

Polarity Analysis

Module 5:

Children Aged 0 - 3

HEINER FREI, MD



Objectives of Module 5

- ▶ In this module you get acquainted with the most important illnesses of babies and young children,
- ▶ and you will be able to treat these with homeopathy and polarity analysis.

As soon as a child arrives



... it has to fulfil “duties”

- ▶ Drinking and digesting
- ▶ Growing
- ▶ Protecting himself from the environment (skin, respiratory and intestinal tract)
- ▶ Sleeping
- ▶ Achieving psychomotor progress
- ▶ Fitting in with the family

Consequences of Failure

- ▶ Baby colics
- ▶ Failure to thrive
- ▶ Skin disease
- ▶ Respiratory tract infection
- ▶ Sleep disorders
- ▶ Irritability, behavioural problems

Methodic Pitfalls with Young Children

- ▶ “Second-hand” caretaking
- ▶ Inexperienced parents
- ▶ Few symptoms
- ▶ Third-party childcare (kindergarten, nursery, daycare)

... and How to Overcome Them

1. Checklists help symptom observation

2. Searching for basic modalities

- ▶ Position: lying / sitting / (standing)?
- ▶ Cold / warmth / wrapping / uncovering?
- ▶ Open air?
- ▶ Movement / exercise?
- ▶ Appetite / thirst?
- ▶ Cold or warm food / drink?

1. Baby Colics

Pathogenesis

Inefficient drinking / suckling

(too voracious / too slow / blocked nose)



Gulping air

(quickly “full”, but soon hungry again)



Flatulent colic

Characteristics of Colic

Frequency: 10-15% of all children in the first three months

Clinical: Implacable crying, for hours on end, especially towards the evening

Meteorism (distended abdomen)

Abdominal cramp (drawing up legs, overextension, clenched hands)

Hunger

DD: Ileus (intestinal obstruction), otitis media, ...

Homeopathic Symptoms

Frequent

- ▶ Painful flatulence
- ▶ < After drinking
- ▶ > After burping
- ▶ > After breaking wind
- ▶ < External pressure
- ▶ > Uncovering
- ▶ > Warmth
- ▶ > Rubbing
- ▶ < Before falling asleep
- ▶ Hunger

Less frequent

- ▶ > Sitting in bent position
- ▶ > Stretching limbs
- ▶ > After stool
- ▶ > Movement
- ▶ < After burping
(→ Gastro-Esophageal
Reflux)
- ▶ Stool green
- ▶ Constipation

The Following Are Not Symptoms...

- ▶ > Holding, carrying
- ▶ > Touch
- ▶ < Being alone
- ▶ Stool yellow

Case 1: Baby Colic

History: One month old **Ariane** cries for hours, kicking and stretching her body backwards. When suckling she drinks voraciously, frequently choking. She has difficulties to burp, is quickly full but an hour later again hungry.

Examination: The child is irritable, has a slightly elevated muscle tone and a distended, meteoristic abdomen. Weight is normal. No other symptoms.



Checklist

- ▶ Painful flatulence
- ▶ < After drinking - P
- ▶ < Lying-P
- ▶ > Stretching limbs - P
- ▶ > Burping - P
- ▶ > After breaking wind
- ▶ > After stool - P
- ▶ Hunger - P

A. A.

Baby Colics

		Ant-t.	Aur.	Puls.	Ign.	Rhod.	Rhus.	Carb-v.	Kali-c.	Cham.
Hits		8	7	7	7	7	7	7	7	7
Sums		20	18	24	18	16	21	17	12	16
Polarity Difference		11	11	8	5	4	3	3	1	0
88	flatulence painful, flatulent colic	3	3	4	3	4	2	4	1	3
71	< drinking, after [worse] P	3	2	3	2	1	4	1	1	2
125	< lying position [worse] P	2	4	4	2	3	4	2	2	4
44	> stretching out affected limb [better] P	3		2	2	2	4	1	1	1
44	> eructations (burping) [better] P	4	3		4	2		4	4	
60	> flatus, after discharge of [better]	2	2	4	3	3	1	3	2	3
45	> stool, after [better] P	1	1	3			4			2
99	hunger P	2	3	4	2	1	2	2	1	1
13	> drinking, after [better]						2			
106	> lying position [better]	1			1		1	1	1	1
65	< stretching out affcted limb [worse]		1	1	1		3	2	1	2
34	< eructations (burping) [worse]			2		2	3/CI		2	4/CI
96	< stool, after [worse]	1		2	2	1	2	3/CI	3/CI	1
115	appetite, absent	2	1	3	3/CI	2	4/CI	1	1	2

Interpretation

- ▶ Only Antimon tartaricum covers the symptoms completely. Aurum is second choice, Pulsatilla third.

Materia medica comparison for Antimonium tartaricum (GS)

- ▶ Abdomen tympanitic, very sensitive to pressure
- ▶ Worse after warm drinks, especially milk
- ▶ Violent colic, < sitting forward
- ▶ Colic around umbilicus, > after stool
- ▶ Belching... relieves

Prescription and Progress

- ▶ With a dose of **Antimon tartarticum 200 C** Ariane starts suckling more calmly and the flatulent colics disappear completely within two days.

Comment

- ▶ Due to the uncertain determination of symptoms, we always give parents of babies with early colic **two reserve remedies**: they give the first reserve after four days if the complaints are unchanged, the second after four further days if there is still no change.

2. Failure to Thrive

Definition

Disturbance primarily affecting physical development:

Inadequate length to weight relation

Weight and/or length below the 3rd percentile

Causes

- ▶ Insufficient fluid intake / disturbed drinking
- ▶ Food allergy (also possible via breast milk)
- ▶ Metabolic disorder (cystic fibrosis / coeliac disease / ...)
- ▶ Disturbed psychomotor development

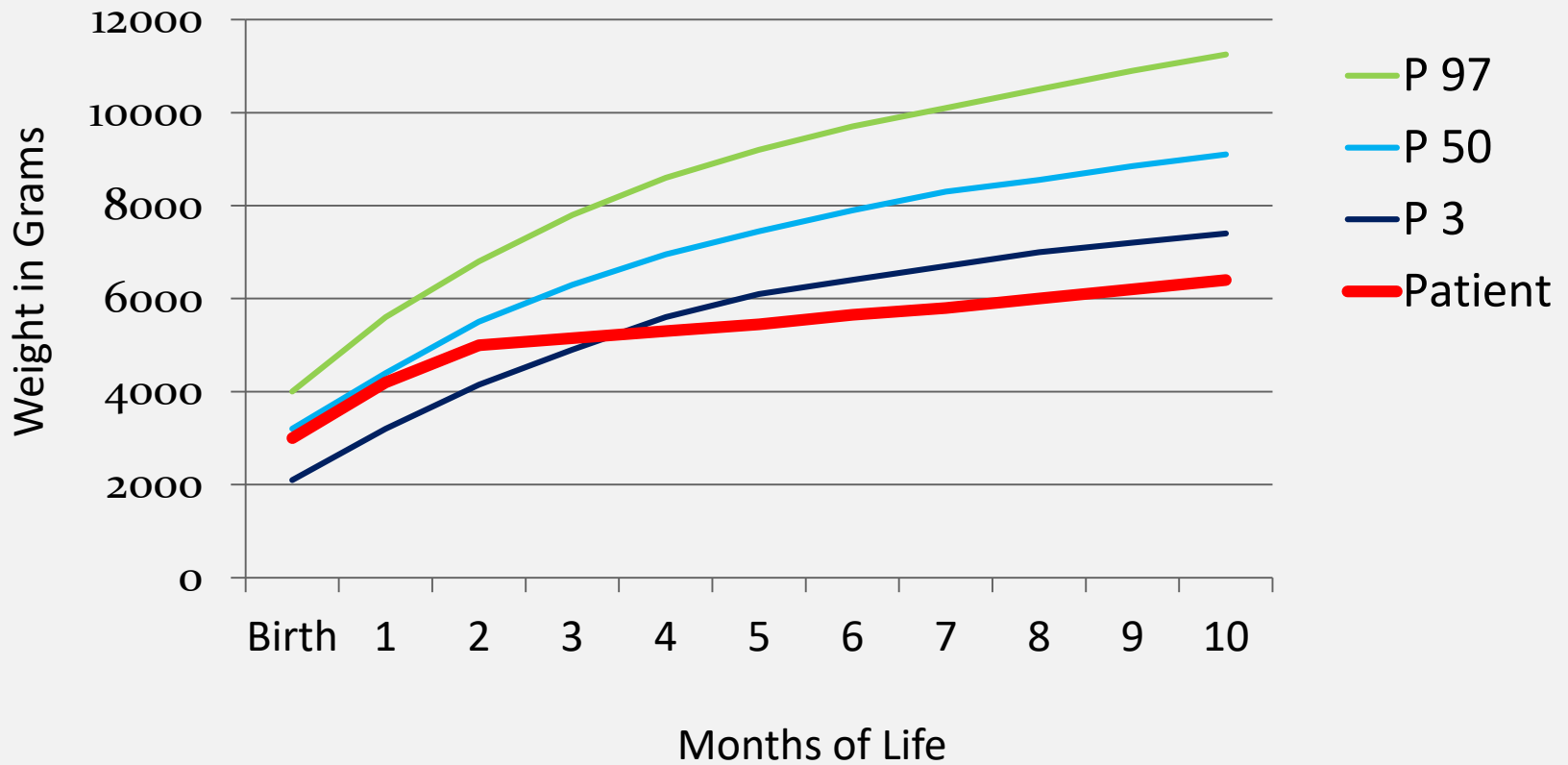
Assessment

- ▶ Increase food supply
 - if successful, no further measures
 - if unsuccessful: search for allergies and metabolic disorders
- ▶ With no evidence of somatic illness
 - check psychomotor development

Case 2: Failure to Thrive

- ▶ Brian is born at term after of a normal pregnancy. Birth weight 3150 g (P 25), length 47 cm (P 3). Newborn examination and check-ups at 1 and 2 months are normal
- ▶ At 4 months weight and length fall below P 3, a generalised eczema and a dry cough appear. And he has difficulties to fall asleep. - No vomiting, no diarrhoea. Stool consistency normal. Lung normal.
- ▶ Despite extra feeding, length and weight continue to fall.

Brian: Failure to Thrive



Assessment

- ▶ Total IgE 39 (normal). Antibodies against chicken and milk proteins, wheat flour, cod, peanut, and soya slightly elevated (contact via breast milk).
- ▶ All other tests (hematology, iron, thyroid and metabolism) are normal.
- ▶ Procedure: Avoiding allergens
 - Weight curve does not improve
 - Homeopathic casetaking at 10 months.

Checklist

- ▶ Failure to thrive
- ▶ Dry skin rash
- ▶ Cough without sputum
- ▶ Late to fall asleep
- ▶ Loss of appetite - P
- ▶ Absence of thirst - P
- ▶ < Room - P
- ▶ > Rubbing - P
- ▶ < After eating - P

Procedure

- ▶ As so often with babies, we have a lack of reliable symptoms.
- ▶ If we only repertorise the polar symptoms, 42 remedies are shown, of which 20 have no contraindications.
- ▶ As an unusual symptom I observed a tendency to bleed following vaccinations. So we add the symptom *injuries bleeding profusely*.
- ▶ No other specific findings.

B. B.

Failure to Thrive

		Phos.	Sulph.	Ph-ac.	Rhus.	Arn.	Hep.	Merc.	Asaf.	Sabin.
Hits		6	6	6	6	6	6	6	5	5
Sums		20	17	12	16	14	8	11	12	10
Polarity Difference		8	7	7	6	4	1	-2	12	9
115	appetite, absent P	2	3	1	4	3	1	3	1	1
86	thirst, absent P	2	2	2	2	1	1	1	3	2
93	< room [worse] P	4	2	2	3	2	1	1	3	4
74	> rubbing [better] P	4	3	2	2	3	1	3	3	1
121	< eating, after [worse] P	4	4	3	4	2	2	1	2	2
16	< injuries, bleeding profusely [worse]	4	3	2	1	3	2	2		
99	hunger	2	1		2	1		2		
99	thirst	1	4/Cl	1	3/Cl	3/Cl	3/Cl	4/Cl		
107	> room [better]	1	1	1	2	1	2	2		1
44	< rubbing [worse]	1	1	1		1		2		
52	> eating, after [better]	3			2	1		1		

Interpretation

- ▶ 7 remedies cover all symptoms but only two have no contraindications, Phos and Phos-ac.
- ▶ If we include the intolerance of cow's milk, only Phosphorus remains.

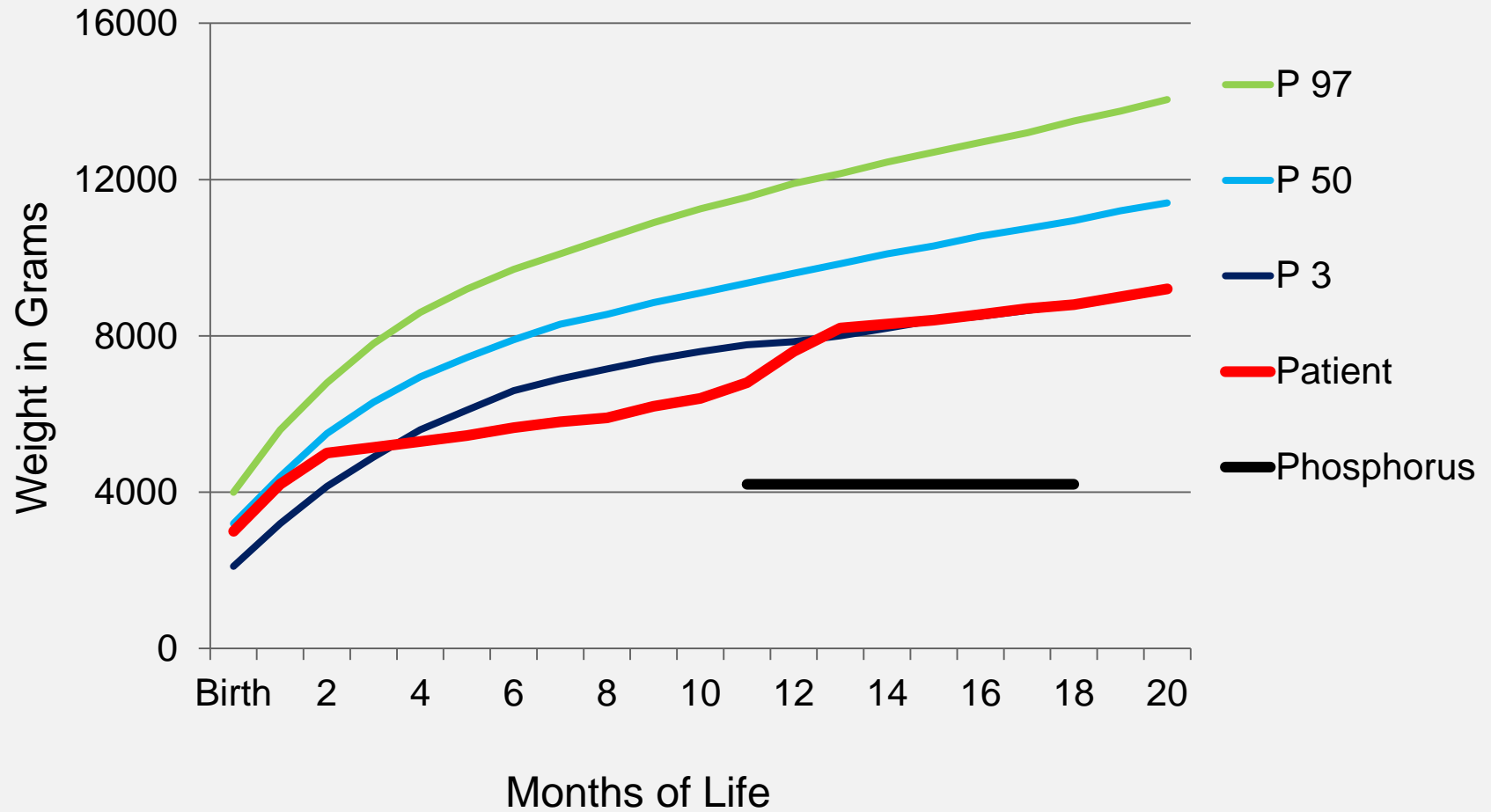
Materia medica Comparison for Phosphorus (GS)

- ▶ Atrophy of children; child slender emaciated.
- ▶ Cough dry, from tickling in throat and chest.
- ▶ Difficulty of falling asleep.
- ▶ Skin eruptions dry, sometimes burning and itching.
- ▶ Slight wounds bleed much.

Prescription and Progress

- ▶ With single doses of Phosphorus 200 C, M, XM, LM and CM at monthly intervals weight and length gradually normalise.
- ▶ Additional complaints (eczema, coughing and sleep disorder) disappear in the first stage of treatment.

Weight Curve of Brian under Phosphorus



Comment

How long should we treat in such a case?

- ▶ Until length and weight are in the normal percentile range.
- ▶ We cannot base the target length on the height of the parents (here 187) because growth can be delayed.
- ▶ Without any further treatment, Brian reaches 120 cm (P 50) and a weight of 19 kg (P 10) at the age of six-and-a-half years.

3. Skin Disease: Eczema

Frequency: 10-15% of children, very often young children.

Clinical: Reddening and thickening of the skin, dry, flaky or weeping, often itchy.



Causes

- ▶ **Disposing factors**
 - Genetic predisposition
 - Dry skin
 - Climate (warm, dry air)
 - Stress
- ▶ **Allergies**
 - Food
 - Dust mite
 - Animals
 - Pollen

Treatment

- ▶ Skin care
- ▶ Avoidance of allergies
- ▶ Homeopathy

Homeopathic Interventions

1. Approved indications

Belladonna 200 C,

If not better after 10 days → Sulfur 30 C

If better after 2 weeks → Sulfur 200 C

(successful in approx. 30% of cases)

2. Vaccine nosodes

Especially for Ekzema following vaccination, e.g.

Iso-Infanrix-Quinta 200 C

Iso-Prévenar-13 200 C

Iso-Neisvac-C 200 C

(very often successful)

3. Individual homeopathic treatment

Individual Homeopathic Treatment

Basic rule

Remedy selection should whenever possible be based *on inner symptoms* (Hering).

Skin symptoms are superficial, also in a figurative sense → less precise remedy selection and poor results.

Problem

Babies often only have skin symptoms.

Case 3: Eczema

Simon's mother has been atopic since childhood. He is her first child. Pregnancy and birth are normal. At the 6 weeks, acute eczema erupts on Simon's face with yellow weeping crusts.

Belladonna and *Sulfur* have no effect. Since he has low muscle tone, is pale and pasty and sweats strongly I try *Calcium carbonicum*, also without success.

Meanwhile the eczema is spreading over the entire body and becoming increasingly severe. So we need to select an individual remedy.



Checklist

- ▶ Skin rash – weeping, flaky, itchy
- ▶ < Cold - P
- ▶ > Wrapping up warmly - P
- ▶ < While waking up - P
- ▶ > Open air - P
- ▶ < In the sun
- ▶ < Movement - P

S. C.

Atopic Dermatitis

			Graph.	Bell.	Bry.	Lach.	Hep.	Camph.	Mag-c.	Staph.
Hits			7	7	7	7	6	6	6	6
Sums			18	18	15	17	17	16	12	14
Polarity Difference			10	8	6	2	10	10	9	5
90	< cold in general [worse]	P	2	3	2	2	4	4	3	2
56	> warmly, from wrapping up [better]	P	2	2	1	2	4	2	2	2
58	< sleep, after [worse]	P	2	4	2	3	3	3	1	3
93	> open air [better]	P	3	1	2	3	1	1	4	1
126	< movement, during [worse]	P	3	4	4	1	3	3	1	3
23	< sun [worse]		2	2	3	3		3		
45	skin, eruption, moist (humid, neurodermatif		4	2	1	3	2		1	3
73	> cold in general [better]		1	1	1	1	1			1
37	< warmly, from wrapping up [worse]				1	1				2
28	> sleep, after [better]				1	1				
110	< open air [worse]		1	4/CI	1	4(CI)	3/CI	3/CI	1	2
102	> movement, during [better]			1	1	2	1		1	1

Interpretation

Four remedies cover everything but only Graphites and Bryonia have no contraindications.

Materia Medica Comparison (GS)

Graphites

- ▶ Eczema, with profuse serous exudations, in blondes inclined to obesity.
- ▶ Itching blotches on various parts of the body, from which oozes a watery, sticky fluid.
- ▶ Violent itching and burning, with eruptions.

Bryonia

- ▶ Skin eruption normally dry.
- ▶ Dry, itching eruption over the whole body.
- ▶ Eruption over whole body, especially on back as far as neck, with itching leading to scratching it bloody.

Prescription and Progress

- ▶ Simon receives **Graphites 30 C**. After a mild aggravation the skin moderately improves.
- ▶ The parents miss the follow up and come two months later because the rash deteriorates again.
- ▶ With **Graphites 200 C** there is an improvement of 80%. **Graphites M and XM** improve it gets a little better but the skin does not heal completely.
- ▶ We just wait now...



Urticaria, Hay Fever, Asthma

At the age of 2 Simon receives **Aconite 200 C** for scarlet fever, which it cures.

But now he develops **urticaria**, then **hay fever** and finally **asthma**.

Interpretation of Progress

- ▶ Aconite antidoted Graphites.
- ▶ Acute case taking now indicates **Arsenicum album (200 C)**, which leads to an improvement in all symptoms: urticaria almost 100%, hay fever and asthma approx 50%.
- ▶ What next?

Atopy Casetaking

- ▶ Breathing quickened - P
- ▶ < Breathing out - P
- ▶ < Physical effort - P
- ▶ < Warmth - P
- ▶ > Uncovering- P
- ▶ > Open air - P
- ▶ Absence of thirst - P
- ▶ Sadness - P
- ▶ Coryza watery

S. C.

Asthma

			Puls.	Verat.	Spig.	Staph.	Sep.	Bry.	Rhus.	Ign.	Nux-v.	Aur.
Hits			8	8	8	8	8	8	8	8	8	8
Sums			25	19	16	14	17	16	16	16	15	12
Polarity Difference			16	10	8	6	5	1	-2	-1	-1	-1
92	breathing, quickened	P	3	3	2	1	4	3	3	3	3	2
70	< physical effort [worse]	P	1	4	1	1	2	4	4	1	3	2
73	< warmth, in general [worse]	P	4	1	1	1	1	1	1	1	1	1
37	> uncovering [better]	P	2	3	3	2	1	1	1	2	1	1
93	> open air [better]	P	4	2	1	1	1	2	1	1	1	2
86	thirst, absent	P	4	2	3	3	3	1	2	1	2	1
61	sadness (dejection, inclined to weep)	P	3	2	1	2	2	2	3	4	2	2
52	< breathing, out (expiration) [worse]	P	4	2	4	3	3	2	1	3	2	1
63	breathing, slowed		1			1		3	1	3	2	2
6	> physical effort [better]						4/CI			3/CI		
90	> warmth, in general [better]		1	1	2	2	2	2	4/CI	3/CI	4/CI	3/CI
56	< uncovering [worse]		1			2	2	1	4/CI	1	3/CI	3/CI
110	< open air [worse]		1	1	3/CI	2	1	1	2	3/CI	4/CI	1
99	thirst		2	3/CI	1	1	2	4/CI	3/CI	2	3/CI	1
42	cheerfulness, happiness		3	3/CI	1					2		3/CI
61	> breathing, out (expiration) [better]			1	1		1	4/CI	4/CI			

Prescription and Long-Term Progress

Ten remedies cover all symptoms, only two of which have no contraindications. First choice is **Pulsatilla** (PD 16)

With **Pulsatilla 200 C** there is a massive improvement of the asthma (90%). Further doses (**M, XM, LM, CM**) completely cure the atopy within 9 months .

Comment

- ▶ Success rate of remedy selection for eczema:

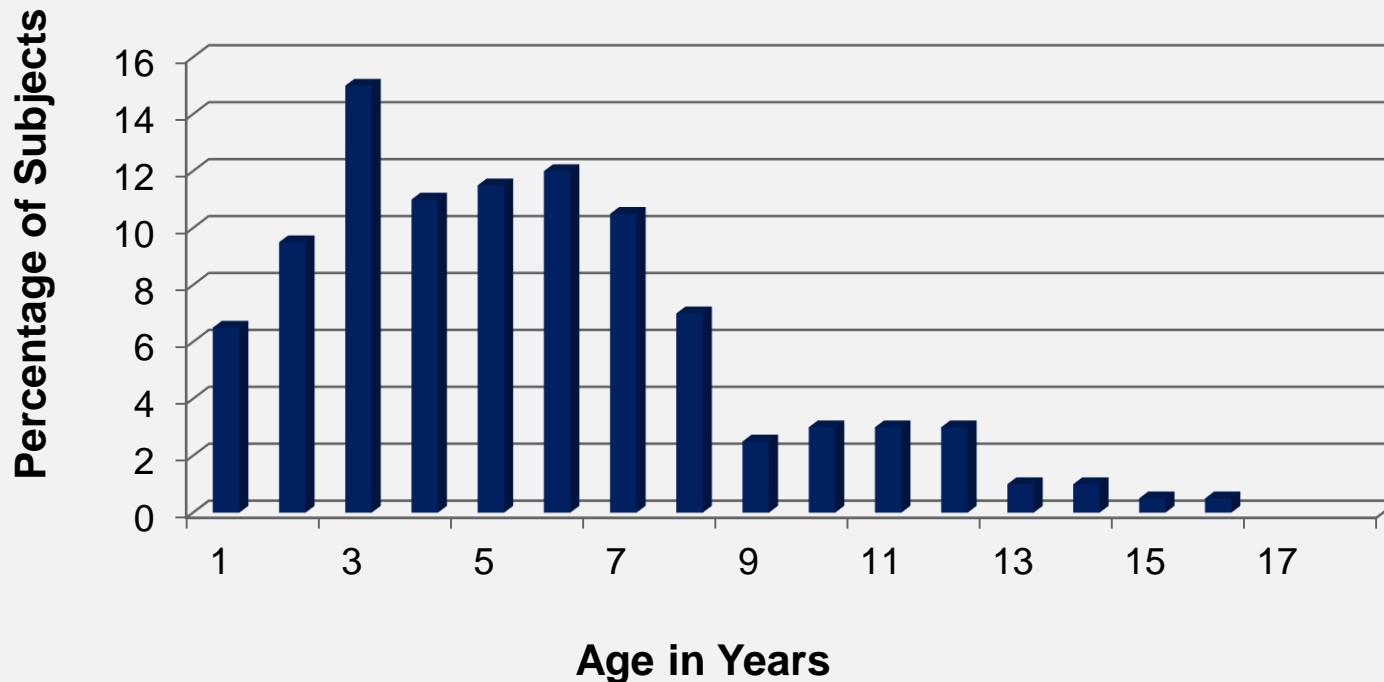
only with skin symptoms	20-30 %
via inner symptoms	60-70%

(SAHP, unpublished results)

4. Upper Respiratory Tract Infections

Chonmaitree et al, Clin Inf Dis (2008) 46 (16): 815-823.

Frequency of Upper Respiratory Tract Infections in Children per Year



Symptoms

Tolerance according to conventional medicine:

Up to 12 upper respiratory tract infections per year are “normal”.

Symptoms Coughing, coryza, throat pain, breathlessness, fever

Seriousness: Knowledge of the *cause of the illness* is decisive. Level and persistence of fever do *not* correlate with the intensity of the illness.

Assessment

- ▶ Casetaking
- ▶ Examination
- ▶ Oxygen saturation
- ▶ Blood test, CRP
- ▶ Thoracic X-ray (only rarely)

Hints of a Threatening Illness

Lethargy, irritability

Grey skin colour


Tachypnoea, low oxygen saturation

Meningism, petechiae

Pain

Case 4: RSV Bronchiolitis

At the age of six weeks, Alice develops watery coryza. The next day she starts coughing, stops drinking, and begins to suffer from shortness of breath. During the night the parents take her to the nearby paediatric clinic.



Alice has RSV bronchiolitis with severe shortness of breath, cyanosis and an O₂ saturation of 85%. Despite intensive care she remains dependent on high doses of oxygen.

As things do not improve by the third day, the parents come to our practice, where we take her case.

Checklist

- ▶ Breathing with rattling
- ▶ Mucus slimy
- ▶ Cyanosis
- ▶ Breathing quickened - P
- ▶ < Breathing deeply - P
- ▶ < Lying - P
- ▶ > Sitting - P
- ▶ < Physical effort - P

(Due to the low number of symptoms, we use everything to determine the remedy)

Interpretation

- ▶ 13 remedies cover all symptoms, only five of which have no contraindications.
- ▶ Aconite has the highest polarity difference, Merc-sol the second highest.

Materia Medica Comparison (GS)

Aconite

- ▶ Breathing labored, anxious or quick, and superficial, rattling, whistling.
- ▶ Sits up straight, can hardly breathe.

Merc-sol

- ▶ Shortness of breath: suffocation. Has to sit down; inability to lie; short, quick respiration.



Prescription and Progress

- ▶ Alice is given a dose of **Aconite 200 C**.
- ▶ Her breathing completely returns to normal, and she is discharged the next day.
- ▶ I see her two days later: a rosy child with normal breathing. Lung auscultation normal.

Comment

- ▶ In such cases it is of vital importance to determine the **oxygen saturation**. Levels below 90% require hospitalisation (transport with O₂).
- ▶ Apart from oxygen administration and hydration, the options of conventional medicine to influence RSV bronchiolitis are very limited.
- ▶ *Additional* homeopathic treatment can be essential.

Case 5: A respiratory distress syndrome

- ▶ 30 months old Marcus suffers since three days of 40° fever, severe cough and superficial breathing.
- ▶ His general condition is poor, his breathing rate 30 per minute. On auscultation I hear fine moist air bubbles over the right middle lung lobe.
- ▶ Oxygen saturation 92%. Blood test: lymphocytosis, normal neutrophil counts. CRP 120.
- ▶ **Diagnosis?**

Checklist

- ▶ Cough with expectoration
- ▶ Breathing quickened - P
- ▶ < Movement - P
- ▶ < Physical effort - P
- ▶ < While waking up - P
- ▶ < Cold - P
- ▶ > Wrapping up warmly - P
- ▶ > Open air - P
- ▶ < Lying - P
- ▶ < Eating, during - P
- ▶ Thirst – P
- ▶ Appetite absent - P

M. E.

Pneumonia

			Nat-m.	Arn.	Nux-v.	Mag-c.	Bell.	Ars.	Mag-m.	Borx.	Sep.	Phos.	Coff.	Staph.	Ign.	
Hits			11	11	11	11	11	11	11	11	11	11	11	11	11	11
Sums			31	28	36	21	31	29	20	19	28	25	17	22	25	
Polarity Difference			24	20	18	15	14	14	12	11	9	8	7	6	5	
92	breathing, quickened	P	3	2	3	1	4	3	1	1	4	4	1	1	3	
126	< movement, during [worse]	P	3	3	4	1	4	1	1	2	1	3	3	3	1	
65	< mental effort [worse]	P	4	3	5	2	3	2	1	2	4	1	1	4	4	
111	< sleep, after waking up [worse]	P	4	3	4	3	3	5	2	1	4	4	1	3	4	
90	< cold in general [worse]	P	1	2	4	3	3	4	2	3	2	2	2	2	3	
91	< eating, during [worse]	P	3	2	1	2	2	2	3	2	3	3	1	2	2	
56	> warmly, from wrapping up [better]	P	2	2	3	2	2	3	2	1	2	1	1	2	1	
93	> open air [better]	P	2	2	1	4	1	1	3	2	1	3	3	1	1	
106	> lying position [better]	P	3	3	4	1	3	1	1	1	1	1	2	2	1	
99	thirst	P	3	3	3	1	3	4	2	2	2	1	1	1	2	
115	appetite, absent	P	3	3	4	1	3	3	2	2	4	2	1	1	3	
63	breathing, slowed			1	2		4					2	1	1	3	
102	> movement, during [better]		1	1		1	1	2	3/CI		3/CI	1		1	1	
3	> mental effort [better]															
28	> sleep, after; while waking up [better]				3			3			4	4			1	
73	> cold in general [better]		2	1	1		1			1	1	1		1	1	
54	> eating, during [better]			1	2	1	1					1		2	4/CI	
37	< warmly, from wrapping up [worse]				1					3/CI	1	2	1	2	2	
110	< open air [worse]		1	1	4/CI	1	4/CI	1	1	1	1	1	3	2	3/CI	
125	< lying position [worse]		1	1	1	2	1	4/CI	3/CI	2	3/CI	1	1	1	2	
86	thirst, absent			1	2		2	3			3/CI	2	1	3/CI	1	
99	hunger		2	1	2	1	3	2	1	1	3	2	3/CI	3/CI	2	

Interpretation

17 remedies cover all symptoms but only four have no contraindications. Due to the polarity difference, Natrium muriaticum and Arnica are the best fitting ones.

The mind symptoms tip the scale: Markus cannot be alone for a minute and needs consolation all the time, which makes Natrium muriaticum very unlikely.

Materia Medica Comparison for Arnica (GS)

- ▶ Quick inspirations and expirations, severe dyspnoea, spitting of frothy phlegm with water, inflammation of lung.



Prescription and Progress

- ▶ Markus is given **Arnica 200 C**.
- ▶ Within hours his general condition improves. By the afternoon of the same day the fever recedes, and after two days he plays like a healthy child.
- ▶ The check-up four days later is normal.

Comment

- ▶ O2 saturation of 92% is critical: the patient must be reassessed a few hours after taking the remedy.
- ▶ Arnica is not solely a trauma remedy.

Evaluation of Polarity Analysis for Respiratory Illness

Study design

Prospective outcome study

Inclusion criteria

All patients with respiratory illness and **cough** who came to our practice during a defined period.

Diagnoses: irritable cough, bronchitis, pneumonia, pseudocroup, asthma.

Two cohorts

1. Boenninhausens Pocket Book 1846, Polarity Analysis with Checklists
vs
2. Boger Boenninghausen Repertory without Polarity Analysis and Checklists

Procedure

- ▶ Case Taking, Diagnosis, Repertorisation
- ▶ Main Remedy C 200
- ▶ Reserve remedy C 200 after 2 days if improvement remains under 50%
- ▶ Control consultation or feedback by phone after 1 week.

Outcome Parameters

1st Hit

Improvement of 50% or more with first remedy after 2 days. Complete recovery.

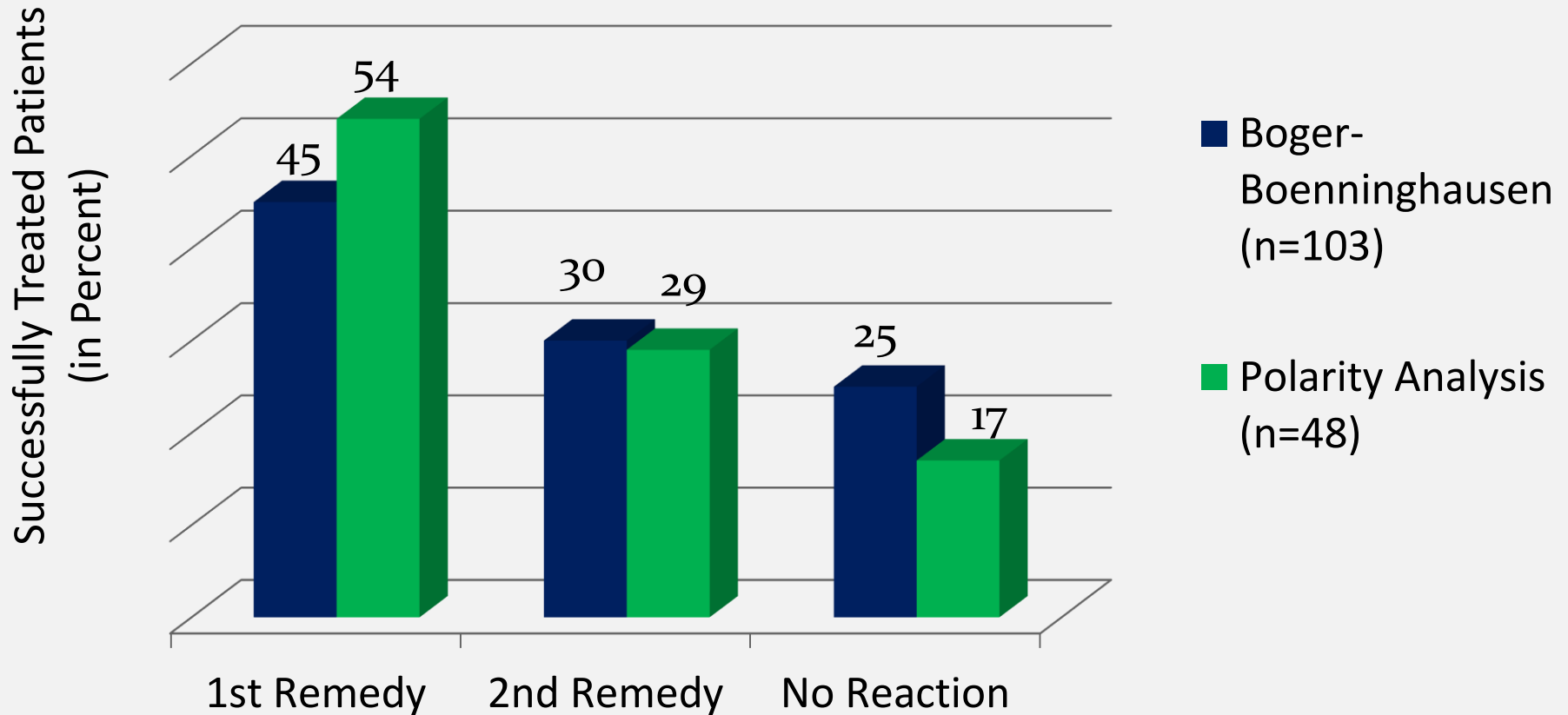
2nd Hit

Improvement of 50% or more with reserve remedy 4 days after treatment start. Complete recovery.

No reaction

Improvement less than 50% after 1st or 2nd remedy. Subsequent consultation necessary.

Polarity Analysis vs. Boger-Boenninghausen Method in Patients with Cough



Average Duration of Illness with Conventional Treatment

▶ Acute otitis media	7-8 days
▶ Tonsillitis	2-7 days
▶ Pseudocroup	2 days
▶ Bronchiolitis	21 days
▶ Acute cough	25 days
▶ Coryza	15 days
▶ Nonspecific RTI	16 days

Thompson M, Cohen HD, Vodicka TA et al, Duration of symptoms of respiratory tract infections in children: systematic review. *BMJ* (2013) 347: p 7027 ff.

Conclusions

- ▶ Polarity analysis causes a 9 percent increase in 1st hits and an increase in the cure rate (83% vs. 75%), as compared to the Boger Boenninghausen Repertory
- ▶ Homeopathy heals patients more rapidly than conventional treatment.

5. The Irritable Child



Definition

- ▶ Frequent, long-lasting crying
- ▶ Oversensitivity of perception
- ▶ Feeding problems
- ▶ Sleep disorders
- ▶ Delayed psychomotor development
- ▶ Behavioural disorders

Causes


- ▶ Genetics
- ▶ Birth complications
- ▶ Neonatal illness (cerebral haemorrhage, meningitis)
- ▶ Nicotine and narcotic withdrawal
- ▶ Malnourishment


Early Symptoms

- ▶ Restlessness or passivity
- ▶ Fits of rage, hitting, throws things around
- ▶ Nervousness, jumpiness
- ▶ Dislike of touch
- ▶ Very clean child
- ▶ Does not see danger
- ▶ Lack of stamina, impatience
- ▶ Unusual eating habits
- ▶ Skipping developmental stages
- ▶ Motor clumsiness
- ▶ Muscle tone too high / too low

Case 6: An Irritable Child

- ▶ Laura is born at term with low birth weight (2100g). She is acidotic, has fits of hypoglycaemia and transitory thrombocytopenia.
- ▶ As an infant she fails to get into a daily routine, cries a lot, is restless and sleeps very little.
- ▶ With one year she is discontented, frequently sullen, and refuses to switch from breastfeeding to baby food.

- 
- ▶ Later she frequently encounters dangerous situations. Her mother gets exhausted with the constant vigilance she requires.
 - ▶ In practice Laura is restless, screams constantly, and is difficult to examine.
 - ▶ At the age of twelve months we take her case, but cannot elicit reliable symptoms. The result is a wide range of possible remedies, up front **Rhus-tox** and **Silicea**.

- 
- ▶ Both remedies lead only to marginal improvement.
 - ▶ The child-neurologist diagnoses **severe behavioural abnormalities** and recommends special education.
 - ▶ I am convinced that she has **multiple perception disorders**, and decide to retake the case, this time with a better set of symptoms.

Checklists

Disturbances of perception

Irritability - P

< Warm room - P

< Becoming warm in bed - P

< While falling asleep - P

< While waking up - P

Additional complaints

< Lying - P

> Sitting - P

< Teething

Increased salivation - P

Thirst - P

L. F.

Irritable Child


			Carb-v.	Merc.	Nat-m.	Calc.	Puls.	Sulph.	Bry.	Phos.	Ip.	Ign.	Nat-c.
Hits			9	9	9	9	9	9	9	9	9	9	9
Sums			23	28	22	24	30	27	24	23	19	21	18
Polarity Difference			19	18	16	14	13	13	10	10	10	9	9
64	irritability (anger, aggression)	P	2	2	3	2	3	3	3	3	2	4	1
54	< warmth, of room or stove [worse]	P	1	1	2	1	4	2	1	2	4	1	1
67	< warm, becoming heated in bed [worse]	P	3	4	2	2	3	4	1	2	1	1	1
99	< sleep, before; while falling asleep [worse]	P	4	5	2	5	4	3	5	4	2	3	2
111	< sleep, after waking up [worse]	P	4	4	4	4	5	5	2	4	3	4	4
117	saliva, increased	P	2	4	3	3	4	3	3	4	3	3	3
99	thirst	P	3	4	3	4	2	4	4	1	1	2	2
125	< lying position [worse]	P	2	1	1	1	4	2	1	1	1	2	3
101	> sitting [better]	P	2	3	2	2	1	1	4	2	2	1	1
37	mildness				1		4(CI)	3				3	1
35	> warmth, of room or stove [better]							2				4/CI	
38	> warm, becoming heated in bed [better]							1	4/CI	1			
1	> sleep, before; while falling asleep [better]		3										
28	> sleep, after; while waking up [better]					1	2		1	4	2	1	1
111	saliva, diminished		1	3	1	3	3	4(CI)	3	4	2	1	2
86	thirst, absent		1	1		1	4/CI	2	1	2	2	1	1
106	> lying position [better]		1	2	3/CI	3/CI		1	4/CI	1	2	1	1
126	< sitting [worse]		1	1	1	2	4/CI	1	1	1	1	1	3/CI

Interpretation

- ▶ Many remedies cover everything. Carbo vegetabilis und Mercurius solubilis stand out with a high polarity difference.
- ▶ If we include the symptom < *teething* from BTB 2000, only Mercurius remains.

Prescription and Progress

- ▶ Laura is given *Mercurius solubilis* 200 C.
- ▶ A month later she is much calmer, a different child.
- ▶ We continue with *Merc-s M, XM, LM, CM...* at monthly intervals.
- ▶ Now the parents notice that if they surpass the 4 week interval, she gets irritable again, so we change to *three week intervals*.

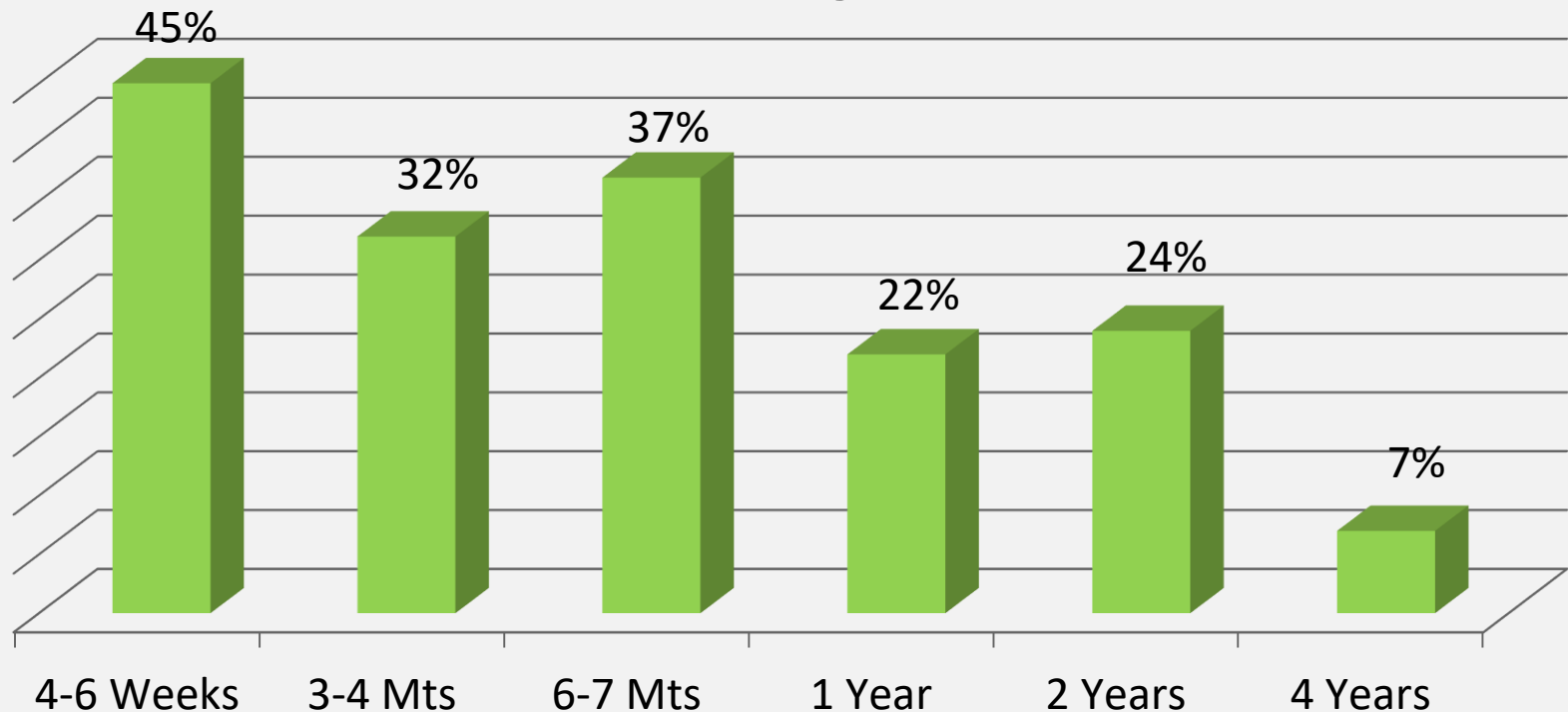
- 
- ▶ A year later the sleep disorder recurs, we retake the case and give her **Arsenicum album**. Since then she is stable and attends kindergarten like any other child.

Comment

- ▶ Children are dynamic beings. Homeopathic treatment must be tailored to each developmental phase.
- ▶ The current symptoms are always reliable indicate the necessary remedy.
- ▶ With disturbances of perception, it is crucial to continue the treatment for many years. This is the only way to make sure that symptoms do not recur after treatment has been suspended.

6. Sleep Disorders

Percentage of Children Who Wake up at Least Twice in the Night



A. Kast-Zahn, H. Morgenroth, 2014

Classification of Sleep Disorders

Non-organic sleep disorders

- ▶ Disorders in falling asleep
- ▶ Disorders in remaining asleep
- ▶ Poor sleep quality (educational or emotional reasons).

Non-organic parasomnia

- ▶ Sleepwalking 17% of 4-6 year olds
- ▶ Pavor nocturnus 17% of children up to age 11
- ▶ Nightmares Frequency unknown

Organic sleep disorders

- ▶ Blocked upper respiratory tract, snoring, apnoea
- ▶ Disturbances of perception (ADD/ADHD and Autism)
- ▶ Psychomotor retardation, organic brain disease

Treatment

Non-organic sleep disorders

Educational cause: Changes in sleep behaviour are successful in approximately 90% of cases.* If not → homeopathy.

Emotional cause → homeopathy

Parasomnia → homeopathy

Organic sleep disorders → Homeopathy as possible.

* A Kast-Zahn, H Morgenroth, Every Child Can Learn to Sleep. Oberstebrink Verlag GmbH, Munich 2014

Case 7: Difficulty Sleeping Due to Pavor

- ▶ 2½-year-old Triton is restless, very anxious child who often cries, withdraws and rejects attempts to console him.
- ▶ He has difficulty falling and staying asleep, and suffers of “night terrors” several times a week, particularly at the end of extremely active days

Checklist

Difficulty falling asleep, frequent waking, pavor
fearful sleep

< Anxiety, fear, shock

< During sleep - P

< Wrapping up - P

< Touch - P

> Open air - P

Thirst- P

> Cold food, water - P

Sadness - P

T. G.

Pavor Nocturnus

			Bry.	Puls.	Sep.	Verat.	Phos.	Calc.	Acon.
Hits			7	7	7	7	7	7	6
Sums			19	21	17	15	17	14	20
Polarity Difference			14	9	9	6	5	4	19
113	< sleep, during [worse]	P	4	4	3	1	5	2	3
37	< warmly, from wrapping up [worse]	P	1	2	1	3	2	3	3
121	< touch [worse]	P	3	3	4	3	1	1	3
93	> open air [better]	P	2	4	1	2	3	1	3
21	> food and drink, cold water [better]	P	3	3	4	1	4	1	
61	sadness (dejection, inclined to weep)	P	2	3	2	2	1	2	4
99	thirst	P	4	2	2	3	1	4	4
8	> sleep, during [better]						2		
56	> warmly, from wrapping up [better]		1	1	2		1		1
42	> touch [better]		2		1		3/CI	4/CI	
110	< open air [worse]		1	1	1	1	1	2	
40	< food and drink, cold water [worse]			3	1	3/CI		3/CI	
42	cheerfulness, happiness			3		3/CI	3/CI		
86	thirst, absent		1	4/CI	3/CI	2	2	1	

Interpretation, Materia Medica Comparison

- ▶ Bryonia is the only remedy to cover all symptoms without contraindications.

Bryonia (GS)

He started from an anxious dream and screamed out. Often a prattling and muttering delirium during sleep. Comatose sleep broken by delirium. Somnambulism.




Prescription and Progress

Triton is given a dose of **Bryonia 200 C**.

After a week he starts sleeping through the night, and during the next four weeks he only has one single episode of pavor.

- ▶ The problem completely disappears with **Bryonia M, XM and LM**.



However, the child remains difficult, and later needs homeopathic treatment with **Natrium muriaticum** and **Ignatia**. At the age of 8 he is diagnosed with *Asperger's syndrome*.

Comment

- ▶ Pavor nocturnus is a hallucinatory state in which the child does not realise what is happening. In the repertory we can find the following symptoms for it:

Obsessive ideas /hallucinations

Delirium

- ▶ Due to the unconscious aspect of this state, **we** cannot use the symptoms *< fear, < consolation, fearful sleep*

Thanks for your
attention!