

Polarity Analysis

Module 7:

Children Aged 8 - 12


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Characteristic Problems of School Children

Inherent weaknesses may surface, leading to stress symptoms. Underlying causes are often disturbances of perception. In this module we look at:

- Learning disabilities and their consequences
- ADD / ADHD and Asperger syndrome
- Migraine and other neurological illness



Infectious diseases are becoming more rare but still play an important role. And due to the rise in sporting activity, **traumatology** is increasingly important. We therefore also discuss:

- Illness of the gastrointestinal tract
- Illness of the urinary tract
- Injuries

1. Learning Disabilities and their consequences

Specific learning disabilities concern the uptake and processing of sensory stimuli:

- ▶ Auditory → Speech disorders
- ▶ Visual → Dyslexia and writing disabilities
- ▶ Tactile → Dosage of force, writing, drawing
- ▶ Vestibular → Motor insecurity
- ▶ Proprioceptor → Motor clumsiness

The affected children are very often unsettled and suffer from a fear of failure

Case 1: Fear of Failure

- ▶ 8-year-old **Leo** is a good pupil but he cries as soon as he is asked to do a task in school.
- ▶ He is shy, sensitive, introverted and has high demands of himself.
- ▶ His concentration is good and he is not restless.
- ▶ His problem is **fear of failure** and the associated fear of exposing himself negatively.
- ▶ He also has **headaches** and recurrent **respiratory disease**.

Checklist

Fear of failure

Grumpiness

Weepy, sad – P

Irritability – P

> Being alone – P

< Consolation – P

< Talking – P

< Humiliation

Headaches

< Warmth – P

< Weather warm – P

Dry cough

< During sleep – P

< Food, warm – P

Sweating on head

Repertorisation Procedure

- ▶ First we enter *polar physical symptoms* → all symptoms are covered by 6 remedies, all without contraindications.
- ▶ Now we enter the *polar mind symptoms*. He has two special symptoms that severely restrict the choice of remedy: > *being alone*, < *consolation*. When these are entered, only *Nat-mur* remains.
- ▶ Now we can check whether the remaining symptoms fit the remedy.

L. A.

Fear of Failure

			Sep.	Nat-m.	Ambr.	Sulph.	Calc.	Phos.	Nux-v.	Cham.
Hits			9	9	8	8	8	8	8	7
Sums			22	22	15	21	18	20	14	21
Polarity Difference			14	12	13	10	9	7	1	17
77	< talking, speaking [worse]	P	3	4	4	4	4	3	2	3
73	< warmth, in general [worse]	P	1	2	2	2	1	1	1	2
44	< weather / air, warm [worse]	P	2	1	1	3	1	1	1	1
113	< sleep, during [worse]	P	3	3	1	4	2	5	2	5
52	< food and drink, warm things [worse]	P	2	1	3	1	2	4	1	3
61	sadness (dejection, inclined to weep)	P	2	4	1	2	2	1	2	3
64	irritability (anger, aggression)	P	3	3	1	3	2	3	4	4
16	> solitude, being alone [better]	P	4	1	2	2		2		
10	< consolation [worse]		2	3			4		1	
1	> talking, speaking [better]									
90	> warmth, in general [better]		2	1		3/CI	1	2	4/CI	1
88	> weather / air, warm [better]		3/CI	2		2	3/CI	3/CI	4/CI	2
8	> sleep, during [better]							2		
42	> food and drink, warm things [better]		1	2		3/CI	1		4/CI	1
42	cheerfulness, happiness			1				3/CI		
37	mildness			1	2	3				
15	< emotions, solitude (being alone) [worse]							3/CI		

MM Comparison for Nat-mur(GS)

- ▶ *Sad and weeping; consolation aggravates ... Likes to be alone.*
- ▶ *Concern about the future.*
- ▶ *Melancholic depression and sad apprehension ... Joyless, indifferent, taciturn.*
- ▶ *Spells of irritability and crossness.*
- ▶ *Headache as if head would burst <Warmth.*
- ▶ *Cough ... suffocative at night in bed ... < becoming warm in bed.*



Remedy and Progress

Leo is given a dose of *Nat-mur 200 C*

In the following week he cries even more before calming down and becoming a more self-confident. The fear of failure declines and the weepiness disappears.

With higher potencies (*Nat mur M, XM, LM, CM*) his school marks steadily improve and the problem is solved. *Period of observation: 4 years.*

Comment

- ▶ Hahnemann gives the following advice in ORG § 216 and 218 concerning the treatment of mental illness:

“The first depiction [] should include an exact description [] of the former somatic disease before it degenerated into the one-sided [] mental symptom...”

- ▶ Mental symptoms are far more liable to difficulties of interpretation and can therefore easily lead us astray.

2. ADD / ADHD and Asperger Syndrome

Diagnostic Requirements for ADD/ADHD

- ▶ Inattentiveness
- ▶ Hyperactivity or passivity
- ▶ Impulsivity
 - Start before the sixth year
 - Duration at least six months
 - Disturbance present in two settings

ADHD Main Symptoms (CGI)

- ▶ Excitability, impulsivity
- ▶ Cry easily and often
- ▶ Restless, fidgety
- ▶ Restless, on the go
- ▶ Destructive
- ▶ Lack of stamina
- ▶ Poor concentration
- ▶ Rapid change of mood
- ▶ Intolerant of frustration
- ▶ Disturb other children

Rating

0 = not at all

1 = a little

2 = quite strong

3 = very strong

Interpretation

0 - 9 = normal

10 - 13 = borderline

14 - 30 = pathological


Asperger Syndrome


Definition

- ▶ Autistic disturbance of communication and contact
- ▶ Intelligence normal or above normal
- ▶ Patients cannot take someone else's viewpoint
- ▶ Patients fail to correctly interpret nonverbal signals
- ▶ Social behaviour often inappropriate
- ▶ Intensive special interests common
- ▶ No eye contact when speaking to others

Case 2, Asperger Syndrome

- ▶ Ten-year-old **Iven** is a loner who has always played on his own, even when he was at nursery school. As a young child he suffered from nightmares and clumsiness leading to borderline motor development. His speech is normal.

- 
- ▶ At school he likes the breaks most of all ... but even then he has little contact with the other children.
 - ▶ During the lessons Iven often does not understand what the teacher says but does not have the confidence to ask her.
 - ▶ The teachers criticise his inattentiveness and his poor memory and they ask for an assessment of his condition.
 - ▶ The paediatric psychiatrist diagnoses *Asperger syndrome*.
 - ▶ His CGI is rated at 11.

- 
- ▶ During the examination Iven is shy and clumsy (minimal cerebral movement disorder).
 - ▶ He avoids eye contact.
 - ▶ His muscle tone is rather high.
 - ▶ Otherwise I can find nothing abnormal.

Checklist Perception Disorders

High Reliability

< Warmth – P

> Uncovering – P

< Writing – P

Difficult understanding-P

Sadness – P

Irritability – P

Intermediate reliability

< Noise, sound

< Travelling in car – P

Weak memory

Unreliable Symptoms

Changeable mood

< Rooms full of people

< Distress

< Anger

< Rage

Additional symptoms


Stammering

Difficulty falling asleep

Nightmares

Fears

Eczema



To choose the remedy we use if possible only the reliable symptoms, including the high muscle tone.

I. B.

Asperger Syndrome

			Sep.	Nux-v.	Nit-ac.	Phos.	Puls.	Sulph.	Chin.	Acon.
Hits			7	7	7	7	7	7	7	6
Sums			18	17	10	14	16	15	11	18
Polarity Difference			13	10	9	7	5	5	5	14
73	< warmth, in general [worse]	P	1	1	1	1	4	2	1	1
37	> uncovering [better]	P	1	1	1	2	2	2	2	3
76	< writing [worse]	P	3	3	1	2	1	2	2	2
74	understanding, difficult	P	4	2	1	1	1	2	1	
61	sadness (dejection, inclined to weep)	P	2	2	1	1	3	2	2	4
64	irritability (anger, aggression)	P	3	4	1	3	3	3	2	4
34	muscles, tense	P	4	4	4	4	2	2	1	4
90	> warmth, in general [better]		2	4/CI	1	2	1	3/CI	2	3/CI
56	< uncovering [worse]		2	3/CI		1	1		2	1
2	> writing [better]									
17	understanding, easy		1			1		1		
42	cheerfulness, happiness					3/CI	3			
37	mildness						4(CI)	3		
53	muscles, flabbiness						2	3/CI	2	

Interpretation

- ▶ Seven remedies cover all symptoms, four of which have no contraindications. Due to the high polarity difference, **Sepia** is the first choice, **Nitricum acidum** the second
- ▶ Confirmatory symptoms for Sepia are the child's **withdrawal** when he is not feeling well and **aggravation from consolation**.

MM Comparison for Sepia (GS)

- ▶ *Heavy flow of ideas.*
- ▶ *Inability for mental activity.*
- ▶ *Weak memory.*
- ▶ *Uses wrong words when writing.*
- ▶ *No desire to work, inattentive, absent-minded; indolent mood.*
- ▶ *Very sad with unusual lassitude.*
- ▶ *Gloominess; she feels unfortunate without cause.*
- ▶ *Great excitability in company.*
- ▶ *Nerves very sensitive to the least noise..*
- ▶ *Violent bursts of anger ... quarrelsome.*
- ▶ *Great indifference to everything.*



Remedy and Progress

- ▶ Iven is given **Sepia Q 3** liq. daily.
- ▶ A month later he is calmer and is doing somewhat better. His CGI has dropped from 11 to 8.
- ▶ With further Q potencies of Sepia his condition improves rapidly. After six months his CGI has dropped to 1.
- ▶ What remains is a certain slowness.

Iven's Further Progress

- ▶ Three years later he survives a collision between his bike and a car without injury.
- ▶ Afterwards he starts to have severe outbreaks of rage in which he hits his little sister, throws things around and smashes against doors and tables.
- ▶ Puberty or an effect of the accident?
- ▶ Renewed casetaking indicates **Chamomilla**, which he now takes at monthly intervals.
- ▶ He calms down again. His CGI drops from 11 to 0, and the feedback from school is once again good.

Comment

- ▶ Asperger patients can be favourably influenced by homeopathy.
- ▶ At puberty it is nearly always necessary to change the remedy.
- ▶ Q potencies can lead to more stable improvements than single doses. Yet at puberty it is often necessary to administer single doses because the compliance drops.

3. Headaches, Migraine and Neurological Illness

Frequency of primary headaches*

Preschool age	20%
Until age 12	90%
→ Tension headaches	60%
→ Migraine	12%

* Secondary headaches = concomitant symptom

Tension Headaches

Non-pulsating pain of moderate intensity, usually on both sides, often radiating from the neck or forehead.

- Physical exercise does not intensify the pain.
- No concomitant symptoms (nausea, vomiting, sensitivity to light and noise, etc).

Migraine



Uncomplicated migraine

Pulsating, throbbing pain, in children often in the entire head, not just one-sided, with nausea and vomiting as concomitant symptoms.

Migraine accompagnée

"Aura" with neurological effects such as seeing flickering, flashes of light in front of the eyes, disturbances of emotion and speech.

Causes

Tension headaches

Muscle tension, stress, anxiety

Emotional problems

Increased sensitivity to pain

Migraine

Genetic disposition

Disturbances of the rhythm of sleep, stress

Food

Hormonal shifts

Assessment

- ▶ Casetaking, general and neurological examination
- ▶ Eye test
- ▶ Headache diary
- ▶ Medical imaging (MRI) only if strong suspicion of organic disease
- ▶ Possibly EEG

Treatment

- ▶ Rest, relaxation, distraction
- ▶ Rarely painkillers (only with medical supervision)
- ▶ Homeopathy

Case 3: Migraine accompagnée

- ▶ Since moving up to the senior school, 12-year-old David suffers from migraine. Every Wednesday he wakes with a hammering headache, which spreads from the eyes to the vertex, triggering nausea.
- ▶ At such times he is sensitive to light and noise, and his pupils are dilated, and he suffers twitching in the eyelids and a feeling of numbness in his face.
- ▶ He is otherwise completely healthy.
- ▶ During the examination I only find conjunctivitis on both sides.

Checklist

Pulsating headache

Feeling of numbness in face

Nausea, shivering

Dilated pupils – P

< After waking up – P

< Light – P (< sunlight)

< Standing – P

< Warmth – P (> cold – P)

< Reading – P

< Looking at sthg close up – P

< Shaking the head – P

< Travelling in vehicle – P

< Stepping hard – P

< Noise

< Smell, strong

< Anger

> Lying – P

> Open air – P

> Wet compress – P

> External pressure – P

> Closing eyes – P

D. C.

Migraine accompagnée

			Bry.	Nux-v.	Borx.	Calc.	Sep.	Phos.	Croc.	Graph.	Nat-m.	Sulph.	Caust.	Arn.	Spig.
Hits			14	13	13	13	13	13	12	12	12	12	12	12	12
Sums			32	32	23	31	28	29	29	32	28	31	28	23	25
Polarity Difference			17	14	12	11	11	9	24	20	20	18	18	14	12
111	< sleep, after waking up [worse]	P	2	4	1	4	4	4	2	5	4	5	4	3	2
80	< light in general [worse]	P	2	3	2	4	3	4	3	4	1	3	2	1	2
107	< standing [worse]	P	2	1		1	3	1	1	1	1	3	2	1	1
73	< warmth, in general [worse]	P	1	1	1	1	1	1	2	2	2	2	1	1	1
69	< reading [worse]	P	2	3	1	4	1	3	2	3	4	3	2	2	
85	< looking, at something close-up, strai	P	1	1	2	4	3	3	4	3	4	2	3	2	3
71	< shaking head [worse]	P	3	4	1	1	2	2	2	2	2	2	1	3	3
93	> open air [better]	P	2	1	2	1	1	3	4	3	2	2	2	2	1
74	> pressure, external [better]	P	2	2	3	1	1	1	2	3	1	2	3	1	2
24	> eyes, closing [better]	P	3	3	2	3		1	3					1	3
68	< stepping hard [worse]	P	4	3	1	3	3	3		3	3	3	3	3	2
106	> lying position [better]	P	4	4	1	3	1	1	2	2	3	1	2	3	2
23	> wet compress on body [better]	P	1	2	1		1						3		3
32	< traveling (bouncing) in a vehicle [wor	P	3		5	1	4	2	2	1	1	3			
28	> sleep, after; while waking up [better]		1	3		1	4	4							1
13	> light in general [better]					2									
71	> standing [better]		2	3/CI	2	2		4/CI	2	2	2			2	2
90	> warmth, in general [better]		2	4/CI	3/CI	1	2	2		2	1	3/CI	4/CI	2	2
2	> reading [better]														
5	> looking, at something close-up, strained vision [better]														
3	> shaking head [better]														
110	< open air [worse]		1	4/CI	1	2	1	1		1	1	1	1	1	3/CI
93	< pressure, external [worse]		1	1	1	3/CI	3/CI	2			3/CI	1	1	1	1
38	< eyes, closing [worse]		5(CI)	1		4(CI)	1	1	2	3/CI		2	3/CI	2	
1	> stepping (hard) [better]														
125	< lying position [worse]		1	1	2	1	3/CI	1	1	1	1	2	1	1	1
40	< wet compress on body [worse]		2	1	2	4/CI	3/CI	2				4/CI			3
6	> traveling (bouncing) in a vehicle [better]							3/CI		3/CI					

Interpretation

- ▶ Only one remedy, Bryonia, covers all symptoms but it has a relative contraindication and it does not have the highest polarity difference.
- ▶ Crocus has the highest polarity difference although it does not cover two symptoms. We try to find alternative formulations for these and we discuss them with the patient:

< Stepping hard = < running

> Wet compress = > getting cold (cooling down)

With this clarification, Crocus covers everything.

MM Comparison for Crocus

- ▶ *Headache above eyes, ... especially with light. Pupils very dilated. Pain in eye to top of head.*
- ▶ *Visible quivering of eyelids.*
- ▶ *Pulsating in left side of head and of face.*
- ▶ *If he reads a while, his eyes hurt.*



Remedy and Progress

- ▶ David is given a dose of *Crocus 200 C*. After a few days he again has one final, weaker migraine. 95% improvement.
- ▶ After *Crocus M* he realises that he can do more for school – and manages the transition to the new level.

Comment

- ▶ Here we have a case with very many symptoms, all belonging to the chief complaint. Everything comes together – there is no staggering in the time when the symptoms appear. Therefore, neither Hering's notion of the most recent symptoms nor Boenninghausen's focus on the chief complaint help here.

Procedure

1. Summarise the rubrics with the same basic meaning
(< Warmth, > cold / > open air, < in room)
2. Assign similar symptoms to the rubric with the most remedies
(< Sunlight → < light)
3. For missing rubrics, devise alternative formulations and confirm them with the patient
< Stepping hard → < walking
> wet compress → > getting cold

Case 4: Hereditary Periodic Paralysis

Nadine is a thin 13-year-old girl with recurrent paralysis of the extremities, lasting approximately two months in each case, followed by gradual recovery. The first attack of the illness was at the age of four, in the form of paresis of the peroneus muscles on the right.

This illness is inherited (autosomal dominant) from the mother's family, which is also affected.

Casetaking and Clinical Condition

- ▶ She comes to our practice due to an acute episode of flabby paresis affecting the left arm. For the last ten days (!) she has been unable to lift the arm.
- ▶ The examination reveals that the basic strength of the left arm is severely limited, with the tendon reflex suppressed, leaving the arm hanging. Intentional movements are scarcely possible. No other findings.

First Treatment Attempt

- ▶ After an improvised casetaking without checklist, I give her *Lycopodium 200 C*, which has no effect, and then two days later *Mercurius solubilis 200 C*. This also has no effect.
- ▶ Ten days later she comes for a check-up, this time with the completed **checklist for acute illness of the musculoskeletal system**.

Checklist

- ▶ Paralysis of the limbs
- ▶ Left arm – P
- ▶ Muscles flabby – P
- ▶ < After waking – P
- ▶ < Physical exercise – P
- ▶ < Lifting affected limbs – P
- ▶ < Bending affected limbs – P
- ▶ > Movement – P

The only difference to the previous casetaking is the additional symptom < *bending affected limbs*.

N. D.

Hereditary Periodic Paralysis

		Ferr.	Chin.	Puls.	Merc.	Rhus.	Con.	Sulph.	Lyc.	Cocc.	A
Hits		8	8	8	7	7	7	7	7	7	
Sums		16	20	17	19	24	17	23	20	19	
Polarity Difference		12	8	6	13	12	11	10	9	9	
82	paralysis of the limbs	1	2	1	1	4	1	3	2	4	
130	side, left in general P	3	5	1	5	1	1	5	1	1	
53	muscles, flabbiness P	2	2	2	3		3	3	3	4	
111	< sleep, after waking up [worse] P	1	5	5	4	4	3	5	4	4	
70	< physical effort [worse] P	1	3	1	2	4	1	4	5	3	
60	< raising affected limb [worse] P	3	1	1	1	3	4	2	1	2	
44	< bending affected limb [worse] P	1	1	2		4					
102	> movement, during [better] P	4	1	4	3	4	4	1	4	1	
130	side, right in general	1	1	3/CI	1	4/CI	3/CI	1	4/CI	2	
34	muscles, tense		1	2		2		2			
28	> sleep, after; while waking up [better]		2	2						1	
6	> physical effort [better]										
27	> raising affected limb [better]			1				1	2		
61	> bending affected limb [better]	1	3/CI	1	1	1	1	4/CI	2		
126	< movement, during [worse]	1	3/CI	1	3	1	1	2	1	3/CI	3



Ironore ammonite, mine Herznach, Switzerland

Remedy and Prescription

Ferrum metallicum is the only remedy that covers everything without contradiction.

*Nadine is given a dose of **Ferrum metallicum 200 C.***

The paresis improves by 90% within a few days. After three weeks it has disappeared. Since then no further episodes. *Observation period: 6 years.*

Comment

- ▶ A single missing symptom can have a major effect on the repertorisation.
- ▶ Proceeding carefully can often be decisive.

4. Abdominal Pain

- ▶ The abdomen is the most frequent localisation for pain in pre-school age and the second most frequent in school children (after the head).

20% of 14,836 children and teenagers between the ages of 3 and 17 had two or more episodes of abdominal pain within a period of three months.

Acute Abdominal Pain

- ▶ Acute abdominal pain and hard abdomen is an **EMERGENCY**: the child must be examined immediately.
- ▶ Administration of analgesics for abdominal pain without diagnosis is **malpractice**. Parents should also be aware of this!

Benign Abdominal Pain

Abdomen

- ▶ Soft
- ▶ Indolent
- ▶ Increased abdominal noises
- ▶ No dehydration
- ▶ Normal blood test and CRP

Dangerous Abdominal Pain

Independent of localisation:

- ▶ Defensiveness
- ▶ Tenderness on palpation or percussion
- ▶ Rebound tenderness
- ▶ Psoas sign positive
- ▶ Increased or absent abdominal noises
- ▶ Signs of dehydration
- ▶ CRP > 40, leukocytosis

Chronic Abdominal Pain

Functional (frequent)

- ▶ Lasts for over 2 mts months
- ▶ Several times a week
- ▶ No organic causes found

Organic (rare)

- ▶ Stool bloody or slimy
- ▶ Haemoccult test positive
- ▶ CRP and BSR raised
- ▶ Helicobacter test positive
- ▶ Calprotectin elevated

Assessment

- ▶ Pain when and since when?
- ▶ Connection to eating,
- ▶ Foods not tolerated
- ▶ Pain before/during/after stool
- ▶ Pain in stress situations?
- ▶ How is the defecation?
- ▶ When was the last stool?
- ▶ Consistency / quality of stool?
- ▶ Flatulence?
- ▶ Vomiting?
- ▶ Fever?

Examination

Physical

General condition, Abdominal palpation
Auscultation (incl. lung)

Routine lab tests

Blood test, CRP, urine

Additional if indicated

Abdominalultrasound, Stool tests (blood,
parasites, bacteriology, calprotectin)

Rare

Endoscopy

Functional Abdominal Pain

- ▶ *Functional dyspepsia (rare)*

Bloating, recurrent vomiting, nausea.

- ▶ *Irritable bowel (frequent)*

Alternation of diarrhoea and constipation. Urging to stool, incomplete evacuation, feeling of fullness, mucus in stool. Frequency: 22-45% of functional abdominal pain.

- ▶ *Abdominal migraine (frequent)*

Fits of periumbilical pain, often associated with loss of appetite, nausea, vomiting and headaches. Other causes should be excluded.

Organic Abdominal Pain

- ▶ **Food intolerance (moderately common)**

Flatulence, abdominal pain, diarrhoea, failure to thrive.
Assessment: omission of specific food from diet or challenge.
Determination of specific IgE, HLA typing for coeliac disease.

- ▶ **Inflammatory abdominal disease (rare)**

Crohn's disease, colitis ulcerosa: abdominal pain, bloody or mucous stools, raised inflammatory parameters. *Assessment:* calprotectin, coloscopy, MRI if Crohn's suspected.

- ▶ **Ulcus ventriculi and duodeni (very rare)**

Generally concomitant symptom of severe illness. The younger the child, the less-specific the ulcer symptoms. *Assessment:* endoscopy.

Case 5: Intolerance of Cow's Milk

- ▶ 10-year-old **Nick** is a pale, fearful lad who had a perforated appendix at the age of two, and since then frequent abdominal pain.
- ▶ After an enteritis the pain increases, combined with nausea and explosive diarrhoea, especially after drinking milk. Omission of milk for three weeks improves the symptoms but they returned as soon as milk is reintroduced.
- ▶ Clinical: abdomen soft and meteoristic, increased abdominal noise, otherwise nothing special.

Checklist

< Food, milk – P

< Touch

> Uncovering – P (= < pressure)

< Sitting – P

< Change position – P (= < Movement)

< Walking – P

> Bending limbs – P

< Before stool

N. E.

Intolerance of Cows Milk

			Ang.	Sep.	Lyc.	Nux-v.	Sulph.	Spong.	Bry.	Calc.
Hits			7	7	7	7	7	7	7	7
Sums			18	21	19	18	17	14	19	18
Polarity Difference			15	13	11	10	10	10	9	9
36	< food and drink, milk [worse]	P	3	4	3	3	4	2	3	4
121	< touch [worse]	P	4	4	4	4	4	2	3	1
93	< pressure, external [worse]	P	3	3	4	1	1	3	1	3
126	< movement, during [worse]	P	2	1	1	4	2	2	4	2
126	< walking, while [worse]	P	2	1	1	4	1	2	4	2
126	< sitting [worse]	P	3	4	4	1	1	2	1	2
61	> bending affected limb [better]	P	1	4	2	1	4	1	3	4
1	> food and drink, milk [better]									
42	> touch [better]			1	1		2	1	2	4/CI
74	> pressure, external [better]			1		2	2		2	1
102	> movement, during [better]		1	3/CI	4/CI		1	1	1	1
102	> walking, while [better]		1	3/CI	3/CI		1	1	1	1
101	> sitting [better]		1			4/CI	1	1	4/CI	2
44	< bending affected limb [worse]					2				

Interpretation



- ▶ All symptoms are covered by 17 remedies, nine of which have no contraindications.
- ▶ Angustura, Sulfur and Spongia have a large polarity difference and are therefore the favourites.

MM Comparison (GS)

Angustura

- ▶ *Distension of belly.*
- ▶ *Nausea while eating.*
- ▶ *Cutting in abdomen; with diarrhoea; after warm milk.*
- ▶ *Diarrhoea consisting of nothing but stools of slime, [with cutting in abdomen; or before with nausea].*
- ▶ *Offensive flatus.*

Sulfur

- ▶ *Distension and hardness of abdomen.*
- ▶ *Incarcerated flatus in left side of abdomen.*
- ▶ *Colic after eating or drinking, obliging one to bend double.*
- ▶ *Shooting pains ... at every stool.*
- ▶ *Dysenteric stools at night, with colic and violent tenesmus.*



Annona (*Culpepa officinalis*)



Remedy and Prescription

- ▶ Due to the polarity difference and materia medica comparison, Nick is given *Angustura vera 200 C*.
- ▶ After three weeks, his mother tries a challenge with cow's milk, which only causes mild nausea. No abdominal pain, no diarrhoea.
- ▶ We continue with *Angustura M, XM and LM* at monthly intervals. This enables Nick to drink 300 ml of milk a day. The improvement persists without any further remedy. *Period of observation: 18 months.*

Comment



- ▶ Certain symptoms must always be questioned:
< Change of position is often in fact < movement.
- ▶ The mother also notes the symptom > uncovering, but says that Nick is sensitive to the cold: the explanation is the symptom < pressure.
- ▶ When we have the choice between a major and minor remedy, it is often better to choose the minor one.

5. Illness of the Urinary Tract

Acute cystitis

Frequency in children

Girls up to 10 yrs old 3%

Boys up to 10 yrs old 1%

Frequency of recurrent cystitis

Young women 5-10%

Complications

- ▶ Pyelonephritis
- ▶ Urosepsis

Features in Babies

Exclude urological malformation

Recurrent urinary tract infection and Pyelonephritis



Abdominal ultrasound

if pathological



Voiding cystourethrogram (VCUG)

Treatment of acute Cystitis

- ▶ Homeopathic acute remedy
- ▶ Phytotherapy: Vaccinium vitis D1 and Pilosella TM



Chances of success: moderate

Problem: Incomplete repertory rubrics

Treatment of recurrent Cystitis

- ▶ Homeopathic constitutional remedy at monthly intervals (200 C, M, XM, LM, CM)
- ▶ Phytotherapy (as for acute)



Chances of success: good

Glomerulonephritis and Nephrosis

Glomerulonephritis

Symptoms

- ▶ Haematuria
- ▶ Proteinuria
- ▶ Hypertonia

Cause

Often post-infection

Prognosis

Only rarely chronic

Nephrosis

Symptoms

- ▶ Proteinuria
- ▶ Hypoalbuminaemia
- ▶ Oedema

Causes

Another illness (D.m. etc)

Prognosis

Anything is possible

Case 6: VUR

8-month-old Nicole has already had twice a cystitis and once a pyelonephritis.

Abdominal ultrasound

Slightly enlarged renal pelvis on both sides.

VCUG

Permictional VUR grade II right and grade III left.

Urologist's Procedure

Long-term antibiotic prophylaxis and observation.



How Nicole's Parents Proceed

Four weeks after starting the antibiotic prophylaxis, she has the next cystitis and the parents seek alternative treatment.

Nicole is given *Vaccinium vitis* + *Pilosella* instead of Bactrim and we attempt to find her homeopathic remedy.

Checklist

Urination profuse – P

Urination frequent – P

Av. to movement – P

Thirst – P

Urine foul-smelling

< Cold – P

> Wrapping up – P

< After waking up – P

→ *With polar symptoms we identify five remedies, four of which have a large polarity difference and no contraindications.*

→ Urine foul-smelling is included in the repertorisation.

N. F.

Vesicourethral Reflux

			Merc.	Nat-c.	Sep.	Ph-ac.	Puls.	Phos.	Nat-m.	Ign.	Cocc.
Hits			10	10	10	10	10	10	9	9	9
Sums			26	22	21	18	22	17	23	26	22
Polarity Difference			16	8	5	5	-7	-2	17	16	14
99	urination, profuse	P	3	2	1	3	1	1	1	3	1
90	urination, frequent	P	4	3	1	3	1	2	2	3	2
90	< cold in general [worse]	P	1	2	2	1	1	2	1	3	3
56	> warmly, from wrapping up [better]	P	2	2	2	1	1	1	2	1	3
111	< sleep, after waking up [worse]	P	4	4	4	3	5	4	4	4	4
68	movement, aversion to	P	2	2	2	1	2	2	3	3	3
99	thirst	P	4	2	2	1	2	1	3	2	1
115	appetite, absent	P	3	1	4	1	3	2	3	3	3
61	sadness (dejection, inclined to weep)	P	1	1	2	1	3	1	4	4	2
26	urine, offensive smell		2	3	1	3	3	1			
91	urination, scanty		1	1	1	2	3/CI	3/CI	1		2
68	urination, infrequent		1		1	1	3/CI	1			
73	> cold in general [better]		1	1	1	1	4/CI	1	2	1	1
37	< warmly, from wrapping up [worse]		1		1		2	2		2	
28	> sleep, after; while waking up [better]			1	4	1	2	4		1	1
58	movement, desire for		1	1	1	2	1			1	
86	thirst, absent		1	1	3/CI	2	4/CI	2		1	2
99	hunger		2	2	3		4(CI)	2	2	2	2
42	cheerfulness, happiness			4/CI		1	3	3/CI	1	2	

Interpretation

- ▶ Only *Mercurius solubilis* has no contraindications and a large polarity difference.

MM-Comparison for Merc-s

- ▶ *Violent and frequent urging to urinate ... Far more urine passes than water has been drunk ... Urine: soon becoming turbid and fetid.*
- ▶ *Sensation of coldness, with tremors, though without diminished temperature.*
- ▶ *Much thirst, day and night.*

Remedy and Prescription

- ▶ Nicole is given *Mercurius solubilis* 200 C.
- ▶ After four weeks the urine test is normal, and she had no more fever.
- ▶ With further doses of *Merc-sol M, XM, LM CM, etc.* the urine odour also disappears and she has no further infections.
- ▶ Abdominal ultrasound after two years is completely normal.
- ▶ At the age of three she starts to have trouble falling asleep, plus abdominal pain, flatulence and constipation → new casetaking.

2. Checklist

Sleep Disturbance

Falling asleep late

- ▶ < Warm of bed – P
- ▶ > Uncovering – P
- ▶ < Being alone – P

Gastrointestinal Tract

Flatulence and pain, constipation

- ▶ Inner abdomen right – P
- ▶ < Lying on left side – P
- ▶ > Bending limbs – P
- ▶ > After stool – P
- ▶ Thirst - P

N. F.

Flatulence, Constipation and Sleep Disturbance

		Bry.	Sulph.	Puls.	Thuj.	Sep.	Spig.	Calc.	Lyc.	Cham.	
Hits		8	8	8	8	8	8	7	7	7	
Sums		24	24	22	18	17	14	23	20	16	
Polarity Difference		15	12	11	11	7	4	17	11	9	
99	< sleep, before; while falling asleep [wors]	P	5	3	4	2	4	1	5	5	1
67	< warm, becoming heated in bed [worse]	P	1	4	3	3	1	1	2	3	4
37	> uncovering [better]	P	1	2	2	2	1	3	3	4	2
33	< lying, on left side [worse]	P	3	3	4	3	3	1	1	1	
61	> bending affected limb [better]	P	3	4	1	4	4	2	4	2	2
45	> stool, after [better]	P	4	3	3	2	1	4			2
130	side, right in general	P	3	1	3	1	1	1	4	4	1
99	thirst	P	4	4	2	1	2	1	4	1	4
1	> sleep, before; while falling asleep [better]										
38	> warm, becoming heated in bed [better]		4/CI	1			2			4(CI)	
56	< uncovering [worse]		1		1	1	2				2
30	> lying, on left side [better]		1	1	1	1		1	1	1	
44	< bending affected limb [worse]				2	1					1
96	< stool, after [worse]		1	3	2	1	2	1	3/CI	2	1
130	side, left in general		1	5/CI	1	2	1	5/CI	1	1	3/CI
86	thirst, absent		1	2	4/CI	1	3/CI	3/CI	1	1	

Interpretation

- ▶ Six remedies cover all symptoms. Only Thuja has no contraindications.

MM-Comparison for Thuja

- ▶ *Sleeplessness with heat and restlessness.*
- ▶ *Entire abdomen distended like a drum, persistent.*



Further Progress

- ▶ After **Thuja 200 C** Nicole sleeps much better. The flatulence improves substantially and her stool is almost daily. Her bladder is also calm.
- ▶ With further **Thuja potencies (M, XM, LM, CM, etc.)** the symptoms disappear completely.
- ▶ At **kindergarten** Nicole has another crisis. She is fearful, shy, irritable, and does not want to play with the other children. She takes criticism very personally and is offended by the teacher's minor corrections. And at night she regularly goes to the parent's bed. → new casetaking

3. Checklist

Anxiety, fear, nervousness

Sadness – P

Irritability – P

< Insult, humiliation

Flabby muscles – P

< Warmth – P

< Wrapping up warm – P

Desire for movement – P

> Movement – P

< Darkness – P

< Being alone – P

N. F.

Crisis at Kindergarten

		Calc.	Lyc.	Puls.	Cham.	Verat.	Chin.	Merc.	Bry.	Sulph.
Hits		9	9	9	8	8	8	8	8	8
Sums		22	26	24	23	18	15	14	14	17
Polarity Difference		11	10	4	13	8	2	1	1	0
69	anxiety, fear, fearful	3	3	3	3	3	1	2	3	3
61	sadness (dejection, inclined to weep) P	2	3	3	3	2	2	1	2	2
64	irritability (anger, aggression) P	2	3	3	4	3	2	2	3	3
73	< warmth, in general [worse] P	1	2	4	2	1	1	1	1	2
37	< warmly, from wrapping up [worse] P	3	4	2	2	3	2	1	1	2
53	muscles, flabbiness P	4	3	2	3	2	2	3	1	3
58	movement, desire for P	1	1	1	4	2	4	1	2	1
102	> movement, during [better] P	1	4	4	2	2	1	3	1	1
20	< darkness [worse] P	5	3	2						
42	cheerfulness, happiness		2	3		3/CI				
37	mildness		3	4(CI)		1				3
90	> warmth, in general [better]	1	1	1	1	1	2	1	2	3/CI
56	> warmly, from wrapping up [better]			1	2		2	2	1	
34	muscles, tense			2			1			2
68	movement, aversion to	1	3/CI	2	1		1	2	2	1
126	< movement, during [worse]	2	1	1	1	1	3/CI	3	4/CI	2
74	> darkness [better]	4	3	3/CI	2	1	3/CI	3/CI	1	3/CI

Interpretation

- ▶ Only *Calcium carbonicum* covers all symptoms without any contraindications.
- ▶ Chamomilla has the largest polarity difference but the symptom < *darkness* is missing. Nicole is also not violent.
- ▶ Calcium also fits the child's disposition: hypotonia, mild obesity, late teething.



Remedy and Prescription

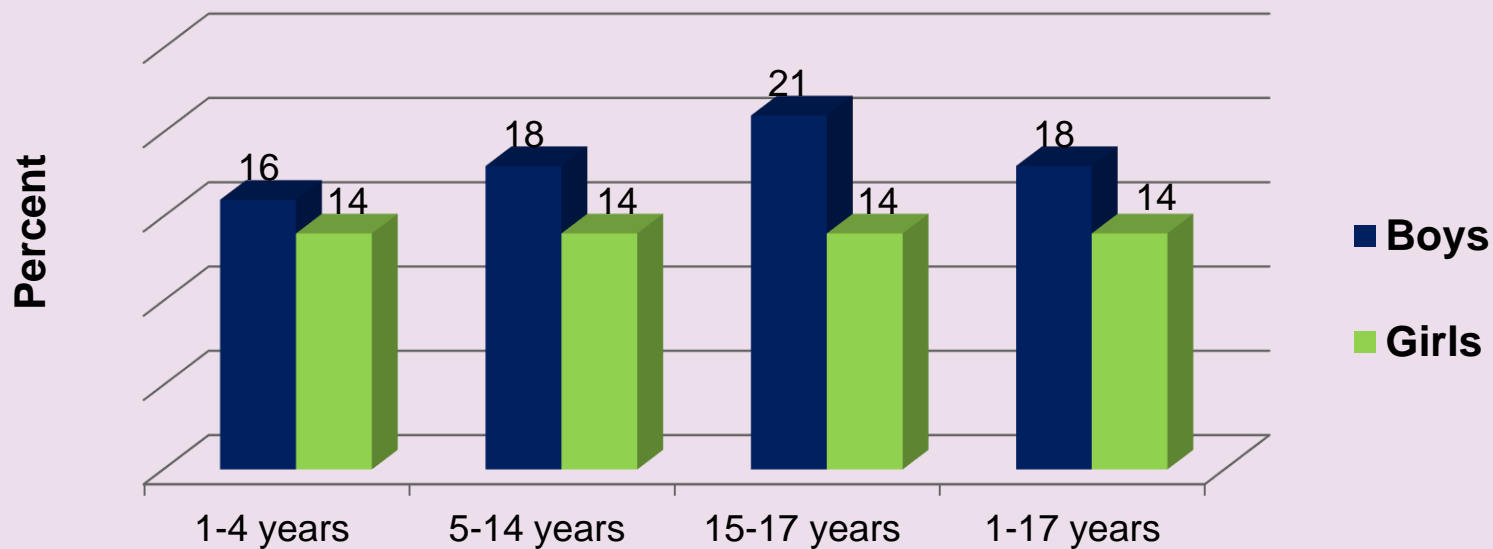
- ▶ Nicole is given *Calcium carb. 200 C.*
- ▶ The passive behaviour and uncertainty disappears and she can assert herself better in the kindergarten.
- ▶ Further doses of *Calcium carb. (M, XM, LM, CM)* trigger a developmental spurt and she makes a good start at school.
- ▶ At the age of eight the ultrasound check-up is again completely normal. The urologist *discharges Nicole as healed.*

Comment

- ▶ The miasms play almost no role in polarity analysis because the symptoms lead precisely to the remedy currently required by the patient.
- ▶ Nicole's case shows this clearly:
Merc-s (Syphilis) → Thuja (Sycosis) → Calc-c (Psora)
- ▶ Healing of the malformation occurs in steps from inside to outside and can therefore be considered definitive.

6. Traumatology

Frequency of Injury in Children and Teenagers*



*Kahl H, Dortschy R, Ellsäcker G, Children and Youth Healthsurvey, 2007

Approved Indications in Traumatology

Part 1	
Cuts	Staphisagria
Abrasions	Calendula
Puncture wounds	Ledum, Hypericum
Burns	Ars-a, Carb-v
Bruises, strain	Arnica
Rupture, contusion	Arnica
Nerve injuries	Hypericum
Broken bones	Symphytum
Injury to periosteum	Symphytum
Damage to tendon	Ruta

Approved Indications in Traumatology

Part 2	
Foreign bodies	Hepar sulfur
Overexertion, stiff muscles	Arnica
Monocular haematoma	Ledum
Contusion of the eyeball	Symphytum
Major joints, > movement	Rhus toxicodendron
Minor joints > movement	Ruta
All joints < movement	Bryonia
Coccyx, fingertips	Hypericum

Approved Indication vs. Individual Remedy

- ▶ Approved indications have a deserved place in traumatology because they enable us to react quickly, and they are also useful for laypeople.
- ▶ Individual remedy selection based on the patient's symptoms often leads more quickly to healing: whenever possible, this is the optimal route to take.

Case 7: Whiplash Injury

- ▶ Since a skiing accident five days ago, 12-year-old **Laura** has severe neck pain, especially when she moves her head.
- ▶ On examination the neck muscles are tense, sensitive to touch, pressure and percussion. She can only move her head with the rest of her body, not separately.
- ▶ The x-ray of the cervical vertebrae shows a hyperextension typical of whiplash. No other injury.

Checklist

- > Warmth – P (< cold – P)
- < Uncovering – P
- < Touch – P
- < Pressure – P
- < Movement – P (< rapid movement)
- < Twisting of affected parts – P
- < Bending – P
- < Stepping hard – P
- > Propping up – P

L. G.

Whiplash

			Nux-v.	Staph.	Puls.	Nat-m.	Arn.	Rhus.	Phos.	Sulph.	Chin.	Hep.
Hits			11	11	11	10	10	10	10	10	10	9
Sums			29	25	23	22	26	28	22	23	19	29
Polarity Difference			21	17	2	15	13	9	9	6	6	20
34	muscles, tense	P	4	2	2	2	2	2	4	2	1	
45	<injuries [worse]		1	3	4	1	4	4	3	3	1	4
90	>warmth, in general [better]	P	4	2	1	1	2	4	2	3	2	4
56	<uncovering [worse]	P	3	2	1	2	2	4	1		2	4
121	<touch [worse]	P	4	4	3	2	3	3	1	4	1	4
93	<pressure, external [worse]	P	1	3	1	3	1	1	2	1	1	4
126	<movement, during [worse]	P	4	3	1	3	3	1	3	2	3	3
108	<bending over, while [worse]	P	1	1	2	2	3	2	1	1	2	3
68	<stepping hard [worse]	P	3	1	2	3	3	4	3	3	3	
15	>resting limbs on something [better]	P	1	3	3				2	2		2
84	<bending or turning, affected parts [w	P	3	1	3	3	3	3		2	3	1
53	muscles, flabbiness				2		1			3/CI	2	
73	<warmth, in general [worse]		1	1	4/CI	2	1	1	1	2	1	1
37	>uncovering [better]		1	2	2			1	2	2	2	
42	>touch [better]					1	1		3/CI	2	1	1
74	>pressure, external [better]		2		1	1	1	3/CI	1	2	1	
102	>movement, during [better]			1	4/CI	1	1	4/CI	1	1	1	1
44	>bending over, while [better]		2	1	1	1	1	1	1	1	1	
1	>stepping (hard) [better]											
29	<resting limbs on something [worse]						3/CI	3/CI	1	1		
29	>turning affected part [better]		1		3			2			3	2

Materia Medica Comparison (GS)

Nux vomica

- ▶ Neck stiff, < in morning and after eating and from touch
- ▶ Rheumatism of muscles of neck, with or without tearing, drawing pains; head generally drawn to one side and moved with great difficulty.
- ▶ Neck stiff, with heaviness; from cold.

Staphisagria

- ▶ Rheumatic drawing, pressure and tension in neck, with stiffness.

Remedy and Prescription

- ▶ Laura is given a cervical collar to stabilise the vertebrae and a dose of **Nux vomica 200 C**.
The pain on movement diminishes within a week.
The sensitivity to touch remains.
- ▶ With **Staphisagria 200 C** this also disappears and she can again move her head freely.

Comment

- ▶ Healing in two phases is not unusual in acute cases: the first remedy starts the healing process and the second finishes it off.
- ▶ Boenninghausen made systematic use of this observation by frequently prescribing repetitions of a major and a minor remedy, so achieving rapid healing.



Thanks for your attention!