

Homeopathy and Polarity Analysis Basics

Module 1 Introduction and acute Disease

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Introduction

Three different ways of homeopathic remedy determination

In homeopathy we basically know three different ways of remedy determination. *Way 1* was defined by *Hahnemann*: According to his concept the *actually present symptoms of the disease* are the basis for finding an appropriate remedy for the patient. The same principle is used by *Boenninghausen*, *Boger* and by *Polarity Analysis*.

About 100 years later *Kent* introduced *Way 2* by focusing mainly on *mind symptoms and sensations*. This idea has been taken over and refined by *Sankaran*, *Scholten*, *Mangialavori* and others.

Only recently *Way 3* was introduced by focusing the search on the *subconscious of the patient*. This concerns the source-method of *Irene Schlingensiepen*, and the methods of *Divia Chabra* and *Jajesh Shah*.

It is important to know, that we can treat physical and mental disease with every method. The remedy determination over the actual symptoms is the easiest way to success. Using mind symptoms and sensation is more demanding, and the remedy determination over the subconscious of the patient is all but easy. Correspondingly the time required for a patient rises from moderate in way 1 to very high in way 3.

It is not possible to solve each case with every method, i.e. we have to choose an appropriate approach for every patient. In our practice we mainly use way 1, with which we can treat over 80% of the patients successfully. If way 1 is not successful we should have the possibility to refer the patient to a specialist in way 2 or 3. Unfortunately this is so far utopia, but we expect homeopathy to develop in this direction.

If we compare the three ways with conventional medicine we can make the following analogies:

Way 1 = General medicine

Way 2 = Psychosomatic internal medicine

Way 3 = Psychiatry

That means that the methods are complementary and need no rivalry among themselves.

In this course we will only speak about *Polarity Analysis*, a reproduceable, efficient way of remedy determination, that is easy to teach and easy to learn.

The Basic Rules of Polarity Analysis

1.1 Hahnemann's Concept of Illness and Symptoms

In ORG § 7, Hahnemann¹ writes (in short): *"Thus the totality of symptoms must be the only thing in every case of disease, that the medical-art practitioner has to discern and to clear away, so that the disease shall be cured."* Hahnemann is talking here about the actual *case of disease*, not about the set of symptoms that the patient had, but which has now disappeared. Of course we also need to know about past symptoms when treating chronic illness, in order to assess the course of healing. But past symptoms are not included in the repertorisation. Symptoms are (according to ORG § 6) *"alterations in the condition of the body and soul which are outwardly discernible through the senses. That is the deviations from the former healthy state of the now sick patient"*. Accordingly, symptoms do not include character traits or characteristics of a patient that are also found in the healthy state. This distinction is crucial since, if we ignore it, we may choose the wrong remedy. For example, if a patient is very irritable when healthy, yet noticeably placid when ill, we must take the placidity as symptom, not the irritability.

The *current symptoms of illness* are the
surest pointers to the appropriate remedy.

Symptom are deviations from the original healthy state –
alterations in the state of health during illness.

The emphases above are of practical importance since we must ask ourselves when taking a case whether the symptoms belong to the current illness or whether they already existed prior to the illness. If the latter is true, we must not include those symptoms in the repertorisation. This is especially important if old symptoms contradict current ones. For example, if a patient with an acute

febrile illness says she has *heat with a dislike of being uncovered*, yet in terms of her *pre-existing* menopausal flushes she feels *heat with the desire to uncover*, we must only use the symptom *heat with a dislike of being uncovered* when treating the acute febrile illness.

According to Hering, a *complete symptom* consists of the five elements *location, sensation, clinical findings, modalities* and *concomitants*. When taking the case we should attempt to elicit complete symptoms whenever possible.

1.2 The Law of Similars

In ORG § 153, Hahnemann wrote (in short) "*the more striking, exceptional, unusual, and odd (characteristic) signs and symptoms of the disease are to be especially and almost solely kept in view. These, above all, must correspond to very similar ones in the symptom set of the medicine sought.*" In order to correctly understand this paragraph, we need to read it in conjunction with ORG § 133 which, due to its importance, is quoted here: "*Upon becoming sensible of this or that medicinal ailment, it is requisite for the exact determination of the symptom, to place oneself in different situations and to observe whether the befallment increases, lessens or passes away and whether, perhaps, the befallment returns when one is once again in the initial situation.*"

1. *Does the befallment increase, lessen or pass away:*

- *by movement of the part in question?*
- *by walking in a room or in the fresh air?*
- *by standing, sitting, or lying?*

2. *Does the symptom alter itself:*

- *by eating?*
- *by drinking?*
- *under some other condition?*
- *by speaking, coughing, sneezing, or during another bodily function?*

3. *What time of the day or night is the symptom especially wont to come?*

In this way, what is peculiar and characteristic about each symptom becomes evident."

Hahnemann describes here the *modalities*, which are obviously also valid for patient symptoms, and says that through them "*... what is peculiar and characteristic about each symptom becomes evident*". This means that, above

all, the modalities of the patient must match those of the chosen remedy. ORG § 153 is frequently interpreted differently, however, to mean that unusual, striking, rare, and even peculiar symptoms should determine the choice of the remedy – the so-called *keynotes* or “*as if*” symptoms. This type of symptom generally has very few remedies assigned. If the repertorisation is based only on them, the result can be that the peculiar symptom matches the remedy but the patient’s modalities do not. In such a constellation, healing is only rarely possible because the characteristic aspects of the remaining symptomatology are ignored.

When choosing a remedy, it is especially important to check that the patient’s *modalities* match those of the remedy.

In § 211, Hahnemann writes: “*the patient’s emotional state often tips the scales in the selection of the homeopathic remedy.*” Here too we are concerned with *alterations due to illness*, not with the character or state of mind of the previously healthy person. That the patient’s emotional state often “*tips the scales*” means that first – with the help of the modalities and other important symptoms – a differential diagnosis of the likely remedies is produced. For the final choice, the patient’s emotional state can then be the decisive factor.

By mental symptoms we mean the *alterations in the patient’s state of mind as a result of illness*, not the character or state of mind of the previously healthy person.

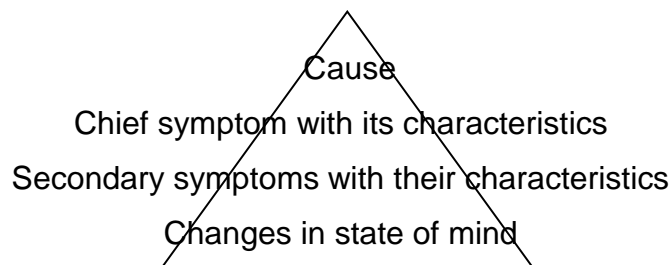
After a differential diagnosis of the likely remedies has been produced, based on the modalities and other important symptoms, the current mental symptoms can *tip the scales* for the final choice of remedy.

1.3 Hierarchy of Symptoms

After comprehensive casetaking as described in ORG § 84 to § 95, we generally end up with a wealth of symptoms, each of which has a different

influence on the choice of the remedy. To establish an order Boenninghausen used a weighting of symptoms: Very important for him was the causative factor of the current illness, if one could be found (i.e. the modality that triggered the disease). In second place he ranked the chief symptom (the one that led to the consultation) with its characteristics (modalities, sensations, clinical findings, location and concomitants), in the third the secondary symptoms. Fourth are the changes in the state of mind (table 1).² A hierarchy is of particular importance if the symptoms from different levels contradict one another. For example, if the chief symptom is characterized by *amelioration* from warmth, yet a secondary symptom is characterized by *aggravation* from warmth, we must give preference to the chief symptom – and the conflicting secondary symptom must be disregarded. If we are unsure which is the chief symptom and which is secondary, we must exclude contradictory modalities from the repertorisation. And if the chief symptom has no modalities, we must use the modalities of secondary symptoms for repertorisation.

Table 1: Boenninghausen's Hierarchy of Symptoms



1.4 Reliability of Symptoms

The reliability of symptoms plays a decisive role in the precision of remedy determination. Due to the difficulties with ADHD patients, we conducted an investigation with the aim of identifying unreliable symptoms.^{3,4} This involved analysing the set of symptoms used for repertorisation in cases in which initially an *ineffective* remedy was chosen, followed later by an effective one. The evaluation of 100 cases produced *77 unreliable symptoms*, including *44 mind*

symptoms, 9 weather modalities and 6 food symptoms (desire/dislike/aggravation). Subsequently we excluded them from the repertorisation. Due to their frequency many cases were now characterized by a lack of symptoms, which impeded the process of choosing the remedy. Possible substitutes were the modalities of the disturbances of perception. These had not been used so far because they are *pathognomic symptoms*, which according to the consensus within homeopathy should not be included in the repertorisation. But their use led to a marked improvement in the results and finally to a positive outcome of the Swiss ADHD double blind trial.

Jahr and Dunham were the first to explain the special role assigned to pathognomic symptoms by homeopathic physicians of the nineteenth century: pathognomic at that time meant *irreversible changes in organs* (for example, liver cirrhosis or scars): they postulated that they should be excluded from repertorisation because they usually cannot be healed.^{5,6,7} However, the current understanding of the term pathognomic is different: *today it refers to "hallmark" symptoms used to establish a conventional medical diagnosis. Such symptoms are normally characteristic of a disease*, so it is a misapplication of the law of similars to exclude them from repertorisation.

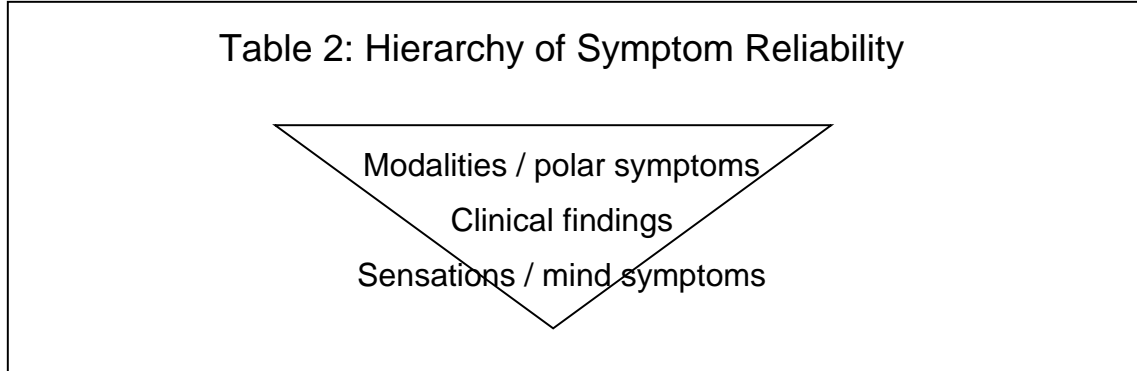
Pathognomic symptoms can belong to the set of characteristic symptoms.
If so, they must be included in the repertorisation.

Yet why can mental symptoms be misleading? "Mind" is the smallest chapter in the PB. Boenninghausen justified this by saying that mind symptoms are often consequences and therefore not reliable, that they also are often overlooked or incorrectly ascertained. He recommended including them only in the materia medica comparison, and restricted himself in this area to the essentials.

When choosing a remedy, it is best to include mind symptoms
only during the materia medica comparison.

In contrast to mind symptoms, modalities are generally unambiguous. Regardless of individual, cultural or linguistic background the sense of warmth or cold (for example) is perceived the same everywhere. Other polar symptoms such as thirst and thirstlessness also permit little scope for misinterpretation.

Based on the ADHD study, it has been possible to draw up a hierarchy of the reliability of symptoms (table 2, symptom reliability decreasing from top to bottom).



1.5 Hering's Law

In 1865 in the *Hahnemannian Monthly*, Hering described a rule concerning the healing process, today known as Hering's Law: "*Suppose a patient experienced the symptoms he suffers in the order a, b, c, d, e, then they ought to leave him in the order e, d, c, b, a if the cure is to be permanent.*" He drew the conclusion that the most recent symptoms of the patient should therefore take priority when determining the remedy, since they should be the first to disappear.

The characteristic symptoms that, in the course of the illness,
were the last to appear take priority when determining the remedy.

Hering's Law enables us to solve cases with a multitude of symptoms by concentrating on the most recent ones when choosing the remedy. We experienced that in this way old symptoms usually improve too. Therefore, as soon as multiple complaints exist together, it is important to know when each one began.

Development of Polarity Analysis

2.1 Boenninghausen's Contraindications

When choosing a remedy Boenninghausen strived to match the patient's set of symptoms and especially the modalities as closely as possible to the *genius* of the remedy.

The genius of a remedy includes the modalities, sensations, and clinical findings that have repeatedly appeared in the provings at different locations and have been healed by this remedy. These are in fact the characteristics of a remedy.

Symptoms of the 3rd to 5th grades are genius symptoms in Boenninghausen's Therapeutic Pocketbook.

Table 3: Boenninghausen's Grading of Symptoms

- 1st grade: Symptom occurs rarely in the remedy proving.
- 2nd grade: Symptom occurs frequently in the remedy proving.
- 3rd grade: Symptom occurs in the remedy proving and is clinically healed by the remedy.
- 4th grade: Symptom occurs in the remedy proving and is often clinically healed by the remedy.
- 5th grade: The same as 4th grade, but underlined by Boenninghausen because it is *very* often clinically healed by the remedy.

In order to confirm the choice of a remedy, he advised checking whether there are patient symptoms contradicting its genius. A contradiction can arise from *polar symptoms*.

Polar symptoms are those symptoms that have an opposite aspect, an "opposite pole" such as thirst / thirstlessness, cold aggravates / cold ameliorates, desire for fresh air / dislike of fresh air.

A patient can have only one pole of a polar symptom: He is either thirsty or thirstless. Since the symptom set of a remedy is composed of the observations of several provers, a remedy can possibly cover both poles. Normally these poles stand in different grades: If five provers have observed *thirst*, and thirst has been healed by the remedy, thirst stands in third grade. If in addition one prover has observed *thirstlessness* in the same remedy, thirstlessness will stand in first grade.

Boenninghausen defined a contraindication as follows: a patient symptom stands in the 1st or 2nd grade, its opposite pole in the 3rd, 4th or 5th grade. In this case, the opposite pole corresponds to the genius of the remedy, while the patient symptom is an accidental observation with little importance in this remedy. He found that such constellations rarely lead to healing. When checking unsuccessful prescriptions, made without regard to this rule, we frequently find contraindications that have been missed.

Polar symptoms of the remedy in question should be matched at as high a grade as possible (3-5). If the opposite pole is listed for the remedy at a high grade (3-5) but the patient symptom at a low grade (1-2), the genius of the remedy does **not** match the patient's symptom set.

The remedy is therefore contraindicated.

2.2 Polarity Difference

In 2001, during the initial phase of the ADHD double blind study, Boenninghausen's notion of contraindications was used as the foundation of polarity analysis, a mathematical procedure that leads to higher hit rates and more solid clinical improvements than had previously been seen with conventional homeopathic methods.⁹ The new idea was to calculate a **polarity difference** for each remedy by adding the grades of the patient's **polar symptoms** and subtracting from them the grades of the corresponding **opposite poles**.

The higher this polarity difference, the more the remedy corresponds to the patient's characteristic symptoms, assuming there are no contraindications.

The rigorous application of these insights leads to a quantum leap in the precision with which we can determine a homeopathic remedy.^{4,9,10} Several prospective outcome studies showed an increase in successful prescriptions as well as an improved outcome in each individual case. Today, polarity analysis is incorporated in several software programs. We recommend to use the *polarity analysis software of the author*, a program that also divides the symptoms according to their *reliability* for remedy determination (green=high, yellow=medium, red=low), which further improves the results. You can download it from <http://polarity-analysis.com> and use it at no charge for a test period.¹¹

In order to get the polar symptoms as complete as possible we supplement case taking with a *Checklist for reliable polar symptoms*.

2.3 Working Tools

- *Polarity Analysis Software: <http://polarity-analysis.com>*¹¹.
- *Polarity Analysis Checklist for reliable Symptoms* (free download from www.heinerfrei.ch).
- A dictionary of the materia medica, i.e. *Hering's Guiding Symptoms*.¹²
- *Textbook: Heiner Frei, Polarity Analysis in Homeopathy, a Precise Path to the Simillimum*. Narayana Publishers, Kandern, 2014.¹³

3 Case Studies

3.1 Scarlet Fever – Felipe A., 4 years old

Felipe's troubles began three days before the current consultation with a mild sore throat. Since then he has developed a headache and pains in the limbs, as well as a high temperature of 39.4 °C (102.9 °F). He is very weak, can hardly swallow and tolerates only cold food.

The examination reveals a bright red throat, severely swollen tonsils, and petechial bleeding on the palatal arch. The tongue is bright red, the cervical lymph nodes are severely swollen and painful, and the abdomen slightly painful on palpation. The provisional diagnosis is *streptococcal tonsillitis*. The diagnosis of scarlet fever would also require the presence of the characteristic skin rash with light speckling of small, slightly raised bright red spots. A glance at the skin shows that the exanthema has already formed.

Using the *Checklist* the mother picks the following symptoms:

- Mouth odour
- Dry mouth
- Thirst - P
- Swallowing: worse - P
- Food and drink, cold things: better - P
- Cold in general: worse - P
- Warmly, from wrapping up: better - P
- Open air: worse - P
- Air, aversion to open air - P
- Movement: worse - P
- Physical effort: worse - P
- Lying position: better - P
- Standing: worse - P
- Pressure, external: worse - P

The repertorisation now follows the steps in the flow chart below:

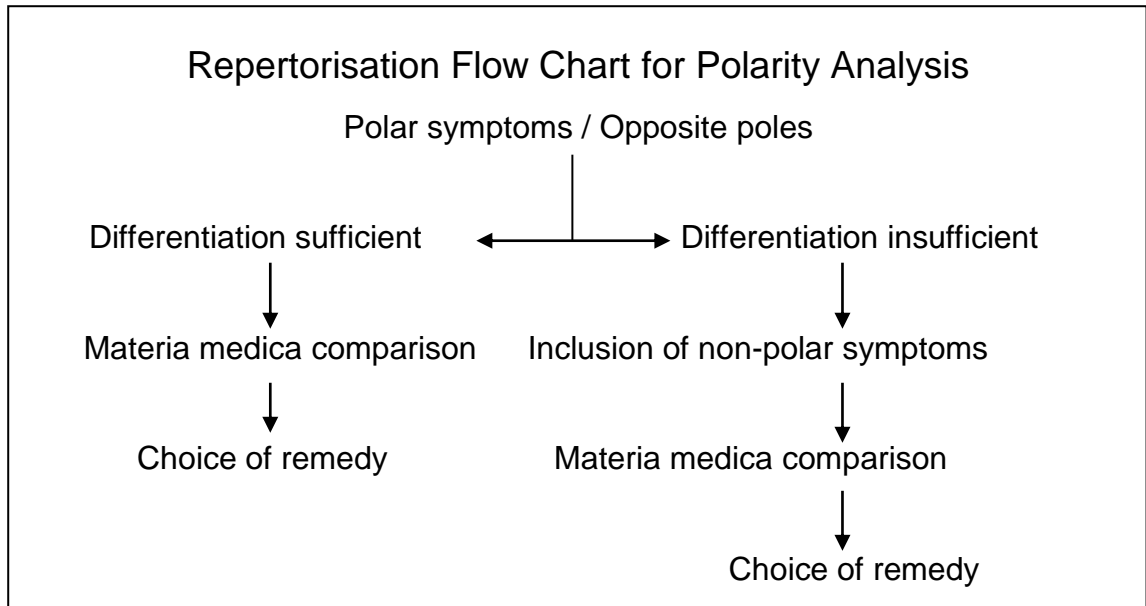


Table 5: Repertorisation (Polarity Analysis Software)¹¹

F. A.

Scarlet Fever

		Bry.	Sil.	Nux-v.	Merc.	Nat-m.	Lach.	Rhus.	Ars.	Phos.	Sep.	Thu.	Hep.	
Hits		12	12	12	12	12	12	12	12	12	12	12	11	
Sums		34	30	35	27	25	22	30	25	22	25	17	33	
Polarity Difference		21	19	17	12	12	8	7	5	5	4	2	23	
99	thirst	P	4	3	3	4	3	1	3	4	1	2	1	3
93	< swallowing [worse]	P	4	1	3	3	2	2	3	2	3	3	3	4
53	> food and drink, cold things [better]	P	4	1	1	2	2	2	1	1	4	2	1	
90	< cold in general [worse]	P	2	3	4	1	1	2	4	4	2	2	1	4
56	> warmly, from wrapping up [better]	P	1	4	3	2	2	2	4	3	1	2	1	4
110	< open air [worse]	P	1	4	4	3	1	4	2	1	1	1	2	3
86	air, aversion to open air	P	3	4	4	2	1	2	3	2	1	3	2	3
126	< movement, during [worse]	P	4	1	4	3	3	1	1	1	3	1	1	3
70	< physical effort [worse]	P	4	3	3	2	3	1	4	4	2	2	1	2
106	> lying position [better]	P	4	1	4	2	3	1	1	1	1	1	1	2
107	< standing [worse]	P	2	1	1	1	1	1	3	1	1	3	2	1
93	< pressure, external [worse]	P	1	4	1	2	3	3	1	1	2	3	1	4
86	thirst, absent		1		2	1		1	2	3	2	3/CI	1	1
47	> swallowing [better]				3	2		3/CI	1		1			
47	< food and drink, cold things [worse]		1	2	4/CI	2	1		4/CI	4/CI		3/CI	1	
73	> cold in general [better]		1	1	1	1	2	1	1		1	1	2	1
37	< warmly, from wrapping up [worse]		1		1	1		1	1		2	1	2	
93	> open air [better]		2		1	1	2	3	1	1	3/CI	1	1	1
76	air, desire for open air		1				2	1	1	2	1	1	1	1
102	> movement, during [better]		1	1		3	1	2	4/CI	2	1	3/CI	2	1
6	> physical effort [better]			2			1					4/CI		
125	< lying position [worse]		1	4/CI	1	1	1	2	4/CI	4/CI	1	3/CI	2	3/CI
71	> standing [better]		2		3/CI	2	2		1	2	4/CI		1	2
74	> pressure, external [better]		2	1	2	1	1		3/CI	2	1	1	2	

Explanation of table 5

1. The remedies are ordered according to the number of hits.

2. Symptoms

Colors: Reliability for repertorisation:

green=high, yellow=medium, red=low. Use if possible only symptoms with high reliability.

The number in the colored field (for example, 99 in thirst) refers to the number of remedies matching the symptom. This information is important because it shows how strongly the choice of remedy is restricted by the use of the symptom rubric.

Polar symptoms are marked with (P).

3. Patient symptoms: these are listed underneath the blue line and above the red line.

4. Opposite poles: these are found below the red line.

5. Calculation of the polarity difference: the grades of the polar patient symptoms of a remedy are added up. From this total, the sum of the grades of the opposite poles listed for the remedy are subtracted: the result is the polarity difference (example: Nux vomica 35-18=17).

6. Contraindications, CI: The opposite poles at the genius level (grades 3-5) are compared with the grades of the patient's symptoms. If the patient's symptom has a low grade (1-2) but the opposite pole is listed for the remedy with a high grade (3-5), the genius of this remedy does not correspond to the characteristics of the patient's symptom; the remedy is therefore contraindicated. Example: when checking *Nux vomica*, we find that the patient's symptom > food and drink, cold things is listed at the 1st grade whereas the opposite pole < food and drink, cold things is listed for the remedy at the 4th grade. In other words, < food and drink, cold things is a genius symptom of *Nux-vomica*. Therefore *Nux vomica* does not fit the patient's symptoms and is contraindicated. Columns with contraindications CI are shaded grey so that we can instantly see which remedies are contraindicated.

If we repertorise just the polar symptoms, eleven remedies completely cover all symptoms, four of them without contraindications, but with greatly varying polarity differences (Bry 21, Merc-s 12, Nat-m 12, Thuj 2). If we include the scarlet fever rash in the repertorisation, only *Bryonia* and *Mercurius solubilis* remain.

Materia medica comparison for Bryonia (GS)¹²

Sticking pain on swallowing. Great dryness in fauces and throat, sometimes with burning. Pain in throat; throat is dry and raw on empty swallowing; on drinking this sensation disappears for a short time, but soon returns. Quickly prostrated; shuns all motion; complains on moving, or when being moved, of pain everywhere.

Materia medica comparison for Mercurius solubilis (GS)

Redness and swelling of soft palate, tonsils and whole oral cavity. Difficult deglutition. Burning in throat. Painful dryness of throat, with mouth full of saliva; rawness, roughness and burning in throat. Suppuration of tonsils, with sharp, sticking pain in fauces when swallowing. Lymphatic glands of throat hard and large.

Prescription and Progress

Felipe is given *Bryonia 200 C* due to the large polarity difference.

In the following night, the child still has a slight fever. The next morning, twelve hours later, the throat pain and headache have definitely gone.

Comments

Scarlet fever is usually harmless. In rare cases, however, the illness progresses to a most dangerous fulminant, septic form, which is why it should always be diagnosed and treated by an expert. In this case, the patient would have received *Bryonia* even without a materia medica comparison, since the genius of the remedy – expressed in the very high polarity difference – far more comprehensively and specifically matches the modalities than *Mercurius solubilis*.

3.2 Cannabis intoxication – Henry H., 19 years old

Henry is a tall young man who I've known since his early childhood. He lives with his mother who suffers from severe multiple sclerosis, and he has taken over many duties that would normally be the task of his absent father ... On a trip to Amsterdam he tries to escape his situation and smokes two joints. Four days later he comes to our practice because he has an enduring feeling of being "high": he sees everything as if through fog, has a feeling of pressure in his head and in the ears and suffers vertigo. At the physical examination I only find that he is slower than normal.

Materia medica comparison for Cannabis sativa (GS)

Seems to be in a dream. After looking long, mistiness before eyes. Forehead seems compressed. Pressure in temples. Vertigo: When standing, with swimming of head; when walking, with tendency to fall sideways.

I give him *Cannabis sativa* 200 C and call him in for an extended casetaking four days later. He comes to this appointment with unchanged symptoms but he has correctly filled in the checklist.

He reports the following symptoms

- Vision as through mist
- Pressing headache
- Vertigo
- Indifference, apathy
- Warmth in general: worse - P
- Warmly from wrapping up: worse - P
- Standing: worse - P
- Sitting: worse - P
- Walking: worse - P
- After sleep, upon awaking: worse - P
- Urine scanty - P
- Urination interrupted

If we repertorise only with the polar symptoms, a broad differential diagnosis of 21 remedies is the result, nine with contraindications. *Opium*, *Nitricum acidum* and *Veratrum album* have the highest polarity difference. So, we must include the specific non-polar symptom *vision mist (veil)*.

Table 6: Repertorisation¹¹

H. H.

Cannabis Intoxication

		Lyc.	Puls.	Sulph.	Op.	Nit-ac.	Calc.	Staph.	Chin.	Sep.	Acon.	Bry.	Merc.	Phos.	Aur.	Rhus.	Graph.
Hits		8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	7
Sums		22	24	20	14	16	18	17	16	17	12	16	15	19	13	17	20
Polarity Difference		14	12	10	10	9	6	5	5	3	2	1	1	0	0	-2	10
73	< warmth, in general [worse]	P	2	4	2	2	1	1	1	1	1	1	1	1	1	1	2
37	< warmly, from wrapping up [worse]	P	4	2	2	2	1	3	2	2	1	3	1	1	2	1	
107	< standing [worse]	P	2	3	3	1	1	1	1	3	1	2	1	1	3	3	1
126	< sitting [worse]	P	4	4	1	2	1	2	1	2	4	1	1	1	2	4	4
126	< walking, while [worse]	P	1	1	1	1	2	2	3	1	1	4	4	3	1	2	3
111	< sleep, after waking up [worse]	P	4	5	5	1	5	4	3	5	4	1	2	4	2	4	5
91	urination, scanty	P	2	3	3	4	3	1	4	3	1	3	3	1	3	2	1
74	vision, seeing mist (veil)		3	2	3	1	2	4	2	1	2	1	2	2	4	1	1
90	> warmth, in general [better]		1	1	3/Cl		1	1	2	2	2	3/Cl	2	1	2	3/Cl	4/Cl
56	> warmly, from wrapping up [better]			1				2	2	2	1	1	2	1	3/Cl	4/Cl	2
71	> standing [better]					1	2	2	1			2	2	4/Cl		1	2
101	> sitting [better]			1	1	1	1	2	2	1		2	4/Cl	3/Cl	2	1	1
102	> walking, while [better]		3/Cl	4/Cl	1	2	1	1	1	1	3/Cl	1	1	1	1	4/Cl	4/Cl
28	> sleep, after, while waking up [better]			2				1		2	4		1		4		
99	urination, profuse		1	1	2		1	1	1	1	1	2	2	3/Cl	1	1	4/Cl

Fifteen remedies cover all symptoms. Ten of these remedies have contraindications. Opium and Nitricum acidum are the favourites.

Materia medica comparison for Opium (GS)

Confusion of mind. Dullness of head. Stupid indifference. Drowsiness. Obscuration of sight. Almost constantly frontal headache. Pressing pain in temples. Vertigo with anxiety and delirium when rising, as after intoxication, with dullness of head and stupefaction. Urine retained, suppressed, passes with difficulty as from atony, seldom and scanty.

Materia medica comparison for Nitricum acidum (GS)

Indifference, tired of life. Sensorium dizzy, dull, stupid and heavy. Drowsy all day, from debility. Sight obscured while reading. Pressure in forepart of head and upon eyes. Vertigo in morning, must lie or sit down, with obscuration of sight. Painless retention of urine. Difficult urination, must stand and press a long while before urine appears.

Prescription and Progress

Due to the better correspondence in the materia medica comparison, Henry receives one dose of *Opium 200 C*.

I see him again four days later: After a short initial aggravation he experiences a considerable improvement, but he still has difficulties with his visual perception.

Everything else is normal. A week later he comes again, because headache and vertigo have reappeared. But he still rates the improvement at 70%. With *Opium 500 C* the pathology disappears completely, and he swears never to smoke a joint again.

Comment

The shortcut with *Cannabis sativa* was tempting but doomed to fail from the beginning, because this is *isopathy*, which at best only reduces the symptoms a little without healing them.

3.3 Acute middle-ear infection – Maria F, 39 years old

Mrs F. comes to our emergency clinic because she has been suffering from stinging pains in the right ear and a sore throat for a week. Despite the antibiotic treatment prescribed by her physician four days ago, there has been no improvement yet.

I find an afebrile patient with red tonsils and an inflamed ear drum on the right side. The cervical lymph nodes are swollen. Nothing else.

On the *Checklist* she notes the following symptoms:

- Right ear - P
- Warmth: better - P
- Uncovering: worse - P
- Open air: better - P
- Rest: better - P
- Lying position: better - P
- Swallowing: worse - P
- Thirst - P
- Feeling of a foreign body in throat, as if from a splinter
- Cough at night

Again we first repertorise only with the polar symptoms. Since they do not adequately differentiate the case, we include the symptom *sensation of a splinter*.

Table 7: Repertorisation¹¹

F. C.

Acute otitis media

		Hep.	Colch.	Cic.	Bry.	Stront.	Ran-b.	Mag-c.	Acon.	Nat-m.	
Hits		7	7	7	6	6	6	6	6	6	
Sums		21	16	15	17	14	13	13	14	13	
Polarity Difference		13	13	11	12	11	10	10	9	9	
90	> warmth, in general [better]	P	4	1	3	2	4	3	3	3	1
56	< uncovering [worse]	P	4	3	3	1	4		2	1	2
93	> open air [better]	P	1	2	2	2	2	2	4	3	2
117	> resting (not moving) [better]	P	3	4	2	4	1	3	1	1	3
93	< swallowing [worse]	P	4	2	1	4	1	2	2	2	2
99	thirst	P	3	3	2	4	2	1	1	4	3
10	splinter sticking in part, sensation of		2	1	2			2			
73	< warmth, in general [worse]		1	2		1				1	2
37	> uncovering [better]				1					3/CI	
110	< open air [worse]		3/CI		1	1	1	1	1		1
102	< resting, while [worse]		1		1	1	2		1	1	1
47	> swallowing [better]								1		
86	thirst, absent		1			1					

Three remedies cover all symptoms. One of them, Hepar sulphuris, has a contraindication. The choice is between Colchicum and Cicuta.

Materia medica comparison for Colchicum (GS)

Earache with stitches in ears. Tonsils inflamed and swollen. Inflammation and redness of palate and fauces. Smarting and sensation of dryness of tongue and throat. Night cough.

Materia medica comparison for Cicuta virosa (GS)

Detonation in right ear when swallowing. Dryness of throat. Very great difficulty in swallowing. After swallowing a sharp piece of bone, the throat closes and there is danger of suffocation. Cough with expectoration.

Prescription and Progress

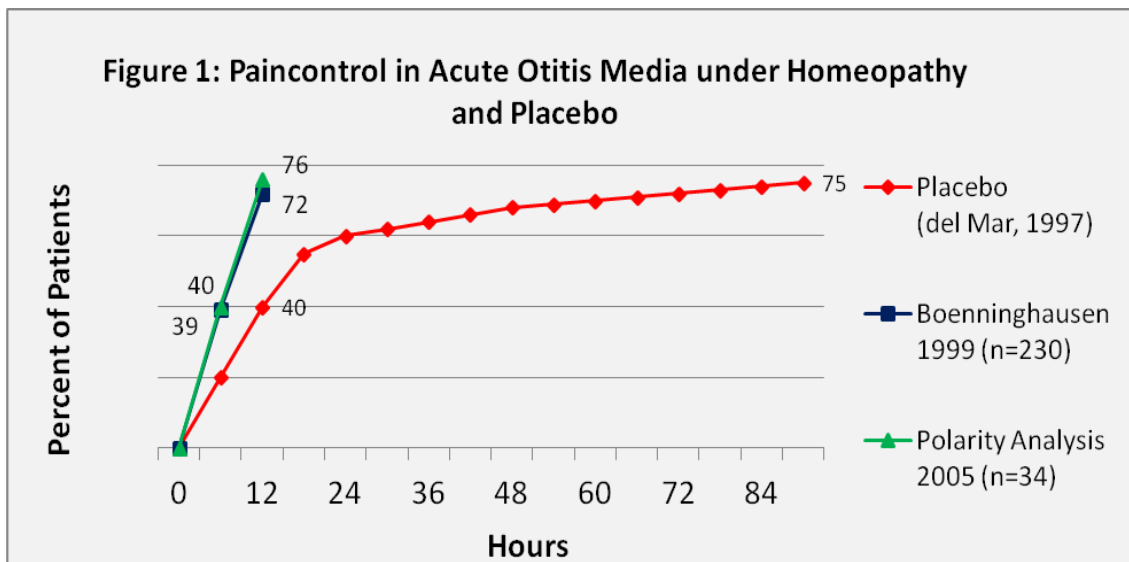
Due to the aggravation of ear pains when swallowing, the first choice is *Cicuta virosa*, of which the patient receives one dose in the potency 200 C. She is

given Colchicum as a reserve, in case the ear pain does not improve within six hours. The antibiotic is stopped.

Her progress is astonishing: after six hours the pain has considerably decreased, and two days later she reports an improvement of 95%. All her symptoms disappear within the next few days.

Comment

In acute middle-ear infections we have to achieve rapid improvement. For this reason we apply the second remedy after just six hours. With this procedure 76% of the patients are free of pain within 12 hours. This is 2.4 times faster than a placebo treatment, as described in an earlier study (figure 1).¹⁴



3.4 Glandular Fever – Louis K., 15 years old

In Louis' school class, several children have come down with infectious mononucleosis. Louis comes to the practice on the second day of his illness. He has high fever, a cold with yellow pus, coughing, bad mouth odour, and severe pain on swallowing, so bad that he cannot even swallow his own saliva. Talking is a torture. He can hardly stand and seems depressed. His temperature is 40 °C (104 °F), and his general condition is considerably reduced.

The clinical examination reveals a massive membranous angina tonsillaris (tonsils coated in a white deposit) but nothing else. The blood test shows the

viral nature of the illness. Antibodies to the Epstein-Barr virus are subsequently found in the serological test.

Using the *Checklist* Louis' mother marks the following symptoms:

- Mucus thick, yellow, slimy
- Cough with discharge
- Swallowing: worse - P
- Talking, speaking: worse - P
- Saliva increased - P
- Warmth in general: better - P
- Warmly, from wrapping up: better - P (*means warmth ameliorates*)*
- Desire for open air - P
- Movement, aversion to - P
- Physical effort: worse - P (*means aversion to movement*)*
- Resting, while: better - P
- Lying position: better - P
- Sitting: better - P (*means sitting bent over: better*)*
- Standing: worse - P
- Pressure, external: worse - P
- Rubbing: worse - P (*means pressure, external: worse*)*
- Wet compress on body: better - P
- Weakened sense of smell - P
- Sleep, after; while waking up: worse - P
- Standing up, after: worse - P (*means standing: worse*)*
- Sitting, bent over: better - P
- Company: better - P**

*) Symptom was more precisely defined when discussing it.

***) This is normal with a sick child. Symptom therefore not used for repertorisation.

Faced with this excessive number of symptoms, we need to question the parents about similar symptoms and possibly discard some of these (shown in *italics* above). The symptom *physical effort: worse*, for example, is not reliable in

view of the patient's severely reduced state, since he completely avoids any effort. Once again, only the polar symptoms are used for repertorisation.

Table 8: Repertorisation¹¹

L. K.

Glandular Fever (Mononucleosis infectiosa)

			Caust.	Mez.	Bry.	Alum.	Kali-c.	Bell.	Nux-v.	Lyc.	Sulph.
Hits			14	14	14	13	13	13	13	13	13
Sums			29	25	32	27	25	34	36	32	30
Polarity Difference			17	15	11	12	11	9	8	8	4
93	< swallowing [worse]	P	1	1	4	1	2	2	3	2	4
77	< talking, speaking [worse]	P	2	1	3	3	1	3	2	2	4
90	> warmth, in general [better]	P	4	2	2	1	4	3	4	1	3
76	air, desire for open air	P	2	3	1	3	1	1		3	1
68	movement, aversion to	P	1	3	2	2	1	2	4	3	1
117	> resting (not moving) [better]	P	1	2	4	1	1	4	4	1	1
106	> lying position [better]	P	2	1	4	1	1	3	4	1	1
107	< standing [worse]	P	2	1	2	2	1	1	1	2	3
93	< pressure, external [worse]	P	1	2	1	1	1	1	1	4	1
111	< sleep, after waking up [worse]	P	4	1	2	4	3	3	4	4	5
117	saliva, increased	P	3	1	3	3	3	4	4	3	3
43	> sitting, bent over [better]	P	1	3	1		4	3	1	3	1
23	> wet compress on body [better]	P	3	1	1	2			2		
46	smell, lost, weak, diminished	P	2	3	2	3	2	4	2	3	2
47	> swallowing [better]			2		3/CI		1	3		1
1	> talking, speaking [better]										
73	< warmth, in general [worse]		1	1	1	1	1	1	1	2	2
86	air, aversion to open air		3/CI		3/CI	1	4/CI	3/CI	4/CI	3	3/CI
58	movement, desire for				2	1		1	1	1	1
102	< resting, while [worse]		1	1	1	2	1	1		4/CI	1
125	< lying position [worse]		1	1	1	2	2	1	1	4/CI	2
71	> standing [better]			1	2			4/CI	3/CI		
74	> pressure, external [better]		3/CI	1	2	2	1	2	2		2
28	> sleep, after; while waking up [better]				1				3		
111	saliva, diminished		2	1	3	1	2	4	3	3	4(CI)
42	< sitting, bent over [worse]		1		2	2			2		3/CI
40	< wet compress on body [worse]			2	2		2	3/CI	1	3/CI	4/CI
49	smell, hypersensitive				1		1	4	4/CI	4(CI)	3/CI

Three remedies cover all symptoms but only Mezereum has no contraindications. Staphisagria, which is omitted for reasons of space, would have been the second choice, although it does not cover the aversion to movement.

With the example of Lycopodium in this repertorisation, we can illustrate the principle of a *relative contraindication (CI)*: *this concerns the constellation of a*

patient symptom in the third or fourth grade with an opposite polar symptom in the fourth or fifth grade, at least one grade higher. In this example, the patient symptom *smell lost, weak, diminished* is found for Lycopodium in the third grade, the polar opposite *smell, hypersensitive* occurs for the same remedy in the fourth grade. Both poles lie at the genius level of the remedy but the patient pole is graded lower than the polar opposite. This constellation is not seen as an absolute contraindication. *It is a matter of judgement whether a remedy with a relative contraindication is included or not.* (In this example Lycopodium is excluded due to additional, absolute contraindications and a smaller polarity difference).

Materia medica comparison for Mezereum (GS)

Burning: in throat and pharynx; in throat, dryness in fauces, hacking cough; anxious oppression of breath, and loosening of scanty mucus on coughing. Constriction in throat and stomach. Rawness of fauces. Deglutition even of fluids difficult and painful.

Materia medica comparison for Staphisagria (GS)

Throat dry and rough, with soreness when talking and swallowing. While talking she swallows continually. Swelling of tonsils, also after abuse of mercury.

Prescription and Progress

The size of the polarity difference and also the materia medica comparison indicate *Mezereum*, which Louis is given in the potency 200 C.

After he takes the remedy, his condition improves visibly from hour to hour. After four days, the swallowing difficulties and the inflammation of the membranes have completely disappeared. One week later, Louis has fully recovered, in contrast to many of his schoolmates, who are still off school .

Comments

The discussion and clarification of the symptoms is of the utmost importance for choosing the remedy. For this a great deal of sensitivity is required together with strong powers of observation plus a certain amount of experience, which develops rapidly and intuitively with frequent use of polarity analysis.

3.5 Pneumonia of the right middle lobe – Zora B., 4 years old

Zora is a timid child with purple hair. Since four days she coughs and has fever up to 39.5° C, especially after the afternoon sleep. She does not eat anymore and drinks very little. Her general condition is reduced, and she always wants to be carried by her mother.

On examination I find a pale, hypotonic child with obvious signs of respiratory distress, wheezing and a breathing frequency of 25 per minute. The lung auscultation reveals a pneumonic rattling over the right middle lobe. The percutaneous oxygen saturation is 92%.

On the *Checklist* the mother underlines the following:

- Cough with expectoration of mucus
- Breathing quickened - P
- Breathing out (expiration): worse - P
- Sleep during: worse - P
- Rest: worse - P
- Touch: worse - P
- Open air: better - P
- Thirst absent - P
- Appetite: absent - P
- Muscles flabby - P
- Aversion to movement - P
- Irritability - P
- Sadness - P

The repertorisation can be performed with the polar symptoms, and without mind symptoms.

Table 10: Repertorisation¹¹

Z. B.

RML Pneumonia

			Puls.	Ambr.	Nat-c.	Bry.	Lyc.	Sep.	Con.	Ant-t.	Sulph.
Hits			10	10	10	10	9	9	9	9	9
Sums			33	14	16	22	28	27	20	16	24
Polarity Difference			22	10	4	-1	18	13	11	11	10
92	breathing, quickened	P	3	1	3	3	4	4	1	2	4
113	<sleep, during [worse]	P	4	1	2	4	4	3	3	2	4
102	<resting, while [worse]	P	4	2	2	1	4	3	4	1	1
121	<touch [worse]	P	3	2	1	3	4	4	1	3	4
93	> open air [better]	P	4	2	1	2	2	1	1		2
86	thirst, absent	P	4	2	1	1	1	3	3	2	2
115	appetite, absent	P	3	1	1	3	3	4	3	2	3
53	muscles, flabbiness	P	2	1	2	1	3		3	1	3
68	movement, aversion to	P	2	1	2	2	3	2	1	1	1
52	<breathing, out (expiration) [worse]	P	4	1	1	2		3		2	
63	breathing, slowed		1		1	3					1
8	>sleep, during [better]										
117	>resting (not moving) [better]			1	1	4/CI	1	1	1	2	1
42	>touch [better]				2	2	1	1	1		2
110	<open air [worse]		1	1	2	1	1	1	5/CI		1
99	thirst		2		2	4/CI	1	2	1	1	4/CI
99	hunger		4(CI)		2	3	3	3		2	1
34	muscles, tense		2		1			4/CI			2
58	movement, desire for		1	2	1	2	1	1	1		1
61	>breathing, out (expiration) [better]					4/CI	2	1			1

Four remedies cover all symptoms. Pulsatilla has the highest polarity difference, but there is a relative contraindication. We can overlook it when the symptoms of the remedy cover the rest of the disease well. Lycopodium would be second choice according to its polarity difference, although it does not cover the symptom *breathing out: worse*.

Materia medica comparison for Pulsatilla (GS)

Breathing groaning or rattling. Shortness of breath, difficulty in breathing, when walking, mostly in the evening and at night when lying down.

Materia medica comparison for Lycopodium (GS)

Shortness of breath: during sleep; from every exertion. Oppression of breathing: < walking in open air, with weakness; < from deep breathing. Whizzing breathing in daytime; loud rattling.

Prescription and Progress

The materia medica comparison is inconclusive. Due to the higher polarity difference, Zora receives a dose of *Pulsatilla 200 C*.

On the way home, she falls asleep and begins to breathe more normally. The next day her fever is gone, her general condition is much better and she begins to eat again. Within two days the cough disappears too. At the follow-up ten days later, she is completely healthy.

Comment

This case is critical due to the low oxygen saturation. A close follow is of vital importance to make sure that the child's condition is improving. Normally we demand from the parents a progress report within a few hours after the first consultation. If there is no clear improvement they must return to the practice.

4 Outcome Studies with Polarity Analysis in Acute Disease

In order to evaluate the effects of polarity analysis on the treatment results of acute disease we conducted several prospective outcome studies with the following end points:

End points

"1st Hit": Global improvement of 50% or more rated by the patient (or parents) after the first remedy (potency 200 C) within 48 hours. No further consultation necessary.

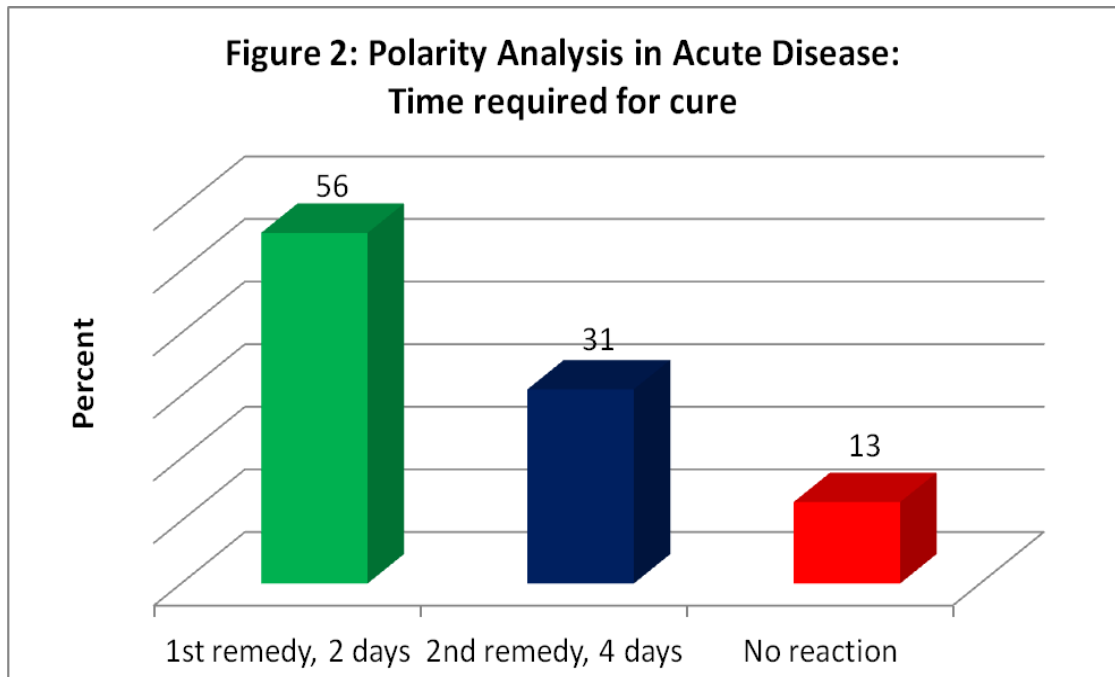
"2nd Hit": Needs reserve dose (potency 200 C) after 48 hours, because the improvement is less than 50%. The reserve dose improves the illness by 50% or more within another 48 hours. No further consultation necessary.

"No Reaction": Neither the first nor the second remedy cause a lasting improvement. The patient needs a second consultation.

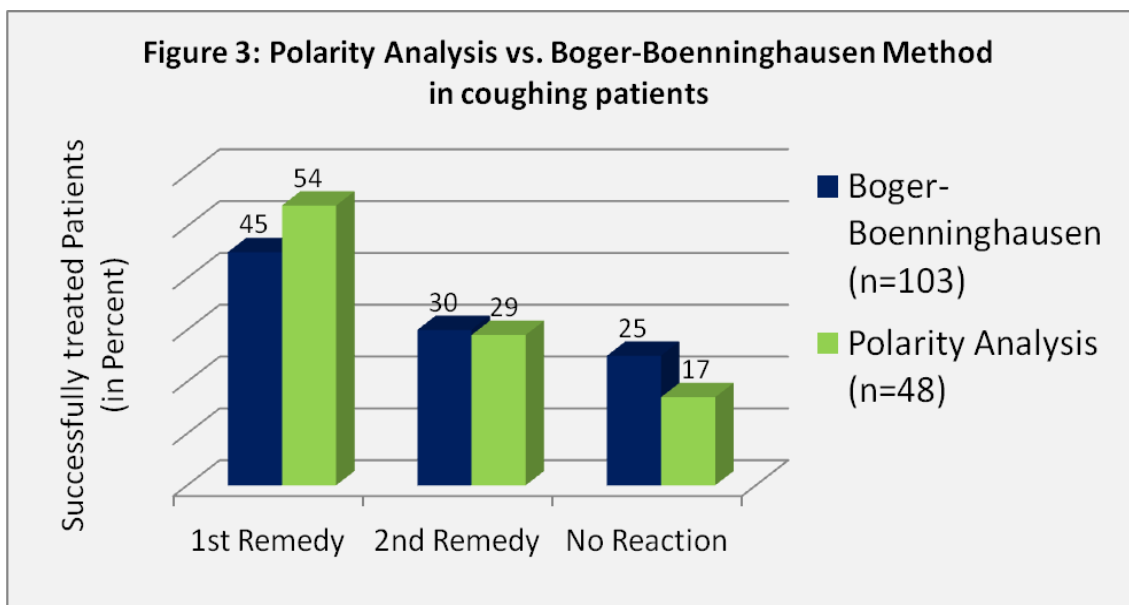
Results

Studies	Number of cases	1 st Hit	2 nd Hit	No Reaction
Influenza (H1N1)	52	32	13	7
Allergic rhinitis	33	19	9	5
Otitis media	34	14	12	8
Tonsillitis	39	23	12	4
Sinusitis	8	3	4	1
Infection of upper airways	22	11	11	0
Infection of lower airways	48	26	14	8
Enteritis	20	15	4	1
Total	256	143	79	34

56% of the patients were healed by the first remedy, 31% by the second one. 13% did not react to either one of the remedies and needed a follow-up consultation (figure 2).



In a comparative study between a conventional procedure using the Boger-Boenninghausen method and polarity analysis, we determined the global outcome (1st remedy, if necessary also 2nd remedy) in patients with *cough*. The result is an 8% increase in successful treatments with polarity analysis.



Conclusion

Polarity analysis (PA) is an efficient straightforward method of remedy determination, which leads to reproducible remedy decisions and better results than a procedure without PA.

Further information: www.heinerfrei.ch

Textbook: Heiner Frei, *Polarity Analysis in Homeopathy, a Precise Path to the Simillimum*, Narayana Publishers, Kandern, 2014

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