

H1N1-Influeza Epidemic 2011: Experiences with Polarity Analysis

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Summary

This article presents polarity analysis, the most recent of all approaches to find the best homeopathic remedy. It is a development of Boenninghausen's method of working, allowing us to very quickly yet precisely identify the required remedy. Using the example of two acute cases, I show how the method works in practice. Finally, I present and discuss the prospective results of the homeopathic treatment of the flu epidemic of 2011, which in Switzerland consisted of 75 % H1N1 cases (swine flu).

Key notes

Boenninghausen method, checklist, questionnaire, genius, degree, flu epidemic, H1N1, contraindication, mononucleosis, outcome study, polarity analysis, polarity difference, swine flu

1. Introduction to Polarity Analysis with two case studies

Obstructive bronchitis and infectious mononucleosis

Polarity analysis (PA) is a precisely defined and well-researched method of homeopathic treatment, with which highly reliable healing of illnesses and complaints can be achieved.¹ It is based on the symptom grading found in *Boenninghausen's Therapeutic Pocket Book*² and consists of the elements polarity difference and contraindication, which I explain below using case histories. PA increased the prescription accuracy so much in the Swiss double-blind study of attention deficit hyperactivity disorder (ADHD) that it was possible to successfully demonstrate a significant difference between placebo and high-potency homeopathic remedies.³ The use of PA in the treatment of acute, chronic, and complex illnesses invariably delivered an improvement in results compared to conventional homeopathic procedures.⁴

1.1 Boenninghausen's Contraindications

The *modalities, as established by Hahnemann in the Organon § 133, make evident the peculiar and characteristic aspects* of each symptom.⁵ In combination with § 153, this means that the choice of homeopathic remedy should be based especially on the modalities. For his part, Boenninghausen was concerned to identify the “genius” or essence of a homeopathic remedy, with which to unambiguously cover the patient's characteristic symptoms.² What does that actually mean? The contradiction concerns the polar symptoms – that is, those symptoms with polar opposites, such as *thirst vs. lack of thirst, < cold vs. > cold, desire for fresh air vs. dislike of fresh air*. Many remedies show both poles, but to different degrees. Since the patient's set of symptoms (especially the modalities) ought to correspond to the genius of the remedy, Boenninghausen sought to cover the symptoms with as high a degree (= symptom strength) as possible, preferably degree 3 to 5. If the patient's symptom was rated at a low degree (1 or 2), but the polar opposite symptom was rated at a high degree (3, 4, or 5), he saw this as a contradiction to the characteristic set of symptoms that a patient requiring the remedy ought to show – in other words, the remedy was contraindicated. In his experience, such a constellation rarely led to healing.

This led me to think of how it might be possible to systematically consider polar symptoms in particular when selecting the remedy. This procedure, supported by a computerized repertory program, led to the development of polarity analysis: during repertorization, all remedies with polar opposites rated at a high degree (3, 4, or 5) are checked and compared with the degree of the patient's symptoms. Polar opposites with degrees outside the genius area (degrees 1 and 2) are not checked, since for these a contraindication is not possible (there can be no contradiction to the genius of the remedy). If we later check cases in which, due to the totality of the symptoms an apparently correctly chosen remedy did not achieve a satisfactory result, we can often identify contraindications as the reason for the lack of success.

1.2 Polarity Analysis

In polarity analysis, Boenninghausen's insights are *systematically* implemented for *all* polar symptoms – one the one hand, by excluding remedies with contraindications, on the other hand by determining the *polarity difference*. The polarity difference is calculated for each possible remedy by adding the degree of the *polar* patient symptoms and subtracting the degree of the corresponding polar opposite symptom.

The larger the resulting polarity difference, the more the remedy corresponds to the patient's characteristic symptoms set – assuming that there are no contraindications.

The analysis should – if possible – be based on at least five polar symptoms. To obtain these polar symptoms, the patient's case is taken in the usual homeopathic manner, supplemented with checklists (for acute illness) and questionnaires (for chronic illness and patients with multiple morbidity), in which the patients underline their own symptoms. The checklists and questionnaires are designed to pick up polar symptoms. So far, we have developed eleven checklists and twelve questionnaires for various problem areas, including neurology, gynecology, ENT, respiratory tracts, allergies, and so on¹. This may all sound quite complicated in theory, but it becomes far easier to grasp when related to clinical cases, as I will now demonstrate.

2 Case studies

2.1 Celine, 14 months: obstructive bronchitis

Celine is a pretty, blue-eyed, blond little girl with a tendency to obstructive bronchitis. Her past history is unremarkable – just cradle cap, which disappeared with standard non-medical care. An initial episode of obstructive bronchitis one month before the homeopathic consultation was treated with a conventional medical approach involving a beta-2 agonist and an antibiotic. Celine was brought to see me after a cold had developed in a few days into coughing and then also bronchial obstruction with a subfebrile temperature of 37.5°C (99.5°F).

Celine's general condition is poor; she has *tachypnea* with *whistling expiration*, accompanied by very pale, almost gray skin. Celine has to use the accessory muscles of respiration, resulting in visible jugular and intercostal concavity. Auscultation reveals that, together with the wheezing, there are dry, whistling, rattling noises. Her aeration is 90 %, only just tolerable. It is striking that the otherwise gentle child *resists the examination by 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 her progress is closely followed.

In the *checklist for acute illnesses of the airways*, Celine's mother selects the following symptoms:

- Rhinorrhea, mucous
- Dry cough

- Thirst – P
- Food/drink: cold water ameliorates – P
- Eating: worsens during – P
- Lying aggravates – P
- Desire for movement (although already tired) – P
- Irritability (much!) – P
- Company ameliorates – P

Examination results:

- Breathing rapid – P
- < Inhalation – P

P = polar symptoms

If there are enough symptoms, repertorization can incorporate polarity analysis (PA), but only with the polar physical symptoms. Repertorization is conducted with the PC software for Boenninghausen's Therapeutic Pocket Book, revised edition 2000, which itself performs polarity analysis^{5,6} Most currently available Boenninghausen software contains polarity analysis.^{6,7}

In *Organon* § 211, Hahnemann writes that “the *patient's emotional state often tips the scales in the selection of the homeopathic remedy.*” This should be interpreted such that the emotional state is often decisive in the *final* choice from the shortlist of relevant remedies. The current altered state of mind, such as “irritability/gentleness” or “company ameliorates/aggravates,” is used together with consultation of the materia media to ultimately arbitrate between the remedies shortlisted by repertorization.

Table 1 Repertorisation with the Boenninghausen program

	Puls.	Sep.	Cham.	Bry.	Ars.	Verat.	Rhus.	Chin.	Caust.
Number of hits	7	7	7	7	7	7	6	6	6
Sum of grades	20	20	19	17	17	15	16	14	13
Polarity difference	9	12	12	3	6	8	3	3	8
thirst (p) [99]	2	2	4	4	4	3	3	4	2
> food and drink, cold water (p) [21]	3	4	1	3	1	1			4
< eating, during (p) [91]	3	3	3	2	2	2	1	1	3
< lying position (p) [125]	4	3	4	1	4	2	4	1	1
movement, desire for (p) [58]	1	1	4	2	2	2	4	4	
breathing, quickened (p) [92]	3	4	2	3	3	3	3	2	1
< breathing, out (expiration) (p) [52]	4	3	1	2	1	2	1	2	2
<i>thirst, absent (p) [86]</i>	<i>4/CI</i>	<i>3/CI</i>		<i>1</i>	<i>3</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>1</i>
<i>< food and drink, cold water (p) [40]</i>	<i>3</i>	<i>1</i>	<i>1</i>		<i>3/CI</i>	<i>3/CI</i>	<i>4/CI</i>	<i>3/CI</i>	
<i>> eating, during (p) [54]</i>	<i>1</i>		<i>1</i>				<i>1</i>	<i>1</i>	
<i>> lying position (p) [106]</i>		<i>1</i>	<i>1</i>	<i>4/CI</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>2</i>
<i>movement, aversion to (p) [68]</i>	<i>2</i>	<i>2</i>	<i>1</i>	<i>2</i>	<i>4/CI</i>			<i>1</i>	<i>1</i>
<i>breathing, slowed (p) [63]</i>	<i>1</i>		<i>1</i>	<i>3</i>			<i>1</i>	<i>2</i>	
<i>> breathing, out (expiration) (p) [61]</i>		<i>1</i>	<i>2</i>	<i>4/CI</i>		<i>1</i>	<i>4/CI</i>	<i>1</i>	<i>1</i>

** Contraindication (CI): the polar opposite is in the 3rd, 4th, or 5th degree, the patient symptom is in the 1st or 2nd degree: so the opposite pole is typical for the remedy (corresponds to its genius) whereas the patient symptom is not.

In Celine's case, six remedies cover all seven symptoms, but only Chamomilla has no contraindications. Large polarity differences (PD) are found especially for Chamomilla and Sepia. Sepia, the genius of which includes thirstlessness, must be dropped, because the patient is often thirsty. Along with the lack of contraindication, the child's exceptionally and unusually strong irritability is a confirmatory symptom for Chamomilla (Org § 211). Antimonium tartaricum or Causticum, which do not have any contraindications, lack the desire for movement, and are therefore relegated to the second and third choices (PD 7 and 8, not shown due to lack of space).

Materia medica (MM) comparison for Chamomilla (Hering's *The Guiding Symptoms of our Materia Medica*, abbreviated below to GS)⁸: Breathing short and deep, with strong lifting of the chest. Rapid, stertorous, breathing. ... slow inspiration and rapid expiration. Asthma, ... drinking cold water >; dry weather and warm food <. The child becomes angry and then starts coughing. Dry, hacking cough; the child is very sullen.

MM comparison for Antimonium tartaricum (GS)

Breathing rapid and short. When lying, the children breathe faster, but not when they are carried in an upright position. Breathing only possible with help of abdominal muscles. Inspiration is difficult and expiration long and slow. Cough with choking fits.

MM comparison for Causticum (GS)

Shortness of breath. Aggravation when breathing out and speaking. Coughing only when lying. Constriction of chest; frequently need to breathe deeply.

Prescription und progress

The materia media comparison highlights Chamomilla and Antimonium tartaricum. Due to the higher polarity difference and the comprehensive coverage of the symptoms, *Chamomilla* is chosen, as mentioned above. Celine is given a dose of 200 C.

Just a quarter of an hour after taking the remedy, she calms down, the irritability disappears, and she starts breathing more slowly. After one day, the breathing complaints have completely disappeared, never to return since. Observation period: two years.

Comment

The symptoms – the observable changes when the patient becomes ill – that constitute the difference from the normal healthy state are the *certain* path to the correct remedy (*Organon* § 3, 6). Yet we need to be able to distinguish between reliable and less reliable symptoms. Whereas the modalities and the polar symptoms are very reliable, the inclusion of sensations and mind symptoms can cause difficulties because these can be very differently formulated and interpreted by the patient and prover due to their individual backgrounds. In this case, the remedy choice was made solely on the basis of the PA. The unusual irritability of the otherwise gentle patient is, as mentioned above, only a confirmatory symptom for Chamomilla, which could have been prescribed even without this symptom. This procedure makes rapid, gentle, and permanent healing very likely.

2.2 Louis, 15 years old: infectious mononucleosis

One after another, many of Louis's classmates fall ill with glandular fever – infectious mononucleosis. Louis comes to my practice on the second day of his illness. He has a

high fever of 40 °C (104 °F), a cold with purulent yellow discharge, a cough, bad breath, and extreme pain on swallowing, which means he cannot even swallow his own saliva. He finds talking a torture. He is very weak and seems depressed. His general condition is very poor.

The examination reveals an enormous membranous angina tonsillaris (tonsils covered in a white deposit). No additional signs found. The blood test reveals the viral nature of the infection (Hb 15.1, leucocytes 10.8, lymphocytes 49.4 %, neutrophile granulocytes 42.6 %, thrombocytes 429). In the course of treatment, the Epstein-Barr virus is confirmed by the serology.

Louis's mother ticks very many symptoms in the *checklist for influenza*. After talking to her, I distilled the following essential symptoms:

- Mucus thick, yellow, slimy
- Cough with discharge
- Swallowing aggravates – P
- Warmth ameliorates – P
- Desire for fresh air – P
- Dislike of exercise – P
- Rest ameliorates – P
- Lying ameliorates – P
- Sitting ameliorates – P
- Standing aggravates – P
- Pressure aggravates – P
- Rubbing aggravates – P
- Getting up aggravates – P
- Damp compress ameliorates – P
- Talking aggravates – P
- Sense of smell impaired – P
- Sitting bent ameliorates – P

P = polar symptom

Due to the abundance of symptoms, repertorization can here be restricted to the polar physical symptoms.

Table 2 Repertorisation

	Mez.	Caust.	Bry.	Sulph.	Ars.	Nux-v.	Puls.	Bell.	Calc.
Number of hits	15	15	14	14	14	13	13	13	13
Sum of grades	29	27	33	27	26	35	32	30	29
Polarity difference	17	12	12	-2	3	8	1	4	4
< swallowing (p) [93]	1	1	4	4*	2	3	3	2	2
> warmth, in general (p) [90]	2	4	2	3*	4	4	1	3	1
movement, aversion to (p) [68]	3	1	2	1	4	4	2	2	1
air, desire for open air (p) [76]	3	2	1	1	2		4	1	1
> resting, while (p) [117]	2	1	4	1	1	4		4	2
> lying position (p) [106]	1	2	4	1	1	4		3	3
> sitting (p) [101]	2	1	4	1	1	4	1	2	2
< standing (p) [107]	1	2	2*	3	1	1	3	1	1
< pressure, external (p) [93]	2	1	1	1	1	1	1	1	3
< rubbing (p) [44]	3	3		1	2		4		2
< rising from bed, after getting up (p) [80]	1	1	2	3	2	3	3	1	3
> wet compress on body (p) [23]	1	3	1		2	2	4		
< talking, speaking (p) [77]	1	2	3	4	2	2	1	3	4
smell, lost, weak, diminished (p) [46]	3	2	2	2		2	4	4	4
> sitting, bent over (p) [43]	3	1	1	1	1	1	1	3	
> swallowing (p) [47]	2			1		3	3	1	
< warmth, in general (p) [73]	1	1	1	2		1	4/CI	1	1
movement, desire for (p) [58]			2	1	2	1	1	1	1
air, aversion to open air (p) [86]		3/CI	3/CI	3/CI	2	4/CI	1	3/CI	4/CI
< resting, while (p) [102]	1	1	1	1	2		4/CI	1	1
< lying position (p) [125]	1	1	1	2	4/CI	1	4/CI	1	1
< sitting (p) [126]	1	3/CI	1	1	2	1	4/CI	1	2
> standing (p) [71]	1		2		2	3/CI		4/CI	2
> pressure, external (p) [74]	1	3/CI	2	2	2	2	1	2	1
> rubbing (p) [74]		1	2	3/CI		1		1	4/CI
> rising from bed, after getting up (p) [124]	2	1	1	3	3/CI	3	4(CI)	3/CI	2
< wet compress on body (p) [40]	2		2	4/CI		1	1	3/CI	4/CI
> talking, speaking (p) [1]									
smell, hypersensitive (p) [49]			1	3/CI	1	4/CI	2	4	2
< sitting, bent over (p) [42]		1	2	3/CI	3/CI	2	2		

Contraindication (CI): the polar opposite is in the 3rd, 4th, or 5th degree, the patient symptom is in the 1st or 2nd degree. No contraindication: the polar opposite is at a lower degree than the patient symptom: that is, the patient symptom is typical for the remedy, the polar opposite less characteristic.

Only two remedies cover all 15 symptoms (Caust/Mez); Mezereum is the only one

without any contraindications. Due to the large polarity difference, Natrium muriaticum would be the second choice, although it does not cover three symptoms (< rubbing, > damp compress, > sitting bent).

Materia medica (MM) comparison for Mezereum (GS)⁷

Burning in throat, dryness in throat, hacking cough; fearful constricted breathing and loosening of the mucus on coughing. *Burning in the mouth and throat.* Constriction in throat and stomach. Irritation and burning in throat and pharynx. *Rawness in throat.* *Constriction and narrowing of the pharynx. Throat as if constricted; mouthful of food presses during swallowing.* Strong feeling of burning and raw pain from the pharynx spreading halfway down the esophagus; swallowing, even of fluids, is laborious and painful.

MM comparison for Natrium muriaticum (GS)

Very laborious swallowing, can only swallow fluids; solid food reaches a certain point and is then regurgitated with dreadful choking and suffocation; ... throat infection, with transparent mucus on the tonsils. Pharyngitis follicularis; after rinsing with silver nitrate.

Prescription and progress

The comprehensive symptom coverage and the MM comparison indicate Mezereum rather than Natrium muriaticum. Louis is given a dose of *Mezereum* in the potency 200 C. After taking the remedy, Louis's condition improves visibly from hour to hour. After four days, the pain on swallowing and the membranous angina tonsillaris have completely disappeared. One week later, Louis is completely well again, in contrast to several of his classmates, who continue to have symptoms for weeks.

Comment

One of the problems with the working technique presented here is that the patient can over-enthusiastically write down their symptoms. If we accept this uncritically, there is the danger of incorrect prescriptions. It is therefore crucial to discuss and question the information given. When choosing the remedy, we should only consider symptoms or modalities that exist, emerge, or have changed since the illness started. This needs a certain amount of intuition and experience, but this quickly develops when regularly using polarity analysis.

3. EXPERIENCE WITH THE FLU EPIDEMIC 2011 – A PROSPECTIVE OUTCOME STUDY

3.1 Starting Point

During the influenza epidemic of 2011, the Swiss health department reported that 75 % of all patients had the H1N1 virus. So the following experience concerns mainly the homeopathic treatment of so-called *swine flu*. This is the background to the prospective evaluation of therapy progress using polarity analysis.

3.2 Study Design

During a four-week period at the height of the flu epidemic of 2011, all patients for whom it was possible to make a diagnosis of an influenza infection – fever, headache and throat pain, coughing, coryza, pain in the limbs – were prospectively included in the outcome study. If the diagnosis was in doubt, the viral etiology had to be confirmed by a blood test. Casetaking and clinical investigation were supplemented by the registration of polar flu symptoms with the help of *the checklist for influenza*. The repertorization was performed with the PC software for Boenninghausen's Therapeutic Pocket Book (revised edition, 2000)^{2,6}. The patients received the remedy with the best fit in the potency 200 C and a reserve dose of the second-choice remedy to take home, with the instructions to take this if there was insufficient improvement (less than 50 % of the original symptoms) after two days. The results were checked by having the patient phone us within one week of the start of therapy – if they failed to do this, a member of our team phoned the patient. Patients with “no reaction” were defined as those who did not achieve a 50% improvement from the first or the second remedy and who therefore needed a follow-up consultation. The period of observation was defined as at least four weeks after the first consultation.

3.3 Questions

1. How many flu patients achieved an improvement of 50 % or more within two days of taking the first remedy in the potency 200 C, so 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 second remedy, so not requiring a further remedy nor a follow-up

consultation?

3. How many patients had “no reaction”?

4. Remedy spectrum: did one or several epidemic remedies emerge?

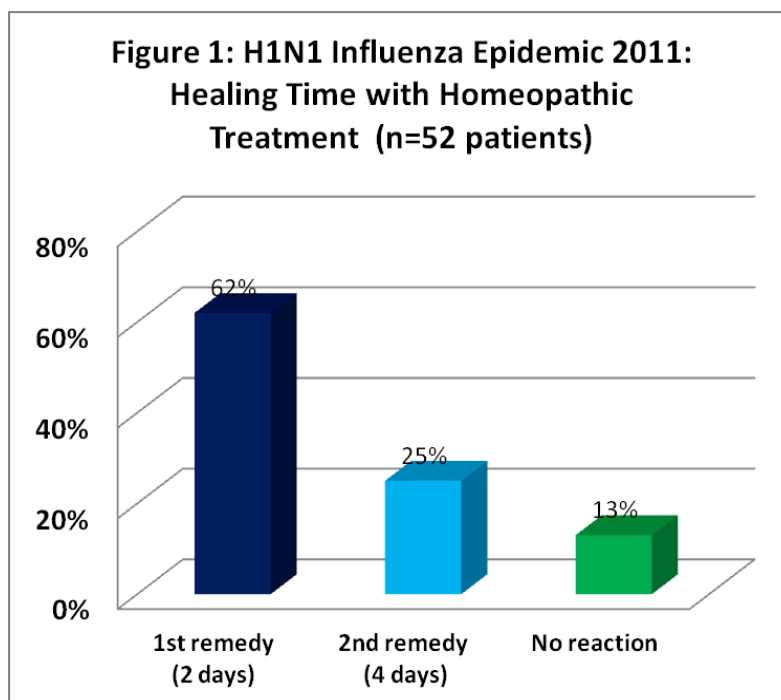
3.4 Results

Biometric description of the study participants:

52 patients with an average age of 13.5 years (range: 5 months to 48 years). There were 39 children and 13 adults, including 30 females and 22 males.

3.5 Outcome

32 patients (62 %) achieved an improvement of 50 % or more two days after the first remedy, so not needing to take the second remedy. 13 patients (25 %) achieved this improvement after taking the second remedy, and were therefore healed by this. Six patients (11.5 %) showed no reaction. They were healed neither by the first nor the second remedy, and therefore required a follow-up consultation (fig. 1). One female patient improved fully with the second remedy for 10 days, then suffered a relapse. She was also counted among the patients with no reaction (total 13 %).



In Table 3, the remedy that effected full healing is shown in blue with capital letters and the biometric details of the relevant study participant are also given. Remedies with an insufficient effect – that is, they did not lead to healing – are marked in red. Second remedies that were not used are marked in black.

Table 3: Influenza epidemic - patient statistics

Date DD.MM.JJ	Pat	Age	Sex	1st remedy	2nd remedy
7.2.11	1	13	F	Bry	GRAPH
	2	15	F	NAT-M	Bry
	3	23	M	NAT-M	Nit-ac
	4	5	M	Bry	HEP
	5	5	F	ARS	Bry
	6	2	M	Lyc	SENEG
	7	25	F	Bry	NAT-M
	8	9	M	NUX-V	Bry
8.2.11	9	6	F	PHOS	Anac
	10	6	F	PHOS	Asar
	11	18	M	COCCUL	Lyc
	12	48	F	ARS	Nat-m
	13	10	F	HEP	Graph
	14	4	F	LYC	Phos
	15	8	F	Bry	GRAPH
	16	5	F	Bry	Graph
	17	7	M	Bry	ANT-T
9.2.11	18	15	M	NAT-M	Graph
	19	3	F	COCCUL	Nux-m
	20	4	F	NUX-V	Coccul
	21	8	M	NUX-V	Coccul
11.2.11	22	7	F	Bry	Cupr
	23	8	M	Nux-v	Bry
14.2.11	24	21	M	NUX-V	Bry
	25	11	M	BRY	Phos
	26	12	M	COCCUL	Arnika
22.2.11	27	0,3	F	CALC	Phos
	28	7	F	BRY	Merc-s
	29	6	M	Bry	PHOS
23.2.11	30	10	M	BRY	Bell
	31	18	M	ZINC	Alum
24.2.11	32	9	F	Lyc	PLAT
	33	8	F	Nux-v	Bell

	34	31	M	ARS	Nat-c
25.2.11	35	25	F	Coccul	Calc
	36	9	F	THUJA	Croc
	37	9	M	BRY	Coccul
28.2.11	38	11	F	NAT-M	Bar-c
	39	47	F	CAMPH	Nux-m
	40	5	M	Aco	Cham
	41	38	M	Coccul	CROC
	42	38	F	PHOS	Aco
	43	5	F	Calc	SULF
1.3.11	44	12	M	Jod	CROC
	45	21	M	Ars	COCCUL
	46	40	F	Coccul	Bry
	47	11	F	COCCUL	Nux-m
2.3.11	48	7	M	IPECA	Coccul
4.3.11	49	8	F	PHOS	Asar
	50	16	F	Arn	SPONGIA
	51	8	F	SULF	Calc
	52	5	F	M-ARC	Borax

* Red = no or inadequate reaction

** Blue, CAPITALS = successful remedy

*** Black = unused second (reserve) remedy

**** Red, CAPITALS = only temporary improvement

3.6 Remedy Spectrum

Of the 45 patients who were treated successfully, 21 different remedies healed their flu. Cocculus, Natrium muriaticum, Phosphorus, Bryonia, Nux vomica, and Arsenicum album were used in half of all patients, whereas the remaining 14 remedies were more seldom found (Table 4). An epidemic remedy according to *Organon* § 100–102 could not be identified. Among the remedies where the patient's reaction was insufficient, it is striking that Bryonia is very common (Table 5). This is due to the fact that superficial recording of the symptoms by the patient or their parents commonly produced Bryonia symptoms (see discussion).

Table 4: Spectrum of successful remedies	
Coccul, Nat-m, Phos	5 patients
Bry, Nux-v	4 patients
Ars-a	3 patients
Croc, Graph, Hep, Sulph	2 Patients
Ant-t, Calc-c, Camph, Ipeca, Lyc, M-arc, Plat, Seneg, Song, Thuja, Zinc	1 patient

Table 5: Remedies with inadequate patient reaction	
Bry	10 patients
Coccul	3 patients
Lyc, Nux-v	2 patients
Aco, Arn, Ars-a, Bell, Calc-c, Cupr, Graph, Jod	1 patient

3.7 Discussion

The basis of polarity analysis is the return to the fundamental and, for their time, ground-breaking insights of Hahnemann and Boenninghausen. This requires a strict application of the precepts found in the *Organon*, especially:

§ 6 “All these perceptible signs represent the disease in its entire extent.”

§ 133 Via the modalities “what is peculiar and characteristic about each symptom becomes evident.”

§ 153 “In the search for a homeopathically specific remedy, that is, in the comparison of the complex of the natural disease's signs with the symptom sets of the available medicines ... the more *striking, exceptional, and odd* (characteristic) signs and symptoms of the disease are to be especially and almost solely kept in view.”

Due to the exceptionally reliable symptom grading found in Boenninghausen, polarity analysis can safely identify the remedy that best fits the patient's symptom set.

Polarity analysis proved valuable initially in the challenging area of the homeopathic treatment of ADD/ADHD, later too when tested on acute and chronically ill patients, and finally to treat polymorbid patients.

No other modern and widely practiced homeopathic procedure has been so comprehensively tested for its efficacy and results.

In our practice we perform quality checks by periodic, prospective recording of our treatment results. In the study described here, this was on flu patients, the majority of whom will have had an H1N1 infection (as determined by the Swiss health department). The H1N1 virus was also responsible for the flu epidemic of 1917-1918, when it caused very high mortality rates of over 20 %. In the year 2010, comprehensive preventive measures were taken ahead of an expected new H1N1 pandemic, although in this year relatively few people actually fell ill with flu. In contrast, in 2011 the illness rate was noticeably higher, as indicated by the fact that we registered 50 flu patients in one month. In spontaneous or untreated H1N1 illness or in those patients who suppressed their flu symptoms with the usual palliatives, we observed that they often suffered recurrent episodes of influenza symptoms or had a cough for several weeks. Homeopathically treated patients showed in the majority of cases (87 %) rapid healing within two to four days without troublesome recurrent symptoms. The rate of cure corresponds almost exactly to that which we found in the evaluation of polarity analysis for other acute illnesses (85 %, 2002). – As in every study, it is not possible to put a figure on the number of spontaneous cures. We can be almost certain that, for those patients who were cured by the first homeopathic remedy, their recovery was due to the homeopathic treatment. We cannot be quite so sure of this, however, in those patients who were only cured by the second remedy. Decisive for our quality control is that the total rate of cure is no worse than that found in previous evaluations – in fact, it was slightly higher here.

During epidemics, we often notice in our practice that – when we try to identify an epidemic remedy – opposite contraindications of various patients neutralize one another.

This makes it difficult to find a common remedy for everybody. Due to the good results found with PA, using a minimal amount of time, there is no particular reason to identify an epidemic remedy. We might speculate that the patient's individual reaction does not take second place in every epidemic to the collective, symptomatic reaction to the pathogenic trigger. – It would certainly be interesting to hear exactly what Hahnemann or Boenninghausen would have to say on this matter ...

The relatively high incidence of unsuccessful Bryonia prescriptions was a surprise: the ratio was four successful Bryonia prescriptions to ten unsuccessful ones. Since in six of these cases the second remedy cured the patient, this only became apparent when we analyzed the results. What is the explanation for this phenomenon? – At first glance,

certain patients only gave the symptoms > lying, > rest, dislike of movement, < movement, thirst and > food/drink: cold water. If we repertorize these, we get Bryonia as the first remedy with a polarity difference (PD) of 15, followed by Causticum and Phosphorus in second place with a PD of 9. We cannot really say that these symptoms are general and non-specific, which Hahnemann addressed in *Organon* § 153, but they do have this tendency. The consequence is that a patient with the Bryonia symptom set always needs to be questioned more closely. A search for additional symptoms might enable the choice of remedy to be more precise. The reported symptoms should of course always be discussed and not be uncritically fed into the repertorization.

In summary, we can say that in polarity analysis we have a precise tool to exactly identify the remedy. It is rationally based, easy to comprehend, and can achieve very good results.

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