

Homeopathy and Polarity Analysis Complex Illness

Module 12 Multimorbid Patients

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Multimorbid Patients and Polarity Analysis

Introduction

We define multimorbidity as the simultaneous occurrence of three or more diagnoses or types of complaint. In older people this is very common. When such patients are being treated with conventional medicine, they are often given several medicines at once (polypharmacy), which can lead to interactions that are hard to disentangle.

The treatment of multimorbid patients is a core competence of homeopathy. In contrast to conventional treatment, homeopathy can simultaneously treat several complaints with a single remedy or a series of remedies. Interactions due to polypharmacy do not occur and treatment is less risky. Here we present polarity analysis and illustrate how it is used with a series of cases.

Special Features of Casetaking

As with chronic disease, there are two steps for homeopathic *casetaking* of multimorbid patients: in the *preparatory consultation* the patient's history is taken and a physical examination is conducted with the aim of making a clinical diagnosis. If homeopathic treatment is indicated, the patient is given a *checklist for each complaint*. For at least a week patients are asked to carefully observe and record their complaints using the checklists until the *main consultation*.

At the *main consultation*, we examine the checklists, discuss the underlined symptoms, and produce a **case log** (see further below). Here we note the first occurrence of each complaint (year), the frequency of the complaints, their localisation, sensations, clinical findings and modalities as well as the average intensity of complaints on a scale of 1 to 10.

When filling out the checklists, patients need to distinguish *symptoms from characteristics*. Symptoms such as the following examples are only relevant when they occur during illness, not in the normal healthy state: desire for open air, amelioration in open air, amelioration from physical exercise, thirst / lack of thirst. Characteristics occurring in the normal healthy state are *not* repertorised. The case log is a very important tool to give us a clear overview of the symptoms, allowing us to emphasize certain aspects of the case as required during repertorisation. You can download it from our website at www.heinerfrei.ch.

Repertorisation

We use the repertory in the Polarity Analysis Software, see <http://polarity-analysis.com>.¹ The chief problem with multimorbid patients is the *abundance of symptoms*. A sensible repertorisation should be restricted to 15 to a maximum of 20 of the most important symptoms. We primarily *repertorise only polar symptoms*. Non-polar symptoms are only introduced when the polar symptoms do not sufficiently differentiate the remedies. Mind symptoms are only considered during the materia medica comparison. If the polar symptoms from different types of complaint contradict one another, they are omitted. If the patient has more than 15 to 20 relevant polar symptoms, there are two possible reactions: 1. *Limit the symptoms used to those of the chief complaint* (Boenninghausen's hierarchy of symptoms) or 2. *Repertorise only the most recent symptoms* (Hering's law).²

To identify the best-fitting remedy, we examine especially those with the **highest polarity difference**. If there are contraindications with remedies that have a large polarity difference, we need to review the situation: sometimes another formulation of the symptom can cause the contraindication to disappear, e.g. instead of *wet compress, worse* (40 remedies), we could decide to use *getting cold, worse* (78 remedies).

Basic Principles of Repertorisation

- First repertorisation only with polar symptoms
- Leave out contradictory symptoms
- Examine especially remedies with a large polarity difference: if contraindications are found, confirm them with the patient. Earlier formulations may lead to the disappearance of the contraindications.

- **Criteria for Remedy Selection**
- Which remedy has the largest polarity difference and has no contraindications?
- If there are some symptoms missing, are they really relevant?
- Are the most important types of complaint covered in the materia medica comparison?

Prescription and Progress Check

The first remedy is generally administered in the potency 200 C. Q potencies are used when conventional medical treatment cannot be stopped immediately (Q3 as a liquid potency can be administered daily). With *monthly checkups* the intensity of each symptom is checked each time and the patients estimate their overall improvement on a scale of 0-10. This is entered in the case log, which automatically generates a *progress check graphic* (see practice cases below). Further doses in ascending potency (M, XM, LM, CM, o Q6, Q9, Q12, etc.) are then given at monthly intervals.

Remedy Change

Multimorbid patients are mostly *multi-layered cases*, which need to be resolved in several steps. Remedy changes are necessary if the improvement does not continue at an acceptable rate, or there is a renewed aggravation, or new symptoms occur. To determine the follow-up remedy, the patient marks on the case log symptoms that are still present. For new symptoms, the patient fills out the corresponding questionnaires. We then repertorise using the remaining and the new symptoms.³

Practice Cases

Case 1, Ms B. Z., 46 years old: paraparesis, irritable bowel, depression

Ms Z. is a likable patient who is tall and apparently robust. She has been plagued by bad luck following her divorce a few years previously. Her mental resilience took a major hit after an electrical accident two years ago. Due to bullying she has had to change jobs several times and a few months ago her new partnership broke down too. At the same time, her pre-existing back pain increased greatly. The MRI revealed a herniated disc L4 / L5, which necessitated an operation due to the resulting paraparesis. Unfortunately, the operation did not cure the problem. The patient still feels weak, suffers from diarrhoea and has lost a lot of weight. In addition, she has a fear of loss as well as compulsive checking (she has to constantly check that the oven is turned off and her house door is locked). All attempts so far to help her resolve this crisis have failed. Her symptoms are so severe that she can no longer work. In a state of depression and despair, she comes for homeopathic treatment as a last resort.

The *clinical examination* reveals a gaunt patient with dark rings round her eyes and deep wrinkles in her face. Physically there is only reduced strength and the sensitivity in both legs, which is almost gone. Ms Z. prepares for the complex casetaking with a checklist for each diagnosis. Her symptoms are summarised in the case log below.

Case Log B. Z.

B.Z., 42 years old							
Diagnosis, Start of symptoms	Frequency of complaints	Date of consultation DD.M M.YY (right) Characteristic symptoms (below)	28.04.08	30.05.08	21.07.08	02.08.08	12.09.08
		Average symptom intensity (scale 10-0)	6.5	2.0	1.3	1.3	3.0
		Improvement (scale 10-0)	0	8	9	9	5
Paraparesis 4 months	Always	Paralytic weakness Numbness Twitching muscles Stiffness < Injury spinal cord < Draught < Physical exercise – P* < Walking up – P < Sitting – P < Standing – P < Cold – P < Uncovering – P < Getting cold – P [< After sleep – P]**	5	2	1	1	1
Mind 2006	Always	Fear of loss Hopelessness Compulsive checking < Unrequited love < Irritation < Mental exertion – P < Physical exercise – P < Reading – P > Walking in open air – P***	8	2	1	1	5

		Sadness – P [> sleep, after – P]**					
Irritable bowel 2006	Daily	Diarrhoea, painless Abdominal cramp Stool slimy / sour Flatulence < Fear < Worry < Flatulent food < Movement – P < Physical exercise – P < Sitting – P < Standing – P < Cold – P < Uncovering – P < In room – P < Food, cold – P Thirst – P Hunger – P	10	3	2	2	6
Raynaud Syndrome 2007	Winter	Fingers become white < Cold – P < Getting cold – P	3	1	1	1	0

* P = polar symptoms

** Contradictory symptoms, which are omitted for repertorisation.

*** On inquiry, this symptom apparently means *distraction ameliorates*. It is omitted from repertorisation because it is normal for mental suffering.

As already mentioned, *repertorisation* is primarily conducted with only the polar symptoms. Localisation, sensations and mind symptoms are omitted from repertorisation – they are only used as required during the materia medica comparison.

1st Repertorisation (Polarity Analysis Software)¹

B. Z.

Paraparesis, Irritable Bowel, Depression

	Graph.	Ars.	Nux-v.	Nat-m.	Sep.	Ign.	Nat-c.	Aur.	Rhod.	Mag-m.	Lyc.	Sil.	Arn.	
Hits	13	13	13	13	13	13	13	12	12	12	12	12	12	
Sums	33	33	38	28	31	25	23	27	24	24	34	30	27	
Polarity Difference	25	19	17	13	11	9	6	16	16	16	15	15	15	
70	< physical effort [worse]	P	1	4	3	3	2	1	2	2		5	3	4
126	< sitting [worse]	P	4	2	1	1	4	1	3	2	3	4	2	1
107	< standing [worse]	P	1	1	1	1	3	2	2	3	2	2	1	1
90	< cold in general [worse]	P	2	4	4	1	2	3	2	3	3	2	1	3
78	< getting cold [worse]	P	3	4	4	1	3	2	2	4	1	1	3	2
69	< reading [worse]	P	3	1	3	4	1	2	2	1	3	3	4	2
126	< movement, during [worse]	P	3	1	4	3	1	1	1	1	1	1	1	3
93	< room [worse]	P	4	1	1	2	1	2	1	2	2	5	2	2
47	< food and drink, cold things [worse]	P	3	4	4	1	3	2	1		3	1	4	2
99	thirst	P	1	4	3	3	2	2	2	1	1	2	1	3
99	hunger	P	4	2	2	2	3	2	2	3	1	1	3	2
65	< mental effort [worse]	P	2	2	5	4	4	4	1	2		1	5	3
56	< uncovering [worse]	P	2	3	3	2	2	1	2	3	2	2		4
6	> physical effort [better]				1	4/CI	3/CI						2	
101	> sitting [better]		1	1	4/CI	2		1	1	1		1		1
71	> standing [better]		2	2	3/CI	2		1						2
73	> cold in general [better]		1		1	2	1	1	1			2	1	1
74	> cold, when getting cold [better]		2		1	1	1	1	1			4(CI)	1	1
2	> reading [better]							3/CI						
102	> movement, during [better]			2		1	3/CI	1	4/CI	4/CI	3/CI	3/CI	4/CI	1
107	> room [better]		1	1	4/CI	1	1	2	2	1	1	1	1	4/CI
53	> food and drink, cold things [better]			1	1	2	2				1	1		1
86	thirst, absent			3	2		3/CI	1	1	1	1		1	1
115	appetite, absent		1	3/CI	4/CI	3/CI	4(CI)	3/CI	1	1	2	2	3	4/CI
3	> mental effort [better]							3/CI						
37	> uncovering [better]			1	1		1	2		1			4/CI	

Seven remedies cover all symptoms but only *Graphites* has no contraindications. If we relativise the symptom *hunger*, *Natrium muriaticum* might also be a possibility.

Materia Medica Comparison for Graphites (Clarke)³

Melancholy with discouragement and much weeping ... anxiety about the future. Feels miserably unhappy. Anxious agitation. Irresoluteness with excessive cautiousness and hesitation. Tendency to be frightened. Absence of mind. Forgetfulness. Great thirst in the morning, and after a meal. Immoderate hunger (with acidity of the stomach). Nocturnal, cramp-like pain in all the intestines. Abdomen enlarged, tight, inflated. Stools of a putrid, sour smell. Mucous diarrhoea. Heaviness, lassitude, and numbness of the legs. Numbness and stiffness of the thighs, and of the toes. Cold feet, even in the evening in bed.

Prescription and Progress

Due to the large polarity difference and the good fit with the materia medica description, Ms Z. is given a dose of *Graphites 200 C*.

During the following two weeks, her symptoms noticeably worsen and then there is a rapid and dramatic improvement in all areas, which she rates at 80% four weeks after taking the remedy. In the meantime, she has gone back to work. She is now given *Graphites* at monthly intervals in increasing potencies – first *Graphites M*, with which her improvement increases to 87%, then *XM*, which brings about an improvement of 91%.

With *Graphites LM* she then has a crisis. Two old symptoms – stones in the ureter with subsequent cystitis and acute lumbago – throw her off track. In addition, she loses her job because she expresses herself too strongly. The improvement drops back to 50%. The reoccurrence of previous symptoms indicates that it is now necessary to retake the case. Ms Z. marks the following:

Urinary stone / cystitis: Cramps and tearing pain in inner parts

Urge to urinate

Urination, scanty – P

Lumbago:

Muscles numb

< Bending over – P

< Cold and wet weather

< In wind

In the case log she marks the symptoms that are still troubling her and the ones that have returned:

< Irritation

< While waking up – P

< Mental exertion – P

< Physical exercise – P

< Walking up – P

< Sitting – P

< Standing – P

< Cold – P

< Getting cold – P

< Uncovering – P

Hunger – P

Additional questioning elicits no further symptoms. This time we have to repertorise with the two non-polar but significant modalities *wind aggravates* and *cold and wet weather aggravates* because otherwise the remedies cannot be adequately differentiated

2nd Repertorisation

B. Z.

1st Follow Up Remedy

	Aur.	Lach.	Chin.	Nat-c.	Nux-v.	Nux-m.	Phos.	Graph.	Ars.	Sep.	Sil.	Calc.	
Hits	14	14	14	14	14	14	14	13	13	13	13	13	
Sums	33	29	34	29	39	26	27	35	37	36	29	34	
Polarity Difference	23	16	15	15	14	14	4	25	21	19	19	15	
91	urination, scanty	P	2	1	3	1	3	2	3	4	2	1	1
108	<bending over, while [worse]	P	1	3	2	2	1	1	1	3	1	4	3
111	<sleep, after waking up [worse]	P	2	2	5	4	4	1	4	5	5	4	3
65	<mental effort [worse]	P	2	5	2	1	5	1	1	2	2	4	3
70	<physical effort [worse]	P	2	1	3	2	3	2	2	1	4	2	3
126	<sitting [worse]	P	2	3	2	3	1	1	1	4	2	4	2
107	<standing [worse]	P	3	1	1	2	1	1	1	1	1	3	1
90	<cold in general [worse]	P	3	2	2	2	4	3	2	2	4	2	3
78	<getting cold [worse]	P	4	1	2	2	4	2	3	3	4	3	2
56	<uncovering [worse]	P	3	1	2	2	3	3	1	2	3	2	4
99	hunger	P	3	1	4	2	2	3	2	4	2	3	2
75	<going up stairs, hill, mountain [worse]	P	2	2	1	2	3	1	1	2	4	3	1
55	<weather / air, cold and wet [worse]		2	3	2	2	1	4	1			1	1
25	<wind [worse]		2	3	3	2	4	1	4	2	3		1
99	urination, profuse		1	1	1	2	1		1	1	2	1	
44	>bending over, while [better]			1	1		2		1				
28	>sleep, after; while waking up [better]			1	2	1	3		4		3	4	
3	>mental effort [better]					3/CI							
6	>physical effort [better]										4/CI	2	
101	>sitting [better]		1		1	1	4/CI	2	2	1	1		1
71	>standing [better]				1		3/CI	1	4/CI	2	2		
73	>cold in general [better]		1	1	1	1	1	1	1	1		1	1
74	>cold, when getting cold [better]		1		1	1	1	2	1	2		1	1
37	>uncovering [better]		1	1	2		1		2		1	1	
115	appetite, absent		1	2	4	1	4/CI	1	2	1	3/CI	4(CI)	4/CI
21	>walking up stairs, hill, mountain [better]												

All symptoms are covered by seven remedies, only four of which have no contraindications: Aurum, Lachesis, China and Nux moschata. The materia medica comparison is no help in further differentiating them

Prescription and Progress

Ms Z. is therefore given the remedy with the highest polarity difference, *Aurum*, in the potency 200 C. Four weeks later her back and kidney complaints have disappeared

and she again rates the improvement at 75%. But she is under a lot of stress because she is looking for a new job. Ms Z. also now has difficulty swallowing and has developed suppurating tonsillitis.

From the *Checklist* the patient writes the following:

<

Swallowing – P

< Cold – P

< Draught – P

> Rest – P

> Wrapping up warmly – P

> Food, warm – P

Further inquiry produces nothing else. Since there are only a few symptoms, we use them all in the repertorisation.

3rd Repertorisation

B. Z.

2nd Follow Up Remedy

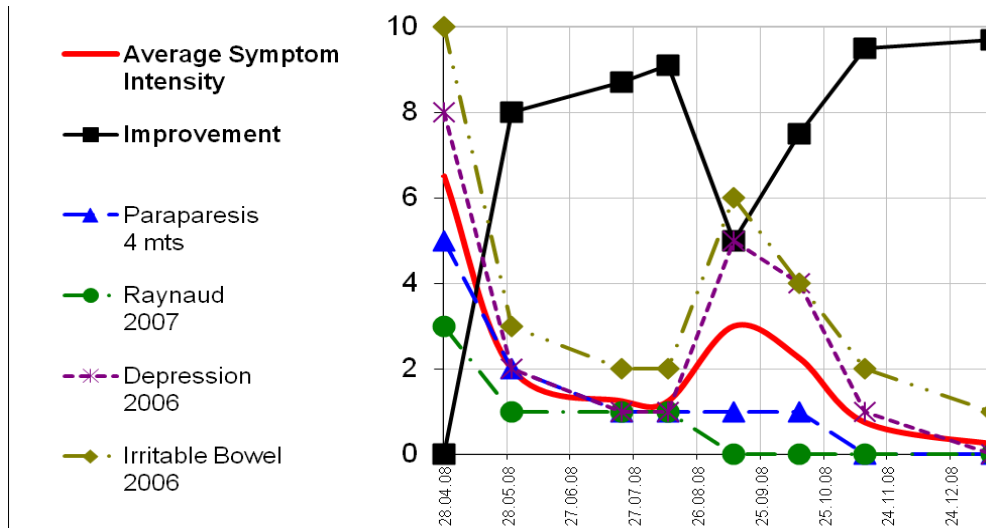
			Nux-v.	Rhus.	Sil.	Graph.	Nat-c.	Sep.	Ign.	Cham.	Hep.
Hits			6	6	6	6	6	6	6	6	5
Sums			20	18	15	12	9	11	10	8	18
Polarity Difference			12	8	8	8	3	2	0	-2	13
93	< swallowing [worse]	P	3	3	1	1	1	3	1	2	4
90	< cold in general [worse]	P	4	4	3	2	2	2	3	1	4
56	> warmly, from wrapping up [better]	P	3	4	4	2	2	2	1	2	4
42	> food and drink, warm things [better]	P	4	4	2	3	1	1	2	1	
117	> resting (not moving) [better]	P	4	1	1	3	1	1	1	1	3
32	< draught [worse]		2	2	4	1	2	2	2	1	3
47	> swallowing [better]		3	1		2	1		4/CI		
73	> cold in general [better]		1	1	1	1	1	1	1	2	1
37	< warmly, from wrapping up [worse]		1	1				1	2	2	
52	< food and drink, warm things [worse]		1	1	1			2		3/CI	
102	< resting, while [worse]			4/CI	1		2	3/CI	1	2	1

All symptoms are covered by eight remedies, four of which have no contraindications. Nux vomica not only has the highest polarity difference, it is also a good fit to the patient's current stress. So, the patient is given *Nux vomica 200 C*.

The swallowing difficulties improve rapidly and the patient also begins to work through old psychological issues. After four weeks she still has slight backache and her legs still occasionally go to sleep. With *Nux vomica M* the improvement increases

to 90%, with *XM* to 95% and with *LM* to 97%. Ms Z. finds a job and plans to start afresh with a move to Zurich.

Progress Check B. Z.



Comment

Although in this case we did not include the mind symptoms, the prescribed remedies have a profound effect on the patient's psyche. The physical modalities help to select precisely the remedies that also cover the mind symptoms. The example demonstrates how exceptionally well polar symptoms can direct us to the correct remedy. The disappearance of the symptoms in the reverse order of their appearance indicates certain healing according to Hering.²

Case 2, Ms T. T., 33 years old: gastritis, migraine, rheumatoid arthritis

Ms T. is originally from Macedonia and comes to our practice with her children. For the last four years she has been suffering from gastritis with strong pain when her stomach is empty. She has therefore twice been examined with gastroscopy. She was treated on each occasion with a proton-pump inhibitor (PPI), which cleared the stomach pain; yet simultaneously her pre-existing attacks of migraine noticeably increased in both intensity and frequency. After stopping the PPIs this complaint returned to the previous level (known side effect). When she began to suffer joint pain in both knees, the ankle and right elbow 18 months ago, her GP diagnosed rheumatoid arthritis. A non-steroidal anti-inflammatory (NSAID) was prescribed,

which again exacerbated the gastric complaints, leading to renewed PPI treatment. And this obviously aggravated the migraine again. It is therefore understandable that the patient wants to break this vicious circle with the help of homeopathy. During casetaking she only mentioned the additional complaint that she frequently suffers from a cold and cough.

Ms T. is a stocky, hypotonic and somewhat overweight woman with a pale skin complexion as often seen in people from the Balkans. The clinical examination reveals mild swelling and warmth in the affected joints, otherwise nothing pathological. Despite her limited German skills, we decide to proceed to the main casetaking.

Case Log T. T.

T. T., 33 years old							
Diagnosis, Start of symptoms	Frequency of Complaints	Date of consultation DD.MM.YY (right) Characteristic symptoms (below)	27.04.09	27.05.09	26.06.09	07.08.09	07.09.09
		Average symptom intensity (scale 10-0)	6,3	5,0	2,7	1,7	1,3
		Improvement (scale 0-10)	0	5	7	7	8
Rheumatoid arthritis 2008	Daily	Stabbing in joints < Change of weather < Fatigue < Movement initial [< Cold – P]* > Open air – P** < After waking up – P*** < After getting up from bed – P > Lying – P**** > Rubbing – P > Rest – P*****	8	7	3	3	2

Gastritis 2005	3x / week	Burning of inner parts < Empty stomach – P < Food warm – P < Sitting – P < Standing – P > Lying on side – P > Wrapping up warmly – P	6	5	4	1	1
Migraine 2004	1-2x / week	< Light – P < Standing – P < Sitting – P [<i>< In room – P</i>]** < In evening > Movement – P > Lying on side – P [<i>> Cold – P</i>]* > Pressure – P	5	3	1	1	1

We omit the contradictory symptoms **[< cold / > cold]*, and repertorise the repeat symptoms with effectively the same meaning ***[> open air / < in room]* only once. If we repertorise with all remaining polar symptoms, the result is indecisive. On further questioning we can clarify the following symptoms:

*** < *After waking up* means: < *After getting up from bed*

**** > *Lying* is defined more precisely as: > *lying on side*

***** > *Rest* means: > *lying on side*

This leads to the following repertorisation result:

1st Repertorisation

T. T.

Gastritis, Migraine, Rheumatoid Arthritis

		Mag-m.	Rhus.	Phos.	Bry.	Nat-c.	Sep.	Puls.	Mag-c.	Caust.	Am-c.	
Hits		12	12	12	12	11	11	11	11	11	11	
Sums		26	31	27	22	26	26	29	19	20	15	
Polarity Difference		19	16	3	0	13	10	8	7	5	4	
46	> lying, on side [better]	P	1	2	3	2	1	2	1		2	1
52	< food and drink, warm things [worse]	P	1	1	4	4		2	4	1	2	2
126	< sitting [worse]	P	3	4	1	1	3	4	4	2	3	2
107	< standing [worse]	P	2	3	1	2	2	3	3	2	2	1
56	> warmly, from wrapping up [better]	P	2	4	1	1	2	2	1	2		
93	> open air [better]	P	3	1	3	2	1	1	4	4	2	1
80	< light in general [worse]	P	2	1	4	2	3	3	3	1	2	1
102	> movement, during [better]	P	3	4	1	1	4	3	4	1	1	1
74	> pressure, external [better]	P	4	3	1	2	4	1	1	1	3	3
74	> rubbing [better]	P	2	2	4	2	4			2	1	1
57	< stomach, empty, before breakfast [w	P	1	2	1	1	1	3	1	1	1	1
80	< rising from bed, after getting up [wor	P	2	4	3	2	1	2	3	2	1	1
50	< lying, on side [worse]		1		4(Cl)	4/Cl	2	1	5/Cl		1	1
42	> food and drink, warm things [better]		1	4/Cl		1	1	1	1	1	1	
101	> sitting [better]		1	1	2	4/Cl	1		1	1	1	1
71	> standing [better]			1	4/Cl	2						1
37	< warmly, from wrapping up [worse]			1	2	1		1	2			
110	< open air [worse]		1	2	1	1	2	1	1	1	1	2
13	> light in general [better]											
126	< movement, during [worse]		1	1	3/Cl	4/Cl	1	1	1	1	3/Cl	2
93	< pressure, external [worse]		1	1	2	1	1	3/Cl	1	3/Cl	1	1
44	< rubbing [worse]				1		1	3/Cl	4/Cl	1	3/Cl	
65	> stomach, empty, before breakfast [better]			1	2	3/Cl	2	1	1	1	3/Cl	
124	> rising from bed, after [better]		1	3	3	1	2	4/Cl	4(Cl)	3/Cl	1	3/Cl

All symptoms are covered by four remedies but all except *Magnesium muriaticum* have contraindications.

*Materia Medica Comparison for Magnesium muriaticum (Clarke)*³

Gripping and raging in both temples ... in evening after lying down; when wrapping head up warm. Stomach: ... pain, as if from ulceration. Burning in pit of stomach, up to r. scapula. Aching pain, or paralytic pulling in the knee. The majority of the symptoms present themselves when the patient is seated, or at night, and are generally > by movement.

Prescription and Progress

Due to the polarity difference and the complete symptom coverage, we select Magnesium muriaticum, which is also a better fit with the materia medica than Natrium carbonicum. The patient is given a dose of *Magnesium muriaticum 200 C*.

A month later she says that her joint pains first worsened a little but now they are better, as is the burning in the stomach. The headache has improved the most. She herself decided to stop treatment with the NSAIDs and PPIs. She has had no further colds or coughing. She rates the overall improvement at 50%, which is probably – in view of the state of her individual complaints – rather high but we have to consider that she is very relieved to have been able to stop her troublesome conventional medication. She is now given a dose of *Magnesium muriaticum M*.

A month later the improvement is even greater although – whereas the joint pains and headache are much better – the burning in the stomach is only one third better. The overall improvement is now 70% but the patient is complaining so much about the stomach pain that, despite this clear improvement, I regretfully decide to find a follow-up remedy. The patient underlines the following persistent symptoms in the case log:

- | | |
|-----------------------|--|
| Rheumatoid arthritis: | Stabbing in joints
< Cold – P
< After getting up from bed – P
> Movement – P
> Rubbing (massage) – P |
| Gastritis: | Burning of inner parts
< Empty stomach, before breakfast – P
< Sitting – P
< Standing – P
< Food, warm – P |
| Migraine: | Throbbing, pounding of inner parts
< In room – P
< Light – P
> Pressure external |

It is striking that almost all the polar modalities from the first casetaking are still present. These symptoms are now gone: bone pains < from change in weather, < from fatigue, > wrapping up warmly, > lying on side. There are no new symptoms. Has the patient really understood everything correctly? In any case, we repertorise again with only the polar symptoms.

2nd Repertorisation

T. T.

1st Follow Up Remedy

			Mag-m.	Rhus.	Laur.	Mag-c.	Phos.	Caust.	Am-c.	Sulph.	Kali-c.	Calc.
Hits			11	11	11	11	11	11	11	11	11	11
Sums			27	31	17	20	26	22	17	22	17	24
Polarity Difference			21	16	9	8	7	7	7	6	5	4
102	> movement, during [better]	P	3	4	1	1	1	1	1	1	1	1
74	> rubbing [better]	P	2	2	2	2	4	1	1	3	1	4
57	< stomach, empty, before breakfast [w	P	1	2	2	1	1	1	1	2	1	4
126	< sitting [worse]	P	3	4	2	2	1	3	2	1	1	2
107	< standing [worse]	P	2	3	1	2	1	2	1	3	1	1
52	< food and drink, warm things [worse]	P	1	1	2	1	4	2	2	1	3	2
93	< room [worse]	P	5	3	2	4	4	2	1	2	1	1
80	< light in general [worse]	P	2	1	2	1	4	2	1	3	1	4
74	> pressure, external [better]	P	4	3	1	1	1	3	3	2	1	1
90	< cold in general [worse]	P	2	4	1	3	2	4	3	1	4	1
80	< rising from bed, after getting up [wor	P	2	4	1	2	3	1	1	3	2	3
126	< movement, during [worse]		1	1	1	1	3/CI	3/CI	2	2	1	2
44	< rubbing [worse]					1	1	3/CI		1		2
65	> stomach, empty, before breakfast [better]			1	1	1	2	3/CI		2	3/CI	1
101	> sitting [better]		1	1	1	1	2	1	1	1	1	2
71	> standing [better]			1			4/CI		1			2
42	> food and drink, warm things [better]		1	4/CI		1		1		3/CI	1	1
107	> room [better]		1	2	1	1	1	1	2	1	1	2
13	> light in general [better]											2
93	< pressure, external [worse]		1	1	1	3/CI	2	1	1	1	1	3/CI
73	> cold in general [better]			1	1		1	1		2	1	1
124	> rising from bed, after [better]		1	3	2	3/CI	3	1	3/CI	3	3/CI	2

All symptoms are covered by twelve remedies, only two of which have no contraindications, Magnesium muriaticum and Laurocerasus. Other candidates would have been Natrium carbonicum (PD 13) and Ignatia (PD 10), in which the symptom < food, warm is missing (Nat-c. and Ign. are not shown due to lack of space)..

Materia Medica Comparison for Laurocerasus (Clarke)

Headache in r. temple. Very violent pressive headache in a room. Weak digestion. Stomach: violent risings ... empty. Burning in stomach and abdomen. Inflammation of stomach. Acute drawings and shootings in knees. > in open air.

Prescription and Progress

Since *Laurocearsus* covers all symptoms, I decide to give Ms T. a dose of the remedy in the potency 200 C.

Four weeks later the abdominal pain is greatly diminished but the migraine and joint pains are the same. Yet Ms T. rates the overall improvement at 65%, which is less than before. Since the progress check graphic contradicts this rating, *Laurocerasus* is repeated in the potency M. After a further month the stomach pains and migraine are about the same but the joint pains have further decreased. The overall improvement has increased to 80% so I now administer a dose of *Laurocerasus XM*.

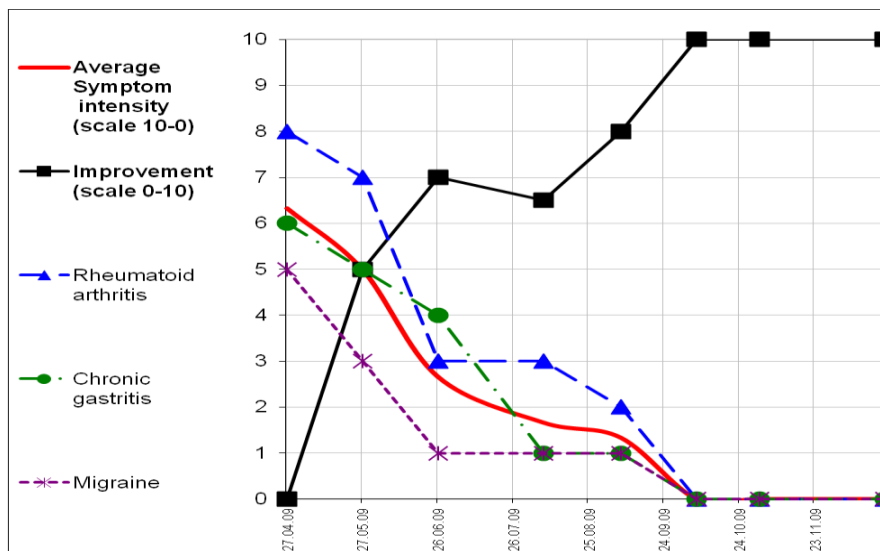
Then all symptoms completely disappear. At the next checkup the patient is beaming: “*It’s all gone!*” This happy state of affairs continues for all further checkups.

Period of observation: 3 years

Comment

The vicious circle in which this patient found herself with the preceding conventional medical treatment clearly contrasts with the superior results of homeopathic treatment. The fact that here it was “minor” remedies that worked so well indicates that the patient did a good job in observing her symptoms closely.

Progress Check, patient T. T.



Case 3, Ms T. C., 44 years old: recurrent cystitis, hypomenorrhoea, sleep disturbance

Ms C. is a tall, slim, blond patient with a hands-on attitude to life. She is a designer who had her own business before starting a family. I have been treating one of her children, who is suffering from Ewing's sarcoma and has a motor handicap due to extensive surgical resection. Since he began to feel better, she herself has started suffering from recurrent bladder infections. She has refused the on-going antibiotic prophylaxis suggested by her gynaecologist, preferring to try homeopathic treatment. Further casetaking shows that her menstruation starts late and is very weak, and that she is suffering from severe trouble falling and staying asleep, with subsequent headache. Since early childhood she has been exceptionally sensitive to the cold.

Case Log T. C.

T. C., 44 years old						
Diagnosis, Start of symptoms	Frequency of Complaints	Date of consultation DD.MM.YY (right) Characteristic symptoms (below)	05.11.08	05.12.08	20.02.09	24.03.09
		Average symptom intensity (scale 10-0)	7	3	3	3
		Improvement (scale 0-10)	0	9	9	8
Recurrent cystitis 8 months	1x every other month	Urge to urinate Urination, drop by drop Urine quality, cloudy Urination, frequent – P Urination, scanty – P < Urination, during < Movement – P < Pressure of clothes > Warmth – P	8	0	8	0

Hypomenorrhoea 8 months	Always	Period late – P Period weak – P Period absent Libido reduced – P	4	4	2	2
Sleep disturbance 2005	4 times a week	Falling asleep late Frequent waking during night	8	5	0	8
Headaches 2005	1x every two weeks	Aversion to movement – P < Noise < Change of weather < Stepping hard – P < Physical exercise – P < Movement – P < Travelling in vehicle – P < Strained vision – P < Shaking head – P < Moving head > Darkness – P > Pressure external – P	8	1	1	1

We repertorise with all polar symptoms.

1st Repertorisation

T. C.

Recurrent Cystitis, Hypomenorrhea, Sleep Disorder

			Caust.	Graph.	Sulph.	Am-c.	Nat-m.	Phos.	Arn.	Sep.	Calc.	Cocc.
Hits			14	14	14	14	14	14	14	14	14	13
Sums			39	37	37	25	33	33	28	29	27	31
Polarity Difference			31	29	21	19	17	14	14	8	3	22
90	urination, frequent	P	4	1	2	1	2	2	2	1	2	2
91	urination, scanty	P	3	4	3	1	1	3	3	1	1	2
126	< movement, during [worse]	P	3	3	2	2	3	3	3	1	2	3
90	> warmth, in general [better]	P	4	2	3	3	1	2	2	2	1	3
69	menstruation, late, too seldom	P	4	4	4	2	4	2	1	4	2	3
66	menstruation, too weak	P	3	4	4	4	3	3	1	2	1	3
55	sexual instinct, weak	P	4	2	2	2	2	1	1	2	1	
68	movement, aversion to	P	1	1	1	1	3	2	1	2	1	3
68	< stepping hard [worse]	P	3	3	3	2	3	3	3	3	3	2
70	< physical effort [worse]	P	1	1	4	1	3	2	4	2	3	3
85	< looking, at something close-up, strai	P	3	3	2	1	4	3	2	3	4	1
71	< shaking head [worse]	P	1	2	2	1	2	2	3	2	1	2
74	> darkness [better]	P	2	4	3	1	1	4	1	3	4	1
74	> pressure, external [better]	P	3	3	2	3	1	1	1	1	1	3
68	urination, infrequent		1	1	1	1		1	3/CI	1	1	
99	urination, profuse		1	1	2		1	1	1	1	1	1
102	> movement, during [better]		1		1	1	1	1	1	3/CI	1	1
73	< warmth, in general [worse]		1	2	2		2	1	1	1	1	1
84	menstruation, too early, too often		1	1	2	1	1	4/CI	2	3	4/CI	3
80	menstruation, profuse		1		2	1	3	3	1	3/CI	4/CI	1
82	sexual instinct, strong		1	3/CI	4/CI		3/CI	4/CI	1	1	3/CI	2
58	movement, desire for				1	1			3/CI	1	1	
1	> stepping (hard) [better]											
6	> physical effort [better]						1			4/CI		
5	> looking, at something close-up, strained vision [better]											
3	> shaking head [better]											
20	< darkness [worse]						1	2			5(CI)	
93	< pressure, external [worse]		1		1	1	3/CI	2	1	3/CI	3/CI	

All symptoms are covered by nine remedies, only two have no contraindications, Causticum and Ammonium carbonicum. Causticum has the highest polarity difference, Ammonium carbonicum the second highest. Cocculus is dropped from the differential diagnosis because the patient insists on the missing symptom *weak sexual desire*.

Materia Medica Comparison for Causticum (Clarke)³

Frequent inclination to urinate, with thirst and scanty emission. Involuntary emission of urine (... when urine spouts from them in walking, coughing). The urine becomes turbid, after settling. Catamenia [menses] too weak. Catamenia feeble; sexual desire too weak. Nocturnal sleeplessness caused by anxiety inquietude, dry heat, and other annoyances, with frequent starts. Tightness and shootings in the head. Aggravation of the symptoms, generally in the evening, or in the open air. Heat, especially getting warm in bed >.

Prescription and Progress

The polarity difference and the materia medica comparison indicate *Causticum*. The patient is given a dose in the potency 200 C.

At the checkup a month later she excitedly says she feels 90% better. Five days after taking the remedy she had another headache but that was the last time. The cystitis has also stopped and her sleep is noticeably better. Only the menstruation symptoms are unchanged. Ms C. is now given *Causticum M*.

During the next month she has another bout of cystitis. The improvement is nevertheless 85%. I therefore give her a dose of *Causticum (XM)*. Four weeks later the bladder is calm and the headache has gone but the sleep disturbance has returned. The patient no longer feels so cold – in fact, she feels too warm and often wants to take some clothes off. We decide to retake her case.

She marks the following in the case log:

Sleep disturbance:	Heat with tendency to uncover (new) – P
	< Warmth (new) – P
	> Outside (new) – P (= > open air)
	> Darkness – P
Menstruation:	Menstruation late – P
	Menstruation weak – P
	Weak sex drive – P
	Aversion to movement – P
Cystitis:	Urination frequent – P
	Urination scanty – P
	< During urination

2nd Repertorisation

T. C.

1st Follow Up Remedy

			Lyc.	Sulph.	Phos.	Sep.	Calc.	Graph.	Caust.	Acon.
Hits			10	10	10	10	10	9	9	9
Sums			26	25	23	18	17	25	24	24
Polarity Difference			13	9	4	4	-5	14	14	10
37	heat, with inclination to uncover	P	3	2	2	1	3			4
73	< warmth, in general [worse]	P	2	2	1	1	1	2	1	1
93	> open air [better]	P	2	2	3	1	1	3	2	3
69	menstruation, late, too seldom	P	4	4	2	4	2	4	4	3
66	menstruation, too weak	P	3	4	3	2	1	4	3	2
55	sexual instinct, weak	P	2	2	1	2	1	2	4	
68	movement, aversion to	P	3	1	2	2	1	1	1	4
90	urination, frequent	P	2	2	2	1	2	1	4	1
91	urination, scanty	P	2	3	3	1	1	4	3	3
74	> darkness [better]	P	3	3	4	3	4	4	2	3
55	heat, with aversion to uncover				1	1		2		1
90	> warmth, in general [better]		1	3/CI	2	2	1	2	4/CI	3/CI
110	< open air [worse]		1	1	1	1	2	1	1	
84	menstruation, too early, too often		1	2	4/CI	3	4/CI	1	1	1
80	menstruation, profuse		2	2	3	3/CI	4/CI		1	1
82	sexual instinct, strong		2	4/CI	4/CI	1	3/CI	3/CI	1	1
58	movement, desire for		1	1		1	1			2
68	urination, infrequent		1	1	1	1	1	1	1	3/CI
99	urination, profuse		1	2	1	1	1	1	1	2
20	< darkness [worse]		3		2		5(CI)			

With this repertorisation all symptoms are covered by five remedies, but only Lycopodium has no contraindications.

Materia Medica Comparison for Lycopodium (Clarke)

Urgent want to urinate, with too frequent emission. Scanty and rare discharges by day. > In open air, feels better than in room, where heat and restlessness are often felt to be intolerable.

Ms C. is now given a dose of *Lycopodium 200 C*. She forgets the next checkup and only returns two months later. For the first four weeks she was completely complaint-

free. Then she had another dose of cystitis and the headaches returned, which reminded her that she had missed her checkup. She rates the improvement at 86%. Further doses of *Lycopodium* in the potencies *M*, *XM*, *LM* and *CM* lead to the disappearance of all the complaints she has had so far. Whereas the original symptoms do not return, a few months later she starts to have nocturnal hot flushes, together with pulsating headaches and frequent waking. These are menopausal complaints, requiring renewed casetaking. On the Checklist the patient underlines the following symptoms:

Menopause: Heat with desire to uncover – P
 < Physical exercise – P
 < During movement – P
 < Becoming warm in bed – P
 Frequent waking at night

Headache: < Shaking head – P
 > Rubbing – P
 > Open air – P

During to the limited set of symptoms, we use all of them for repertorisation.

3rd Repertorisation

T. C.

2nd Follow Up Remedy

		Sulph.	Phos.	Calc.	Bry.	Spig.	Thuj.	Merc.	Staph.	Nux-v.	Nit-ac.	Rhus.	Iod.
Hits		7	7	7	7	7	7	7	7	7	7	7	6
Sums		19	18	16	17	13	12	16	12	16	9	12	15
Polarity Difference		15	13	11	10	7	7	6	5	4	4	1	14
37	heat, with inclination to uncover	P	2	2	3	1	3	2	1	2	1	1	3
70	< physical effort [worse]	P	4	2	3	4	1	1	2	1	3	2	4
126	< movement, during [worse]	P	2	3	2	4	3	1	3	3	4	2	1
67	< warm, becoming heated in bed [worse]	P	4	2	2	1	1	3	4	1	2	1	2
71	< shaking head [worse]	P	2	2	1	3	3	1	2	2	4	1	1
74	> rubbing [better]	P	3	4	4	2	1	3	3	2	1	1	2
93	> open air [better]	P	2	3	1	2	1	1	1	1	1	1	2
55	heat, with aversion to uncover		1		1		1	2	1	4/CI		3/CI	
6	> physical effort [better]												
102	> movement, during [better]		1	1	1	1	1	2	3	1		1	4/CI
38	> warm, becoming heated in bed [better]		1	1		4/CI			1	4/CI	2	2	
3	> shaking head [better]												
44	< rubbing [worse]		1	1	2		2		2	2			
110	< open air [worse]		1	1	2	1	3/CI	2	3/CI	2	4/CI	2	2

All symptoms are covered by 11 remedies but only six of these have no contraindications. Due to the polarity difference, Sulphur and Phosphorus are the leading contenders.

Materia Medica Comparison for Sulphur (Clarke)

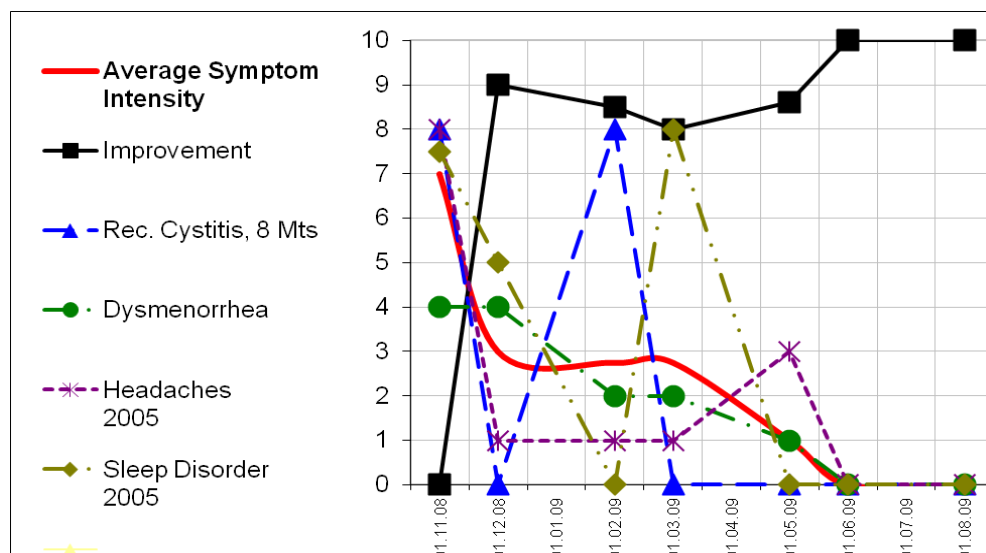
Congestion of blood in head, with pulsative pains. Sensations ... of sudden and frequent flushes of heat all over the body. < night. Waking frequently during night when one becomes wide awake suddenly.

The materia medica comparison indicates *Sulfur*, of which the patient is given a dose in the potency 200 C. During the next four weeks she again feels very well and she rates the improvement in the menopausal complaints at 90%. *Sulfur M* and a subsequent attempt with *Iodum* have no further effect. Renewed casetaking again leads to *Lycopodium*. With doses 200 C, M, XM, LM and CM the menopausal complaints disappear, never to return.

Comment

The "interregnum" with Sulphur is striking in this case. *Lycopodium* initially failed to cover the patient's menopausal symptoms. It seems that Sulphur was required to stimulate a reaction so that *Lycopodium* could help further. And her symptoms made this very clear. The case shows how well-observed symptoms reliably lead to the required remedy at any given point in time.

Figure 4: Progress Check T. C., first stage of treatment



Evaluation of Polarity Analysis for Multimorbid Patients, (MMP Study)

Method

In contrast to patients with acute and straightforward chronic illness, multimorbid patients practically always have a very large number of symptoms, including very many polar symptoms. To assign these to a single remedy is often very challenging. Is this possible at all or does the multitude of symptoms invariably lead to a flattening of the polarity difference, thereby making it unusable? The primary aim of this multi-morbid patient (MMP) study was to answer this question. We also wanted to clarify the following issues:

- Which diagnoses frequently occur frequently in multimorbid patients?
- What is the proportion of successfully treated patients?
- What is the monthly improvement rate?
- How often do we need to change remedies?
- Which treatments are unsuccessful and why?
- What is the spectrum of remedies used?
- How much time does the doctor require?
- What is the cost comparison between homeopathy and conventional medicine?

Study Design

Fifty multimorbid patients were *prospectively* treated according to the criteria described in this paper. *Outcome parameters:* a remedy was regarded as a *successful prescription* if its effect reached the average improvement level attained by the patient collective in a given treatment month. After the first remedy administration, this average improvement level is approximately 45%, after the second it is approximately 65%, and after the third an additional 10%, and so on. We regard patients as *successfully treated* when they show an overall improvement in their complaints of 80% or more at the end of the twelve-month study period.

Inclusion criteria

- Age 20 or older
- Three or more diagnoses or symptom complexes
- Potentially curable symptoms
- Willingness to reduce or stop conventional medical treatment (exception: hypertension treatment)
- Agreement to monthly checkups for one year

Exclusion criteria

- Life-threatening illness such as coronary heart disease, malignant tumours
- Illnesses requiring substitution treatment (e.g. diabetes mellitus, hypothyroidism)
- Anticoagulant treatment
- Irreversible organ damage

Determination of time required and estimated costs

The time required for homeopathic treatment can be deduced directly from the case history, since this is the basis of billing for the treatment provided. The time required for conventional medical treatment of complex illness was estimated to be one hour for initial diagnosis plus eight checkups of 20 minutes each. The cost of the time required for homeopathic as well as conventional medical treatment can be calculated using the Swiss tariff for medical treatment (*Schweizerischer Tarif für medizinische Leistungen*⁵). The average rate conversion factor used was 0.86 CHF. The medication costs for homeopathic treatment lasting twelve months consist of three single doses of the potencies 200 C and M, and two single doses of each of the potencies XM, LM and CM. The prices are listed in the Swiss specialities price list (*Schweizerischen Spezialitätenliste*⁶). To calculate the potential medication costs of conventional treatment, the patient's areas of complaint are assigned a conventional medical diagnosis, and the current treatment recommendations for the individual diagnoses are taken from the standard work *Current Medical Diagnosis and Treatment*⁷. The choice of medication is from the Swiss medicine compendium (*Arzneimittelkompendium der Schweiz*⁸). For ongoing treatment, the costs for each medication are calculated based on the average daily dosages. For periodic complaints – such as recurrent sinusitis maxillaris – the entire costs per year are

determined, based on frequency of illness and the duration of each episode of illness, then converted to average costs per day and year. Laboratory tests and imaging techniques are excluded from this analysis, although these typically incur considerable costs when used in conventional medical treatment. Physiotherapeutic treatment is also excluded – this may well occur at a similar level in both groups.

Results

Demographic and Clinical Data of Study Participants

39 women (78%) and 11 men (22%) took part in the study. The average age of patients was 47.4 years (24 to 73) and the average number of diagnoses per patient was 5.7 (3-12).

Diagnoses

Table 1 shows the most common diagnoses in the study. As required by the exclusion criteria, there are no cases of hypertension, coronary heart disease, illnesses requiring substitution treatment, or malignancies.

Table 1: MMP Study, Most Common Diagnoses
Asthma, hay fever, eczema
Soft-tissue rheumatism, chronic arthritis
Dysmenorrhea, menopausal complaints
Recurrent respiratory infections
Cardiac dysrhythmia
Heartburn, irritable bowel
Headache, migraine
Depression, anxiety disorders, exhaustion
Sleep disturbances
Recurrent cystitis

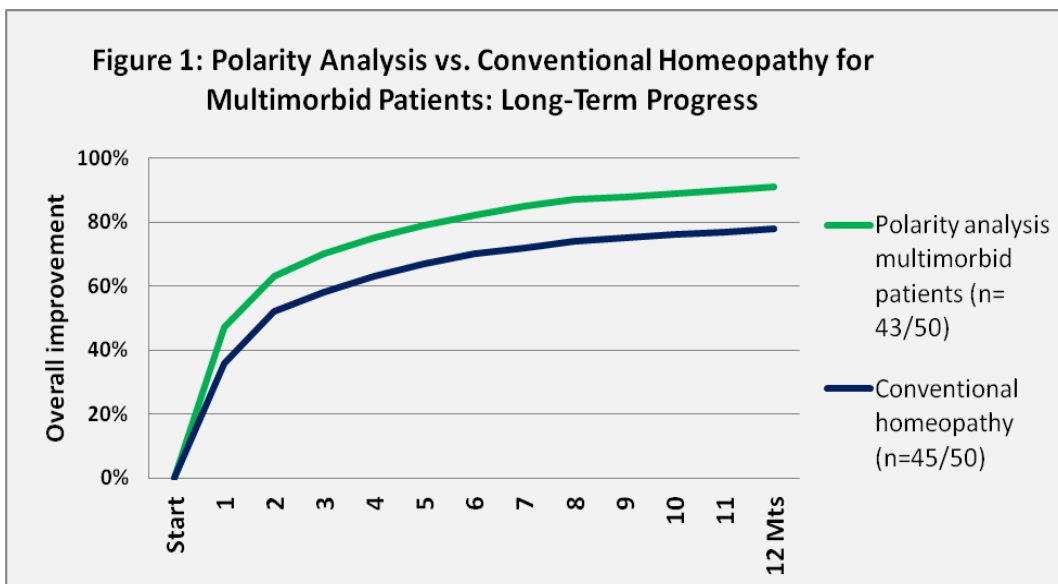
Proportion of patients successfully treated with homeopathy

43 of 50 patients (86%) achieved an average improvement of 91% after 12 months. Six patients did not complete the observation, and one patient with chronic sleep and

anxiety disorders as well as polyarthritis only achieved an improvement of 55% after twelve months (see below). She was also counted as a treatment failure.

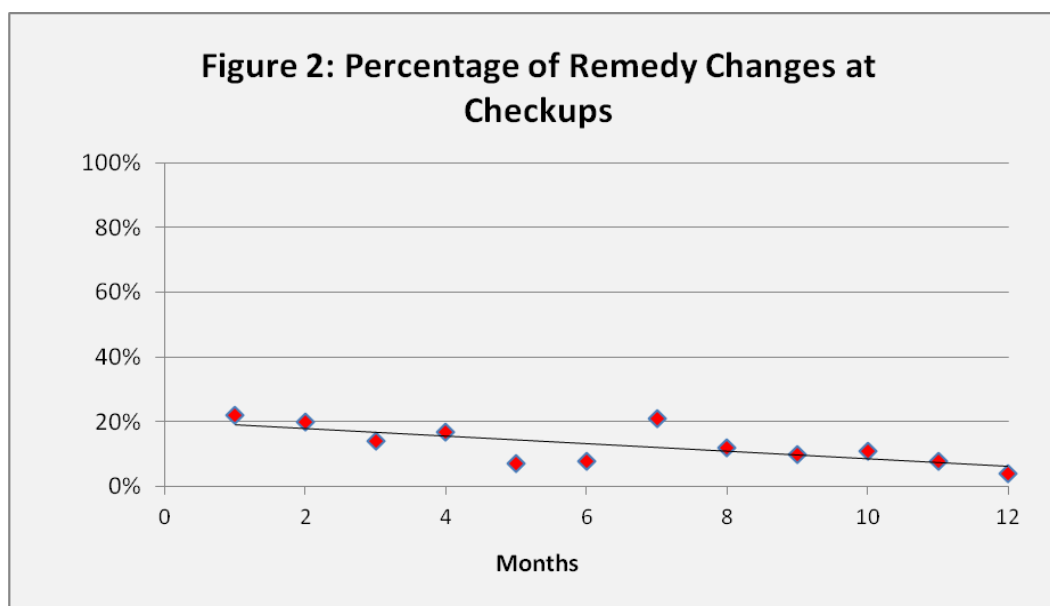
Treatment progress: monthly improvement rate

Homeopathic treatment is characterised by substantial initial improvements (47% improvement after one month, 63% after two months), followed by successively smaller increments of improvement, asymptotically approaching 100% (*figure 1, green line*). A comparison can be made with the results of an earlier long-term study with young patients (average age at the start of the study 11.8 years) suffering from uncomplicated chronic illness, who were treated with the Boenninghausen method, but without polarity analysis and questionnaires (*blue line*).⁹



Average number of remedy changes

The percentage of remedy changes at checkups is shown in figure 2. It drops from 22% after the first stage of treatment to 4% at the final stage. The average is 13%.



Remedy List

The successful remedies used and the frequency of their use are shown in *table 2*. It is striking that minor remedies also achieve good results.

Nux- v	14	Puls	3	Bry	1
Sil	8	Acon	2	Con	1
Lyc	7	Arn	2	Croc	1
Nat-m	7	Aur	2	Hell	1
Hep-s	6	Bell	2	Kal-c	1
Rhus-t	6	Camph	2	Mag-m	1
Sep	6	Caust	2	Merc-s	1
Ars-a	5	Ign	2	Rhod	1
Graph	5	Laur	2	Ruta	1
Sulph	5	Nit-ac	2	Sabin	1
Alum	3	Am-m	1	Seneg	1
Calc-c	3	Asar	1	Staph	1
Phos	3	Bar-c	1	Ver-a	1

Unsuccessful treatments

Five patients stopped treatment due to inadequate response or poor compliance. A sixth patient with an improvement of 75% stopped treatment on his own initiative

because he could not manage the monthly checkups. The diagnoses of the patients who dropped out and the reasons for doing so are shown in *table 3*.

1. Depression, dysmenorrhoea, migraine	Inadequate response
2. Depression, vertigo, polyarthritis	Poor compliance
3. Ankylosing spondylitis, migraine, dysmenorrhoea	Inadequate response
4. Aspirin-induced asthma, asthma, headache	Inadequate response
5. Arthritis, depression, dysmenorrhoea	Poor compliance
6. Lumbago, chron. rhinitis, migraine	Poor compliance

The patients who dropped out do not obviously differ from the remaining patients, except for patient 2, who returned for the main consultation without having filled out the questionnaires.

Doctor time and medication costs

The average time required for the first homeopathic consultation is 20 minutes, whereas the more comprehensive second consultation takes about 67 minutes. In 12 months of treatment, the average doctor time for homeopathic treatment was 260 minutes (range 230 - 285 minutes). This represents only a small deviation from the estimated time required for conventional medical treatment (220 minutes).

The medication costs for treatment with single doses administered on a monthly basis in increasing potencies (200 C, M, XM, LM, CM in two-and-a-half passes) amount to € 105 per year. The estimated costs for conventional medical treatment of the same complaints over the same period amount to € 1121 (*table 4*).

Table 4: Comparison of Costs – Homeopathy vs. Conventional Medicine*	
<i>Homeopathy</i>	
Physician time / patient / year: 260 min	533 euros
Medication / patient / year	105 euros
<i>Total annual costs for homeopathy</i>	<i>638 euros (41%)</i>
<i>Conventional medicine</i>	
Physician time / patient / year: 220 min	451 euros
Medication / patient / year	1121 euros
<i>Total annual costs for conventional medical treatment</i>	<i>1572 euros (100%)</i>

Discussion

The evaluation of polarity analysis for the treatment of multimorbid patients was the final test for this new method of homeopathic treatment. It was tested on patients with a representative selection of illnesses commonly seen in general practice. Many participants had been treated for many years with conventional medicine but without being cured. The study results show that polarity analysis is also suitable for the treatment of multimorbid patients. Our fear that the large number of polar symptoms might flatten the polarity difference was not confirmed.

The extrapolation of the costs of homeopathic treatment shows that they amount to only 41% of conventional medical treatment. This value matches the results of the Swiss study for the evaluation of complementary medicine (*Schweizerisches Programm zur Evaluation der Komplementärmedizin, PEK-Studie*). Homeopathy thereby proves itself to be economic, practicable and effective, contrary to the repeated claims of its opponents.¹⁰

Textbook

Heiner Frei: *Polarity Analysis in Homeopathy, A Precise Path to the Simillimum*, Kandersteg: Narayana Publishers, 2013

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