, attention	3	36.5	0.0001	Improvement
Psychosomatic complaints	1	46.5	0.0001	Improvement
Impulsiveness, hyperactivity	3	41.5	0.0001	Improvement
Shyness, anxiety	1	39.5	0.0001	Improvement
Conners' Global Index	7	43.3	0.0001	Improvement

The ratings with the Conners' Teacher Rating Scale (CTRS) also showed a significant improvement in behaviour, as well as trends towards improvement in learning and attention, passivity and the Conners' Global Index (table 68).

Table 68: ADHD/ADD STUDY.  
RESULTS OF LONG-TERM  
TREATMENT Teacher rating of  
differences in the Conners' Teacher  
Rating Scale between diagnosis and  
investigation 14 weeks after the  
crossover study (wilcoxon signed rank  
test)

TEACHER RATING	MEDIAN OF DIFFERENCES	DIFFERENCE %	P-VALUE	OUTCOME
Behaviour	3	36.4	0.0347	Improvement
Learning, attention	2	27.8	0.1932	Improvement
Passivity	2	27.8	0.1194	Improvement
Conners' Global Index	3	30.8	0.0561	Improvement

Figure 16 shows the therapy status *five years after the start of the study* as well as the CGI ratings from parents at this time. From 14 weeks after the end of the study, the patients and their parents were

free to choose how to continue treatment. At this five-year point in time, we were able to contact 60 of 62 sets of parents whose children took part in the crossover study. Twenty-eight children (47%) were still being treated with homeopathy, with an average CGI rating of 6.8, which corresponds to an improvement in the CGI of 64.3% compared to before treatment. 25 children (42%) had stopped all treatment. Their CGI rating was 8.8, which nevertheless represents an improvement of 53.5% compared to the initial value. Seven children (11%) were being treated with methylphenidate. Their CGI rating was 10.6.<sup>33</sup>

Figure 16: ADHD/ADD Study,  
Treatment Choice 5 Years After  
Start of the Study and CGI  
Long-Term Progress (N=60)

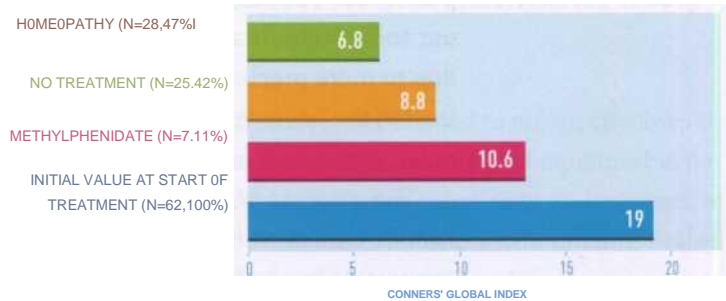
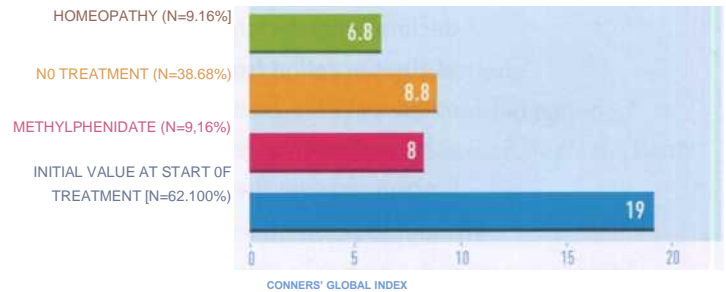


Figure 17 shows the treatment choice eight years after the start of the study and the CGI long-term progress. After eight years, we were still able to contact 56 of the 62 original participants. Only nine patients (16%) were still having homeopathic treatment at this time. Their CGI ratings were unchanged at 6.8. Thirty-eight patients (68%) were not undergoing any form of treatment, and their average CGI rating was 8.8. A further nine patients (16%) were taking methylphenidate : their average CGI rating was 8.0. The difference in CGI ratings between the three groups is not significant.

Figure 17: ADHD/ADD Study,  
Treatment Choice 8 Years After  
Start of the Study and CGI  
Long-Term Progress (N=56)



#### 6.4-4 DISCUSSION

The *randomized double-blind study* shows a *significant effect* of homeopathy for children with ADHD/ADD. The chosen design enabled an individual prescription of homeopathic medication, which is the main requirement of homeopathy when correctly practiced. Significant means that the effect of homeopathy, even under the strict scientific conditions of a double-blind study, differs from that of placebo. Due to a very strong carryover effect, the CGI difference of 1.67 between placebo and verum was smaller than expected. The carryover effect was already noticeable in a preliminary study, yet turned out to be larger than expected in the double-blind study, probably due to more precise homeopathic treatment, since the doctor who treated the patients had become more experienced with ADHD/ADD.

The progress of certain cognitive functions during open homeopathic treatment in the *screening phase* shows *highly significant 1Mprovements* in visual perception, impulsivity and divided attention. The clinical literature indicates that stimulants also improve the perception deficits found in ADHD/ADD patients.<sup>54</sup> In order to investigate quantitative aspects more precisely, a study with comparable patients using homeopathy, stimulants and placebo would be valuable.

The *long-term progress* shows that the CGI and CPRS values (parental assessment) also showed a *highly significant* decline of 37% to 64%. This means that the intensity of the ADHD/ADD symptoms declined, accompanied by clear improvements in the emotional and social aspects as well as better behaviour at school. It was surprising that the five-year check-up indicated that the improvement achieved as the result of longterm homeopathic treatment in many children declines only slightly after stopping any treatment, stabilizing at 47% of the CGI rating from before the start of treatment. Such progress could possibly be interpreted as partial healing of ADHD/ADD. To achieve certainty here, an untreated control group is required, which is observed over the same period of time.

**CONCLUSIONS**

Allowing for the 16% of study participants who did not achieve the eligibility criteria, together with the 11% of participants who switched to methylphenidate after the study, the success rate for long-term homeopathic treatment is 70-75%. This means that three out of four children with ADHD/ADD who commence homeopathic treatment will experience consistent improvement.

## **6.5 MULTIMORBID EVALUATION OF POLARITY ANALYSIS FOR MULTIMORBID PATIENTS: AN OPEN, PROSPECTIVE OUTCOME STUDY OVER 12 MONTHS (CC STUDY)<sup>55</sup>**

**6.5.1 INTRODUCTION**

This complex case (CC) study was designed to prospectively evaluate the use of polarity analysis in the treatment of multimorbid patients, those with at least three different complaints or diagnoses. In contrast to the previous evaluations for acute and uncomplicated chronic illness, multimorbid patients present with very many symptoms, including very many polar symptoms. To correctly assign a single remedy to cover such a multitude of symptoms is a great challenge. Is this in fact possible or does the multiplicity of symptoms cause a levelling of the polarity difference to the point where it becomes unusable? And what about the claim to mathematical certainty of healing,<sup>10,56</sup> which Samuel Hahnemann required of his method: is this fiction or reality?

In addition we need to clarify whether homeopathy can adequately take over a large amount of basic medical care, and at what cost. Can the unsatisfactory polypharmacy practiced in conventional medicine for multimorbid patients be replaced by a single or a series of highly potentized homeopathic remedies?

**STUDY AIMS**

The study seeks to answer the following questions:

- What diagnoses occur frequently in multimorbid patients?
- How high is the proportion of patients successfully treated with homeopathy?
- What are the improvement rates per month?
- How high is the proportion of remedy changes per month?
- Which treatments are unsuccessful and why?

- What is the spectrum of remedies used?
- How much time is required by the doctor?
- What is the cost comparison between conventional medicine and homeopathy?

#### 6.5.2 DESIGN

The homeopathic procedure and the use of polarity analysis in the treatment of multimorbid patients are described in detail in chapter 5. The assessment of the efficacy of homeopathic remedies is described in 1.8, "Assessing Progress". A remedy is regarded as a *successful prescription* when the improvement is within the boundaries of the expected. This is defined by the average overall improvement in a particular month of treatment. This means that, for example, there is an average improvement in symptoms of around 40% following the first dose of the remedy, an *additional* improvement of 15-20% following the second dose, a further additional improvement of 10% following the third dose, and so on. Successful treatment was defined as an overall improvement in all symptoms after 12 months of 80% or more.

#### ELIGIBILITY AND EXCLUSION CRITERIA

The patients accepted into the study had to meet the following *eligibility criteria*:

- Minimum age 20, no upper age limit
- Three or more diagnoses or symptom complexes
- Potentially curable symptoms
- Willingness to gradually reduce or phase out their conventional medical treatment (exception: treatments for arterial hypertension)
- Acceptance of monthly check-ups over the course of one year

Patients were not accepted into the study if they met any of these *exclusion criteria*:

- Life-threatening illnesses, coronary heart disease, malignant tumours
- Illness requiring substitution treatment (diabetes mellitus, hypothyroidism)
- Anticoagulant therapy
- Irreversible organ damage

#### SAMPLE SIZE

Fifty patients were involved in the study.

DETERMINATION  
OF TIME REQUIRED,  
ESTIMATE OF COSTS

The time required for a homeopathic treatment can be determined directly from the patient history, since this is the basis for calculating the required treatment cost. The time required for a conventional medical treatment of complex illness was estimated to be one hour for the initial consultation followed by eight check-ups of twenty minutes each. The costs for the time required for a homeopathic and conventional medical treatment could be calculated using *Tarmed*, the Swiss tariff of medical treatment<sup>57</sup>. The medication costs for a homeopathic treatment of twelve months' duration consist of three doses each of the potency 200c and 1M, and two doses each of the potencies 10M, 50M and 100M. The prices are given in the *Schweizerische Spezialitätenliste*<sup>58</sup> ("SWiss Specialities List"). For the calculation of the potential costs of conventional medical treatment, the set of symptoms shown by each patient were assigned a medical diagnosis, and then the current therapy recommendations from the standard work *Current Medical Diagnosis and Treatment*<sup>59</sup> were looked up for each diagnosis. On this basis the required conventional medication was chosen from the *Arzneimittelkompendium der Schweiz*<sup>60</sup> ("Medicine Compendium of Switzerland"). The costs of each medication required for long-term treatment can then be calculated based on the average daily dose. For periodic complaints such as recurrent sinusitis maxillaris, the total annual costs were

Table 69: CC Study, Example

of Cost Estimates for

Conventional Medical

Treatment

DIAGNOSIS	MEDICATION	DOSE	COST / DAY
Paraplegia	(Physiotherapy)		
Depression	Deanxit	2 x 1 / day	€0.61
Irritable Bowl	Duspatalin	2 x 1 / day	€1.36
Raynaud's syndrome	Adalat retard	2 x 1 / day	€0.83
			TOTAL: € 2.80 *

\* The Calculation is based on the prices given in the *Arzneimittelkompendium der Schweiz* 2010<sup>60</sup>  
With an exchange rate of €1.0 = CHF1.20.

6.5.3 RESULTS

BIOMETRIC DATA OF  
STUDY PARTICIPANTS

The number of females in the CC study was 39, 78% of the total, and the number of males was 11,22% of the total. The average age of patients was 47.4, with a range of 24 to 73. The average number of diagnoses per patient was 5.7 with a range of 3-12 (See table 70).

Table 70: CC Study, Biometric  
Data of Participants (N=50)

BIOMETRIC DATA OF PARTICIPANTS (N=50)	
women:	39 (78%)
Men:	11 (22%)
Average Age:	47.4 Years (24-73)
Number of diagnoses/patient:	5.7 (3-12)

DIAGNOSES

Table 71 shows the most frequent diagnoses in the CC study. This constitutes a representative selection of illnesses that are frequently encountered in general medical practice, In line with the exclusion criteria for the study, the following illnesses are not found: hypertension and coronary heart disease, illnesses requiring substitution therapy such as diabetes mellitus or hypothyroidism, as well as malignant tumours.

Table 71: CC Study.  
Most Common Diagnoses

MOST COMMON DIAGNOSES
Asthma, hay fever, eczema
Soft-tissue rheumatisms, chronic arthritis
Dysmenorrhoea, menopausal complaints
Recurrent respiratory infections
Cardiac dysrhythmia
Heartburn, irritable bowel
Headache, migraine
Depression, anxiety, exhaustion
Sleep disorders
Recurrent cystitis

PROPORTION OF PATIENTS  
SUCCESSFULLY TREATED  
WITH HOMEOPATHY

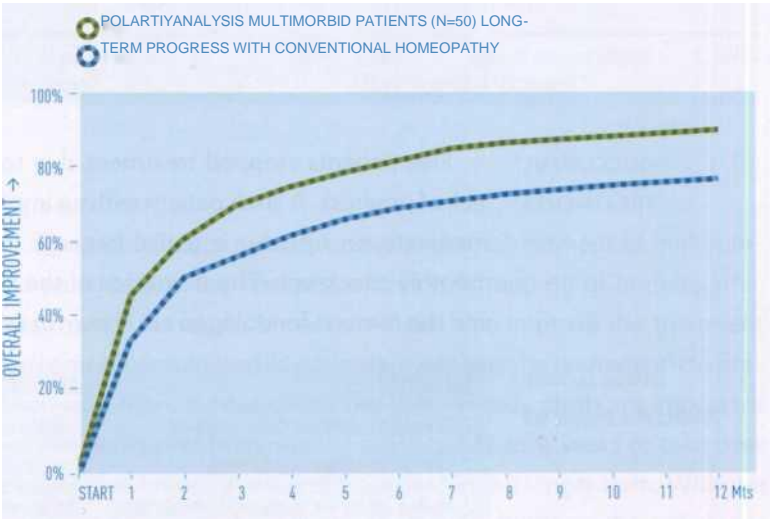
Forty-three of fifty patients (86%) achieved an average improvement of 91% after twelve months. Six patients dropped out of the study. One patient with chronic sleep and anxiety disorders as well as polyarthritis only achieved an improvement of 55% after twelve months (see below).

TREATMENT PROGRESS:

RATE OF IMPROVEMENT  
PER MONTH (FIGURE 17)

Homeopathic treatment is characterized by initial substantial improvements (47% improvement after one month, 63% after two months), followed by successively smaller increments of improvement, asymptotically approaching 100% (green line in the graph below ). A comparison can be made with the results of an earlier longterm study with young patients (average age at the start of the study was 11.8 years) suffering from uncomplicated chronic illness, who were treated with the Boenninghausen method, but without polarity analysis and questionnaires (blue line in the graph below).<sup>61</sup>

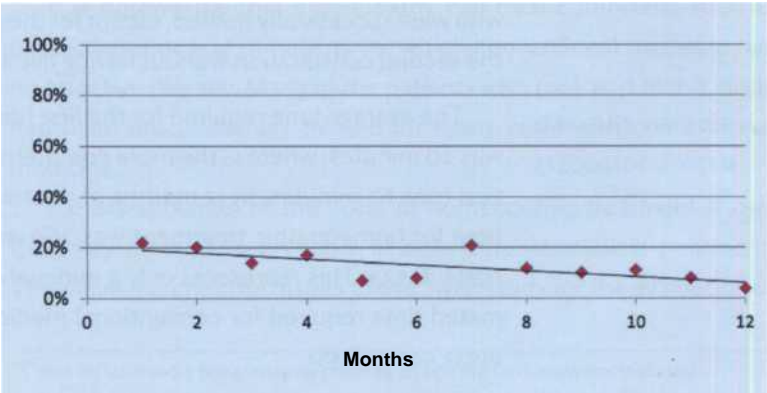
Figure 17: CC Study, Treatment  
Progress: Polarity Analysis for  
Multimorbid Patients vs. Long-Term  
Progress with conventional  
Homeopathy



PROPORTION  
OF REMEDY  
CHANGES

The percentage of remedy changes per month is summarised in figure 18. If the remedy was changed, the previous prescription was judged to be *unsuccessful*.

Figure 18: Percentage of Remedy  
Changes per month





## REMEDY LIST

The remedies used and the frequency of their use are shown in table 72. It is striking that minor remedies are used reasonably often.

Table 72: CC Study, Remedy List

REMEDY LIST									
Acon	2x	Bell	2x	Hep	6x	Nit-ac	2x	Sep	6x
Alum	3x	Calc-c	3x	Ign	2x	Nux-v	14x	Seneg	1x
Am-m	1x	Camph	2x	Kali-c	1x	Phos	3x	Sil	8x
Aur	2x	Caust	2x	Laur	2x	Puls	3x	Staph	1x
Ars-a	5x	Con	1x	Lyc	7x	Rhod	1x	Sulph	1x
Arn	2x	Groc	1x	Mag-m	1x	Rhus-t	6x	Verat-a	1x
Asar	1x	Graph	5x	Merc-s	1x	Ruta	1x		
Bar-c	1x	Hell	1x	Nat-m	7x	Sabin	1x		

## UNSUCCESSFUL

## TREATMENTS

Five patients stopped treatment due to inadequate response or lack of progress. A sixth patient with an improvement of 75% stopped treatment on his own initiative because he could not manage the monthly check-ups. The diagnoses of the patients who dropped out and the reasons for doing so are shown in table 73.

Table 73: CC Study.  
Patients who Dropped Out

DIAGNOSES	REASONS FOR DROPPING OUT
1. Depression, dysmenorrhoea, migraine	Inadequate response
2. Depression, vertigo, polyarthritis	Lack of preparation for casetaking
3. Morbus Bechterew, migraine, dysmenorrhoea	Inadequate response, pregnancy
4. Nasal polyps, asthma, headache	Inadequate response
5. Rheum, arthritis, depression, dysmenorrhoea	Inadequate observation of symptoms
6. Lumbago, chronic rhinitis, migraine	Poor compliance

The patients who dropped out do not differ obviously from those who were successfully treated, except for the patient who returned for the second consultation without having filled out the questionnaires.

DOCTOR TIME AND  
MEDICATION COSTS

The average time required for the first homeopathic consultation was 20 minutes, whereas the more comprehensive second consultation took 67 minutes. In 12 months of treatment, the average doctor time for homeopathic treatment was 260 minutes (range 230-285); costs: € 533. This represents only a minimal deviation from the estimated time required for conventional medical treatment (220 minutes): costs: €451.

The medication costs for treatment with single doses administered on a monthly basis in increasing potencies (200c, 1M, 10M, 50M, TOOM in two and a half passes) amounted to € 105 per year. The estimated costs for conventional medical treatment of the same complaints over the same period amount to € 1121 (table 74).

Table 74: CC Study, Comparison of  
Costs for Homeopathy vs.  
Conventional Medicine

HOMEOPATHY*		CONVENTIONAL MEDICINE*	
Average physician time per year: approx. 260 mins	€533	Average physician time per year: approx. 220 mins	€451
Medication per year (1 dose per month)	€105	Medication per year	€1121
<b>Total costs for homeopathic treatment</b>	<b>€638 (41%)</b>	<b>Total costs for conventional medical treatment</b>	<b>€1572 (100%)</b>

#### 6.5.4 DISCUSSION

The validation of polarity analysis for the treatment of multimorbid patients was the final test of this new method of homeopathic treatment. The results show that it can also improve the treatment outcomes for multimorbid patients. It enables the homeopath to precisely and reproducibly select the best remedy. Both are important requirements that homeopathy must satisfy as it seeks to take over a larger proportion of medical treatment in the longer term. With the graphical record of the symptom intensity, homeopaths can document their success and also recognize immediately when a change of remedy is required. The only disadvantage is that the time required for polarity analysis in complex cases is almost as great as that for a standard homeopathic approach.

It is noteworthy that homeopathy can treat complaints such as paraesthesia or fear of heights for which conventional medicine has no effective therapy. Many of the patients who took part in this study had been unsuccessfully treated for many years with conventional medicine.

An extrapolation of the costs of homeopathic treatment shows that they amount to only 41% of conventional medical treatment. This value matches the results of the Swiss study for the evaluation of

\* Costs for laboratory tests, imaging procedures and physiotherapy not Included.

complementary medicine (*Schweizerisches Programm zur Evaluation der Komplementarmedizin, PEK-Studie*). The planned publication of this study in 2005 was suppressed for political reasons by the minister of health...

**CONCLUSIONS** The evaluation of the results of polarity analysis tends to confirm Samuel Hahnemann's statement that homeopathy works "[...] *as it were, according to mathematical certainty*"<sup>1056</sup>. With acute and uncomplicated chronic illness as well as even with multimorbid patients, it is possible to significantly increase the accuracy of the prescription and the rate of improvement. Minor remedies are also regularly prescribed with this method. An important side effect of the method is the streamlining of the process of choosing the remedy, which enables this form of homeopathy to be used even in a very busy practice. We should, however, note that the familiarity of many parents and patients with the method and their awareness of the importance of precise observation of the symptoms probably had a positive effect on the results.

As an informal, independent confirmation of the results discussed here, we would like to present the experience of a team of colleagues who started working with polarity analysis in 2011. They reported their results with the following comments: *"Of the cases that were evaluated, around 80% were successful. The remedies suggested [by the method] were often surprisingly good and the results accordingly good too."*

The prerequisite for such success is the consistent use of polarity analysis. If the homeopath switches between different methods, it will prove more difficult to reproduce these results. Taken together, the studies discussed here indicate that homeopathy could be used to provide comprehensive basic medical care in an efficient and cost-effective way.

## 7 TOOLS

### 7.1 REPERTORY

We recommend the use of the Polarity-Analysis Software in your language (<https://polarity-analysis.com>), as demonstrated in this book. It is based on *Boenninghausens Therapeutic Pocketbook 1846*, and especially adapted by the author to the needs of polarity analysis. The software offers the checklists of this chapter as a free download (click on your name on the right upper side of the display ? Checklist, ADHD Checklist ? Download). Working with them you can click in the software on the symptoms marked by the patient, and they enter directly into the repertorisation. Thus, it enables a very efficient case taking. A test version of the software is available for free during one month, after that it can be purchased at a low cost. Other features such as *alternative symptom suggestions* and an *analysis of the patients genius symptoms* are in preparation.

### 7.2 DIAGNOSES AND MAIN SYMPTOMS

In chronic disease, perception disorders and multimorbid patients we use the checklist diagnoses and main symptoms to get an overview of all the ailments the patient has. It is a head-to-toe list of the most important diagnoses, leaving a lot of space to add comments by hand. The sheet is always combined with the checklist of reliable symptoms, where patients mark the modalities of their disease.

### 7.3. CHECKLIST FOR RELIABLE SYMPTOMS

This checklist contains 160 most important patient symptoms, which have proved to be reliable for remedy determination. The patient can mark his symptoms on the checklist at home or in the practice. For polarity analysis we need between eight and 16 symptoms. It is important that patients are aware of this number and observe themselves well. Too many and too few symptoms are both unsatisfactory. The task of the homeopath then is to make sure that they have understood correctly what each symptom means. We use this checklist in acute as well as in chronic disease.

**7-4 CHECKLIST FOR****PERCEPTION  
DISORDERS**

The checklist for perception disorders of the ADHD double blind study, in which we realized that only few symptoms are reliable for remedy determination in these patients. It distinguishes between highly reliable symptoms, symptoms of intermediate reliability and symptoms of low reliability. If there is a sufficient number of highly reliable symptoms (i.e. between five and eight), we use only those to determine the remedy. If they do not lead to an adequate differentiation, we also take symptoms of intermediate reliability into the repertorisation. The checklist is applied in patients with perception disorders such as ADD/ADHD and Asperger syndrome, or related pathology. It is usually combined with the checklist for diagnoses and main symptoms and the checklist of reliable symptoms.

**7.5 TREATMENT  
ASSESSMENT SHEET  
FOR PERCEPTION  
DISORDERS**

In order to evaluate the effect of homeopathy in perception disorders, we use the ADD/ADHD assessment sheet, which corresponds to the Conners Global Index. This is a ten-item rating scale with the most important ADD/ADHD symptoms. Parents or teachers of the child have to rate their intensity at every follow-up. It allows an impression of the progress the patient makes under treatment.

**7.6 INSTRUCTIONS  
FOR LM- OR Q-  
POTENCIES**

In difficult treatment situations such as cancer patients, or patients who receive a conventional treatment parallel to homeopathy we usually use LM- or Q-potencies.  
This sheet is an instruction for patients how to apply them.

**7.7 CASE LOG FOR  
MULTIMORBID  
PATIENTS**

The case log is a file to summarize all relevant diagnoses and symptoms of multimorbid patients, i.e. patients with three or more diagnoses.

7.2 DIAGNOSES AND MAIN SYMPTOMS

Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

To treat you in a holistic Way, We need acomplete desCription of your Complaints. Please Complete the folloWing head-to- toe questions, underlining Whatever applies to you, and make notes if you feel this is neCessary. The list is not Complete so feel free to add any extra Comments in the appropriate box.

HEAD

- Headache
- Eye complaints
- Cold / sinus complaints
- Inflamed throat
- Ear inflammation / infection

CHEST

- Heart: disturbances to heart rhythm / weakness / pain
- Lung: cough / bronchitis / asthma

ABDOMEN

- Stomach: heartburn / burning / cramps

KIDNEYS AND URINARY TRACT

- Inflammation / infection of kidney and bladder
- Urinary incontinence

GENITALS

- Menstrual complaints
- Painful sexual intercourse

MUSCULOSKELETAL SYSTEM

- Soft-tissue rheumatism
- Joint complaints

SKIN

- Skin rash / inflammation / infection / warts
- Sweat

SLEEP

- Problems getting to steep and sleeping through the night
- Nightmares

MOOD

- Anxiety I fears
- Depression

DesCribе any symptoms not listed above

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As a next step you must mark in the **CHECKLIST OF RELIABLE SYMPTOMS** those important modalities that apply to your Complaints. Try to find at least 8 and maximally 16 symptoms.

### 7.3 CHECKLIST FOR RELIABLE SYMPTOMS

Last name, First Name: Date:

DIAGNOSIS, PRIMARY AND SECONDARY SYMPTOMS (description):

Mark between 8 AND 16 IMPORTANT SYMPTOMS that pertain to the Current disease.

Symptoms are Changes during a disease that differ from the healthy state.

#### AIR/WEATHER/TEMPERATURE/WRAPPING

Desire for open air	increased	diminished
Open air	improves	aggravates
Room	improves	aggravates
weather / air, wet.	improves	aggravates
weather/air, dry	improves	aggravates
weather/air, cold	improves	aggravates
weather/air, warm	improves	aggravates
weather/air, wet-cold		aggravates
Cold in general	improves	aggravates
Cold, when getting cold	improves	aggravates
warmth, in general	improves	aggravates
warmly, wrapping up	improves	aggravates
Uncovering	improves	aggravates
Raising affected limb	improves	aggravates
Stretching out affected limb	improves	aggravates
Bending over, while	improves	aggravates
Sitting down, while	improves	aggravates
Rising from bed, while	improves	aggravates
Rising from seat, while	improves	aggravates
writing		aggravates
Traveling (bouncing) in a car		aggravates

#### POSITION

Lying position	improves	aggravates
Lying, on back	improves	aggravates
Lying, on side	improves	aggravates
Lying, on right side	improves	aggravates
Lying, on left side	improves	aggravates

Lying, on painful side	improves	aggravates
Lying, on pain-free side	improves	aggravates
Sitting	improves	aggravates
Sitting, bent over	improves	aggravates
Standing	improves	aggravates
Lying down, after	improves	aggravates
Rising from bed, after	improves	aggravates
Rising from seat, after	improves	
Hang down, arm/leg	improves	aggravates

#### MOVEMENT

Resting (not moving)	improves	aggravates
Movement	desire	aversion
Movement	improves	aggravates
Movement, affected parts	improves	aggravates
walking	improves	aggravates
Running, jogging		aggravates
Stepping hard		aggravates
Physical effort		aggravates

#### BREATHING

Breathing		quickened
Breathing, in		aggravates
Breathing, out		aggravates

#### HEART-CIRCULATION

Pulse	too fast	too slow
Pulse	hard	

DIGESTIVE TRACT

Erections [burping]	improves	aggravates
Stool, before		aggravates
Stool, during		aggravates
Stool, after	improves	aggravates
Flatus, discharge of	improves	

GYNECOLOGY/UROLOGY

Menstruation	too short	too long
Menstruation	profuse	too weak
Menstruation	too often	too rare
Menstruation, blood, clotted (lumpy)		
Menstruation worse	before	at start
Menstruation worse	during	after
Sexual instinct	strong	weak
Leucorrhoea. acrid		
Urination	profuse	scanty
Urination	frequent	infrequent

PERCEPTION

Light [bright]		aggravates
Looking, eyes strained		aggravates
Reading		aggravates
Touch		aggravates
Pressure, external	improves	aggravates
Rubbing	improves	aggravates

HEAD

warmly, wrapping up head	improves	aggravates
Shaking head		aggravates
Sneezing		aggravates
Teething, during, in Children		aggravates
Talking, speaking		aggravates
Mental effort		aggravates

EATING/DRINKING

Swallowing	improves	aggravates
Chewing		aggravates
Eating, before		aggravates
Eating, during	improves	aggravates
Eating, after	improves	aggravates
Change of appetite	hunger	no appetite
Desire to drink	thirst	no thirst
Before breakfast, fasting	improves	aggravates
After breakfast	improves	aggravates
Food and drink, cold things	improves	aggravates
Food and drink, warm things	improves	aggravates
Drinking while		aggravates
Drinking, after		aggravates
Alcohol		aggravates
Milk		aggravates
Coffee		aggravates
Saliva	increased	diminished

SLEEP

while falling asleep		aggravates
Sleep, during		aggravates
while/after waking up		aggravates

MIND AND INTELLECT

Irritability (anger, aggression) unusual		
Sadness (dejection, inclined to weep) unusual		
	improves	
Solitude, being alone		
Company of people		aggravates
Consolation		aggravates
Grinding teeth		
Understanding difficult		



## 7.4 CHECKLIST FOR PERCEPTION DISORDERS

Copyright 2018 by Dr. med. Heiner Frei, CH-3177 Laupen

Last name, First Name: \_\_\_\_\_

Date: \_\_\_\_\_

For a homeopathiC remedy determination We need to know exaCt symptoms. Please note in the field below What you find most striking

**MAINSYMPTOMS** [e.g. restlessness, impulsiveness, poor concentration, speech difficulties]

---



---



---

NoW mark on this side BETWEEN 8 AND 16 IMPORTANT SYMPTOMS that pertain to the perception disorder. Symptoms are changes When the patient is not Well. They differ from the healthy state.

### HIGH RELIABILITY

### INTERPRETATION

Light (bright) aggravates	Over-sensitivity to bright light
Looking, eyes strained, aggravates	Irritability after media consumption (TV/PC)
Reading aggravates	Dislikes reading, tires quickly
Talking aggravates	Slow speech development, speech disturbances
Touch aggravates	Dislikes touch
warmth in general aggravates	Irritability in warm environment
warmth of Room/Stove aggravates	Irritability in overheated room
Uncovering ameliorates	Uncovers or takes off clothes often
Cold in general aggravates	Feels cold easily
Uncovering aggravates	Covers himself or wraps up warmly
Aversion against movement	Laziness
writing aggravates	Writes/draws in cramped way, tires easily
After waking up, aggravates	Irritability after waking up
Before falling asleep, aggravates	Irritability in the evening, before sleep
Understanding difficult	Grasps complex issues only slowly
Sadness	Downcast, weepy
Irritability	Aggressive, fits of rage

### INTERMEDIATE RELIABILITY

Noise aggravates	Irritated by noise of others
Smell sensitive	Intolerant of smells
Taste diminished	Adds spice to everything
Travelling in car aggravates	Nausea/headaches while being driven in a car
Movement ameliorates	Restlessness/irritability improved by sports
Memory weak	Easily forgets things just learned
Muscles tense (must be confirmed by physician)	Basic muscle tone high
Muscles flabby (must be confirmed by physician)	Basic muscle tone low

3) The following symptoms are common in disturbances of perception and ADD/ADHD but *have proved to be unreliable when choosing a homeopathic remedy*. They still may play a certain role in the fine tuning of the remedy determination. Therefore underline only symptoms here which are very pronounced..

### MIND

- Mood swings
- . Sulky
- Serious
- Fearful
- Compulsive ideas
- Proud, arrogant
- Nasty
- Jealous
- Greedy, stingy
- Brash, cheeky, rude
- Dictatorial
- Dislikes washing himself

### **Modalities of mind**

- Mental effort aggravates
- . Being alone aggravates
- Being with people aggravates
- Darkness aggravates
- Room full of people aggravates
- Strangers aggravate
- Being consoled aggravates
- Fear aggravates
- Upset aggravates

- Annoyed aggravates

- Anger aggravates
- Lack of sleep aggravates

### **Motor phenomena**

- Stammering
- . Grinding teeth

### PERFORMANCE

- Mistakes in arithmetic
- Slowness

### FRESH AIR/MOVEMENT

- Desire for fresh air
- . Aversion to fresh air
- Fresh air ameliorates
- Walking in fresh air ameliorates
- . Physical effort ameliorates
- . Involuntary movements [tics]

### TOUCH

- Pressure of clothes aggravates
- Combing hair aggravates
- Touch ameliorates
- . Rubbing, massaging ameliorates

### WEATHER/PHASES OF MOON

- . Cold weather aggravates
- Autumn aggravates
- . Winter aggravates
- Windy weather aggravates
- Change of weather aggravates
- Full moon aggravates
- . New moon aggravates

### EATING/DRINKING

- Disgust
- Desires sweet things
- . Desires salty things
- Desires milk
- Midday aggravates
- Hunger aggravates
- Sweet things aggravate
- Milk aggravates
- After eating ameliorates
- After drinking ameliorates

Please note here further specific symptoms not mentioned on this checklist:

7.5 TREATMENT ASSESSMENT SHEET FOR PERCEPTION DISORDERS Connors Global Index\*

Name: \_\_\_\_\_ Rating by Mother / Father / TeaCher

1. Make your judgement aCCording to your OWn observations. AIWAYS apply the same level of stridness. Ratings of different assessors do not need be identiCal.
2. Make an overall rating for the last tWO Weeks. Do not base your assessment on the basis on individual events.

Rating scale: 0 = never. 1 = a little. 2 = quite strong. 3 = very strong

	0	1	2	3	4	5	6
EXCITABLE AND IMPULSIVE							
CRIES EASILY AND OFTEN							
RESTLESS, FIDGETY							
ALWAYS ON THE GO							
DESTRUCTIVE							
LACK OF STAMINA							
POOR CONCENTRATION							
RAPID MOOD CHANGES							
EASILY FRUSTRATED							
DISTURBS OTHER CHILDREN							
TOTAL							
DATE							
MEDIATION	NONE						



## 7.6. INSTRUCTIONS FOR LM- OR Q-POTENCIES

### INSTRUCTIONS FOR HOW TO TAKE THE REMEDY

You have been given a glass bottle that is filled to the top with the remedy, to avoid it being shaken before it is first used (shaking alters homeopathic remedies).

1. Open the bottle and throw away a small amount of the liquid, to the level of the upper edge of the label, so that the liquid can move freely inside the bottle.
2. Empty the contents of the pipette into the bottle and then close the bottle firmly.
3. Vigorously shake the bottle 10 times - it is the same movement as when you shake down a medical mercury thermometer before using it.
4. Put two drops into a throw-away cup (2 dl / 7 fl oz) filled to the halfway point with tap water, and thoroughly mix the liquid using a plastic spoon.
5. Take 5 ml/ 0.2 fl oz of liquid from the throw-away cup using a plastic spoon.
6. Throw away the remaining contents.
7. Rinse the cup and spoon with water and put it away.

NOTE: The cup and spoon may only be used by the patient. They need to be replaced with every new bottle.

Time of taking the remedy -----

### SUBSEQUENT DOSES OF THE REMEDY

The procedure is the same as with the first dose except that you do not need to first throw away any liquid from the bottle (step 1 in the above procedure). Make sure that you vigorously shake the bottle 10 times every time you take the remedy.

Repeat doses -----

After \_\_\_\_\_ Weeks, check-up with homeopath

### IMPORTANT

An initial worsening of the symptoms is likely but this should not last longer than two weeks. *During homeopathic treatment you must avoid the following:*

- Other homeopathic remedies (also complex homeopathic remedies, Schussler salts, etc.)
- Peppermint/menthol (e.g. tea, chewing gum, toothpaste, etc.). Some toothpastes are marked as suitable for use when taking homeopathic remedies, and they may contain ingredients such as aniseed or other herbs.
- Chamomile tea, coffee (caffeine-free is OK)
- Camphor-containing ointments (e.g. vicks).
- The medication should not be stored near electronic equipment (TV, PC, microwave, mobile/cell phone, etc.).

## 7.7 CASE LOG FOR MULTIMORBID PATIENTS

The case log is a file to summarize all relevant diagnoses and symptoms of multimorbid patients, i.e. patients with three or more diagnoses . They receive the checklist for diagnoses and main symptoms and a checklist of reliable symptoms for each of their ailments. The results are entered in the case log, which protocols the following information: Diagnosis, the year when symptoms began, the frequency of their appearance, the modalities, and the intensity of the complaint on a scale from 1-10. The patients also make an intensity rating of each complaint at every follow-up. Its results are summarized in a graphic progress check. The file may be downloaded from our web-site: [www.heinerfrei.ch](http://www.heinerfrei.ch).

# APPENDIX

## 8.1 QUIZ AN

## QUIZ 1: FUNDAMENTALS OF HOMEOPATHY

1 That *which is to be healed* means the *totality of symptoms currently present*.

2 *Symptoms* are the deviations from the original healthy state - that is, *changes in the state of health due to illness*.

3 The remedy must particularly match the patient's *modalities*.

4 *Mind symptoms* are changes in the *state of mind due to illness* - that is, deviations from the original healthy state of the patient. It is important to distinguish these from character traits and other characteristics of the patient.

5 At the *most*, mind symptoms can be the *decisive factor* for the final choice of a particular remedy, after the group of likely remedies has first been selected based on the polar symptoms and modalities.

6 *Character traits and characteristics* of the patient play no role in the final choice of remedy for the patient.

## QUIZ 2: THE BOENNINGHAUSEN METHOD

7 *Boenninghausen's hierarchy of symptoms*:

1<sup>st</sup> Cause

2<sup>nd</sup> Chief symptom with its characteristics

3<sup>rd</sup> Secondary symptoms with their characteristics

4<sup>th</sup> Changes in state of mind

8 *Characteristics of a symptom* are: Location / sensations and clinical findings / modalities / concomitants and extent

9 *Reliability of symptoms, from top to bottom:*

Modalities / polar symptoms

Clinical findings

Sensations / mind symptoms

- 10 By *pathognomonic symptoms* we nowadays refer to symptoms- based on a conventional medical diagnosis. The homeopaths of the nineteenth century understood this term to mean irreversible organ damage.

- 11 The *genius of a remedy* means the modalities, sensations and clinical findings that have been found at various locations many times in the remedy proving, and which have been clinically healed. These are in fact the characteristics of the remedy.

12 *Boenninghausen's grading of symptoms is as follows:*

1<sup>st</sup> grade: symptom occurs rarely in the remedy proving

2<sup>nd</sup> grade: symptom occurs frequently in the remedy proving

3<sup>rd</sup> grade: symptom occurs in the remedy proving and has been clinically healed by the remedy

4<sup>th</sup> grade: symptom occurs in the remedy proving and has frequently been clinically healed by the remedy 5<sup>th</sup> grade: 4th grade symptom that has been further confirmed by Boenninghausen due to very frequent observation of clinical healing

- 13 *Boenninghausen's contraindications:* Polar symptoms - that is, symptoms that can have an opposite, such as "thirst / thirst- lessness" - should be covered by the remedy in as high a grade as possible (3-5). If the opposite pole of the remedy symptom is found in a high grade (3-5) but the patient symptom is found in a low grade (1-2), the patient's symptom does not correspond to the genius of the remedy. This remedy is unlikely to heal the patient and it is therefore contraindicated.

- 14 *Essence of Hering's Law* "Suppose a patient had experienced the symptoms he suffers in the order a, b, c, d, e, then they ought to



leave him, if the cure is to be perfect and permanent, in the order e, d, c, b, a. The latest symptoms have thus the highest rank in deciding the choice of a remedy."

Consequence: If the patient has *contradictory symptoms*, the latest symptoms have the highest rank in deciding the choice of remedy.

- 15 *Mind symptoms* should be taken into account in the process of choosing a remedy during the materia medica comparison.

### QUIZ 3: POLARITY ANALYSIS

- 16 To *calculate the polarity difference* for each likely remedy, add the grades of the polar patient symptoms and subtract the grades of the corresponding opposite poles.

- 17 A polarity analysis should have *at least five polar symptoms*.

- 18 The *higher the polarity difference, the better the remedy matches the patient's symptoms, assuming there are no contraindications*.

- 19 *Weighting of the results of polarity analysis* (most important first):

1. Size of polarity difference
2. Absence of contraindications
3. Completeness of symptom coverage
4. Suitability of remedy in materia medica comparison

- 20 *Non-polar symptoms*, especially modalities, and if necessary also clinical findings, are used if the polar symptoms are insufficient to differentiate the likely remedies.

- 21 The *tools for casetaking* are:

- The Questionnaire for Diagnosis and Main Symptoms
- The Checklist for reliable symptoms

- 22 We recommend to use the Polarity analysis software, if possible in your language,  
<https://polarity-analysis.com>

#### QUIZ 4: ACUTE ILLNESS, PART I

- 23 Checklists for reliable symptoms
- 24 For acute illness, it is best to use *single doses in the potency 200 C*. The patient is given two (or more) pellets of the most suitable remedy in the practice.
- 25 If there is not *at least a 50% improvement in the overall symptoms* within two days of taking the remedy, the patient then takes the reserve remedy.
- 26 A *check-up* generally occurs at seven to ten days if a clinical finding needs to be checked. Otherwise the patient or the parent phones to give a progress report.
- 27 If there is an excessive *number of symptoms* and therefore not all symptoms can be clearly assigned to a remedy, it is necessary to summarize closely related symptoms. For example, all symptoms covering sensitivity to cold could be summarized as *< cold in general*.
- 28 *Character traits and characteristics of the patient* differ from true symptoms in that they are also present in the healthy state. It is important to question the patient to establish this.
- 29 “*Symptoms*” that are *normal in small children*, and which therefore should not be included in the repertorisation include, for example *> touch*, *> being carried*, or *> company*.
- 30 If repertorisation produces several equally good remedies, we can use the size of the polarity difference to decide on the choice of remedy. The materia medica comparison also often helps here.

## QUIZ 5: ACUTE ILLNESS, PART II

15 *Examples of symptoms that need to be clarified with the patient:*

- *Sitting up / straightening up; better/ worse*

Is it the movement or the position of sitting?

- *Getting up: better/worse*

Is it the movement or the position of standing?

- *Absence of thirst/ loss of appetite with pain on swallowing*

Is it true absence of thirst / loss of appetite or is it rather that pain prevents drinking / eating?

- *Open air: better/worse*

Is this only true during illness or is it always true? If always true, this is a characteristic of the patient, not a true symptom.

- *Physical exercise: better/ worse*

Does the symptom definitely improve after exercise? Or does the patient have a desire for sport with a sense of well-being due to the endorphin effect?

16 In *acute illness*, the effect of a homeopathic remedy can be distinguished from spontaneous recovery by the fact that the patient recovers very quickly.

17 *Typical mind symptoms:*

- Barium carbonicum: shy, hide behind the mother
- Phosphorus: very sociable and gregarious, dislike being alone
- Arsenicum album: anxious, want to have everything under control

18 Due to its reliability we recommend:

- Boenninghausen's *Characteristics, Materia Medica and Repertory* by C. M. Boger

19 *Relative contraindications:* the patient symptom is grade 3 or 4; the

Since the grading of both symptoms is at the genius level, this constellation is not necessarily to be regarded as a contraindication.

**36** *Risk factors for the occurrence of complications in childhood illness:*

- Suppression of the immune response with antipyretics
- Insufficient rest with too rapid a return to normal activities

**37** *Complications of:*

- *Measles*: encephalitis, pneumonia, appendicitis
- *Mumps*: encephalitis, hardness of hearing due to inner ear damage, orchitis with sterility

**38** *Clinical rubrics (diagnoses) from Boenninghausen's PB:*

- Scarlet fever / measles / rubella/ chickenpox
- Vomiting and diarrhoea (in combination)
- Infantile eczema/ shingles (varicella zoster)

Clinical rubrics should be ignored if there are sufficient polar symptoms available to choose the remedy.

**QUIZ 6: UNCOMPLICATED CHRONIC ILLNESS**

**39** Of the five criteria - cause, totality of symptom coverage, materia medica comparison, size of polarity difference, remedy picture

- the size of the polarity difference is often the decisive factor in choosing the correct remedy.

**40** With Boenninghausen's *dissociated repertorisation*, a complete symptom is broken down into its elements; the elements are then individually repertorised. This means that a single symptom cannot restrict the choice of remedy as strongly as can occur with *synthetic repertorisation*, in which all elements of a symptom are repertorised as a whole.

**41** With pollen allergies, the conditions of nature - which determine the occurrence of the pollen - should be omitted from the repertorisation.

- < open air / > in a room
- < warm weather / > cold weather / cold and wet weather
- < draught / wind

- 42 The "*initial reaction*" can often be delayed in chronic illness. With the correct remedy, it is generally milder than the symptoms of illness, and leads to subsequent improvement.
- 43 A *repertory rubric* should contain at least *to remedies*, so that a single symptom cannot restrict the choice of remedy too greatly.
- 44 The *initial reaction* or *initial aggravation* disappears after a few days whereas the remaining symptoms do not disappear in this way.
- 45 If an intercurrent illness occurs in the initial phase of apparently successful chronic treatment, it is important to avoid disturbing the treatment if at all possible. Since a new homeopathic remedy generally antidotes the previous one, it is best to only administer a new remedy if absolutely necessary. The use of physiotherapeutic (herbal) medicine is one way of treating the intercurrent illness without disturbing the homeopathic treatment.
- 46 A *change of remedy* is indicated as soon as new symptoms appear or when there is no further improvement following additional doses of the initially successful remedy.

background. Physical symptoms, on the other hand, are described more unambiguously and are therefore more reliable.

**50** *Constitutional characteristics* are not symptoms. They may therefore not be used for the repertorisation.

Example: if a patient's musculature is always soft, even when the patient is healthy, this is a constitutional characteristic. But if the musculature is only soft during illness, this is a symptom.

**51** For *patients who do not want to reveal their mental symptoms*, it is often possible to select the correct remedy via the physical secondary symptoms if these are sufficiently pronounced.

**52** *Incorrect prescriptions due to reliance on conventional remedy pictures* can be avoided with the help of polarity analysis.

**53** With spontaneous healing in *chronic* illness, it is often only the local symptom that improves. But with homeopathic healing, the psyche and any additional symptoms also improve.

**54** If the polar symptoms are insufficient to adequately differentiate the choice of remedy, we can include non-polar modalities and "indisputable clinical findings" in the repertorisation.

#### QUIZ 8: MULTIMORBID PATIENTS

**55** Important *criteria for the selection of symptoms to repertorise in multimorbid patients* are:

- Omit contradictory symptoms.
- Distinguish between the patient's character traits and characteristics (neither may be part of the repertorisation) and symptoms (can be part of the repertorisation).
- Summarize symptoms with the same meaning in as general a formulation as possible.

**56** The results of the repertorisation are judged by the following criteria:

1. Which remedy has the greatest polarity difference and no

contraindications?

2. Are *missing symptoms* really relevant?
3. Have the most important complaints been covered?

20 If you find new symptoms arising during homeopathic treatment that are listed in the materia medica for the most recent remedy, this can indicate a remedy proving.

21 If *no remedy covers all symptoms*, first take a good look at the remedy with the highest polarity difference:

- Are there any contraindications?
- Are the symptoms with contraindications really relevant?
- Are the missing symptoms really relevant? Ask the patient for help in clarifying this question.

Choose the remedy with the highest polarity difference in which as few relevant symptoms as possible are missing.

22 During correct homeopathic treatment, we need to simply follow the current symptoms. With the precision of a Swiss watch, these will always point to the correct follow-up remedy.





Table 64 ADHD/ADD Study, Conners' Global Index

Table 65 ADHD/ADD Study, Remedy List

Table 66 ADHD/ADD Study, Results of the Screening  
Phase

Table 67 ADHD/ADD Study, Results of Long-Term Treatn  
Parental Rating

Table 68 ADHD/ADD Study, Results of Long-Term  
Treatment, Teacher Rating

Table 69 CC Study, Example of Cost Estimates for  
Conventional Medical Treatment

Table 70 CC Study, Biometric Data of Participants

Table 71 CC Study, Most Common Diagnoses

Table 72: CC Study, Remedy List

Table 73: CC Study, Patients Who Dropped Out

Table 74: CC Study, Comparison of Costs for  
Homeopathy vs. Conventional Medicine

### 8.3 LIST OF FIGURES

Figure 1 Example of Graphical Progress Check

Figure 2 Audiogram L.T. on Day 1 of Treatment Figures  
Audiogram L.T. on Day 1 of Treatment

Figure 4 CGI Progress of Patient B. I. With  
Homeopathic ADHD Treatment

Figure 5 Progress Check Graphio, G.G.

Figure 6 Progress Check Graphio, F.C.

Figure 7 Progress Check Graphio, E.C.

Figure 8 Progress Check Graphio, G.Z.

Figure 9 Progress Check Graphio, N.S.

Figure 10 Progress Check Graphio, U.I.

Figure 11 Effect of Polarity Analysis (PA) and  
Checklists (CL) on the Success Rate for  
Treatment of Acute Illness

Figure 12 H1N1 Influenza Epidemic 2011: Healing Time  
With Homeopathic Treatment

Figure 13 Evaluation of Polarity Analysis for Chronic Illness

Figure 14 Evaluation of Individual Questionnaires Used in  
Polarity Analysis.

Figure 15 ADHD/ADD Study, Kaplan-Meier Curve of Time  
Required to Reach Eligibility Criteria

Figure 16 ADHD/ADD Study, Treatment Choice 5 Years After  
Start of the Study and CGI Long-Term Progress

Figure 17 CC Study, Treatment Progress, Polarity Analysis for  
Multimorbid Patients vs. Long-Term Progress With  
Conventional Homeopathy

Figure 18 CC Study, Percentage of Remedy changes per month



PAGE	REMEDY (ORIGINAL SUBSTANCE)	LOCATION	COPYRIGHT
75	Solanum dulcamara	Kandern, D	Narayana Publishers
99	Strontium carbonicum (Strontianite)	Westphalia, D	H. H. Hermanni
81	Sulphur		Shutterstock
178	Sulphur	HaWaii, USA	Author
90	veratrum album	Lucomagno, CH	Author
109	Zincum metallicum		iStockphoto

## 8.5 CASES

### 1. INTRODUCTION

1. B.Z. 50 yrs old	Subacute granulomatous thyroiditis IOD de Quervain		The homeopathic remedy identifies the diseased organ
2. L. T. 44 yrs old	Acute hearing loss	ARN	The remedy indicates the cause of the illness

### 2. ACUTE ILLNESS

1. A.A. 6 yrs old	Allergy	EUPHR	Minor remedy - major effect
2. D.M. 5 yrs old	Erysipelas	PULS	What if there is a lack of polar symptoms?
3. L. K. 15 yrs old	Infectious mononucleosis (glandular fever)	MEZ	Dealing With an excessive number of symptoms
4. A.M. 13 yrs old	Tendosynovitis	LED	Patient characteristics are not symptoms!
5. C.B. 1 yr old	Obstructive bronchitis	CHAM	The significance of "childhood symptoms"
6. S.S. 9 yrs old	Gastroenteritis	CAMP	The importance of the materia medica comparison
7. M.F. 73 yrs old	Trigeminal neuralgia	BELL	Ambivalence of the left-right relationship of the remedies
8. L. B. 5 Wks old	Colic in young babies	IGN	Exact formulation of the symptoms is crucial!
9. Y.S. 11 yrs old	Influenza	CHEL	Effect of the remedy or spontaneous recovery?
10. G. D. 7 yrS old	Otitis media	BAR-C	The significance of knowledge of the materia medica



28.V.L. 7 yrs old	Asperger Syndrome	LYC	Constitutional characteristics must be distinguished from symptoms
29. L. E. 15 yrs old	Borderline Personality Disorder	BELL	Secondary symptoms can also indicate the correct remedy!
30.U.T. 12 yrs old	Trichotillomania (Compulsive Hair Pulling)	ANAC	Remedy pictures can deceive!
31. M. 1. 12 yrs old	Conversion Syndrome (Hysterical Paralysis)	BRY	Homeopathic healing or spontaneous remission?
32. L. U. 12 yrs old	Duchenne Muscular Dystrophy and Its Consequences	CARB-A	Homeopathic care of an incurable illness

### 5. MULTIMORBID PATIENTS

33.G.G. 33 yrs old	Exhaustion Due to Stress Both at Work and in the Family	HEP-S, ARS-A	Criteria for selection of symptoms for repertorisation
34-F.C. 53 yrs old	Cardiac Syncope	SULPH, CON	Complications of an intermediate remedy
35-E.C. 48 yrs old	Anxiety Disorder	AM-M, SABIN, CALC-C	How to proceed When no remedy covers all symptoms
36.G.Z. 61 yrs old	Paroxysmal visual Disturbance	GRAPH, ARS-A, ARN	The importance of graphical progress checks
37.N.S. 37 yrs old	Chronic Fatigue Syndrome	SEP	Stress as an antidote to homeopathic remedies
38.U.I. 46 yrs old	Concealed Depression	RHUS-T, SIL	Subtleties of the materia medica comparison

## 8.6 BIBLIOGRAPHY

- <sup>1</sup> **Hahnemann, Samuel** [1825]. *Materia Medica Pura*, NeW Delhi: B. Jain Publishers, 2004, vol. 2, p. 2
- <sup>2</sup> **Hering, Constantine**. Herings medizinische Schriften, Band 1., K-H. Gypser (publ.), Gottingen: Burgdorf-verlag, 1988
- <sup>3</sup> **Frei, H., Everts, R., von Ammon, K., Kaufmann, F., Walther, D., Hsu-Schmitz, S.F., Collenberg, M., Fuhrer, K., Hassink, R., Steinlin, M., Thurneysen, A.** "Homeopathic treatment of children With attention deficit hyperactivity disorder: a randomised, double blind, placebo controlled crossover-trial". *EurJ Pediatr*: 164 (2005): 758-767
- <sup>4</sup> **Frei, H., von Ammon, K., Thurneysen, A.** "Treatment of hyperactive children: Increased efficiency through modifioations of homeopathic diagnostic procedure". *Homeopathy* 95 (2006): 163-170
- <sup>5</sup> **Frei, H.** "Polarity analysis, a neW approach to increase the precision of homeopathic prescriptions". *Homeopathy* 98 (2009): 49-55
- <sup>6</sup> **Frei, Heiner.** *Die homdopathische Behandlung von akuten and chronischen Erkrankungen*, 2. Auflage. Stuttgart: Haug-Verlag, 2011.
- <sup>7</sup> **Boenninghausen Cv, Boenninghausens Therapeutisches Taschenbuch, revised edition 2000.** Ed. KH Gypser, Sonntag-Publishers, Stuttgart, 2000. (English version from G. Dimitriadis.
- <sup>8</sup> **Frei H, Hubele J, Polarity-Analysis SoftWare, based on Boennighausens TherapeutiC PoCketbooki846.** Austin, 2016 (<https://polarity-analysis.com>)
- <sup>9</sup> **Hahnemann, Samuel** [1842], *The Organon of the Medical Art*, 6th ed. Transl. S. Decker, ed. W.B. O'Reilly. Redmond, WA: Birdcage Books, 1996
- <sup>10</sup> **Hahnemann, Samuel** [1825], *Materia Medica Pura*, NeW Delhi: B. Jain Publishers, 2004, vol. 1, p. 17
- <sup>11</sup> **Dunham, Caroil** [1885]. *Lectures on Materia Medica*, NeW Delhi: B. Jain Publishers, 1999
- <sup>12</sup> **Dunham, Caroll** [1877]. *Homeopathy: The Science of Therapeutics* (reprint), NeW Delhi: B. Jain Publishers, 2007
- B Holzapfel, K.,** "Zur Kritik der pathognomonischen Symptome". *ZKH* 46/5 (2002)1183-193
- <sup>14</sup> **Hering, C.,** "Hahnemann's Three Rules Concerning the Rank of Symptoms". *Hahnemannian Monthly*, (1865), August: 5-12
- <sup>15</sup> **Hering, Constantine** [1879]. *The Guiding Symptoms of our Materia Medica* (reprint), NeW Delhi: B. Jain Publishers, 1991
- <sup>16</sup> **Boger, Cyrus MaxWell.** *Boenninghausen's Characteristics and Repertory* (reprint), NeW Delhi: B. Jain Publishers, 2008

- 17 **Kent, James Tyler.** *Kent's Repertory of the Homoeopathic Materia Medica* (re- print), NeW York: Barthel and Barthel, 1990
- 18 **Clarke, John Henry** [1900]. *A Dictionary of Practical Materia Medica* (reprint), NeW Delhi: B. Jain Publishers, 2005
- 19 **Gypser, Klaus-Henning.** *Materia Medica Revisa Homoeopathiae*, Glees: K-H. Gypser, Wunnibald Gypser verlag, 2007 (English ed. planned)
- 20 **Del Mar, C., Glasziou, P., Hayem, M., et al,** "Are antibiotics indicated as initial treatment for children With acute otitis media? A meta-analysis".  
Brit Med J 315 (1997): 98-102
- 21 **Frei, H., Thurneysen, A.,** "Homeopathy in acute otitis media in Children: treatment effect or spontaneous resolution?" Brit Hom J 90 (2001): 180-182
- 22 **Boenninghausen, Clemens Maria Frans von.** *Die homdopathische Diat*,  
2. Auflage, Munster: Regensberg-verlag, 1833. Nachdruck, Hamburg: von der Lieth-verlag, 1986.
- 23 **Goldmann, R. Rhododendron.** *Materia Medica Revisa Homoeopathiae*, Glees: K-H. Gypser, Wunnibald Gypser verlag, 2007
- 24 **Jahr, George Heinrich Gottlieb [1848],** *New Manual of Homeopathic Practice!* ed. With annotations by A. Gerald Hull, Michigan: University of Michigan Library, 2005
- 25 **Allen, Henry Clay.** *Allen's Keynotes Rearranged and Classified, With Leading Remedies of The Materia Medica & Bowel Nosodes*, NeW Delhi: B. Jain Publishers, 2011
- 26 **Boerioke, William** [1927]. *Pocket Manual of Homoeopathic Materia Medica & Repertory* (reprint), NeW Delhi: B. Jain Publishers, 1980
- 27 **Guernsey, Henry NeWell** [1886]. *Keynotes to the Materia Medica* (reprint), NeW Delhi: B. Jain Publishers, 2001
- 28 **Nash, Eugene Beauharis.** *Leaders in Homoeopathic Therapeutics*, NeW Delhi: B. Jain Publishers, 2002
- 29 **Connors, C. Keith.** *Connors Rating Scales* (Revised), Technical Manual, Toronto: Multi-Health Systems, 1997
- 30 **Frei, Heiner.** *Die homdopathische Behandlung von Kindern mit ADD/ADHD*,  
3. Auflage, Stuttgart: Haug-verlag, 2009.
- 31 **Deutsohe GesellsChaft fur Kinder- und Jugendpsyohiatrie und PsyChotherapie** (publ.).  
Leitlinien zur Diagnostik und Therapie von psychischen Strdungen 1M Sauglings-, Kinder- und Jugendalter, 3. Aufl. Koln: Deutscher ArzteA/erlag, 2007
- 32 **Boger, Cyrus MaxWell.** *Boenninghausen's Characteristics and Repertory* (reprint), NeW Delhi:

- 33 **Frei, H.**, Hr Ni Influenza: A prospective outCome study With homeopathy and polarity analysis. Am J Hom Med 107 (3), Autum 2014,114-122.
- 34 **Bohus, Martin.** Borderline-Störung, 1. Auflage, Göttingen: Hogrefe-verlag, 2002
- 35 **Irvine, Alan D. et al.** *Harper's Textbook of Pediatric Dermatology*, 3rd ed., New Jersey: Wiley-BlackWell, 2011
- 36 **Morrison, Roger.** *Desktop Guide to Keynotes and Confirmatory Symptoms*, Ridgely, CA: Hahnemann Clinic Publishing, 1993
- 37 **Frei, H.**, "Genus and SWine Flu". Spectrum of Homeopathy 3 (2011): 26-37
- 38 **Frei, H.**, "Die Rangordnungen der Symptome von Hahnemann, Boenninghausen, Hering und Kent, evaluiert anhand von 175 Kasuistiken". ZKH 4 (1999), 43:143-155
- 39 **Lahey, B.B., Applegate, B., MCBurnett, K., et al.** "DSM-IV field trials for attention deficit hyperactivity disorder in children and adolescents". Am J Psychiatry 151 (1994): 1673-85
- 40 **Brue, A.W., Oakland, T.D.** "Alternative treatments for attention deficit/hyperactivity disorder: does evidence support their use?" Altern Ther Health Med 8 (2002): 68-74
- 41 **Gross-Tsur, V., Lahad, A., Shalev, R.** "Use of complementary medicine in children with attention deficit hyperactivity disorder and epilepsy". Ped Neurol (2003), 29:53-55
- 42 **Lamont, J.** "Homeopathic treatment of attention deficit disorder". Brit Hom J 86 (1997): 196-200
- 43 **Frei, H., Thurneysen, A.** "Treatment for hyperactive children: homeopathy and methylphenidate compared in a family setting". Brit Hom J (2001); 90:183-188.
- 44 **Kleijnen, J., Knipschild, P.** "Clinical trials of homeopathy". Brit Med J 302 (1991): 316-323
- 45 **Linde, K., Clausius, N., Ramirez, G., Meckert, D., Eitel, F., Hedges, L.V., Jonas, W.B.** "Are the clinical effects of homeopathy placebo effects? A meta-analysis of controlled trials". Lancet 350 (1997): 834-843
- 46 **Minder P.** "The Q-potencies, a comprehensive and profound way of medication in homeopathy". Schweiz Zschr GanzheitsMedizin 15 (2003): 348-353
- 47 **TeWes, U., Schallberger, U., Rossmann, K.**: Hamburg-Wechsler-Intelligenz-Test für Kinder III (HAWIK-III). Göttingen: Hogrefe-verlag, 1999
- 48 **Kaufmann, Alan, S., Kaufmann, Nadeen L.** *Kaufmann Assessment Battery for Children (K-ABC)*, Circle Pines: AGS-Publishing, 1983



- 49 **Helmstaedter., C., Lendt., M., Lux, S.** verbaler Lern- und Merkfähigkeitstest (VLMT), Göttingen: Belz Test GmbH, 2001
- 50 **Zimmermann, P., Fimm., B.** Testbatterie zur Aufmerksamkeitsprüfung, TAP, Handbuch Psychologische Testsysteme, Freiburg: PsyTest, 1992
- 51 **Mehta, M.A., Goodyer, I.M, Sahakian, B.J.,** "Methylphenidate improves Working memory and set shifting in AD/HD: relationships to baseline memory capacity". J Child Psychol and Psychiatr 45 (2004): 293-305
- 52 **Frei, Heiner.** *Homoopathie Behandlung Multimorbider Patienten.* Stuttgart: Haug-verlag, 2011
- 53 **Hahnemann, Samuel; Dudgeon, Robert Ellis (ed.).** *Lesser Writings of Samuel Hahnemann,* NeW Delhi: B. Jain Publishers, 2004
- 54 **Tarmed version I.ir.** Zentralstelle für Medizinaltarife, 2002, ISBN 3-9522467-0-0
- 55 **Spezialitätenliste:** Liste der pharmazeutischen Spezialitäten und konfektionierten Arzneimittel, die Pflichtleistungen der Krankenversicherer, Bern: Bundesamt für Gesundheit, 2007  
([www.bbl.admin.ch/bundespublikationen/](http://www.bbl.admin.ch/bundespublikationen/))
- 56 **MoPhee, Steven, Papadakis, Maxine, Rabow, Michael W.** Current Medical Diagnosis and Treatment (Lange Current Series), 51st ed., NeW York: McGraw-Hill Medical, NeW York; 2012.
- 57 **Lagler, Monika, Elene, C., Erdogan, S., SchWander, P.** Arzneimittelkompendium der Schweiz, Basel: Documed AG, 2009
- 58 **Frei, H.** "Langzeitverlauf chronischer Erkrankungen unter homöopathischer Behandlung: Eine prospektive Outcome Studie über Zwei Jahre". ZKH 2,45 (2001): 64-71

## 8.7 REMEDY INDEX

Aconitum napellus ( Aconite) 71,113,138-139U41

Ammonium carbonicum 74 Ammonium muriaticum 185-186.191 Anacardium 150-

Antimonium tartaricum 56.66.77 Arnica 36 62. 80.198-199. 222 Arsenicum album 71.

91,98-100.105-106.129. 148,172-174.196 223 Asa foetida 141 Aurum 129-131 Bari

carbonicum 54,71-72. 91.150 Belladonna 62-63.119-121.147-148 Bryonia 24. 36. 62

86-87,154-156. 223-224 Calcium carbonic 133,148.159-160,190- 191.197, 205

Camphora 59-61 Cantharis 59-60, 66.133

Carbo animalis 80-81.158-160 Causticum 45. 56. 224 Chamomilla 56-57.133

Chelidonium 69 China 69.169,171,181

Cocculus 205. 223 Conium 181-182 Croci 103.114-117.138 Drosera 77-78 Dulcama

74-75 Euphrasia 44-46 Ferrum metallicum

Graphites 111-112.154-155,194-196 Hepa sulfur 84,169,170-172 Ignatia 36, 66-

67.136.194. 205 Iodium 25.103,138 Kaliur carbonicum 74-75.158

Lachesis 114-115,172

Laurocerasus 150-151

Ledum 53-55

Lycopodium 23. 50-51.101-102.116-117.129-132.136-137.143-144.157.197

Magnesium carbonicum 150

Mercurius solubilis 86-87

Mezereum 50-52.150

Natrum carbonicum 123-124

Natrum muriaticum 50,73.75.111-112,172. 223

Nitricum acidum 178-179

Nux moschata 194

Nux vomica 33.47.119.169.194, 203,205-207, 213-214. 223

Phosphoricum acidum 102.136,205

Phosphorus 71-72, 91.111.172. 205.223-224

Pulsatilla 47-48

Rhododendron 100-102 '

Rhus toxicodendron 36.147.210-211.214

Ruta 105

Sabadilla 123-124

Sabina 105-107,187-188.191

Sambucus nigra 83-84

Senega 24

Sepia 45.47. 98,119-120.141.157. 203-207

Silicea 83-84. 203-204, 210-211. 213-214

Spigelia 47

Staphisagria 47-48. 50-51.169

Strontium 98-100

Sulphur 80-81.129.178-179.181-182

Thuja 89.102.194

Veratrum album 88-91,143.185-188

Zincum 108-110

## 8.8 SUBJECT INDEX

### A

Acute illness 9, 25-26. 31-32. 34. 37.42. 64.76, 91. 217-218, 245  
 Allergic rhinitis 43. 207  
 Allergy 43,46,106-107  
 Alopecia 149  
 Assessing progress 238  
 Asthma 57.105

### B

Behavioural disturbances 140-141.144. 2:  
 Boenninghausen 9.13,16-18. 20-22. 28-31  
 39.41.77. 87. 91.104,126,135,148.169. 21  
 218. 220. 225. 241  
 Boenninghausen method 30  
 Boenninghausen's grading of symptoms 3  
 Bronchitis 55

### C

Casetaking 95-96.165  
 Characteristic symptoms 18-19. 21,24.40. 102.158.214  
 Checklist for acute illness 22.34,43.46,49, 55. 58. 61. 65. 67. 70. 73. 76.79. 8 85.116,132. 217-220  
 Chronic fatigue syndrome 205  
 Chronic illness 9,28, 31. 95-97.100.103-1 107-108.110-111.114,122.127-128 137.145.149.157.180. 225-227  
 Concentration, poor 276  
 Confidence, wanting 127,131.135- 143-145,233  
 Conjunctivitis 43.46.122  
 Conners' Global index 73. 228-231. 234

Conners' parent rating scale 234  
 Conners'teacher rating scale 234  
 Contraindications 20-21. 24-25, 29-30,36. 38. 40.42.44.47. 50-53. 56, 59. 62. 66, 69, 71,74. 77-81, 83. 86. 89,100-101.105. 109.111.114.119,123,129.136.138,143 , 147-148.150,154.158- 159.165.169.172. 178.181.185.187.190-191.194,196, 203. 205, 210. 224  
 Convulsions 120,155  
 Cough 22. 25.43.45. 51. 55. 57.73-78. 82. 84. 105.109.120,157-158.160,217-218. 224. 247  
 Cradle cap 55 Cystitis 101

### D

Depression 144.147,186. 201, 203.207,247  
 Diarrhoea 58-59, 61.157, -160.186. 247  
 Dizziness 67,110-112.167

### E

Eczema 31.43.87.122.124.127.192-193,195, 197.199  
 Epidemic parotitis 79 Epilepsy 118,120  
 Epistaxis 134 Erysipelas 48  
 Exhaustion 167.168.173

### F

Fainting 89,174-175.178 Fatigue, chronic 205  
 Fearful 137,158

**H**

Him virus 219, 223  
 Hahnemann 8.13-16.19,20, 38-41.102,11  
 126. 224-225, 229,237. 244  
 Hering 8.13-14,19.30.40.117.158  
 Hering's law 19,30.40  
 Hierarchy of symptoms 17  
 High altitude sickness 88  
 Hopelessness 130.144.186  
 Hyperthyroidism 24

**I**

Infectious mononucleosis 49 Influenza 49.  
 223  
 Irritability 14,57,105,118.128.143-144.151  
 173.185.203  
 Irritable bladder 100  
 Irritable bowel 200

**K**

Korsakov potencies 31

**L**

Laryngotracheitis 73,75  
 Law of similars 13,15.18

**M**

Measles-mumps-rubella vaccination 76. 8  
 Memory, weak 127-131.136. 201. 203, 20  
 Mental illness in children 161  
 Mental symptoms 16,18.126.169  
 MMR same as measles mumps 76 Modal  
 14-18, 20. 22. 26, 28.38.41. 72. 74.  
 81. 87, 95.102-103,107.113-114.11  
 129.  
 139,142,148.165.193.209, 212

Multimorbid patients 9, 25. 27. 32.162,165,  
 215-216. 237-238. 243

Muscle hypotonia 156

**N**

Nausea 69.110,112-113.115-117.170.178-179.  
 186

**P**

Parotid gland 79. 81  
 Pathognomonic symptoms 126 Peculiar  
 symptoms 16.102  
 Photophobia 44-45.198  
 Polarity difference 21. 23-25. 29-30,38-40,42.  
 44-45.47. 51-54, 56. 63. 66. 69.71.7778.  
 83. 85. 87. 90. 98-99.101-102,105-106.  
 116.124-125.129-131,133.138.143-144.  
 150.154.158.160.165,169.171-172.174,  
 178-179,181,185-187.190-191.194.  
 203. 205. 213,224, 237  
 Polar symptoms 9,13.19. 21-22, 25-26, 28. 30.  
 35.39.40.42,44.46-48. 50,56. 61. 63.  
 66.70. 72. 74, 76, 86, 89. 97.100.108.  
 114,119,122-123,126.129,137.139.142.  
 146.158.160-161,165.177,180.184,193-  
 194.196,198. 209. 212. 237  
 Polypharmacy 165. 237  
 Pregnancy 64,113.117.140 Prostration  
 90.147.155.173, 211

**Q**

Q potency 73.75  
 Questionnaire for chronic illness 95-97.100.  
 103-104.107-108.110-111.114.122,127-  
 128.135,137,145,149.180

## R

Repertorisation 18. 23-24. 28-30. 35.44.45. 50. 53. 56. 59. 62. 65. 68.71.74. 77. 80. 82. 86.89. 97.101.105.108.111. 116.119.120.123.129.133.135.138. 146.150.153.155.158-159.169-170. 177.180.185.187.189.193-194.196. 202. 205.209-210. 212

Restlessness 98,118.120.132.141.154,170. 201. 205. 250

Rhinitis 43, 207. 209. 212

## S

Sadness 58.104-105.110.112,114.135-136.142. 147.158.168.189. 208

Scarlet fever 85-87

Self-injury 148

Sleeplessness 149

Sneezing 15.34,45. 71.75.122,124

Sore throat 168

Spasms 120,155

Suicidal thoughts 129

Swiss ADHD double-blind study 8.17. 21. 228. 236

## T

Tendosynovitis 52

Tics 127.130,149, 233

Tonsillitis 45. 76.122,125.137.142.167.217

Treatment cost 239

## V

Vertigo 89,112.116.170-171.193-194197-198

Vomiting 77.113-117.186

## W

Weighting repertorisation results 16.29

## 8.9 ABOUT ME ...

The publisher asked me to write something about myself but I must confess to finding this rather difficult. What might be of interest to you, the reader? I grew up in a carefree way with four siblings in a small town near Zurich. I often spent my free time wandering for hours around the river and the woods, which bordered our garden. At high school, I had the opportunity of spending a year on a student exchange in California - my first real-life encounter with the big wide world, with which I had only come into contact through books and classical music up to this point. This was the time of the Vietnam war, the hippies and the student revolutions, although I did not directly come across any of this in my school or with my host family. Yet it must have stirred something inside me: I soon decided to do something for the good of society and so started studying medicine, a subject which fascinated me and to which I devoted myself. Towards the end of my studies, I was able to work as a medical assistant and young medical orderly for the Swiss emergency aid services in the Sahel area of Africa, where I witnessed the very modest living conditions of the local people. This made a big impression on me, rather like travelling back in time.

Shortly afterwards I met my wife, who was working as a paediatric nurse in one of my training clinics. We married before completing our studies and later became the happy parents of two sons and two daughters. As a family we have also spent a great deal of time outdoors in the natural world.

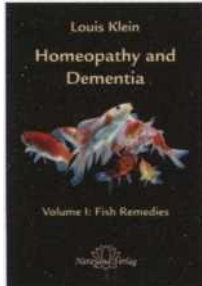
After ten years working as an assistant physician and then as a consultant, it was not easy for me to leave the university hospital. Yet with hindsight it was clearly the right decision since with my own practice here in Laupen - a small country town between Bern and Fribourg - I can do all the things I had been thinking about: clinic, research, and practice. The new start was not without its problems: even in the first year of practice, I was irritated by the limited possibilities at my disposal to treat the everyday problems seen by a paediatrician, despite my supposedly top-flight academic skills, and so I began looking for alternatives. After a sceptical initial look at

homoeopathy and some success with self-treatment, I started training courses, first with the French pluralists whose methods offered the chance to immediately implement in practice what had been learnt. I do not believe that I would have survived the arduous path right through to practical competence necessary for a conventional Kentian training. The next step was, however, Kentian homeopathy, which I stopped after a few years due to a lack of time to implement it in my now busy practice. The methods of Boger and later Boenninghausen seemed more suitable for primary health care, and so I started the next phase of my training.

After fourteen years of homeopathic practice, motivated by good results, I decided to try and marshal the evidence to show that homeopathy differs from placebo. I felt I really should be able to show my academic colleagues that homeopathy is not just an illusion. With a team of eight (critical) colleagues from my former university hospital and with the support of two additional homeopathic doctors, we started the ADHD double blind study, which finally provided proof that the effect of high potency homeopathic remedies differs from placebo. Still more important in the long term was the prior discovery of polarity analysis, which enabled us to prove the efficacy of homeopathy. This suddenly opened the door to relatively simple but precise remedy selection, reproducible and with positive treatment outcomes. Since then I have devoted my energy to publicising this method, which could help homeopathy to become an important aspect of the medicine of the third millennium, with the decisive advantage that it could be made available to people of modest means.

As well as my work with patients, books, publications and seminars, my family - with the second new generation already on the way - continues to play a very significant role. And as we have always done, my wife and I relax with classical music and walking in the Swiss mountains.

## FURTHER TITLES FROM NARAYANA PUBLISHERS



Louis Klein

### HOMEOPATHY AND DEMENTIA

Volume i: Fish Remedies

590 pages, hb, € 65

It seems we have always known fish is good for the brain. Now, in this first of two volumes on homeopathy and dementia, master homeopath Louis Klein comprehensively examines, with the application of homeopathic fish remedies, one of the biggest health issues currently facing the ageing population.

There is currently a dearth of information on the homeopathic treatment of dementia. This major text from Louis Klein is one of the first to tackle this crucially important topic in such an extensive manner and will therefore be essential for homeopaths working with seniors and immensely valuable to all practitioners. Volume 2 will follow, with remedies from the other kingdoms and a detailed lifestyle guide.



James Tyler Kent

### REPERTORY OF THE HOMEOPATHIC MATERIA MEDICA

High-quality edition in lightweight paper with a handy thumb index and supple, flexible binding.

1664 pages, flexible binding, € 58

This edition features corrections for a raft of errors that were identified by experts in the original edition.

Kent's Repertory was the main tool for generations of classically trained homeopaths. Due to its clear structure, it became the model for the most popular modern repertories. Indeed, many homeopaths continue





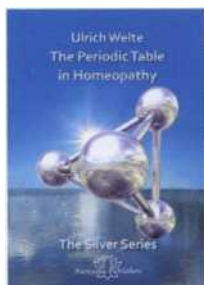
UlriCh Welte

## COLORS IN HOMEOPATHY - SET

Color charts and Textbook with  
Repertory, € 48

The color tables and the repertory together comprise a complete working tool: The color tables with 120 colors is the tool used to determine color preference. They are printed from 24 pure colors using an elaborate processing technique. The color table can be fully opened up and presented to the patient separately from the accompanying text, without needing to turn the pages. On the back, there are overview tables to simplify the choice of color. This includes a small overview of all colors on a single page as well as the black-white scale and the new colors silver and gold.

They facilitate the differentiation of well-known remedies and also indicate rarer remedies that we might otherwise easily overlook.



UlriCh Welte

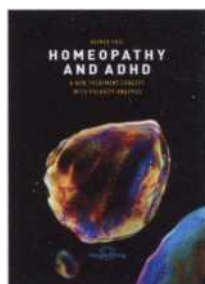
## THE PERIODIC TABLE IN HOMEOPATHY

The Silver Series - A Practical Guide with Case Studies

340 pages, hb, € 33

The Periodic Table of Elements was one of the most ingenious discoveries of all times. To translate this system of elements into homeopathic thinking and language is one of the most fascinating pioneer works of

The chemistry of human interactions is an analogy to the chemical interactions of elements and evolves through experience. The experienced homeopathic general practitioner Ulrich Welte gives us a candid introduction to the Theory of Elements in 64 vivid cases of patients treated with the elements of the Silver series. On the basis of case histories of suffering people and their symptoms we learn how to use typical behavior patterns, trigger situations, professions and other characteristics to find individual remedies that go deep enough to cure even serious diseases. The Periodic Table has become alive!



**Heiner Frei**

## **HOMEOPATHY AND ADHA**

A new Treatment Concept with Polarity Analysis

264 pages, hb, € 49.-

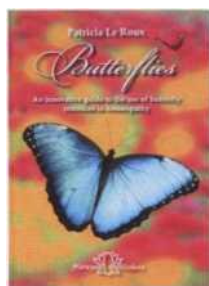
### *HOMEOPATHY - PRECISE AND EFFECTIVE*

Attention deficit hyperactivity disorder (ADHD) constitutes one of the major challenges of our time. The experienced Swiss paediatrician Heiner Frei has developed Polarity analysis - a highly efficient and systematic approach for the treatment of hyperactive children. This new method is based on Boenninghausen's Therapeutic Pocket Book, using polar symptoms

such as amelioration or aggravation as cornerstones of the prescription. Heiner Frei was able to demonstrate the efficacy of this specific homeopathic treatment in ADHD children in a controlled five-year clinical study, which is documented in this book. According to Dr. Frei's approach, the disturbances of perception (e.g. visual or tactile) are the most reliable symptoms for case analysis. Their modalities are crucial for the evaluation of the case and they also rule out contraindicated remedies. Heiner Frei is a born teacher. His method is easy to understand and each chapter is followed by concise quizzes with answers.

*"This book is a must for anyone who treats children with ADD/ADHD, and of great benefit to any homeopath."*

— Dr. med. habil. Dr. phil. Dr. med. Dr. phil. Dr. med. Dr. phil.



**Patricia Le Roux**

## **BUTTERFLIES**

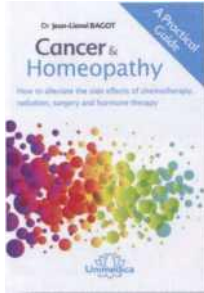
An innovative guide to the use of butterfly remedies in homeopathy

144 pages, hb, € 18.-

Patricia Le Roux has found butterfly remedies particularly useful among hyperactive (ADHD) children who are lively, agitated, restless and mercurial. There is often a strong feeling of being abandoned, especially by their father or mother. Butterfly remedies also have a common theme of metamorphosis - the desire to dress up. They are confused about their own identity. These remedies very effective too in various skin problems, such as urticaria or eczema. The book contains provings, cases and concise essences of 13 butterfly and moth remedies.

*"The pictures of the butterflies are very lively and portray the essence."*

- Jan Scholten.



Jean-LiOnel BagOt

## **GANGER & HOMEOPATHY**

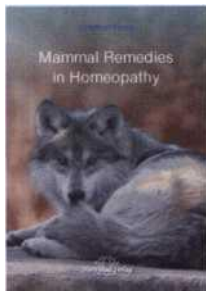
How to alleviate the side effects of chemotherapy, radiation, surgery and hormone therapy

328 pages, pb, € 24.-

The treatment of cancer has made enormous progress in recent years, yet sufferers frequently have to endure numerous side effects, taking a serious toll on their quality of life. Dr. Jean-Lionel Bagot and his team in Strasbourg have been very successful in treating the various side effects of chemotherapy, radiotherapy, surgery and hormone therapy for many years. With homeopathy as supplementary treatment, these side effects, as well as other problems resulting from the illness itself, can be noticeably reduced. In this definitive work Dr. Bagot describes systematically and in detail which homeopathic remedies have proved effective for particular side effects - including nausea, sensory disturbances, loss of hair, mouth ulcers during chemotherapy, fatigue and pain after surgery, psychological problems, a weakened immune system, and skin irritation caused by radiotherapy.

*"This book is a gold mine of practical advice to deal as well as possible with the toxicity of conventional treatments and to cope with daily life."*

*- Professor Gilles Freyer, Oncologist, Lyon Sud University Teaching Hospital, France*



jOnathan Hardy

## **MAMMAL REMEDIES IN HOMEOPATHY**

368 pages, hb, € 49.-

In the clear, compelling style he is known for, Jonathan Hardy introduces an astonishing series of mammal cases in which the patient's inner state naturally unfolds during skilful case taking. Additionally, the biology of the family of mammals, the themes found in mammal cases, commonly used rubrics and the words used by patients that point to a mammal remedy are included. The book describes the orangutan, gorilla, rhesus monkey, chimpanzee, lion and tiger, brown bear, koala bear, meerkat, deer, beaver, the wild dog and domestic cat, dog and cow, as well as remedies made from human milk and female sarcodes (placenta, umbilical cord, amniotic fluid, and oestrone). Jonathan Hardy is one of England's most experienced medical homeopaths.



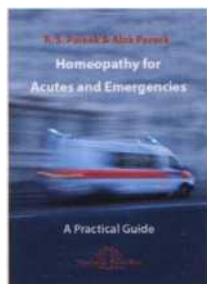
## SPECTRUM OF HOMEOPATHY

Homeopathic Journal Subscription 3 issues € 50

There have been many advances in the homeopathic field in recent decades - from the use of modern software, expanding and systematizing our materia medica, to the discovery of new methodology principles. It is Narayana Publishers' wish to work hand in hand with these developments in a specific way. We know from experience that the future of our tradition-rich healing method lies

in the active integration of a range of trends within homeopathy. Because of this, we, as specialist publishers, want to produce a modern and open-minded journal to help contribute to this synthesis.

The name "Spectrum of Homeopathy" beautifully illustrates our aim of presenting the rich diversity present in homeopathy; from Hahnemann to Scholten, from Boenninghausen to Sankaran. Three key aspects underpin the journal: thorough clinical experience, succinct materia medica knowledge, and a diversity of methods built on the foundations of classical homeopathy.



Alck Pareek / R.S. Pareek

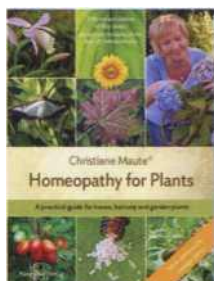
## HOMEOPATHY FOR ACUTES AND EMERGENCIES

160 pages, hb, € 29

A practical guide to homeopathic prescribing in acute illnesses and emergencies. Dr. Alok Pareek runs a homeopathic hospital together with his father R.S. Pareek in Agra, India, treating around two hundred patients daily. His clinical practice spans thirty years. This extensive experience has given him a wealth of opportunity to carry out and refine homeopathic treatment in a wide range of acute and emergency situations.

Based on this experience, the book offers a clear, practical guide to successful clinical prescribing, with case examples and a living materia medica for problems relating to: the heart and circulation; neurological and psychiatric emergencies; acute trauma, injury and pain; surgery; adverse drug reactions; and selected organ specifics..

Dr. Pareek demonstrates that homeopathy has much to offer in acute and emergency settings. He aims to increase the confidence of practitioners, to improve results and encourage them to offer safe and effective treatment in this important field, enabling homeopathy to take its place alongside conventional approaches within mainstream medicine.



Christiane Maute

## HOMEOPATHY FOR PLANTS 5TH REVISED EDITION OF THIS CLASSIC

A practical guide for house, balcony and garden plants. Extensively revised with the help of Cornelia Maute

224 pages, hb, € 28

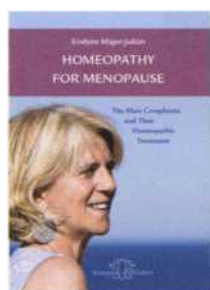
It's a handy guide to the most common plant diseases, pests and types of damage with information on how to treat your plants with homeopathy. Christiane Maute® is one of the pioneers who has been using homeopathy on ornamental and edible plants for many years.

Clear and precise instructions are also given for the layperson to treat plants for the effects of frost, hail, damage, wounds following pruning of trees or bushes, heat damage and the effects of repotting.

Most diseases are illustrated with pictures, making it easy for you to recognise the disease and quickly find the correct remedy. The recommendations on dosage and application have been revised and are very clearly

described with a handy removable table. A compact materia medica of the remedies rounds off the book.

A great guidebook specially for amateur gardeners which will surely convince even those unfamiliar with homeopathy to give it a go!



Evelyne Majer-Julian

## HOMEOPATHY FOR MENOPAUSE

Main Complaints and their Homeopathic Treatment

152 pages, hb, € 29

The first work to thoroughly analyse the homeopathic treatment of menopausal complaints in such impressive depth.

The gynaecologist Dr. Evelyne Majer-Julian has been practising for over 40 years, during which time she has amassed a wealth of experience in the homeopathic treatment of the typical problems of menopause.

These include hot flashes, outbreaks of sweating, weight increase, sexual difficulties, venous diseases, and vaginal dryness, as well as longterm effects.

The author also gives valuable advice based on gemmotherapy and phytotherapy. This is a comprehensive work that offers excellent guidance to both therapists and patients.



Blumenplatz 2, D-79400 Kandern  
Tel: +49 7626-974970-0, Fax: +49 7626-974970-9  
[info@narayana-verlag.com](mailto:info@narayana-verlag.com)



At our online shop  
[www.narayana-verlag.com](http://www.narayana-verlag.com)

you will find books on naturopathy and homeopathy. There is  
an informative extract provided for each book.

On the website there is continually updated information on  
current topics of interest, studies and seminars with internationally  
renowned homeopaths as well as forums to exchange experience on  
illness and epidemics.

A catalogue is available free of charge.



## Precise and Efficient



Heiner Frei

Polarity analysis is an efficient method that helps a busy practitioner by making the homeopathic prescription faster and more precise. The Swiss physician Heiner Frei developed this method to demonstrate the efficacy of homeopathic treatment of ADHD children in a controlled 5-year clinical study. The study demonstrated highly significant effects of homeopathy.

Polarity analysis is based on Boenninghausen's Therapeutic Pocketbook and has revolutionised homeopathic treatment. Cornerstones of the prescription are polar symptoms such as amelioration or aggravation by heat or motion. They mirror the disturbed vital force. Polarity analysis goes directly to the core of the case. It offers clear differentiation of a manageable number of 133 remedies.

Heiner Frei's method is easy to learn. He shows us all its facets and nuances by leading us through 40 exciting cases, from acute hearing loss, allergic disease, chronic obstructive bronchitis, mononucleosis, mumps and scarlet fever to ADHD, Asperger syndrome and epilepsy. Casetaking is facilitated by checklists and questionnaires.

This book comes from the large practice of an experienced homeopathic physician as well as from a passionate researcher who will not rest until he can bring his inspired discovery to perfection. His success rate of 80% speaks for itself.

New in this completely revised edition:

- Latest developments of the method, all aimed at further increasing the reliability of remedy selection.
- Working with assigned reliability levels for each symptom of Boenninghausen's Therapeutic Pocketbook (BTB)
- The previous multiple checklists for different pathologies have been replaced by just three: A **Comprehensive Checklist of Reliable Symptoms**, a **Checklist for Perception Disorders**, and a **Questionnaire for Diagnoses and Main Symptoms**. The two checklists contain the most important symptoms for remedy selection and allow you to make a correct choice in almost every case. The Questionnaire serves to generate a complete impression of the patient's condition in cases of chronic disease.

