Polarity Analysis

A Case Study of a Masked Depression in Duchenne Muscular Dystrophy

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Introduction

Polarity analysis (PA) is a precisely defined and well-researched homeopathic method of treatment which achieves great reliability (probability of cure) in the cure of illnesses and complaints [1]. It is based on the grade scale *von Boenninghausen* uses in his *Therapeutic Pocket Book* [2] and consists of the two elements polarity difference and contraindications, which will be explained hereafter and illustrated with the help of a case example. Through PA, the accuracy in the Swiss ADHD double-blind study was increased to such an extent that it was possible to prove a significant difference between placebo and homeopathic high potency remedies [3]. In the evaluation studies, the transfer of these findings to acute, chronic and complex diseases invariably led to an improvement of the results in comparison to conventional homeopathic methods [4,5].

Basics

In § 133 of the Organon, *Hahnemann* writes that the modalities present that which is peculiar to and characteristic of each symptom [6]. Combined with § 153, that means the homeopathic remedy selection should be specifically based on modalities. Clemens von Boenninghausen, a homeopathic physician from the very outset and a friend of Hahnemann's, aimed for his part to cover the characteristic symptomatology of a particular patient beyond any contradiction with the help of the genius of a homeopathic remedy [2]. What does that mean? The contradiction may refer to polar symptoms, i.e., symptoms that may also include the opposite (e.g., thirst vs. thirstlessness; < cold vs. > cold; desire for fresh air vs. aversion to fresh air). Many remedies present both poles, albeit in different grades. As the patient's symptoms (especially the modalities) should correspond to the genius of the remedy, Boenninghausen strived to cover the symptoms in as high a degree as possible (3rd – 5th degree). If the patient's symptom was represented in a low degree (1st or 2nd) whereas the polar opposite was represented in a high degree (3rd, 4th, or 5th), he considered that to be a contradiction to the characteristic symptomatology of the patient, which thereby was a contraindication *against* the remedy. In his experience, this constellation only very rarely effected a cure.

This insight inspired in the author the idea to base the remedy selection in general specifically on the polar modalities and other polar symptoms, as these had proven to be the most reliable signposts on the path to the selection of the correct remedy in the ADHS study. The mind symptoms, on the other hand, proved to be particularly unreliable in this study, and they were a frequent source of wrong prescriptions. By primarily using modalities in the repertorisation, a clear increase in the accuracy of prescriptions was achieved. This can be attributed to the fact that in general, modalities are unambiguous in the true sense of the word, and that therefore they are experienced in the same way in all languages and cultures, with patients accordingly being able to express them clearly. Moreover, it is important that on the basis of peculiar and strange symptoms the remedy selection does not turn out to be so narrow as to neglect the real characteristic symptoms (i.e., the modalities). That, too, follows if one merges the *Organon* §§ 153 and 133. In a polarity analysis, therefore, the differential diagnosis of the remedy most suited to the patient is made according to the symptoms that have proven to be particularly reliable.

Other symptoms, especially mind symptoms, are included if at all possible only at the stage of materia medica comparison. In that phase of the remedy selection process, they may tip the scales for a particular remedy (cf. *Organon* § 211).

Nowadays, the contraindications according to Boenninghausen are determined with the help of a computer. In the repertorisation, all remedies are checked whose opposite poles are listed in grades 3 – 5, and they are checked against the grade of the patient's symptom. We do not check opposite poles whose grading lies outside the genius range (grade 1 and 2), as no contraindication is possible here (no contradiction to the genius of the remedy). In cases where originally the remedy was selected without a polarity analysis, but where despite covering the totality of symptoms it still did not work, a later check-up frequently reveals contraindications to be the source of the lack of success.

SUMMARY

The paper at hand presents the polarity analysis – the most recent method used to find a homeopathic remedy. Polarity analysis is the further development of *Boenninghausen*'s concept of contraindications, a concept that allows for a precise remedy selection with little expenditure of time. This practical approach will be illustrated by studying the case of a patient suffering from a masked depression in Duchenne muscular dystrophy. Further, the basic considerations regarding the reliability of homeopathic remedy selection will be discussed.

KEYWORDS **Masked depression, Duchenne muscular dystrophy, Polarity analysis, Reliability of symptoms, *Carbo animalis***

The Polarity Analysis

In the polarity analysis, these findings are systematically applied to all polar symptoms. That is done on the one hand by excluding remedies through contraindications, and on the other hand by determining the polarity difference. In order to calculate that, the grades of the *polar* patient symptoms are added up in every remedy in question, subsequent to which the grades of the relevant opposite poles are subtracted. The higher the resulting polarity difference, the more in accordance with the characteristic symptomatology of the patient the remedy – provided there are no contraindications.

If possible, at least five polar symptoms should be used for the repertorisation. In order to record these, standard homeopathic case taking is supplemented by checklists (in acute conditions), where patients may underline symptoms they have observed in themselves. The checklists and questionnaires focus in particular on polar symptoms. So far, eleven checklists and twelve questionnaires covering different problematic areas, such as neurology, gynaecology, ENT and respiratory tract, allergic complaints, etc., have been developed [4].

Fig. 1 depicts the multilevel process of remedy selection. In the polarity analysis, the first step consists in generating a differential diagnosis on the basis of the polar modalities and other polar symptoms and with the help of Boenninghausen's *Therapeutic Pocket Book* software. If it were impossible to consider important symptoms in this step, these can be added with the help of further repertories, allowing us to specify the differential diagnosis further. The materia medica comparison constitutes the final step. Here, the special sensations and the mind symptoms may tip the scales for the final remedy selection (Fig. 1).

This technique of PA, while it may seem complicated in theory, will immediately become comprehensible if we use a case example as an illustration. The polarity analysis is now integrated into several much used computer programmes of Boenninghausen's *Therapeutic Pocket Book* [7–10]. The author prefers the programme of the "Boenninghausen Arbeitsgemeinschaft" in Germany [7], which (in contrast to all the others) is based on the revised edition of Boenninghausen's *Therapeutic Pocket Book* [2], and which is therefore able to deliver excellent results. It is available in English.

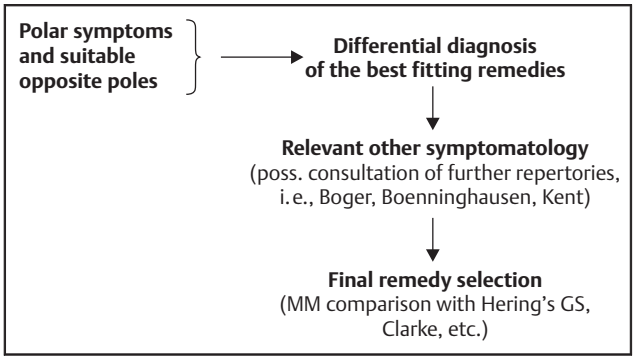

Fig. 1 Repertorisation scheme relevant for the polarity analysis.

Case example

Luca U., 17 years, masked depression in Duchenne muscular dystrophy

During the first years of Luca's life, there were no striking incidences, apart, maybe, from relatively frequent infections of the respiratory tract and a slight motoric clumsiness. At the age of six, his mother was under the impression that in comparison with other children of his age, Luca's development was slowing down and that deficits were beginning to show. At that time, his neurostatus was assessed, showing a muscular hypotonus, associated movements in the gait on toes and on heels, as well as a minimal ataxia in the finger-nose-test on both sides. Another striking feature was a hyperlordosis of the lumbar spine, and when Luca got up from the floor, Gower's sign could be observed. The elevated creatine phosphokinase confirmed the suspected Duchenne muscular dystrophy. There was a progressive course of the illness, so that at the age of ten Luca needed a wheelchair. Several administrations of *Sepia* and, at a later stage, *Lycopodium* were able to limit the associated frequent infections of the respiratory tract to a bearable minimum, so that Luca was doing relatively well in comparison to other patients.

When Luca was 17 years old, the present case was taken, as he had become rather difficult and was suffering repeated infections of the respiratory tract. In the morning already on waking up he was obstinate and irritable, he needed to be served all the time, and it was impossible to please him. His mother said: "Although he is being helped, he is vicious towards everyone; he is angry, resentful and sulky, he takes everything in a bad way, but he is also weepy, and he has a pronounced fear in the darkness." He was often unable to sleep at night, and as a consequence, he was suffering from headaches, which were detrimental to his mood. The infections of the respiratory tract, which were always triggered if individual parts got cold, became more frequent and more severe. They began with a husky voice and yellow coryza, subsequent to which Luca's respiration became rattling and a cough started to develop, accompanied by purulent expectoration. Motion aggravated, while lying on the back ameliorated. Luca was very sensitive to cold, especially when not feeling well.

A new symptom, namely diarrhoea, always urged him to hurry to the bathroom. He was now 1.80 m tall and overweight at 85 kilos (+17 kilos). Taking him out of the room meant ten minutes of very hard work for his mother, during which time she was constantly criticized … Luca also had a strong aversion to motion. As an additional symptom, he suffered from cramps of the calves, from oversensitive, desquamating and itching skin and offensive perspiration.

The patient apparently suffered from a masked depression, which – considering the dismal prognosis of his illness (exitus letalis in the second decade of his life, or the third at the latest) was not surprising. At an age where other young people increasingly detach themselves from their home and parents, this process was rendered impossible through his illness. On the contrary, he became ever more dependent on his parents.

Ms. U prepared herself for the casetaking with the help of the questionnaires for ailments of the digestive tract and mental illnesses as well as the general questionnaire. She marked the following symptoms:

Questionnaire mental illnesses

- irritability-P*
- sadness, inclination to weep-P
- morose

Table 1 Repertorisation (remedies sorted according to the completeness of symptom coverage).

	Carb-a.	*Kali-c.*	*Lyc.*	*Merc.*	*Nux-v.*	*Phos.*	*Sep.*	*Sulph.*	*Am-c.*	*Ars.*
Number of hits	10	10	10	10	10	10	10	10	9	9
Sum total of grades	19	26	28	23	28	27	27	18	17	26
Polarity differences	**14**	**12**	**4**	**4**	**10**	**4**	**−1**	**2**	**10**	**7**
PATIENT SYMPTOMS										
< sleep, after, on waking (P) [111]	5*	3	4*	4*	4*	4	4	5*	4*	5*
< motion, during (P) [126]	3	1	1	3	4	3	1	2*	2	1
motion, aversion to (P) [68]	1	1	3	2	4	2	2	1	1	4
hunger, appetite (P) [99]	1	1	3	2	2	2	3	1	2	2
< coldness, general (P) [90]	2	4	1	1	4	2	2	1	3	4
< on getting cold (P) [78]	1	4	3	2	4	3	3	2	2	4
> lying, back (P) [50]	3	3	3	3	2	1	1	2	1	0
expectoration, purulent [57]	1	4	4	3	1	4	4	2	1	2
coryza, discharge, yellow [50]	1	2	3	1	1	2	4	1	1	3
perspiration, offensive [31]	1	3	3	2	2	3	3	1	0	1
OPPOSITE POLES										
> sleep, after, on waking (P) [28]	0	0	0	0	*3*	*4*	*4*	0	0	*3*
> motion, during (P) [102]	*1*	*1*	*4/CI*	*3*	0	*1*	*3/CI*	*1*	*1*	*2*
Motion, desire for (P) [58]	0	0	*1*	*1*	*1*	0	*1*	*1*	*1*	*2*
loss of appetite (P) [115]	*1*	*1*	*3*	*3/CI*	*4/CI*	*2*	*4(CI)*	*3/CI*	*2*	*3/CI*
> coldness, general (P) [73]	0	*1*	*2*	*1*	*1*	*1*	*1*	*2*	0	0
> getting cold, on (P) [74]	0	*1*	*4(CI)*	*3/CI*	*1*	*1*	*1*	*3/CI*	0	0
> lying, back (P) [48]	0	*1*	0	*2*	*4/CI*	*4/CI*	*3/CI*	*2*	*1*	*3/CI*

* Asterisks denote corrections of the grades that Boenninghausen conveyed to Dunham, who had a placement in his clinic as a student for several months. They represent Boenninghausen's most recent findings, which differed from the print version of that time. For the practical work, they may be neglected.

- fear
- sleeplessness from complaints
- < anger
- < vexation
- < darkness-P
- < on waking-P
- < motion-P

Questionnaire digestive tract

- diarrhoea
- urge to stool
- < on waking-P
- aversion to motion-P
- < motion-P

General questionnaire

- headaches
- cough with expectoration
- purulent expectoration
- coryza, yellow discharge
- respiration rattling
- muscle cramps
- muscles flabby-P (always)
- hunger-P
- obesity
- skin dry, desquamating
- perspiration, offensive
- < cold-P
- < getting cold-P
- < motion-P
- > lying on the back-P
- < lack of sleep

* P = polar symptoms

Repertorisation

Initially, the repertorisation was carried out only with the polar symptoms of the digestive tract and the general questionnaire. This resulted in a shortlist of 23 remedies that covered all symptoms. Only eight of them had no contraindication. *Carbo animalis* and *Kali carbonicum* had the highest polarity difference. As this remedy differentiation was still insufficient, further, characteristic symptoms had to be included, again – if at all possible – no symptoms from the mind chapter as that is not very reliable as far as the remedy selection is concerned. The following symptoms were chosen: expectoration purulent, coryza yellow, and perspiration offensive. As was already mentioned, the mind symptoms were included in the remedy selection only at the stage of materia medica comparison. Table 1 shows the repertorisation using the computer programme of *Boenninghausen's Therapeutic Pocket Book*, revised edition from the year 2000.

Key to Table 1

1. Patients' symptoms in non-italicized type, symptoms of the opposite pole in italics
2. Calculation of the polarity differences: The grades of the polar patient symptoms (< after sleep up to > lying on the back) are added up. Of that sum, the sum total of the grades of the opposite pole symptoms of the remedy are subtracted: the result is the polarity difference. (For example, *Carbo animalis* 16 – 2 = 14).
3. CI = contraindications: the opposite pole is listed in the grades 3, 4 or 5; the patient symptom in the grades 1 or 2.
4. (CI) = relative contraindication: the patient symptom lies in the genius region (grade 3 or 4); the opposite pole, however, lies one or two grades above that (grade 4 and 5). This remedy is not strictly contraindicated and has to be included in the materia medica comparison if no absolute contraindications are present.
5. Columns containing contraindications, CI, and relative contraindications, (CI), are shaded.

Interpretation of the polarity difference

1. The higher the polarity difference in the positive region, the better does the remedy cover the characteristic patient symptoms (here: *Carbo animalis, Kali carbonicum*).
2. A polarity difference near 0 shows that the remedy does cover all patient symptoms, however, it is not specific to those symptoms. This remedy may hardly or not at all be taken into consideration for that particular patient (here: *Phosphorus, Sulphur*).
3. Negative polarity differences indicate that the remedy does cover all patient symptoms, that in its genius, however, it tends to show the opposite modalities. This remedy is definitely out of the question for that particular patient (here: *Sepia*).

Eight remedies cover all symptoms; only two remedies – *Carbo animalis* and *Kali carbonicum* – have no contraindications. In the next step, the mind symptoms of both remedies will be compared to the patient's mind symptoms, using Hering's *Guiding Symptoms* [11].

Materia Medica comparison of the mind symptoms of Carbo animalis [11]

Clear consciousness and great fear with diminishing vital force.
Confusion in the morning, did not know whether he had been asleep or awake.
Desire to be alone; sad and reflective, only wishes to be alone and avoids any conversation.
Alternations of joyfulness, as from being overexcited, and fretful sadness.
Despondency.
Fear of the dark.
Sense of stupefaction in the head, sensation of heaviness and irritability.

Materia Medica comparison of the mind symptoms of Kali carbonicum [11]

Alternating mood, at one time good and quiet, at another excited and angry at trifles; frequently hopeful, frequently despondent. Antagonism with herself, does not know what she desires and feels very unhappy. [Always morose,] annoyed at everything [and does not enjoy anything]. Great moroseness, as if she were unable to please herself. Impatience. Melancholy.

Very anxious, especially about his own diseased condition, believes he can never be cured. Fearful, gloomy ideas about the future, [particularly in the evening]. Angry irritability. (B) Easily startled, especially when touched lightly about the body. Easily violent and raised to anger.

Prescription and development

In a Materia Medica comparison, it is now possible to differentiate on the basis of the mind symptoms. Due to the higher polarity difference and the typical aggravation on walking, Luca received one dose of *Carbo animalis* C200 (see Fig. 2).

In the following days the melancholy disappeared, and his mother reported that he was "more balanced, more polite, more at ease, no longer vicious, and he was able to sit at the table calmly". At times, he was even able to laugh about his fears, even if they had not disappeared completely. "The diarrhoea ceased, and the cough slowly disappeared over a course of two weeks". After six weeks, the action of the remedy seemed to subside. Luca received further doses of *Carbo animalis* in increasing potencies (M, XM, LM, CM), roughly in monthly intervals. Thus, his state was stable over the course of several years. The patient is now 27 years old. He works in a hostel for persons with physical disabilities, and his state is stable. He takes particular pleasure in wheelchair races with a colleague through the arcades of the old town of Bern.

Observation period: 10 years.

Discussion

The basis of the polarity analysis is formed by the recollection of Hahnemann's and Boenninghausen's basic findings, which were groundbreaking at the time. It leads to a strict application of the paragraphs of the *Organon*, namely § 6 (the illness is formed by the totality of its symptoms), § 133 (the modalities reveal that which is peculiar to and characteristic of each symptom), and § 153 (when looking for the homeopathically specific remedy, especially the peculiar, characteristic signs of the illness need to correspond to those of the remedy). The mind symptoms take over the role of tipping the scales for one of the remedies determined by the modalities in the Materia Medica comparison, as Hahnemann expressed in § 211. Due to the "exceptionally reliable grading of symptoms in Boenninghausen's *Therapeutic Pocket Book*" (quote by *Frederik Schroyens*), the polarity analysis enables us to determine the remedy which will in all probability correspond most with the symptomatology of the patient. Polarity analysis has proven its value first of all in the exceedingly difficult area of homeopathic treatment of ADD/ADHD. After that, however, it proved its efficacy also in the trials connected with simple acute and chronic diseases, and finally in multimorbid patients. None of the other homeopathic techniques being used today has been tested in such a comprehensive way regarding its effects and the results that can be achieved.

Fig. 2 *Carbo animalis* (www.gudjons.com).

The case study shows that it is hardly possible to influence a fateful disease such as muscular dystrophy with the help of homeopathy. Nonetheless, it is possible to ameliorate or even cure the side effects connected with the disease, and to thus render life more bearable for the patient and, in addition, probably also to increase his or her life expectancy. Although in this case the main complaints concerned the mind, the remedy was chosen using the modalities of the physical symptoms. The remedy found with the help of the polarity analysis frequently reveals the psychodynamic background of the patient's suffering. In this context, then, holistic means that the physical symptoms do allow us to draw conclusions as far as the mind is concerned. This is illustrated very nicely by this case example.

A word about Mind symptoms: Boenninghausen's *Therapeutic Pocket Book* contains relatively few Mind symptoms, and it is therefore not very well suited to fine-tune these symptoms. This can be illustrated by using the example of the symptom minor depressive disorder/depressive mood: *The Pocket Book* offers five possible ways of phrasing the phenomenon, which could be applicable to a depressive patient:

- Melancholy: 12 remedies
- Sadness: 61 remedies
- Moroseness: 88 remedies
- Hopelessness: 51 remedies
- Alternating mood: 52 remedies

Depending on his or her individual background, a patient will choose one of these expressions in order to illustrate his or her problem. The same is true for the depressive symptoms that have entered the Materia Medica through the remedy provings: the prover, too, may choose one of these five expressions. The probability that both patient and prover will choose a particular symptom, e.g., melancholy, lies at only 4%. As the same probability applies to the other four expressions, the probability of patient and prover choosing the same expression lies all in all at 20%, which is very low. Other repertories, too, will reveal certain difficulties here, even if they deal with the mind symptoms in much greater detail. For Boenninghausen, mind symptoms were changes of the mind during an illness. If the term "illness" is expanded to cover all symptoms which ever appear in the lifetime of a patient, and if we do not simply look at the present illness (as is envisaged in the *Organon* § 6), it will be difficult to differentiate between character traits and actual symptoms. This was another factor that prompted us to give preference to the safe ground of the modalities and polar symptoms.

In the face of the ever more frequent unfounded attacks against homeopathy, it is of great significance to render the homeopathic remedy selection rational, reliable and understandable. The polarity analysis fulfils all these criteria. Due to the high degree of accuracy, it will be possible to carry out primary blind studies in the future, a design that we did not dare to approach in the ADHS study, as the remedy selection was rather difficult.

Another additional advantage is the fact that the method presented here renders homeopathy teachable and learnable. It is no longer dependent on a genial intuition. That is of particular importance, as in our discipline, too, we need to train a sufficient number of young practitioners if homeopathy is to play the role it has been assigned in the medicine of the third millennium, namely a meaningful one.

(NB: The genius of a remedy comprises those modalities, sensations, and findings which have emerged in the remedy proving in various locations several times, and which, in addition have been clinically cured. They are that which is really characteristic in a remedy. In Boenninghausen's *Therapeutic Pocket Book*, they are listed in high grades [3–5].)

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Further Reading

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