



# Polarity Analysis

## Module 4: Differences Between the Methods

Heiner Frei

This presentation describes the development of a conventional paediatric medical practice into a homeopathic paediatric practice. During this time the following five different methods were followed:

**Hahnemann and French pluralism**

**Kent**

**Boger**

**Boenninghausen**

**Polarity analysis**

We will trace this evolution using case histories to illustrate how the different methods are used in our practice.

What causes a practitioner of conventional medicine to take up homeopathy?

# Problematic Areas of Treatment in Conventional Paediatrics

- Coughs
- Recurrent infections
- Allergies
- Sleep disorders, pavor nocturnus
- Problems at school
- Pains in head, abdomen and during growth
- Psychosomatic illness
- ADHD / ADD
- etc.

Why should a practitioner of conventional medicine *not*  
take up homeopathy?

# Alternative Solutions such as Phytotherapy

## Examples

- **Productive coughing**

Primula, Pipinella, Foeniculum and Plantago

- **Cystitis**

Vaccinium vitis and Pilosella

- **Sleep disorders**

Valeriana, Mellissa, Humulus, Passiflora

- **Hay fever**

Petasites

and our experience with this ...

Phytotherapy often works well but it can only be used selectively – that is, for specific indications. It is not a comprehensive solution.

## so how about homeopathy ...?

- “... and what shall we do if our patients turn their backs on us ...??”

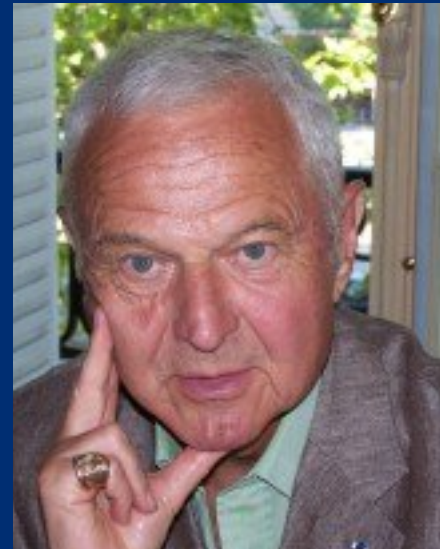
(my wife)



**Samuel Hahnemann**



**Max Tetau**



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# ORGANON OF MEDICINE

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SAMUEL HAHNEMANN



THE FIRST INTEGRAL ENGLISH TRANSLATION OF  
THE DEFINITIVE SIXTH EDITION OF THE ORIGINAL  
WORK ON HOMOEOPATHIC MEDICINE

HOMÉOPATHIE ET STRUCTURES BIOTHÉRAPIQUES

Max TETAU

## **MATIÈRE MÉDICALE HOMÉOPATHIQUE CLINIQUE et ASSOCIATIONS BIOTHÉRAPIQUES**

TOME I  
Les grands remèdes

maloine s.a. éditeur

# Hahnemann and the French Pluralists

- Treatment of *acute* illness with a combination of homeopathic remedies, similar to anthroposophy
- Treatment of *chronic* illness according to Organon VI


## Example: Purulent Tonsillitis

- Streptococcinum 200 C 1 dose, 1<sup>st</sup> day in morning
- Staphylococcinum 200 C 1 dose, 1<sup>st</sup> day in evening
- Mercurius corrosivus 5 C 3 x 2 pellets / day
- Lac canninum 5 C 3 x 2 pellets / day
- Oligosol Bismuth 3 x 1 ml / day

# My First Pleasing Case

Simon, a 6-year-old boy, comes to the practice for the first time with a blocked nose that he has had for the past three weeks and a dry cough. No other symptoms. Viral blood test, no signs of allergy.

## Conventional treatment:



Cough syrup (something “natural”)  
Ventolin syrup  
Amoxicillin  
Ventolin and Axotide

No improvement after three months (!) of such treatment

# Simon's Cough and Homeopathy

## Bryonia

- Severe dry coryza with drawing, tearing and stabbing pains.
- Irritable cough as if from mucus, and then soreness of the trachea.
- When coughing, patients press their hand on the sternum, as if it requires support.

## Sticta pulmonaria

- Severe coryza, feeling of congestion at the root of the nose...
- Coughing: dry, stronger in evening and night, cannot lie down, cannot sleep; loud; concussive, from tickling on the right side of the trachea.

# Prescription and Progress

- Treatment

Bryonia 5 C 2 x 2 pellets per day, alternating with  
Sticta 5 C, 2 x 2 pellets per day

- Progress

Massive fluent discharge occurs (= “drainage”),  
lasting one week. After this, Simon is cured.

# Assessment of Three Years with French Homeopathy

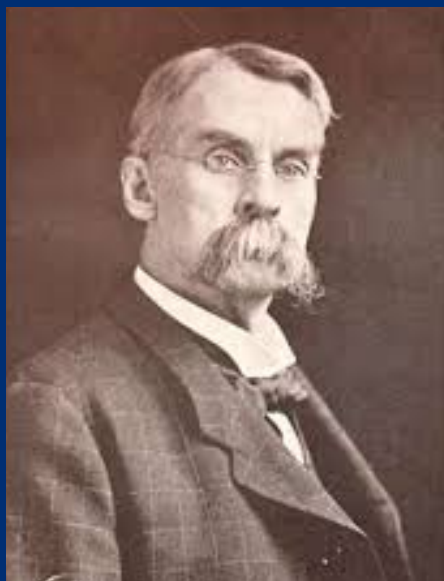
- The pluralist treatment of *acute illness* is not bad but with recurrent illness the patient's responsiveness declines.
- Classical treatment of *chronic illness* is good.

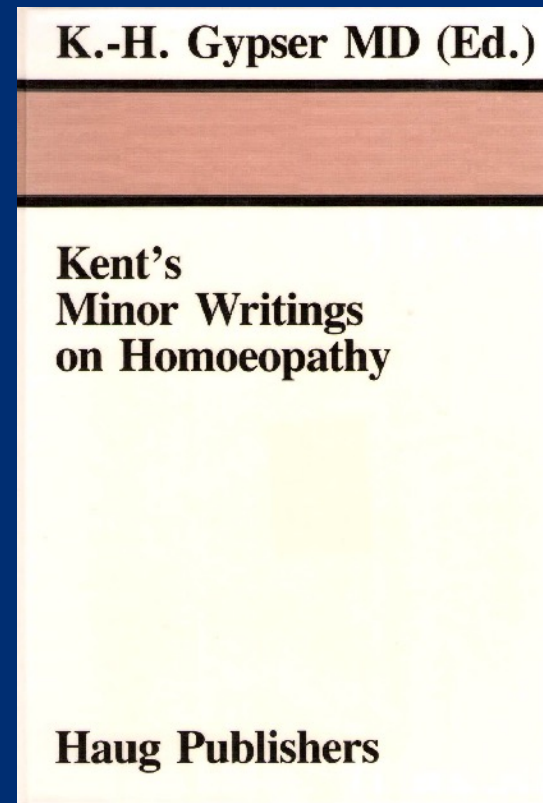
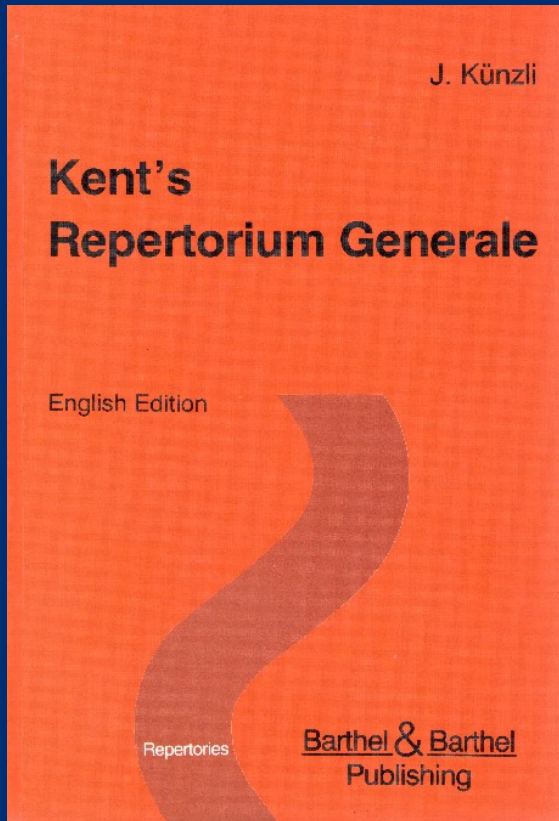


# Was it a Detour?

- No...

With a conventional training in homeopathy, the **practical implementation of what one has learnt comes far too late:** so there is a real danger of just shelving it.





# Switching to Classical Kentian Homeopathy

“Your results will deteriorate and your patients will turn their backs on you.”

My french teacher

# Hahnenmann vs. Kent

- Each school of thought tells a different story:  
“... so homeopathy isn't really a mature method...??”  
(my wife)

# That Which Is to Be Healed

## Hahnemann

The totality of the symptoms concerns the **current complaint**.

“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 or clear away” (Org. § 7).

## Kent

The totality of the symptoms concerns **all complaints of the patient's life so far**.

“Cure the patient, not the disease”

# Characteristic Symptoms

## Hahnemann

Symptoms

striking

unusual

characteristic

[Modalities,  
sensations]

## Kent

Symptoms

striking

rare

peculiar

[Rarely observed, keynotes,  
symptoms as if]

# Repertorisation

## Hahnemann

Leitmotif running through a remedy, never just a single symptom

Boenninghausen:  
Dissociated repertorisation

## Kent

Possibly just a single symptom  
(e.g. “taste of banana in the mouth”)

Synthetic repertorisation



# Mind Symptoms

## Hahnemann

Mind symptoms **tip the scale after a differential diagnosis of the remedy** based on modalities and sensations.

## Kent

Mind symptoms are central to remedy selection (“central delusion”, striking, strange symptoms, rarely observed, inexplicable, essence, nature, temperament).

**“The mind is the key to man”**

# The Nature of the Patient

## Hahnemann

The patient's disposition does **not** influence remedy selection.

## Kent

Disposition influences remedy selection (ambivalent).

# Scope for Interpretation

## Hahnemann

No arbitrary evaluation. It is important to stick to symptoms.

## Kent

The remedy and essences can include an assessment of the patient.

Examples:

Sulfur: “The man with the shabby hat”

Lycopodium: “Cowardice”

# Change of Remedy

**Hahnemann**

Simile: change of remedy  
when new symptoms appear

**Kent**

Simillimum: a remedy for life

# Teachability and Learnability

## Reproducibility of Remedy Selection

### Hahnemann

Simple, structured  
Clear, efficient  
Can be learnt quickly  
Reproducible selection

### Kent

Getting started is far more difficult  
Remedy selection strongly influenced by the genius of the homeopath  
Only limited reproducibility

# Reliability of Sources

## Hahnemann

RA, CK, Stapfsches archive  
and BTB 1846  
very reliable  
(including grading)

## Kent

Kent's Repertory has various  
sources  
(errors?, grading?).

## A Kentian Case

- Mr M. is a 53-year-old father of three children, for whom I am the paediatrician. After becoming convinced of the efficacy of homeopathy, he comes to the practice himself for treatment of a “visual disturbance”.
- This occurs suddenly in the left eye in the form of a stripe or crack in his field of vision, lasts several hours and is associated with a feeling of pressure in the eye. Then he has a headache on the left side, which is aggravated during the night and is worst of all on waking. Wet compresses and the warmth of the bed also aggravate it.
- Medical diagnosis: **migraine with aura.**

# Pre-Existing Complaints of the Patient

- For years coryza with fluent yellow discharge from nose
- Recurrent episodes of polyarthrititis, treated with NSAIDs by the family doctor
- Arterial hypertonia, also treated conventionally for years
- Recurrent sleep disorder following intensive intellectual work, with sleeplessness lasting several hours after midnight
- Body odour



# Repertorisation with Kent's Repertory\*

- Vision, Stripes: Kent p.240:  
*Con, Sep, Sulf, Thuj*
- Eye, Pain, Left, Kent p. 208:  
*Sulf*
- Head, Pain, Sides, Left, Kent p. 138  
*Con, Sep, Sulf, Thuj*
- Head, Pain, Night, Kent p.112  
*Con, Sep, Sulf, Thuj*
- Head, Pain, Morning, Waking, Kent p.  
111  
*Con, Sep, Sulf, Thuj*
- Cold, Becoming, After, Aggravates Kent  
1114,  
*Con, Sep, Sulf, Thuj*
- Wet, Applications aggravate, Kent p.  
1171  
*Sep, Sulf*
- Warm Bed Aggravates, Kent p. 1165
- *Sulf, Thuj*

- Homeopathic Differential  
Diagnosis:

1<sup>st</sup> choice: Sulf

2<sup>nd</sup> choice: Thuja

- *Kent's Repertorium Generale,*  
*Ed. J. Kuenzli, Barthel and Barthel*  
*Publishing, New York, 1990*

# The Patient's Nature

- Mr M. is tall and gaunt, an internationally acclaimed social scientist and dean of faculty at the nearby university. He travels extensively to give guest lectures.
- For his students he is a strict teacher but otherwise good-natured. He regularly has young academics from Eastern Europe in particular staying at his home. In return he only expects them to help out with the housekeeping.

- His study is a huge attic room with two desks in the middle, full of books and with an old-fashioned manual typewriter, on which he types his many publications. The rest of the room is also full of piles of books, and the walls are completely taken up with bookshelves.
- Many of his books have been translated into other languages. When I ask him how many books he has written, he is unable to answer.

- In the small town where he lives he is very sociable: if there are conflicts, he is the one who intervenes and offers to mediate.
- He can sometimes be seen doing his shopping. He is modestly dressed in an old-fashioned way. His trousers are rather too short and are held up by braces.
- It is no problem for him to do his shopping with an old hand cart, which he pulls rattling over the cobbles.



# Materia Medica Comparison with *Kent's Lectures on Homoeopathic Materia Medica*

## Sulfur

- The Sulfur patient is a gaunt, slim type with hanging shoulders.
- People whose lifestyle involves much sitting, studious stay-at-home types. The scholar works day and night in threadbare clothes ... He is chaotic and piles up his books and papers in a disorderly fashion, ...
- Cleanliness is not a big deal for Sulfur patients ... He is the victim of foul odours...
- Etc.



# Prescription and Progress

- With *Sulfur 200 C* his symptoms improve noticeably but they do not disappear. (Mr M. says the improvement is 70%). Further doses of Sulfur in higher potencies have no further effect.
- I switch to *Sulfur Q potencies*, which bring about a further improvement but do not heal him completely.
- A modest man, he is satisfied with the result.



## 13 Years Later

- Mr M. has recently been having attacks of **transitory global amnesia**. At a congress in Greece he is therefore rushed to hospital.
- After fresh casetaking, he is given Rhus tox, which stops the TGA but brings forth the **migraine with aura** again. This also disappears with Crocus.

So what about the typology, which has not changed?

# Assessment of the Kentian Phase

- The method often works but it is too **time-consuming** for a primary care practice.
- Kent's paradigms are unclear to me and the **typology is unreliable**. Borland's children's types are only a crutch.
- **Acute illness must be treated in a different way**. I have to make do with two books on paediatric homeopathy.

# Was the Kentian Phase a Detour?

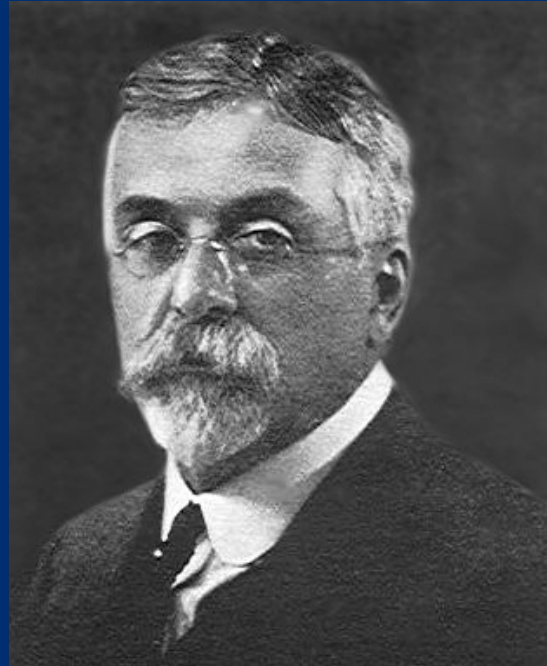
- No,  
because it taught me how most homeopaths work.

# Summary

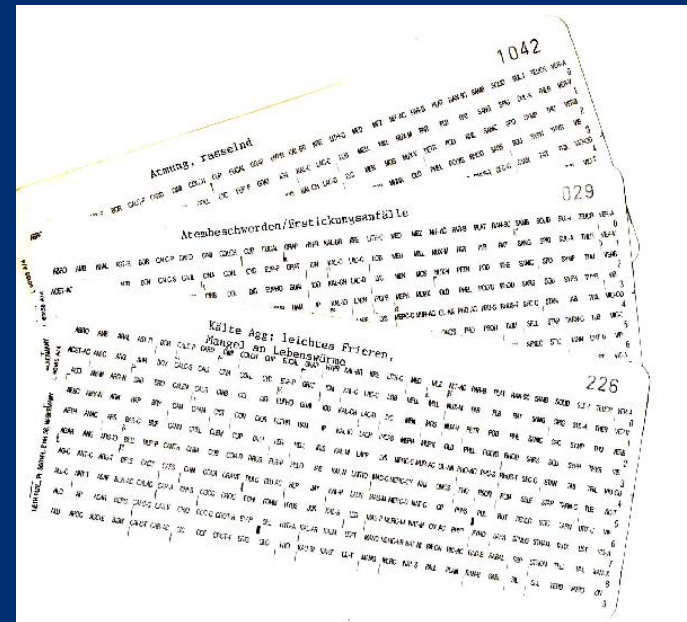
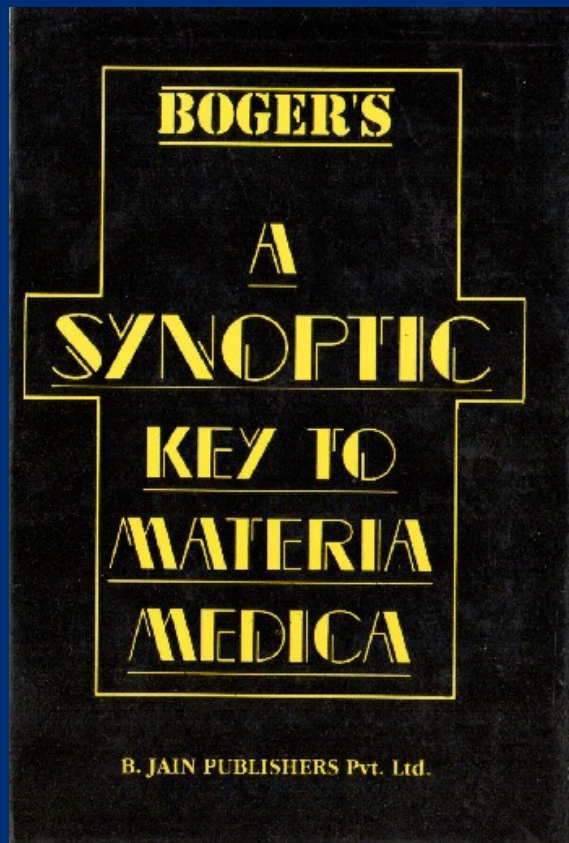
- What disturbs me most about the methods tested so far is the *arbitrariness of the remedy selection* and the *lack of reproducibility*, which stands in sharp contrast to Hahnemann's statement that homeopathy “**heals with, as it were, mathematical precision**”.

# Consequence

- We need a method that is **reliable**, generating **reproducible** remedy selections while requiring **only a small amount of time for remedy selection**.



# Boger's Synoptic Key and Lieth's Card Index





# Basis of the Synoptic Key

- The Synoptic Key is a **repertory of the characteristic symptoms of a remedy**, originating in the practice of C. M. Boger. In theory it only contains high-grade symptoms.
- It builds on Boenninghausen and Hering's requirement that remedy selection should be based on the characteristic symptoms.

# Boger's Procedure

Casetaking and clinical condition are used to derive symptoms that are typical of the entire illness state.

Repertorisation

*Affected organ, sensations*

*Modalities*

Concomitant symptoms

Changes in mind

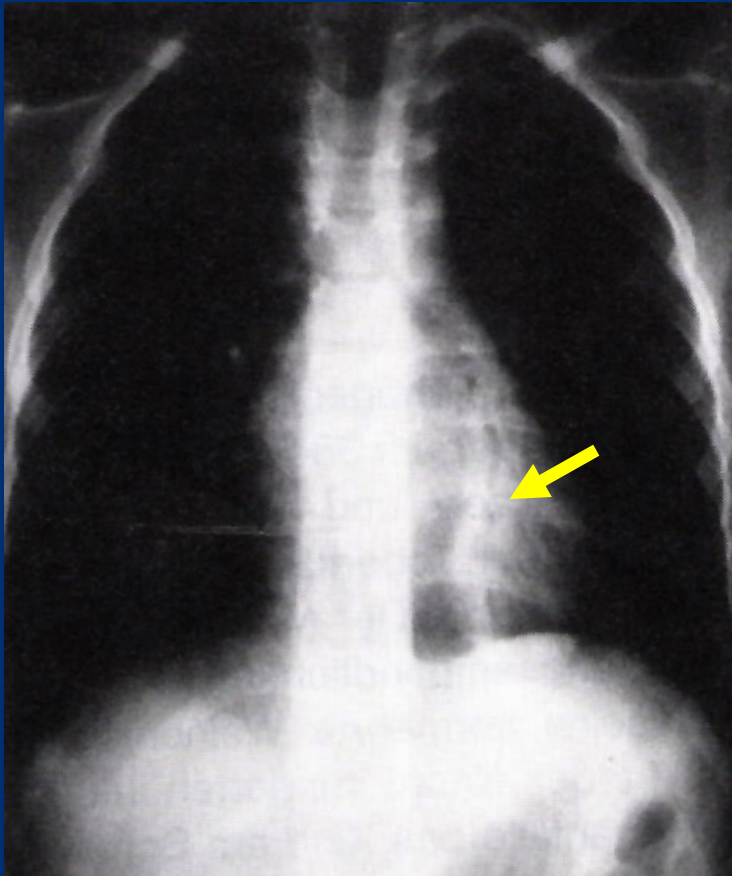
# Lieth's Card Index

- The therapeutic card index of Bernd von der Lieth is based on the Synoptic Key. It contains **1117 cards**, each with one symptom and the corresponding remedy assignments (**323 remedies**).
- It is very helpful with **one-sided illness, symptom-poor cases** and with **severe pathology**.

## Case from Lieth's Card Index

- 6-year-old Lara falls acutely ill with measles, with high fever and a haemorrhagic rash all over her body. On the second day of the illness she has a suffocating cough. The parents refuse the antibiotic treatment offered by the emergency doctor.
- I see her on the fourth day of the illness: she is apathetic, pale, almost grey, with  $38^{\circ}$  C fever, is shivering, breathing stertorously and coughing incessantly. She is suffering respiratory distress syndrome with retraction of the intercostal musculature.

- Condition: haemorrhagic measles rash, buccal mucous membrane raw, tongue coated white with small ulcers. Auscultatory : moist rattling noises in both lungs, basal left stronger than right. No cyanosis. Otherwise condition is normal. The clinical picture is **measles with pneumonia**.



## Thorax X-Ray ap

Over-inflation of both lungs. Dense, peribronchial infiltrate in the left lower lung lobe, pneumobronchogram.

# Repertorisation According to Boger

- Measles L 292
- Breathing complaints, fits of suffocation L 029
- Rattling breathing L 1042
- Choking cough L 1263
- Cold aggravates, slight feeling of cold L 226
- Mucous membranes (mouth) L 385

Masern, maserig

292

LIEBH PUBL., PF 560144, 2 HH 56, WGERMANY

ABRO	AMB	AMAL	AST-R	BOR	CALC-P	CARD	CIMI	COLCH	CUP	EUCAL	GRAP	HYPR	KAL-BR	KRE	LITH-C	MED	MEZ	NIT-AC	PAR-B	PLAT	RAN-SC	SAMB	SOLID	SUL-I	TEUCR	VER-A	0
ACET-AC	AM-C	ARG	AUR	BOV	CALC-S	CAUL	CINA	COLL	CYC	EUP-P	GRAT	IGN	KAL-C	LAC-C	LOB	MELL	MILL	NUX-M	PAR	PLB	RAT	SANG	SPIG	SUL-A	THER	VER-V	1
ACO	AM-M	ARG-N	BAD	BRO	CALEN	CAUS	CINB	COL	DIG	EUPHO	GUAI	IOD	KAL-CH	LAC-D	LYC	MEN	MOS	NUX-V	PETR	POD	RHE	SANIC	SPO	SYMP	THU	VERB	2
AESC	AMY-N	ARN	BAP	BRY	CAM	CHAM	CIST	CON	DIOS	EUPHR	HAM	IP	KAL-IO	LACH	LYCPS	MEPH	MURX	OLD	PHEL	POLYG	RHOD	SARS	SQU	SYPH	THYR	VIB	3
AETH	ANAC	ARS	BAR-C	BUF	CANN	CHEL	CLEM	COP	DIPH	FER	HELL	IRIS	KAL-M	LAPP	LYS	MERC-C	MUR-AC	OL-AN	PHO-AC	PRU-S	RHUS-T	SEC-C	STAN	TAB	TRIL	VIO-OD	4
AGAR	ANG	ARS-IO	BELL	BUR-P	CANTH	CHIM	COB	COR-R	DROS	FER-P	HELO	JAB	KAL-N	LATRO	MAG-C	MERC-CY	NAJ	ONOS	PHO	PSOR	RUM	SELE	STAP	TARN-C	TUB	VIO-T	5
AG-C	ANT-C	ARU-T	BELS	CACT	CAPS	CHIN	COCA	CRATÆ	DULC	FLU-AC	HEP	JAT	KAL-P	LAUR	MAG-M	MERC-D	NAT-C	OP	PHYS	PUL	RUT	SENEC	STIC	TARN	URT-U	VIP	6
ALL-C	ANT-T	ASAF	BEN-AC	CALAD	CAR-A	CHI-S	COCC	CROC	ECHI	FORM	HYDS	JUS	KAL-S	LED	MAG-P	MERC-HF	NAT-M	OX-AC	PHYT	PYRO	SABA	SENEG	STRAM	TARX	UST	VIS-A	7
ALO	AP	ASAR	BERB	CALC-C	CAR-V	CHIO	COC-C	CROT-H	ELAP	GEL	HYD-A	KAL-AR	KALM	LEPT	MANC	MERC-IR	NAT-NI	PEON	PIC-AC	RAD-B	SABAL	SEP	STRON	TELL	VAL	XANTX	8
ALU	APOC	ASCLE	BISM	CALC-F	CAR-AC	CIC	COF	CROT-T	ERIG	GLO	HYO	KALI-BI	KARZ	LIL-T	MANG	MERC	NAT-S	PALL	PLAN	RAN-B	SABI	SIL	SUL	TERB	VARIO	ZIN	9

Differential Diagnosis: Antimonium tartarticum, Sulfur



# Materia Medica Comparison with Hering's Guiding Symptoms

## Antimonium tartaricum

- Itching: on whole body, in evening; of rash and pustules.
- Respiration short and labored. Such rattling that it threatens to suffocate child. Great difficulty in breathing.

### Pneumonia

- Cough day and night, returning at short intervals, no sputa.
- Chill predominating; [cold sweat].
- Small, circular patches, like smallpox pustules, in and upon mouth and tongue

## Sulfur

- Measles, during first stage when eruption makes a tardy progress, or after complaints such as chronic coughs, originating in remnants of partial pneumonia.
- Labored, heavy breathing.
- Rattling in chest, < after expectorating.
- Cough: dry, choking; short, dry
- Chill ... external, with simultaneous internal heat and red face.
- Vesicles in mouth, with burning pain.

# Prescription and Progress

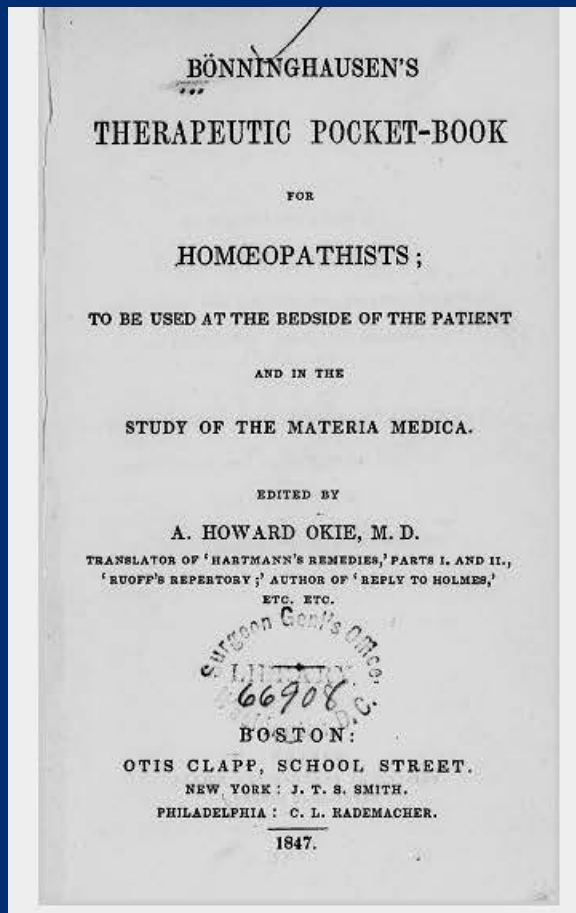
- Lara is given a dose of Antimonium tartaricum 30 C, and her parents are told to bring her in for a check-up the next day.
- After 24 hours her general condition is much improved, she is scarcely coughing anymore and there are now almost no rattling sounds in the dorsal left lung.
- After 8 days the symptoms are cured.

# Assessment of the Boger / Lieth Phase

- The method is efficient, rapidly generates good results, and is well-suited to practices with a heavy workload.
- As time goes by I find the constant leafing through the card index increasingly irksome and anachronistic in the digital age.
- It also disturbs me somewhat that the remedies do not always seem logical to me, even though they are effective.



# Boenninghausen's Therapeutic Pocket Book 1897 and Amokoor



# Boger vs. Boenninghausen: What's the Difference?

## Boger

### Chief symptom

Localisation, sensations

Modalities

### Concomitant symptoms

Localisation, sensations,  
modalities

Changes of mind

## Boenninghausen

### Chief symptom

Localisation, sensations,  
modalities

### Concomitant symptoms

Localisation, sensations,  
modalities

Changes of mind

*Contraindications*

# Case

- Niklaus is a 10-year-old boy, pale and slightly overweight, who comes to the practice requiring a basic remedy for tonsillar hyperplasia and frequent throat infections.
- The flare-ups are triggered by wet and cold weather, when he quickly succumbs to pain on swallowing, aggravated by sweet things and drinking milk, whereas cold water tends to ameliorate. Unusual dislike of sweet things.



- Concomitant complaint is headache without an obvious trigger. He tolerates neither noise nor light, whereas cold compresses soothe the complaints. He frequently has nosebleeds (bright-red blood), and he frequently complains of a feeling of coldness in the teeth.
- It is very striking how he moans non-stop when he is ill.
- Condition: tonsil size in upper normal range, otherwise normal.

# Summary of the Symptoms

## Chief symptom

### Tonsillitis

- < Wet & cold weather
- < Swallowing - P
- < Sweet foods - P
- < Milk - P
- > Drinking cold water - P
- Dislike of sweet foods - P

## Concomitant symptom

### Headaches

- < Noise
- < Light - P
- > Getting cold - P

Nosebleed, bright-red blood - P

Feeling of cold in teeth

Paleness

Overweight

Mind

Moaning

# Repertorisation with Amokoor

- Weather, wet and cold, agg.
- Swallowing agg.
- Food, sweets, aversion to
- Food and drink, sweets, agg.
- Milk, agg.
- Food and drink, cold water, amel.
- Noises, agg.
- Light in general, agg.
- Cold, from getting cold, agg.
- Nose bleeding, bright red blood

## Result

### Arsenicum album

- Covers all symptoms
- Food and drink, cold water, amel. is a contraindication

### Zincum

- Covers all symptoms
- No contraindication

# Materia Medica Comparison for Zinc (GS)

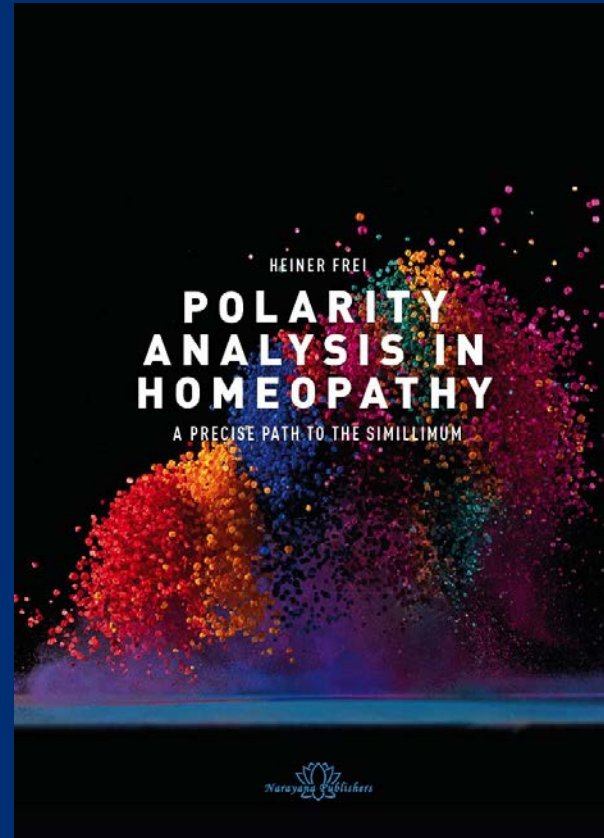
- *Apprehensive and lachrymose mood, which disappears in evening. (CK 12) Anxious mood as from a misfortune. Overpowering sadness. (CK 10) Hypochondriacal mood ...*
- *Pain in throat on swallowing, with swelling of throat externally and in tonsils.. (CK 376)*
- *Aversion: to ... sweet things; to cooked or warm things. (CK 401)*
- *Worse from: sugar, ... milk ...*
- *Painful raging here and there in head. (CK 154). Tingling and resounding in head, when speaking loud. Photophobia, especially to sunlight, ... (CK 223). Sensitive to light...*
- *Frequent blowing of blood from nose. (CK 262). Nosebleed for a short time on blowing nose ...*

# Prescription and Progress

- Niklaus is given a dose of *Zincum 200 C*.
- Two months after taking the remedy, he has a skiing accident with heavily bleeding scalp and is flown to hospital by helicopter – without falling unconscious and without moaning or complaining ...
- With additional doses of *Zincum* no further intercurrent illnesses: tonsillitis, headaches and nosebleeds completely disappear. Niklaus becomes more independent.
- Period of observation: 6 years.

# Assessment of the Boenninghausen Phase

- Good and rapid results. The method is very well-suited to a primary care practice.
- Amokoor is time-consuming, complex and unclear.
- Despite good results, the choice of remedy with Amokoor's software does not always seem plausible to me ...



Narayana Publishers

# Boenninghausen's Therapeutic Pocketbook 1846 Polarity Analysis Software

**S. U.**  
Neuralgic Pain in Abdomen

		Caps.	Sep.	Puls.	Spig.	Sulph.	Guaj.	Am-m.	Nat-c.	Mang.	Sil.	Cham.	Stront.	M
Hits		8	8	8	8	8	8	8	8	8	7	7	7	
Sums		22	23	23	20	24	16	13	12	9	17	14	15	
<b>Polarity Difference</b>		<b>15</b>	<b>14</b>	<b>13</b>	<b>11</b>	<b>9</b>	<b>8</b>	<b>1</b>	<b>-5</b>	<b>-4</b>	<b>10</b>	<b>10</b>	<b>8</b>	
123	internal abdomen, in general	2	4	4	2	4	1	1	2	1	2	2	2	
130	side, left in general	P	4	1	1	5	5	3	1	1	1	3	1	
107	< standing [worse]	P	3	3	3	1	3	2	3	2	2	1	1	2
99	< sleep, before; while falling asleep [w	P	2	4	4	1	3	2	2	2	1	3	1	2
121	< touch [worse]	P	3	4	3	4	4	2	1	1	1	3	4	3
93	< pressure, external [worse]	P	3	3	1	1	1	3	1	1	1	4		1
44	< rubbing [worse]	P	3	3	4	2	1	2	1	1	1	3	1	4
45	> stool, after [better]	P	2	1	3	4	3	1	3	2	1		2	
130	side, right in general		1	1	3/C1	1	1	1	3/C1	3/C1	3/C1	3/C1	1	3/C1
71	> standing [better]				2		2			1				
1	> sleep, before; while falling asleep [better]													
42	> touch [better]		1			2		1	2	3/C1				
74	> pressure, external [better]		1	1	2	2	1	3/C1	4/C1	3/C1	1			
74	> rubbing [better]		2			1	3/C1	3/C1	2	4/C1	2			
96	< stool, after [worse]		2	2	2	1	3		2	2	1	1	2	



# From Boenninghausen to Polarity Analysis

## Basis

1. The **currently existing symptoms** are the most important indication for the choice of remedy.
2. Of these the **modalities** have proved to be particularly reliable (→ ORG § 133).
3. **Contraindications** must be taken into account

New



The polarity difference

# Case

- Silvia U, 23 yrs old, calls us from the intensive care ward of the Basel university hospital: she has just undergone an operation for diffuse peritonitis, originating from an infection of the fallopian tubes.
- Her condition is critical: abdominal cavity and lesser pelvis are suppurating and there is concomitant hepatitis and pancreatitis. She is being treated with antibiotics, morphine, Metamizol and Ibuprofen.
- Can homeopathy help in this situation?

- We recommend taking her current symptoms in a precise manner but then we hear nothing more from her for two months.
- In August she comes to the practice visibly marked by her illness. She has persistent and severe distension and abdominal pain: up to 10 times a day she has powerful shooting, stabbing or cutting in the abdomen, lasting approximately 10 seconds, and often followed by stool.

# Checklist for Acute Illness: Gastrointestinal Tract

Distension of abdomen with cutting pains in middle and left of abdomen.

- < Standing - P
- < While falling asleep - P
- < Touch - P
- < External pressure - P
- < Rubbing (massaging) - P
- > After stool - P
- > Breathing deeply (+/-) - P
- Hunger (always, pre-existing) - P

## S. U.

### Neuralgic Pain in Abdomen

		Caps.	Sep.	Puls.	Spig.	Sulph.	Guaj.	Am-m.	Nat-c.	Mang.	Sil.
Hits		8	8	8	8	8	8	8	8	8	7
Sums		22	23	23	20	24	16	13	12	9	17
<b>Polarity Difference</b>		<b>15</b>	<b>14</b>	<b>13</b>	<b>11</b>	<b>9</b>	<b>8</b>	<b>1</b>	<b>-5</b>	<b>-4</b>	<b>10</b>
123	internal abdomen, in general	2	4	4	2	4	1	1	2	1	2
130	side, left in general P	4	1	1	5	5	3	1	1	1	1
107	< standing [worse] P	3	3	3	1	3	2	3	2	2	1
99	< sleep, before; while falling asleep [w P	2	4	4	1	3	2	2	2	1	3
121	< touch [worse] P	3	4	3	4	4	2	1	1	1	3
93	< pressure, external [worse] P	3	3	1	1	1	3	1	1	1	4
44	< rubbing [worse] P	3	3	4	2	1	2	1	1	1	3
45	> stool, after [better] P	2	1	3	4	3	1	3	2	1	
130	side, right in general	1	1	3/CI	1	1	1	3/CI	3/CI	3/CI	3/CI
71	> standing [better]				2		2			1	
1	> sleep, before; while falling asleep [better]										
42	> touch [better]		1			2		1	2	3/CI	
74	> pressure, external [better]		1	1	2	2	1	3/CI	4/CI	3/CI	1
74	> rubbing [better]	2			1	3/CI	3/CI	2	4/CI	2	
96	< stool, after [worse]	2	2	2	1	3		2	2		1

Nine remedies cover all symptoms. Only three have no contraindications. Three of these – Caps, Sepia and Spigelia have a large polarity difference.

Silvia has a strong desire for consolation and company, so Sepia is a rather unlikely remedy for her.

## MM Comparison (Hering, GS)

### Capsicum

*Cutting and twisting pain in bowels, as from wind; before stool. Abdomen distended to bursting ... suffocative arrest of breathing.*



*Capsicum annuum.*

*W. Engel et nat. del. 1771*



## Prescription and Progress

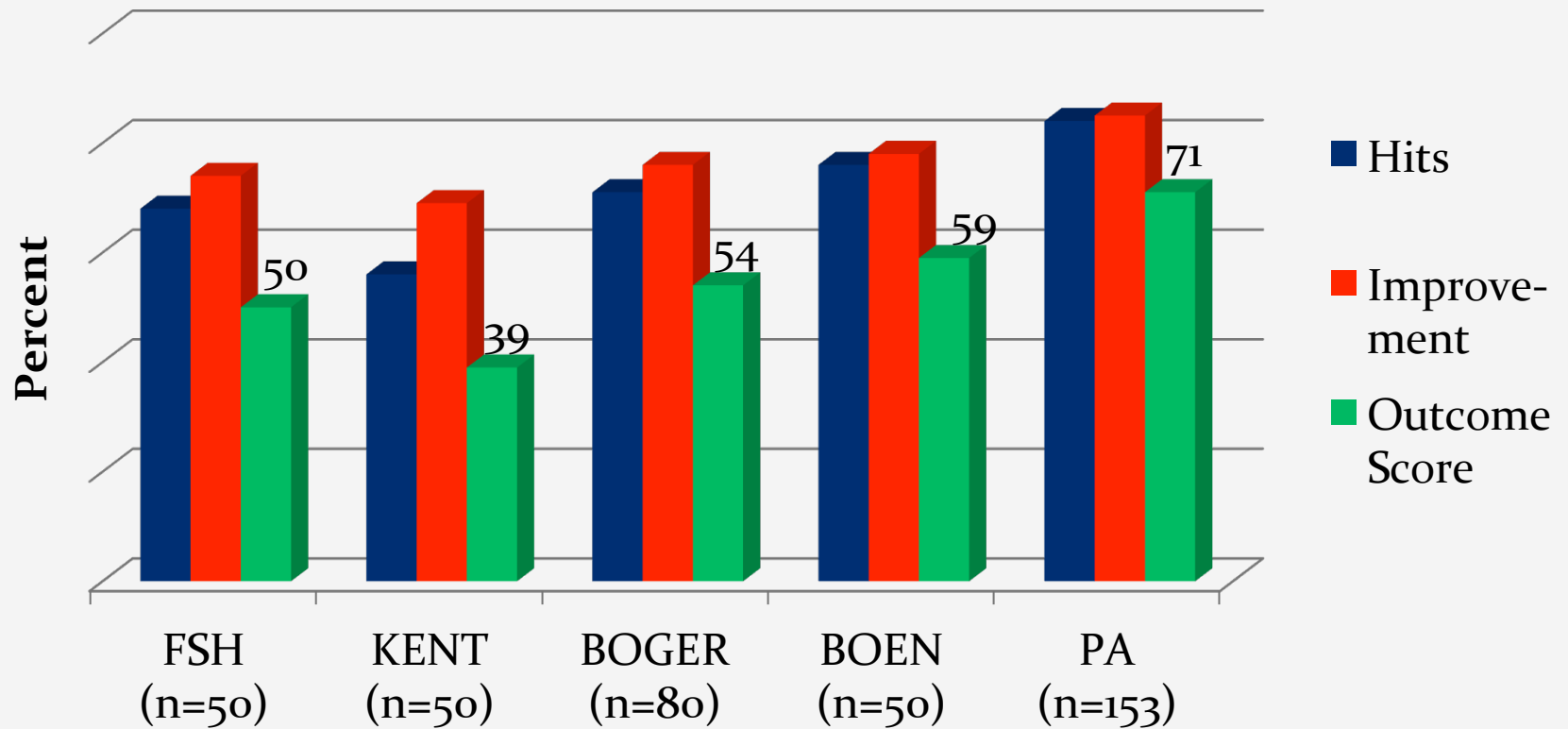
- Due to the slightly better fit of the materia medica, the patient is given *Capsicum 200 C*.
- On the first day after taking the remedy, the neuralgic pains are slightly more frequent before disappearing completely. The flatulence also diminishes. After 10 days she still feels slight pressure in the abdomen, similar to how she felt before admission to hospital, but this then disappears after a few hours. Two weeks after *Capsicum* she rates the improvement at 99.9%.

# Assessment of Polarity Analysis

- Very precise, reproducible remedy selection with minimal expenditure of time. Method well-suited to primary care practice.
- The remedy selections are also frequently plausible – the recommended remedy is what one might expect in the circumstances.
- Often deep-acting effects even in acute illness.
- Weakness of the method: *the symptoms must fit precisely* (→ Checklists and questionnaires, verify symptoms).

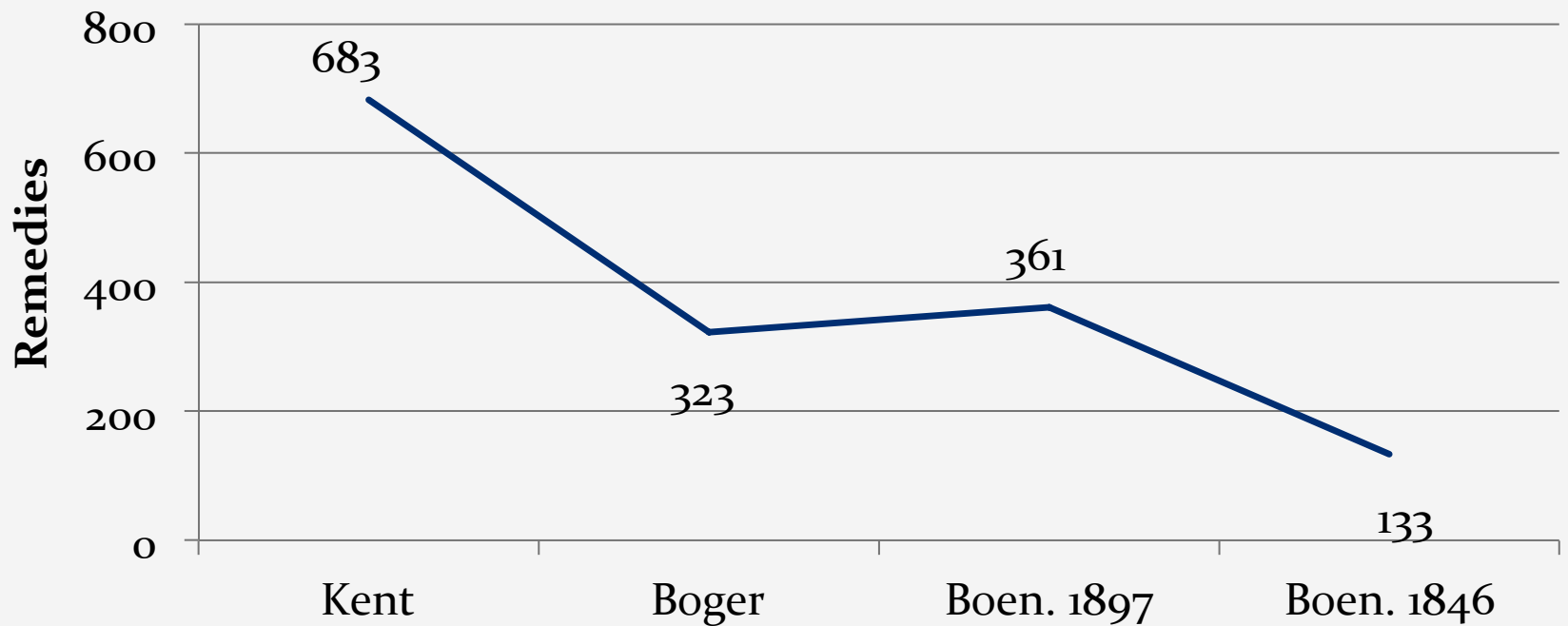
# Outcome Studies of the Methods

## Treatment Results



# Effect of the Size of the Repertory

## Number of Remedies in Each Repertory

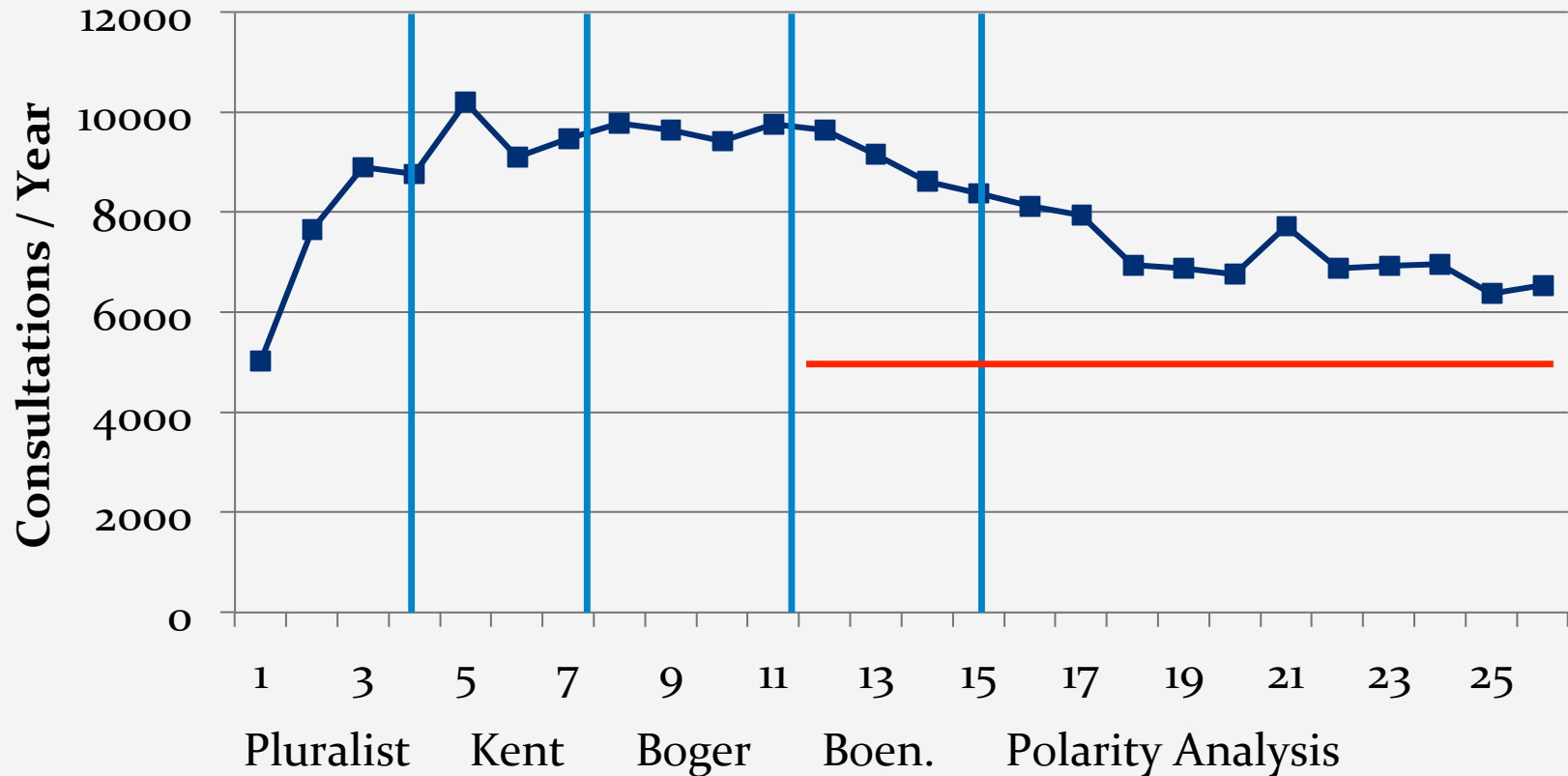


# Which Factors Influence the Results?

- Methods
- Repertory (number of remedies, grading)
- Quality of symptom observation
- Experience of homeopath

# Influence of Methods on Clinic Workload

## Clinic Workload



Reduced Patient Admission 

Thanks for your time and interest!