Homeopathy and Polarity Analysis
Complex Illness

Module 10
Psychiatry

Heiner Frei

Optimal Remedy Selection for Mental Illness

The homeopathic treatment of mental illness is difficult because mind symptoms are invariably subject to wide interpretation. Their formulation depends on the individual, familial and cultural background of the patient. What does the patient mean by using particular words to describe his symptoms and what did the prover mean who entered the symptoms in the materia medica? Since the probability of a precise match is considerably less than for symptoms that do not require interpretation, mind symptoms tend to be unreliable for remedy selection.

Hahnemann counted mental disturbances as one-sided [lacking in symptoms] illnesses (ORG § 215) but said that the lack of symptoms was often due to the inattentiveness of the observer (ORG § 175). He therefore advised that "*... all the befallments of the former so-called somatic disease before it degenerated into the one-sided heightening of the mental symptom"* should be included in casetaking (ORG §§ 216 and 218).[1] This instruction fits with the principles of polarity analysis to only use reliable symptoms.

We have extensively checked Hahnemann's advice. To avoid speculation about mind symptoms, we now repertorise cases of mental illness by using the accompanying polar physical symptoms (if present) to generate a shortlist of likely remedies. The mind symptoms are included afterwards in the materia medica comparison to make the final selection.

> *Mind symptoms are changes in the patient's mental disposition during illness, not mental traits of the patient in the healthy state.*

In this module we examine *anxiety disorders, depression, tics and stuttering, eating disorders, post-traumatic stress disorder* and *burnout*. The case histories indicate that the "detour" via the polar physical symptoms is frequently successful.

1 Anxiety Disorders

Anxiety is basically a normal and necessary emotion. It becomes pathological when it is disproportionately severe in relation to the threat, persists, is dealt with in an abnormal way and subjectively hinders the patient.

Phobias

In *phobias* the threat is overestimated. *Agoraphobia* especially occurs in crowds of people, in public places and when travelling. *Social phobia* is the fear of being the centre of attention. Phobias can also concern *animals* (spiders, dogs, snakes, mice) or *situations* (tunnels, planes, darkness, storms) as well as the sight of blood, injections, injuries, and so on.

Panic Disorders

With panic disorders, the anxiety occurs without a concrete threat. *Panic attacks* start abruptly, reach a climax within a few minutes and last at least several minutes. They are frequently accompanied by palpitations, chest pains, a feeling of choking, trembling and sweating.

Generalised Anxiety Disorder

Generalised anxiety disorder consists of diffuse anxiety with tension, apprehension and fear about daily events and problems. To make this diagnosis anxiety must have persisted for at least six months and be accompanied by additional mental and physical symptoms.

Treatment

The treatment of anxiety disorders is generally lengthy. Conventional treatment uses mainly psychotherapy and anxiolytics. Homeopathy is often effective and can help to shorten the time to reach a cure.[2,3]

Case 1: Generalised anxiety disorder

Mr L. is a gaunt 49-year-old patient, with wide open eyes and a brown and already rather wrinkled face in which something is always moving. He has been anxious ever since I know him. After his brother committed suicide three years ago, however, the anxiety has reached a level that worries the whole family. He is totally focused on an extrasystole, which has been examined by the cardiologist, who rated it as harmless. The patient nevertheless constantly checks his heart and pulse and complains about how irregular they are. He also has stabbing pains on inhalation, burning pains in the stomach with sour eructations (puts his hand on the stomach), and difficulty sleeping

through the night. And he repeatedly expresses the fear that something might happen to him or his loved ones. Over and over again he visits the family doctor, who prescribed him tranquilisers and, when the desired effect was not achieved, refered him to the psychiatrist. Since all this has virtually no effect, the family insists on homeopathic treatment. He prepares the *Checklist* and reports the following:

Cardiovascular System

- Pulse irregular, intermittent
- Oppressive, cramping pain in area of heart
- Pricking from the inside outwards – P
- < During eating – P
- < Lying on left side – P
- < Breathing in – P
- > Open air – P, desire for fresh air – P
- < Sitting – P, < sitting bent – P
- > Standing – P
- > Movement – P, desire for movement – P, > walking – P
- < Physical exercise – P
- < External pressure – P
- > Rubbing – P
- > Rest – P
- < Travelling in a vehicle – P
- Irritability – P
- Sadness – P

Additional Complaints

- Migraine, runny nose, tinnitus
- Heartburn and sour eructations
- Difficulty sleeping through the night
- Changes in nails
- Cold hands and feet
- < Physical exercise – P
- < Shaking of head – P
- < Bending – P
- > Open air – P

- > Wrapping up warmly in general – P, > wrapping up warmly, head – P
- > Lying – P
- > Walking – P
- > Touch – P
- < External pressure – P

This patient is certainly highly *hypochondriac*. With such a multitude of symptoms, we have to highlight the essential aspects of the physical symptoms. So, for each symptom we ask whether it *really* has an effect on the extrasystoles (*pulse intermittent)*. It is worse *during eating* and *when lying on the left side*. Then we try to elicit the precise modalities of the migraine. These are: *desire for fresh air, < physical exercise, < shaking of head, < bending, > wrapping up warmly* and > *lying.* Everything else consists of the patient's traits which also occur in the healthy state, or of unreliable and unspecific symptoms with the meaning of *distraction ameliorates*.

Repertorisation[4]

B. L.

Generalized Anxiety Disorder

			Nat-m.	Bry.	Sep.	Arn.	Hep.	Phos.	Acon.
Hits			10	10	10	9	9	9	9
Sums			27	26	24	23	22	18	17
Polarity Difference			**16**	**16**	**7**	**17**	**12**	**9**	**8**
91	< eating, during [worse]	P	3	2	3	2	3	3	
33	< lying, on left side [worse]	P	3	3	3	1		4	3
70	< physical effort [worse]	P	3	4	2	4	2	2	3
71	< shaking head [worse]	P	2	3	2	3	3	2	1
108	< bending over, while [worse]	P	2	4	4	3	3	1	3
56	> warmly, from wrapping up [better]	P	2	1	2	2	4	1	1
106	> lying position [better]	P	3	4	1	3	2	1	1
76	air, desire for open air	P	2	1	1	3	1	1	1
35	pulse, intermittent		4	3	3		3		3
84	hypochondria (hysteria)		3	1	3	2	1	3	1
54	> eating, during [better]					1		1	
30	> lying, on left side [better]			1					1
6	> physical effort [better]		1		4/CI				
3	> shaking head [better]								
44	> bending over, while [better]		1			1		1	
37	< warmly, from wrapping up [worse]			1	1			2	3/CI
125	< lying position [worse]		1	1	3/CI	1	3/CI	1	1
86	air, aversion to open air		1	3/CI	3/CI	1	3/CI	1	

Interpretation

All symptoms are covered by just three remedies, of which only Natrium muriaticum has no contraindications.

Materia Medica Comparison for Natrium muriaticum (GS)[5]

Hypochondriacal; tired of life. Fearfulness; very easily startled. Melancholic depression and sad apprehension, disheartened all day without definite cause; palpitation. Irregular intermission of beating of heart and of pulse; < lying on left side. Beating and throbbing in head on motion of body.

Remedy and Prescription

Mr. L. is given a dose of *Natrium muriaticum 200 C*.

In the first few days his symptoms worsen, followed by a perceptible improvement. After three weeks his face is more relaxed, no longer constantly moving, and his eyes are calmer. The panicky anxiety about the extrasystoles has disappeared. He still feels some pressure in the stomach and the migraine is only slightly improved. But his wife says he is "much, much better". This is also my impression.

He is now given three further doses of *Natrium muriaticum (M, XM, LM)* at intervals of three weeks each. After nine weeks, the fears are scarcely present, and he is no longer fixated on the extrasystoles. He is also sleeping better again, and rates the improvement at 80 to 90%.

We continue with *Natrium muriaticum (CM, 200 C, M, XM),* now in monthly intervals. Soon afterwards his father dies (a natural death), to which Mr L. immediately reacts again with stabbing in the left hypochondrium (an old symptom). The improvement sinks to 70%. Since there are no new modalities, I give him *Arnica 200 C*, the second remedy from our casetaking. This has no effect, however, so we decide to return to *Natrium muriaticum*. His condition now stabilises at the level previously reached. *Period of observation: two years.*

Comment

- With a confusing and unclear set of symptoms (not uncommon in cases of mental illness), we can try with the patient’s help to elicit the modalities that have a

reliable effect on the physical symptoms. If this is possible normally a good remedy emerges even with relatively few symptoms.

- It was wrong to switch remedies after the patient's father died. If the symptoms deteriorate due to an external influence, it is often possible to continue with the same remedy.

2 Depression

Depression is characterised by a negative mood and negative thoughts as well as the loss of joy, pleasure, interest, drive, self-worth, the ability to perform, and the capacity for empathy. Psychiatrists distinguish between *depressive episodes* and *recurrent depressive disorders*. In countries with a high standard of living, the lifetime prevalence of depression is 14.6%. Women are affected almost twice as often as men. In terms of *differential diagnosis* it is necessary to consider dysthymia, bipolar disorder, borderline personality disorder and chronic fatigue, as well as the side effects of psychotropic substances (e.g. cannabis) and medication. The conventional *treatments of choice* are antidepressants and psychotherapy, phototherapy, additional exercise to counteract the inertia, and omega-3 fatty acids.

Case 2: Recurrent Depression

Marianne is 17 years old and has a difficult family background. She is the first child and has two twin sisters and a younger brother. When she was five, her parents went through a traumatic divorce and the mother took the children to live with a new partner. Then, at the age of thirteen, one of her twin sisters died of a brain tumour. After a brief period of mourning, the teenage girl recovered and resumed daily life. But the trauma comes back to haunt her: every winter she suffers fits of depression lasting several months, becomes melancholic, downcast, with severe mood swings and feelings of hopelessness, and is thoroughly demotivated. At the age of seventeen, she can no longer keep up with her schoolwork, has disturbed concentration and begins to neglect her education. The mother is alarmed and brings Marianne to the practice.

She has various additional complaints – difficulty falling asleep and sleeping through the night, frequent headaches, sore throats, diarrhoea, and delayed menstruation.

Her physical state and the lab tests are normal. She fills out the Checklist.

Mind

- Melancholy, hopelessness, mood swings, seriousness, absentmindedness, poor memory
- < Thinking of complaints – P
- < Emotions (annoyance, sorrow, mortification, anger)
- < Talking – P
- < Darkness – P
- < Mental effort – P
- > Breathing deeply – P

Physical symptoms

- Menstruation late – P
- Thirst – P
- < Cold – P
- < When getting cold – P
- < After getting up – P
- < Physical exercise – P
- > Lying – P
- > Wrapping up warmly – P
- > Food, warm – P
- < While falling asleep – P
- < While waking up – P
- > Rest – P

For repertorisation we first use just the physical symptoms. The mind symptoms are included in the subsequent materia medica comparison.

Repertorisation

M. G.

Recurrent Depression

			Graph.	Nux-v.	Nat-m.	Ars.	Rhus.	Bry.	Sil.	Con.	Nat-c.
Hits			12	12	12	12	12	12	12	12	12
Sums			32	39	31	37	39	34	31	24	21
Polarity Difference			**25**	**22**	**22**	**20**	**18**	**18**	**17**	**11**	**8**
69	menstruation, late, too seldom	P	4	1	4	1	1	2	4	4	1
99	thirst	P	1	3	3	4	3	4	3	1	2
90	<cold in general [worse]	P	2	4	1	4	4	2	3	3	2
78	<cold, when getting cold [worse]	P	3	4	1	4	4	3	2	2	2
80	<rising from bed, after getting up [worse]	P	3	3	3	2	4	2	2	1	1
70	<physical effort [worse]	P	1	3	3	4	4	4	3	1	2
106	>lying position [better]	P	2	4	3	1	1	4	1	1	1
56	>warmly, from wrapping up [better]	P	2	3	2	3	4	1	4	3	2
42	>food and drink, warm things [better]	P	3	4	2	4	4	1	2	3	1
99	<sleep, before; while falling asleep [worse]	P	3	2	2	4	5	5	3	1	2
111	<sleep, after waking up [worse]	P	5	4	4	5	4	2	3	3	4
117	>resting (not moving) [better]	P	3	4	3	1	1	4	1	1	1
84	menstruation, too early, too often		1	4/CI	1	1	4/CI	2	2	1	2
86	thirst, absent			2		3	2	1		3/CI	1
73	>cold in general [better]		1	1	2		1	1	1		1
74	>cold, when getting cold [better]		2	1	1		1	3	1		1
124	>rising from bed, after [better]		2	3	1	3/CI	3	1	2	1	2
6	>physical effort [better]				1				2		
125	<lying position [worse]		1	1	1	4/CI	4/CI	1	4/CI	4/CI	3/CI
37	<warmly, from wrapping up [worse]			1			1	1			
52	<food and drink, warm things [worse]			1	1	1	1	4/CI	1		
1	>sleep, before; while falling asleep [better]										
28	>sleep, after; while waking up [better]			3		3		1			1
102	<resting, while [worse]				1	2	4/CI	1	1	4/CI	2

Interpretation

Eleven remedies cover all symptoms but only Graphites and Natrium muriaticum have no contraindications.

Materia Medica Comparison for Graphites (GS)

Mood: changeable; forlorn; depressed; dejected. Feels miserable and unhappy. Fretful: ill-humored; easily vexed; irritable. Scientific labour fatigues him. Thoughts of many things at night prevent sleep. Ailments from grief (or fright). Forgetfulness. Dread of work.

Materia Medica Comparison for Natrium muriaticum (GS)

Melancholic depression and sad apprehension, disheartened all day without definite cause; palpitation. Quarrelsome fretfulness, gets into a passion about trifles. Joyless, indifferent, taciturn. Absent minded or distracted. No desire to work, mental or physical.

Remedy and Prescription

Due to the larger polarity difference and the materia medica comparison, *Graphites* is the first choice. Marianne is given *Graphites 200 C.*

After a month her sadness is better (over 50% she says), but she still feels very tired. We continue with *Graphites (M, XM, LM CM)* at monthly intervals and things improve steadily. Six months after the start of treatment, she rates the improvement at 100%. The emotional troughs have completely disappeared and she no longer notices when the next dose is due. We increase the interval between doses to six and later eight weeks, and her conditions remains stable. One year after starting, we stop her treatment. *Period of observation: three years.*

Comment

- According to the repertorisation, Graphites and Natrium muriaticum cover Marianne's symptoms almost equally well. Yet if we compare the materia medica, we see that the Graphites patient tends to suffer in a passive way (like our patient), whereas with Natrium muricaticum there is a fair amount of revolt and irritability about the illness.
- When is treatment complete? We often decide to prolong the interval between doses to six or later eight weeks to find out whether the patient still needs her remedy or not.

3 Tics and Stuttering

Tics and stuttering are motor and partially extrapyramidal phenomena, subject to considerable psychological influence. Conventional treatment is difficult and it is considered impossible to completely heal stuttering. Homeopathy can often reduce the time required to reach a cure.

Tics

Definition: Tics are motor disturbances with brief, involuntary, repetitive contractions of individual muscle groups or vocalisations. The cause is unknown. Whereas simple tics can be regarded as extrapyramidal hyperkinesia, complex motor and vocal tics have compulsive and psychiatric aspects. *Conventional treatment* is difficult and unsatisfactory. Together with counselling and behavioural therapy, sometimes even antipsychotics are used.

Stuttering

Stuttering is a situational disturbance of the flow of speech, with frequent interruptions. There is a difference between *idiopathic stuttering (persistent developmental stuttering)*, the origin of which is unclear, and stuttering with known psychological or physical causes. *Differential diagnosis:* Physiological lack of fluency (transitory in young children)*, c*luttering or tachyphrasia (rapid speech with unclear pronunciation)*, a*cquired stuttering (due to mental or physical trauma and neurological illness). *Treatment:* Behavioural therapy with the emphasis on acceptance, speech therapy to improve speaking technique, and autosuggestion. Homeopathy often considerably shortens the duration of treatment.

Case 3: Simple vocal tic, night terror and ADHD

Niklaus is 4 years old, a handsome little lad with blond locks. He is unable to sit still for a second. The parents do not, however, bring him for this (his mother is just as restless and thinks it is normal) but because he has for the last four months been constantly clearing his throat, snoring and having breathing pauses during sleep. He frequently "wakes" with fearful screaming fits, sees things in the room that no one else can see, and is completely inconsolable for about half an hour until the apparition is over. The next day he remembers nothing about what happened. Closer questioning elicits typical ADHD symptoms: he has been restless ever since he was a baby, incessantly changing his toys without getting properly involved with anything. And he constantly requires the attention of the parents or the playgroup leader. His mother is a homeopath and she has already given him *Calcium carbonicum, Tuberculinum* and *Lycopodium*, but none of these have had any effect. – Apart from these symptoms, the *clinical examination* only reveals hyperplasia of the tonsils.

The mother fills out Checklists for reliable symptoms and Perception disorders. Her comment: "*What!? He can't have ADHD – it's normal that kids move around a lot!*" She brings the following to casetaking:

Checklist for reliable Symptoms

Constant clearing of throat, hoarseness, snoring, breathing pauses in sleep, eyes water in the wind

- < After lying down – P
- < Lying on back – P
- > Lying on side – P
- < Travelling in a vehicle – P
- > Physical exercise – P (= > distraction)*
- > Mental effort – P (= > distraction)*

Checklist for Perception disorders

- Sadness (weepy)
- < Travelling in a vehicle – P (nausea)
- Stuttering (past symptom)*
- Desire for sweet things*
- < Hunger*
- > Physical exercise – P*

Additional Complaint

- Night terror (pavor nocturnus)

For the repertorisation we use only the reliable polar symptoms as well as the night terrors, which fulfil all the criteria of delirium.

* Unreliable symptoms, see: Heiner Frei, *Homeopathy and ADHD, A New Treatment Concept with Polarity Analysis*. Narayana Publishers, Kandern, 2015

Repertorisation

N. T.

Tics, ADHD, Pavor nocturnus

			Rhus.	Sulph.	Plat.	Ign.	Phos.	Bry.	Kali-c.	Ars.
Hits			6	6	6	6	6	6	6	5
Sums			16	13	12	13	15	13	9	16
Polarity Difference			**14**	**5**	**5**	**4**	**1**	**-1**	**-1**	**10**
112	< lying down, after [worse]	P	4	3	4	2	3	3	3	4
48	< lying, on back [worse]	P	3	2	1	2	4	1	1	3
46	> lying, on side [better]	P	2	1	1	1	3	2	1	2
61	sadness (dejection, inclined to weep)	P	3	2	3	4	1	2	1	
32	< traveling (bouncing) in a vehicle [worse]	P	3	3	1	3	2	3	2	4
52	delirium, halucinations		1	2	2	1	2	2	1	3
100	> lying down, after [better]		1	1		1	1	4(CI)	1	
50	> lying, on back [better]			2	1	2	1	4/CI	3/CI	
50	< lying, on side [worse]			3/CI	1	3/CI	4(CI)	4/CI	5/CI	
42	cheerfulness, happiness				3	2	3/CI			
6	> traveling (bouncing) in a vehicle [better]						3/CI			3

Interpretation

All symptoms are covered by seven remedies, of which only Rhus toxicodendron and Platinum have no contraindications.

Materia Medica Comparison for Rhus toxicodendron (GS)

Sensation of dryness in throat. Great apprehension at night; cannot remain in bed; wants to go from bed to bed. Delirium. Melancholy, inclination to weep. Great restlessness, Could not sit still: on account of general uneasiness, must turn in every direction on chair and move limb.

Materia Medica Comparison for Platinum (GS)

Hawking of mucus with scraping in throat. Sensation as if palate were elongated. Awakes at night and has difficulty in collecting his senses. Weeping mood, sad and morose. Uneasy, general restlessness and "fidgets" in limbs, < at rest.

Remedy and Prescription

Niklaus is given a dose of *Rhus toxicodendron* 200 C. His mother says: *"Rhus-tox !?, how do you arrive at Rhus-tox? No way!"* – but it turns out to be correct after all.

During the next five days the tics worsen greatly before disappearing and the same thing happens with the snoring and the pavor nocturnus. Niklaus becomes generally less restless and more comprehensible, and the weepiness and whining cease. His attentiveness and concentration improve noticeably. The mother continues the treatment on her own. I see him a year later due to otitis media. In the meantime he was given three further doses of *Rhus-tox* (M, XM, LM) with which he became healthy and stable. *Observation period: 3 years*.

Comment

- The pathogenesis of the tics in this case can be explained with the help of the materia medica: hyperplasia of the tonsils leads to mouth breathing, causing the mucous membranes to dry out and triggering the boy to clear his throat. That this problem turned into a tic is probably due to the perceptual disturbances of the child.
- Dissimulation of the parents is relatively common, especially in diagnoses that are viewed pejoratively (mental illness, tics and ADHD). This can greatly hinder the objective observation of a patient's symptoms.
- Beware of remedy pictures because they can obscure the therapeutic view of the case. The correct route to the remedy is via reliable symptoms, repertorisation and materia medica comparison.

4. Eating Disorders

Eating disorders are serious illnesses that can lead to long-term health problems. *Typical patients maintain their focus on the theme "eating",* the ingestion or refusal of food, and there is a connection to psychosocial problems and the attitude to one's body. Usually this leads to a disturbance of the energy balance and nutritional requirements: Too high energy input with too little expenditure → obesity, too little energy input with too much expenditure → malnourishment, one-sided nutrition → deficiencies of vitamins or minerals.

Major Eating Disorders

Eating obsession

This is seen in patients who compulsively binge eat and are obsessed with the effects of eating on the body. They mostly eat too much and try to control their weight with unsuitable diets. This generally leads to obesity.

Anorexia nervosa

Anorexia is characterized by an intentional loss of weight. By going hungry and counting calories the patients try to ingest as little food as possible on the one hand, and on the other they try to raise their energy expenditure by physical activity. They feel they are too fat even if objectively extremely underweight. The effects of anorexia are malnourishment and muscle atrophy, in the long-term also osteoporosis and sterility. 5-15% of those affected die, mostly not from starvation but from infection or suicide.

Bulimia nervosa

Although bulimia patients are generally in the normal weight range, they are very afraid of putting on the slightest extra weight. They therefore undertake countermeasures such as excessive sport, fasting, vomiting, abuse of laxatives and enemas. The binge eating and vomiting is often experienced as a means to reduce the pressure they feel. This erratic behaviour leads to nutritional deficiencies and the sufferers experience *fits of binge eating*, in which large amounts of food are rapidly ingested. The effects include oesophagitis and damage to the teeth, and in extreme cases disturbance of the body’s electrolyte balance.

Binge eating

Eating binges occur as a result of addictive feelings of ravenous hunger. We use the term binge eating when the patient succumbs to uncontrolled ingestion of food twice a week for a period of at least six months. In addition, at least three of the following six criteria must be fulfilled: Eating without being hungry, eating too rapidly, eating until an unpleasant feeling occurs, eating alone to avoid feelings of guilt and shame. Eating binges are experienced as a burden, disgust or shame. The syndrome can

lead to obesity since, in contrast to bulimia, the patient takes no action to counteract the weight increase.

Treatment of Eating Disorders

First line treatment is psychotherapy and counselling. Nutritional advice, a log of food consumed, and regular weight checks are key supportive measures. In a few cases antidepressants may be required. When the patient's weight drops below a critical threshold in-patient treatment is necessary. *Homeopathy* can significantly reduce the duration of treatment.

Case 4: Binge eating

Theresa is 17 years old and has been treated for ADHD with Sepia and later Chamomilla. Her Conners' Global Index thereby drops from 24 to 3. When she starts her vocational training, she again becomes irritable, aggressive, and has fits of ravenous appetite almost daily, in which she rapidly eats huge quantities of food, later suffering feelings of fullness. She is ashamed of her problem, and increasingly withdraws. Her height and weight were in the range of the 50th percentile. But since binge eating she has put on 13 kg and is now just below the 90th percentile. Theresa prepares for the casetaking by filling out the Checklists for reliable symptoms and perception disorders.

Checklist for reliable symptoms

- Hunger – P
- Thirst – P
- Sadness – P
- Irritability – P
- < After eating – P
- < Mental effort – P
- < Emotions (anger, sorrow, mortification, fear, anxiety etc.)
- > Open air – P
- > Being alone
- < Consolation (dislike of)

Perception Disorders

- Touch – P
- < Warmth – P
- > Uncovering – P
- < Before falling asleep
- Sadness – P
- Irritability – P

Disturbances of Perception (less reliable symptoms)

- < Sounds, noises
- > Movement – P

Additional Complaints

- Going to sleep late
- Cough with mucus
- Yellow mucus
- Hearing diminished
- Menstruation delayed – P
- Menstrual blood dark – P
- Skin rash dry

Selection of Symptoms for Repertorisation

We only use the "hard facts": eating binges, thirst, < after eating, < mental effort, < touch – P, < warmth – P, > uncovering – P, < before falling asleep, > open air, menstruation delayed.

Repertorisation T. T.

T. T.

Binge Eating

			Lyc.	Puls.	Sulph.	Calc.	Verat.	Sep.	Staph.	Borx.	Lach.
Hits			10	10	10	10	10	10	10	10	10
Sums			34	33	29	29	22	28	21	18	21
Polarity Difference			**26**	**20**	**16**	**12**	**12**	**10**	**10**	**8**	**7**
99	thirst	P	1	2	4	4	3	2	1	2	1
121	<eating, after [worse]	P	4	4	4	4	3	4	1	2	3
65	<mental effort [worse]	P	5	2	3	4	2	4	4	2	5
121	<touch [worse]	P	4	3	4	1	3	4	4	2	2
73	<warmth, in general [worse]	P	2	4	2	1	1	1	1	1	1
37	>uncovering [better]	P	4	2	2	3	3	1	2	3	1
99	<sleep, before; while falling asleep [worse]	P	5	4	3	5	1	4	2	2	2
93	> open air [better]	P	2	4	2	1	2	1	1	2	3
69	menstruation, late, too seldom	P	4	4	4	2	2	4	2	1	2
99	hunger	P	3	4	1	4	2	3	3	1	1
86	thirst, absent		1	4/Cl	2	1	2	3/Cl	3/Cl		1
52	>eating, after [better]			2		2	2	2			2
3	>mental effort [better]										
42	>touch [better]		1		2	4/Cl		1			
90	>warmth, in general [better]		1	1	3/Cl	1	1	2	2	3/Cl	2
56	<uncovering [worse]			1				2	2	1	1
1	>sleep, before; while falling asleep [better]										
110	<open air [worse]		1	1	1	2	1	1	2	1	4(Cl)
84	menstruation, too early, too often		1	1	2	4/Cl	2	3	1	3/Cl	2
115	appetite, absent		3	3	3/Cl	3	2	4(Cl)	1	2	2

Interpretation

Twelve remedies cover everything but only Lycopodium and Veratrum album have no contraindications. Lycopodium is the favourite due to its high polarity difference.

Materia Medica Comparison for Lycopodium (GS)

Canine hunger; the more he eats the more he craves. Weight at stomach after eating. Thirst with dry lips and dry mouth. Taciturnity, desires to be alone. Dread: of men. Weeps all day ... sensitive. Obstinate, defiant, arbitrary; seeks disputes. Want of self-confidence.

Remedy and Prescription

Theresa is given a dose of *Lycopodium 200 C*.

One month later the binge eating is less common, the fits of ravenous hunger more rare and weaker, and her motivation at the vocational school has improved. With

Lycopodium M the disorder completely disappears, as does her irritability and aggressive behaviour. The school marks improve and Theresa wants to go now to vocational college. She rates her improvement at 98%. We continue with *Lycopodium* at monthly intervals *(XM, LM, CM, 200 C, etc.)* right through her training. Binge eating no longer affects her, the weight has returned to normal after two years, and she successfully passes the final exams at vocational college. *Observation period: 3 years*

Comment

- As with all complaints, we stick to the "*hard facts"* when selecting the remedy.
- Healing occurs remarkably quickly. With psychotherapy it would take longer before an improvement could be seen and it is unlikely that the effect would be so comprehensive.

5 Post-Traumatic Stress Disorder

Post-traumatic Stress Disorder (PTSD) is preceded by events of an exceptionally threatening or catastrophic nature. This does not always have to affect the patient directly – it can also be experienced by others. The disturbance generally occurs within six months of the experience and is associated with various mental and physical symptoms. The lifetime prevalence of PTSD is about 8% but can rise to 50% for high-risk groups such as rescue workers, doctors, police or soldiers. *Treatment:* There are a number of types of psychotherapy that aim to help the patient come to terms with the trauma or to strengthen him in dealing with his memories. Cognitive behavioural therapy as well as psychotropic drugs are used. As shown in the following example, homeopathy can be similarly beneficial.

Case 5: PTSD following several childhood traumas

19-year-old Bea C. suffered a fraught childhood. At the age of five she watched her father who tried in vain to rescue her brother from a burning house. A few years later her parents separated and she was sexually abused by a female neighbour. She was then given counselling. But strangely enough she endured all these traumas without showing any negative effects. She seemed to have lived a relatively normal life as a teenager. At the age of nineteen she starts to complain of depression, inner conflict,

anxiety and compulsive thoughts, which continually revolve around the sexual abuse. She is uncertain with other women and avoids any close contact, has difficulties falling asleep, is irritable, and has problems with concentration and memory. And she often tries to drown her sorrows with alcohol. Her physical symptoms include recurrent tonsillitis, flatulence and painful diarrhoea, caustic vaginal discharge and severe sweating when she is agitated. She prepares for the casetaking with the Checklists and reports the following:

Mind

- Inner conflict, uncertainty, anxiety, poor concentration, mood swings
- < Emotions of all sorts (anger, sorrow, mortification, unhappy love affairs)
- Sadness – P
- Irritability – P
- Desire for wine (alcohol) – P
- < Mental effort – P
- < Rest – P (= < thinking of complaints)
- < Thinking of complaints – P

Recurrent tonsillitis

- < Swallowing – P
- > Food cold – P
- Open air, desire for – P
- > Open air – P
- > When getting cold – P

Flatulence, diarrhoea

- > Uncovering – P
- Loss of appetite – P
- Thirst – P
- Urine scant – P
- Urination infrequent – P

Vaginal discharge

- Discharge, acrid, causing soreness

Severe sweating

Sleep disorder

- Falling asleep late

Repertorisation

B. C.

Post-Traumatic Stress Disorder

			Acon.	Puls.	Bry.	Verat.	Sulph.	Phos.	Carb-v.	Calc.	Sep.
Hits			10	10	10	10	10	10	10	10	10
Sums			22	32	26	22	24	21	17	19	17
Polarity Difference			**16**	**15**	**8**	**8**	**7**	**7**	**6**	**2**	**-3**
93	<swallowing [worse]	P	2	3	4	2	4	3	1	2	3
53	>food and drink, cold things [better]	P	1	4	4	1	1	4	3	2	2
76	air, desire for open air	P	1	4	1	1	1	1	1	1	1
93	> open air [better]	P	3	4	2	2	2	3	1	1	1
74	>cold, when getting cold [better]	P	1	4	3	3	3	1	2	1	1
37	>uncovering [better]	P	3	2	1	3	2	2	1	3	1
115	appetite, absent	P	1	3	3	2	3	2	1	3	4
99	thirst	P	4	2	4	3	4	1	3	4	2
91	urination, scanty	P	3	3	3	3	3	3	2	1	1
68	urination, infrequent	P	3	3	1	2	1	1	2	1	1
47	>swallowing [better]			3			1	1	1		
47	<food and drink, cold things [worse]			1	1	3/Cl	3/Cl		1	1	3/Cl
86	air, aversion to open air			1	3/Cl	1	3/Cl	1	1	4/Cl	3/Cl
110	<open air [worse]			1	1	1	1	1	3/Cl	2	1
78	<cold, when getting cold [worse]		2		3	2	2	3/Cl	1	2	3/Cl
56	<uncovering [worse]		1	1	1			1			2
99	hunger			4(Cl)	3	2	1	2	2	4(Cl)	3
86	thirst, absent			4/Cl	1	2	2	2	1	1	3/Cl
99	urination, profuse		2	1	2	2	2	1	1	1	1
90	urination, frequent		1	1	3/Cl	1	2	2		2	1

Interpretation

Nine remedies cover all symptoms but only Aconite has no contraindications.

Materia Medica Comparison for Aconite (GS)

Remote effects of fright; ailments from vexation, with fear or vehemence. Afraid in dark. Cannot think, cannot reflect on anything, knows nothing and has no ideas. Memory poor. Desire to be alone; shuns people. Alternate laughter and crying.

Restlessness, agitation, depression and apprehension; exceptional fear, above all after shock.

Remedy and Prescription

Bea is given a dose of *Aconite 200 C*.

Without any initial aggravation, she soon feels much better: she is happier, more content, and says she "feels on top of the world", and rates the improvement at 70%. We continue with *Aconite M, XM, LM CM* at monthly intervals, with which she is completely symptom-free after six months. And this continues for the next few years. *Observation period: 3 years.*

Comment

- The main question in this case is: how would the patient have felt if she had been given Aconite immediately after the traumas? After the abuse she became depressed and was given Ignatia, based on her symptoms from that time, and this helped her. It is advisable in general to first administer Aconite after trauma, followed by an individual casetaking if the symptoms persist.

6 Burnout

Burnout affects ambitious people who are suffering from stress and overwork, and who are denied success and recognition. In the medium term this leads to a state of emotional exhaustion with severely reduced productivity. The syndrome is often regarded as a *problem of coping with life* and not as an illness although it is assigned the diagnosis "state of vital exhaustion" in ICD-10 (Z73.0). Its significance can be measured in the economic costs, an estimated 20 billion Euro per year in the EU.

Phases of Burnout

1. Patients ambitiously pressurise themselves and others, while overworking, neglecting their personal needs and avoiding inner conflicts.

2. Lack of recognition and appreciation lead to doubting one’s own value system. This is followed by a change in behaviour with withdrawal, feelings of worthlessness and anxiety.

3. Then there is a loss of contact to both oneself and others. Life continues in an increasingly mechanical fashion. There are often attempts to gloss over the inner emptiness with addiction.
4. In the final stage there is prominent depressive exhaustion, indifference and hopelessness; and there is an acute danger of mental and physical breakdown.

Treatment

Attempts to prevent burnout focus on developing *a healthy relationship between effort and reward* at work. Sometimes the sheer amount of work is a problem; at other times it may be a lack of stimulation or the inability of the patient to adapt to changed circumstances.Treatment is difficult. Recommended measures include *cognitive behavioural therapy, counselling, social support, relaxation methods and music therapy*. The cases presented here show that *homeopathy* can also contribute a great deal.

Case 6: Burnout

Mr O. S. is 43 years old and works together with his wife as a freelance geographer. They have three children, the youngest of whom has Down Syndrome. For the last few months he has been suffering from exhaustion, nausea, loss of appetite, flatulence, diarrhoea and depression, which he attributes to stress at work. He is stressed because he is always having to compete for assignments that are few and far between, so life is certainly not a bed of roses. There is also stress within the family because the taxing care of his 15-year-old daughter with Down syndrome often leads to marital conflict, in which he frequently loses out: Mr S. is gentle, kind and peace-loving and prefers to back down instead of letting things escalate. Now he is agonising about how things can continue. He lies awake at night for hours on end and has great trouble getting going in the morning because he no longer enjoys his work. He feels empty and despairs that things will ever get better again. He prepares the casetaking by filling out the checklist, and reports the following:

Mind

- Sadness – P
- Irritability – P
- Hopelessness
- > Company – P (> distraction)

Gastrointestinal Tract

- Nausea
- Loss of appetite – P
- Heartburn
- Flatulence
- Diarrhoea
- Stool green, undigested
- < After waking up – P
- < Coffee – P (?)
- < In a room – P
- < Rest – P
- > Discharge of wind – P
- > Movement – P
- Open air, desire for – P

The repertorisation is conducted only with the polar physical symptoms.

Repertorisation

O. S.

Burnout

			Puls.	Lyc.	Plat.	Rhus.	Mag-c.	Sulph.	Sep.	Carb-v.	Hep.
Hits			7	7	7	7	7	7	7	7	7
Sums			29	24	17	19	14	14	15	13	12
Polarity Difference			**20**	**14**	**12**	**11**	**10**	**6**	**4**	**3**	**0**
111	< sleep, after waking up [worse]	P	5	4	1	4	3	5	4	4	4
93	< room [worse]	P	5	2	4	3	4	2	1	1	1
102	< resting, while [worse]	P	4	4	3	4	1	1	3	1	1
102	> movement, during [better]	P	4	4	3	4	1	1	3	1	1
76	air, desire for open air	P	4	3	3	1	3	1	1	1	1
27	< food and drink, coffee [worse]	P	3	3	2	2	1	3	2	2	3
60	> flatus, after discharge of [better]		4	4	1	1	1	1	1	3	1
28	> sleep, after; while waking up [better]		2						4		
107	> room [better]		1	1	1	2	1	1	1	3/CI	2
117	> resting (not moving) [better]			1	1	1	1	1	1	2	3/CI
126	< movement, during [worse]		1	1	1	1	1	2	1	1	3/CI
86	air, aversion to open air		1	3	1	3/CI		3/CI	3/CI	1	3/CI
4	> food and drink, coffee [better]										

Interpretation

All symptoms are covered by nine remedies, six of which are dropped due to contraindications. Pulsatilla, with its large polarity difference, is the favourite, Lycopodium possibly second choice. The fact that this patient is neither dictatorial nor arrogant indicates Pulsatilla.

Materia Medica Comparison for Pulsatilla (GS)

Tired worn-out feeling. Indolent, constantly wishes to lie or sit. Weakness of whole body. Nausea: frequent… with heartburn; with rumbling and gurgling in hypochondria. Flatulent distension, always after eating. Diarrhoea … with rumbling in abdomen. In early morn depressed, full of cares about domestic affairs. Shuns business. Cannot think of his business without grieving, in morning. Gloomy, melancholic mood. Fretful … dread of work. Restless, sleepless nights.

Remedy and Prescription

Mr S. is given a dose of *Pulsatilla 200 C*

I see him again eight weeks later: two days after taking the remedy, his nausea, flatulence and diarrhoea improved, and then his state of mind also gradually got better. Apart from occasional sour eructations, all physical complaints have disappeared, and he rates the improvement as 80-90%.

We continue with *Pulsatilla M, XM, LM, CM* at monthly intervals, but there is no further improvement. Occasionally he has brief setbacks that can be contained with Pulsatilla. After six years he rates the improvement, despite on-going stress, as "phenomenal". We decide to see how he fares without further doses – and he continues to do well. *Observation period: 10 years.*

Comment

- The case suggests that homeopathic treatment of burnout is straightforward. This is only true when it is started at the earliest possible stage. Later on it is certainly more difficult to treat this syndrome.

7. Results

Evaluation of Polarity Analysis for Mental Illness

To avoid creating the false impression that our cases are always as straightforward as the ones described above, these are the results of polarity analysis in the treatment of 16 patients with various diagnoses of mental illness:

Anxiety disorders	*10 patients*
Depression	*2 patients*
Behavioural disturbances	*4 patients*

Fourteen patients responded to treatment. Two with anxiety disorders were non-responders. The average improvement in the patient group (including non-responders) was 72%, and the overall improvement in the fourteen responders averaged 82.5%.

Conclusion

Hahnemann's advice to focus on the physical additional complaints when selecting remedies for mental illness is one of the nuggets of wisdom in the Organon, which makes treatment of this type of illness far easier.

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