

Homeopathy and Polarity Analysis Basics

Module 2 Chronic Disease

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Chronic Disease

1 Definitions

A *severe chronic disease* is either the result of an enduring process of degenerative changes in the patients physical or mental condition, or a disorder that causes permanent physical or mental disability. We consider a simple chronic disease to be a pathology that lasts at least two months and needs therapeutic intervention.

2 Procedure and Tools

2.1 The Two Phases of Casetaking

In chronic disease we conduct an initial preparatory consultation, followed later by a second one in which we determine the appropriate remedy with the help of questionnaires that have been prepared by the patients in between the two consultations. The preparation at home is important, because we want the patients or their parents to carefully observe the symptoms.

1 st Consultation		2 nd Consultation
Case history	<i>Preparation Time 1 Week</i>	Analysis of Checklists
Physical examination		Discussion of unclear symptoms
Additional examinations as necessary		Repertorisation
Diagnosis		Searching for confirmatory symptoms
Indication for homeopathy		Materia medica comparison
Explanation of Checklist		Choice of remedy

The working tools are the same as in acute disease. In addition to the *Checklist for reliable symptoms* we have a *Checklist for Perception Symptoms and ADD/ADHD*, and a *Questionnaire for Diagnosis and Mainsymptoms*. They are freely available to download from www.heinerfrei.ch: In patients with several diseases we ask them to fill in a checklist for each complaint.

3 Special Characteristics of Remedy Determination in Chronic Disease

The main symptom has priority over additional complaints.

In multimorbid patients the *most recent symptoms are more important than the older ones*. Therefore, the time of appearance of each symptom has to be established.

Symptoms with less than ten remedies are not used for repertorisation.

The larger the symptomatology, the more important is the *polarity difference*. Symptoms that cause a contraindication in remedies with a high polarity difference must be discussed with the patients. Possible alternative expressions for the symptom should be checked, e.g.

Food and drink: cold things ameliorate (53 remedies), instead of

Food and drink: cold water ameliorates (21 remedies)

The *totality of symptom* coverage is less important than in acute disease.

4 Exercise Cases

4.1 Rolandic Epilepsy

Luan is a 10-year-old boy treated with Sepia Q-potencies for ADHD. His Conners' Global Index (CGI), an intensity rating for hyperactive children, has improved from 18 to 2 points, and at school everything is going well. At puberty he again becomes restless, irritable and aggressive. In addition, he has *daily epileptic attacks* when he falls asleep and in the early morning.

The attacks begin with a sensation like ants crawling over his tongue and then over the left cheek. Next the face is distorted and begins to twitch. Then the left arm trembles and he cannot control it anymore. Afterwards he begins to salivate and cannot speak. This lasts about three minutes and can be interrupted by someone touching him.

In the EEG the neurologist finds “a focus on the left fronto-temporal side with biphasic spikes and waves” and diagnoses Rolandic epilepsy. [Rolandic epilepsy is observed only in children and young adults. Typical are nightly focal attacks. Frequency: 2 persons per 10,000]. He proposes an anti-epileptic treatment due to the high frequency of the attacks. The parents decline this, want homeopathy instead, and prepare for the casetaking with our *Checklists for reliable symptoms*, and the one for *Perception disorders*:

Reliable Symptoms

< While falling asleep - P

< On awaking - P

< Swallowing - P

< Speaking - P

> Touch – P

Salivation increased - P

Perception disorders

Understanding difficult - P

< Warmth - P

> Uncovering - P

Irritability – P

We use all polar symptoms for repertorisation, and include epilepsy with consciousness.

Repertorisation

L. B.

Rolandic Epilepsy

		Calc.	Sulph.	Phos.	Lyc.	Sep.	Chin.	Merc.	Nat-m.	Bry.	Ars.	Bell.	Caust.	Nux-v.
Hits		12	12	12	12	12	11	11	11	11	11	11	11	11
Sums		33	37	33	32	29	29	30	26	26	25	26	19	27
Polarity Difference		22	18	15	15	11	19	16	16	13	7	6	4	0
25	epilepsy, while consciousness	1	2	2	1	1		1	2		2	2	1	3
99	<sleep, before; while falling asleep [w P	5	3	4	5	4	3	5	2	5	4	4	2	2
111	<sleep, after waking up [worse] P	4	5	4	4	4	5	4	4	2	5	3	4	4
93	<swallowing [worse] P	2	4	3	2	3	2	3	2	4	2	2	1	3
77	<talking, speaking [worse] P	4	4	3	2	3	4	1	4	3	2	3	2	2
74	understanding, difficult P	3	2	1	4	4	1	3	2	1	2	2	1	2
73	<warmth, in general [worse] P	1	2	1	2	1	1	1	2	1		1	1	1
37	>uncovering [better] P	3	2	2	4	1	2	1		1	1			1
64	irritability (anger, aggression) P	2	3	3	3	3	2	2	3	3	2	3	1	4
130	side, left in general P	1	5	3	1	1	5	5	1	1	3	1	1	1
117	saliva, increased P	3	3	4	3	3	3	4	3	3	1	4	3	4
42	>touch [better] P	4	2	3	1	1	1		1	2	1	1	2	
1	>sleep, before; while falling asleep [better]							3						
28	>sleep, after; while waking up [better]	1		4		4	2			1	3			3
47	>swallowing [better]		1	1			1	2				1		3
1	>talking, speaking [better]													
17	understanding, easy		1	1	1	1							1	
90	>warmth, in general [better]	1	3/CI	2	1	2	2	1	1	2	4/CI	3/CI	4/CI	4/CI
56	<uncovering [worse]			1		2	2	1	2	1	3/CI	2		3/CI
37	mildness		3		3				1				1	
130	side, right in general	4/CI	1	2	4/CI	1	1	1	1	3/CI	1	4/CI	5/CI	4/CI
111	saliva, diminished	3	4(CI)	4	3	3	1	3	1	3	3/CI	4	2	3
121	<touch [worse]	1	4/CI	1	4/CI	4/CI	1	2	2	3/CI	2	4/CI	1	4/CI

Interpretation

Five remedies cover all symptoms. Only *Phosphorus* (PD 15) has no contraindication. *China* has a polarity difference of 19, *Mercurius* and *Natrium muriaticum* 16, but important symptoms are missing.

Materia Medica Comparison for Phosphorus

Epilepsy with consciousness. Saliva increased. Speech difficult and weak, slow. Jerking of single muscles. Spasms on paralyzed side.

Remedy and Progress

Luan is given a dose of *Phosphorus 200 C*. The attacks disappear, but restlessness and aggression remain. *Phosphorus M* a month later causes no further improvement. With *Mercurius 200 C* he has seven epileptic attacks within four weeks, and restlessness and aggression are only slightly better. With the next dose of *Phosphorus*, the attacks again disappear. With a long-term Phosphorus-treatment the epilepsy is cured. But the pubescent restlessness and aggression remain unchanged. *Observation period: 4 years*

Comment

This case shows that homeopathy is neither placebo nor psychotherapy: what matters is the right choice of remedy.

4.2 Psoriasis: Bea M., 12 years old

Bea is another patient having long-term homeopathic treatment for her attention deficit disorder: since first grade she has been taking *Barium carbonicum Q* potencies and since then has done very well at school. For the last four months, however, she has a macular, patchy, scaling, itchy rash on her back: psoriasis. Her mother suggests there is an emotional conflict between Bea and another girl in her class who she would like to keep at a distance but fails to do so. She also has an intolerance of cow's milk with colic and diarrhoea immediately after ingestion. We decide to retake her case.

On the *Checklists for reliable Symptoms* and for *Perception Disorders* the mother marks the following:

- < Touch - P
- Aversion to movement - P
- > Movement - P
- < Before sleep, while falling asleep - P
- Irritability - P
- Sadness - P
- < Food and drink: milk - P
- Scaly rash

For repertorisation in *skin disease* we use if possible only the *internal* polar symptoms because remedy determination with skin symptoms is superficial and often fails.

Repertorisation¹

B. M.

Psoriasis

	Sep.	Lyc.	Cham.	Puls.	Ign.	Nat-m.	Bry.	Sulph.	Nit-ac.	Calc.	Phos.	Chin.	Ambr.	Nat-c.	Carb-a.	Nux-v.	
Hits	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	6	
Sums	22	25	18	21	19	18	19	18	12	16	15	14	11	14	11	19	
Polarity Difference	19	17	13	12	12	12	11	10	10	9	6	6	6	5	4	14	
121 < touch [worse]	P	4	4	4	3	1	2	3	4	3	1	1	1	2	1	2	4
68 movement, aversion to	P	2	3	1	2	3	3	2	1	1	1	2	1	1	2	1	4
102 > movement, during [better]	P	3	4	2	4	1	1	1	1	1	1	1	2	4	1		
99 < sleep, before; while falling asleep [w	P	4	5	1	4	3	2	5	3	1	5	4	3	1	2	3	2
64 irritability (anger, aggression)	P	3	3	4	3	4	3	3	3	1	2	3	2	1	1	2	4
61 sadness (dejection, inclined to weep)	P	2	3	3	3	4	4	2	2	1	2	1	2	1	1	1	2
36 < food and drink, milk [worse]	P	4	3	3	2	3	3	3	4	4	4	3	4	3	3	1	3
42 > touch [better]		1	1			1	2	2		4/Ci	3/Ci	1		2			
58 movement, desire for		1	1	4/Ci	1	1	2	1		1		4/Ci	2	1		1	
126 < movement, during [worse]		1	1	1	1	3/Ci	4/Ci	2	2	2	3/Ci	3/Ci	1	1	3/Ci	4/Ci	
1 > sleep, before; while falling asleep [better]																	
37 mildness			3		4(Ci)	3	1		3				2	1	1		
42 cheerfulness, happiness			2		3	2	1				3/Ci			4/Ci	3/Ci		
1 > food and drink, milk [better]																	

Interpretation

Fifteen remedies cover all symptoms, and six of them have no contraindications. We find the highest polarity difference for *Sepia* and *Lycopodium*, both of which are clearly better than the other likely remedies.

Materia medica comparison for Sepia (GS)²

Itching eruptions followed by desquamation.

Prescription and Progress

Due to Bea's tendency to withdraw from other people, and her aversion to consolation, I think *Sepia* is the most likely remedy for her. She is also not at all dictatorial, a trait which is frequently found in *Lycopodium*. To minimize the likelihood of provoking a strong initial aggravation, I give her *Sepia* 30 C instead of a C 200 potency.

Within two weeks the psoriatic rash improves dramatically. Bea says it is 60% better. With *Sepia* 200 C the rest of the rash disappears during the following month. And so does the intolerance to cow's milk. Interestingly the ADD

symptoms also further improve and her Conners' Global Index rating drops to 0.
Period of observation: four years.

Comment

In conventional medicine it is known that psoriasis patients complain relatively little about their symptoms, and that they are socially rather reserved. This coincides with our observation that Sepia is a frequent remedy in psoriasis. Interestingly dermatologists say that patients with eczema behave in the opposite way: they are rarely content with the result of treatment and pressurise the doctor to do more and more.

4.3 Asperger Syndrome: Valerie L., 7 years old

Valerie has always been a very special child: As a young infant she displayed a severe sensitivity to noise and responded irritably to other environmental stimuli. Due to extensor spasticity she received physiotherapy. She then woke frequently at night and cried sometimes for hours for no apparent reason. Speech development began early, and by the third year Valerie already had "highly differentiated speech". In South Africa, where the family frequently stays, the child learned English very quickly. It was always striking however, that she completely avoids eye contact during greetings and farewells. Her emotions are not discernible in her face, but she indicates them verbally or by gestures. Valerie always plays her favourite games in the same way, without ever tiring of them.

She wants to take a leading role with other children, which often leads to conflict and violence. If someone is in pain, she must be told this. It is difficult to explain social rules to her, and if something does not go exactly to her liking she can wail for hours.

She also has a reduced sensitivity to cold, but her sense of smell is extremely acute and she reacts to sounds as strongly as ever. The "loud waves" on the beach on holiday are unbearable for her.

The paediatric neurologist finds no evidence of neurological illness, a high intelligence and age-appropriate psycho-motor development. But he makes the diagnosis of severe behavioural problems with poor impulse control and motor

restlessness, and initiates a program of special education and occupational therapy with sensory integration. When Valerie starts school, the child psychiatrist clarifies the diagnosis of *Asperger syndrome*³, and the parents decide on homeopathic treatment.

Since autism spectrum disorders are mainly disorders of perception we use the *Checklist for Perception disorders and ADD/ADHD*, as well as the one for *Reliable Symptoms*.

Disturbances of Perception

Reliable Symptoms

- < Touch - P
- < Warmth - P
- > Uncovering - P
- < After sleep, on waking - P
- Irritability - P
- Sadness - P
- Muscles flabby - P

Reduce reliability

- < Noise
- Sense of smell, acute - P

Additional Complaints (recurrent tonsillitis)

- Desire for open air - P
- Loss of appetite - P
- < Weather cold - P
- < Physical effort - P
- < Company - P

The repertorisation is performed only with reliable polar symptoms, including irritability and sadness, but leaving aside other mind symptoms, which have proved to be unreliable in cases involving disturbances of perception.

Repertorisation V. L.

V. K.

Asperger Syndrome

			Lyc.	Verat.	Merc.	Sulph.	Calc.	Bry.	Chin.	Cham.	Acon.
Hits			10	10	10	10	10	10	10	9	9
Sums			34	27	22	30	26	23	23	25	23
Polarity Difference			21	20	17	16	15	12	11	19	15
53	muscles, flabbiness	P	3	2	3	3	4	1	2	3	
111	< sleep, after waking up [worse]	P	4	2	4	5	4	2	5	3	1
121	< touch [worse]	P	4	3	2	4	1	3	1	4	3
73	< warmth, in general [worse]	P	2	1	1	2	1	1	1	2	1
37	> uncovering [better]	P	4	3	1	2	3	1	2	2	3
64	irritability (anger, aggression)	P	3	3	2	3	2	3	2	4	4
61	sadness (dejection, inclined to weep)	P	3	2	1	2	2	2	2	3	4
88	< weather / air, cold [worse]	P	3	5	3	2	3	3	1	2	3
115	appetite, absent	P	3	2	3	3	3	3	4	2	1
70	< physical effort [worse]	P	5	4	2	4	3	4	3		3
34	muscles, tense					2			1		4/CI
28	> sleep, after; while waking up [better]						1	1	2	1	
42	> touch [better]		1			2	4/CI	2	1		
90	> warmth, in general [better]		1	1	1	3/CI	1	2	2	1	3/CI
56	< uncovering [worse]				1			1	2	2	1
37	mildness		3	1		3					
42	cheerfulness, happiness		2	3/CI							
44	> weather / air, cold [better]		3		1	3/CI	1	2		1	
99	hunger		3	2	2	1	4(CI)	3	4	1	
6	> physical effort [better]										

Four remedies cover all symptoms without contraindications and *Lycopodium* has an outstanding polarity difference. *Chamomile* would be second choice, but it does not cover the symptom < *physical effort*. Further discussion reveals that Valerie can still be dictatorial with other children, but that – unlike previously – disputes hardly ever actually come to blows.

Materia medica comparison for Lycopodium (GS)

Sadness, disposition to weep all day. Anguish, irritability and susceptibility. She is easily frightened and starts up. Every noise is painful to her. The child is disobedient, though not sulky. Defiance, arrogance, obstinacy, fits of anger. Estrangement and frenzy: she cannot bear the slightest contradiction and is immediately beside herself with rage. Insensitivity to external impressions.

Prescription and Progress

Valerie is given *Lycopodium 200 C*.

A month later the mother reports a very noticeable improvement – her behaviour is now completely normal. She seems more open, is more interested in contact with others and she is more reasonable all round, and can now be treated in a normal way. And she is looking forward to the coming school year.

Additional doses of *Lycopodium* follow at monthly intervals in ascending potencies (*M*, *XM*, *LM*, *CM*). When an attempt is made to extend the four-weekly interval she immediately becomes more irritable, but this disappears once *Lycopodium* is repeated. During further treatment it appears that an interval of three weeks between doses is best for her.

Now, four years after the start of treatment, she is still doing well. Her social behaviour at home and in school has normalized, and the teacher reports that the current situation is nothing like the problems Valerie had before taking *Lycopodium*.

Comment

Disturbances of perception such as Asperger syndrome or ADD / ADHD must be treated consistently for many years. From our long-term follow-up of ADD / ADHD patients, we know that if the treatment is continued for long enough the improvement reached at the end will remain more or less stable, even after treatment is discontinued.

4.4. Rheumatoid Arthritis

For the last eight weeks, 13-year old Eva has been suffering increasing ankle pain on the right side. The joint is swollen and slightly overheated, especially after sports and physical exercise. Since the pain evolved slowly, with no history of trauma, the diagnosis of arthritis seems probable.

In addition, she has recently been complaining of a stinging pain in her chest on the left side. Both problems limit her activity, which is why she finally comes to our practice.

Physical Examination

I find a slight pale swelling and overheating of the right ankle joint, sensitive to pressure. Heart and lung auscultation are normal. Blood pressure 110/69 mmHg, pulse is 103/minute. Laboratory values: Anti-CCP value is 70 U / ml, elevated (anti-cyclic citrullinated peptide, normal value below 17 U / ml). BSR 8, CRP 0.3, further serology for rheumatoid factor negative.

Diagnosis: *Erosive rheumatoid arthritis* (an especially severe form of the disease, which leads to joint destruction within the first two years of onset).

Checklist

Musculoskeletal System

Right ankle joint - P

< Touch - P

< Movement - P

< Walking - P

< Physical effort - P

< Stepping hard - P

> Rest - P

> Lying position - P

> Wet compress on body - P

Additional Complaints

Chest, left side - P

Stabbing, pricking inward – P

Repertorisation

The highly reliable symptoms result in a broad differential diagnosis.

We therefore include the less reliable ones. Now four remedies cover all symptoms. *Nux vomica* is due to its polarity difference the favorite.

E. G.

Erosive Rheumatoid Arthritis

			Nux-v.	Bry.	Staph.	Caust.	Arn.	Asar.	Cocc.	Spig.
Hits			9	9	9	9	8	8	8	8
Sums			29	29	20	17	26	21	19	21
Polarity Difference			27	20	11	10	19	16	13	10
121	< touch [worse]	P	4	3	4	1	3	1	2	4
126	< movement, during [worse]	P	4	4	3	3	3	3	3	3
126	< walking, while [worse]	P	4	4	3	1	3	3	3	3
70	< physical effort [worse]	P	3	4	1	1	4	1	3	1
68	< stepping hard [worse]	P	3	4	1	3	3	3	2	2
117	> resting (not moving) [better]	P	4	4	3	1	3	3	3	3
106	> lying position [better]	P	4	4	2	2	3	3	2	2
23	> wet compress on body [better]	P	2	1	1	3		4		3
47	stabbing, pricking, inward	P	1	1	2	2	4		1	
42	> touch [better]			2		2	1			
102	> movement, during [better]			1	1	1	1	1	1	1
102	> walking, while [better]			1	1	1	1	1	1	1
6	> physical effort [better]									
1	> stepping (hard) [better]									
102	< resting, while [worse]			1	1	1	1	1	1	1
125	< lying position [worse]		1	1	1	1	1	1	1	1
40	< wet compress on body [worse]		1	2	2					3
59	stabbing, pricking, outward			1	3/CI	1	2	1	2	4/CI

Interpretation

Four remedies cover everything. According to the polarity difference Nux vomica is the favorite.

Materia medica Comparison for Nux vomica (GS)

Rheumatism attacking mostly muscles of trunk and large joints; pale, tensiv swelling, numbness and twitching, < from least jar and from cold.

Violent pain shooting inward in r. side of chest, < breathing deeply, turning in bed, speaking and lying on painful side.

As a confirmatory symptoms for *Nux vomica*, Evas mother says that she is very ambitious and stresses herself with the high demands she puts upon herself.

Prescription and Progress

Eva is given a dose of *Nux vomica* 200 C.

Ten days later the chest pain has completely disappeared and the joint pains are substantially less. After four weeks Eva is free of pain and the ankle joint looks normal again.

Due to the poor prognosis of the erosive rheumatoid arthritis, we continue with *Nux vomica* at monthly intervals (*M, XM, LM, CM*).

With this regime the patient remains symptom-free. Eighteen months after treatment start the anti-CCP-value has sunken to 46 U/ml.

Period of observation: 4 years.

Comment

Normally the treatment of a chronic disease is finished after the symptoms have disappeared. Due to the aggressivity of this form of arthritis, however, the treatment has to be continued until the anti-CCP-value has normalized completely. Up to date it is still slightly elevated, but Eva is completely symptom free.

5 Evaluation of Polarity Analysis in Chronic Disease

After the introduction of polarity analysis in the treatment of ADD / ADHD, acute and chronic disease, we wanted to know how it affected the outcome of our work. It seemed crucial not to invent a new method with worse results than the one we were practising before. We therefore conducted prospective outcome studies in all these fields, including multimorbid patients. After the positive experience with acute disease (module 1), here we look at the results achieved in simple chronic disease and compare them to an earlier study without polarity analysis.

Test Cohort Treated with Polarity Analysis

We examined prospectively the results of 153 patients, mainly children with a representative mix of the diseases treated in our practice. The evaluation included all questionnaires except the one for Perception Disturbance, ADD and

ADHD, which was evaluated separately. Lowest number of cases per questionnaire: Gynaecology and Cardiovascular system 8. Highest number of cases / questionnaire: Neurology 20.

Comparative Cohort Treated without Polarity Analysis

The results of polarity analysis are compared with the results of an earlier prospective outcome study, in which we observed the treatment of 50 patients using the Boenninghausen method without polarity analysis, and the ranking of symptoms as proposed by Hahnemann. The average age of the patients and the mix of diagnoses correspond to those of the polarity analysis cohort.⁴

Endpoints

A prescription was counted as a "*hit*" if one dose of a homeopathic remedy (200 C) led to an improvement in the symptoms of 50% or more within two months. The improvement was rated by the patients or their parents by first asking them what happened with each symptom: was it cured, improved, unchanged, or worse. Finally they were asked to make a rating of the "*global improvement*" in percent.

Results

Figure 1 shows an increase in the percentage of successful prescriptions ("hits") in the polarity analysis group to 84% (plus 16%). The average global improvement was 85% (plus 11%), as compared to the results of the Boenninghausen-Hahnemann group without polarity analysis.⁵

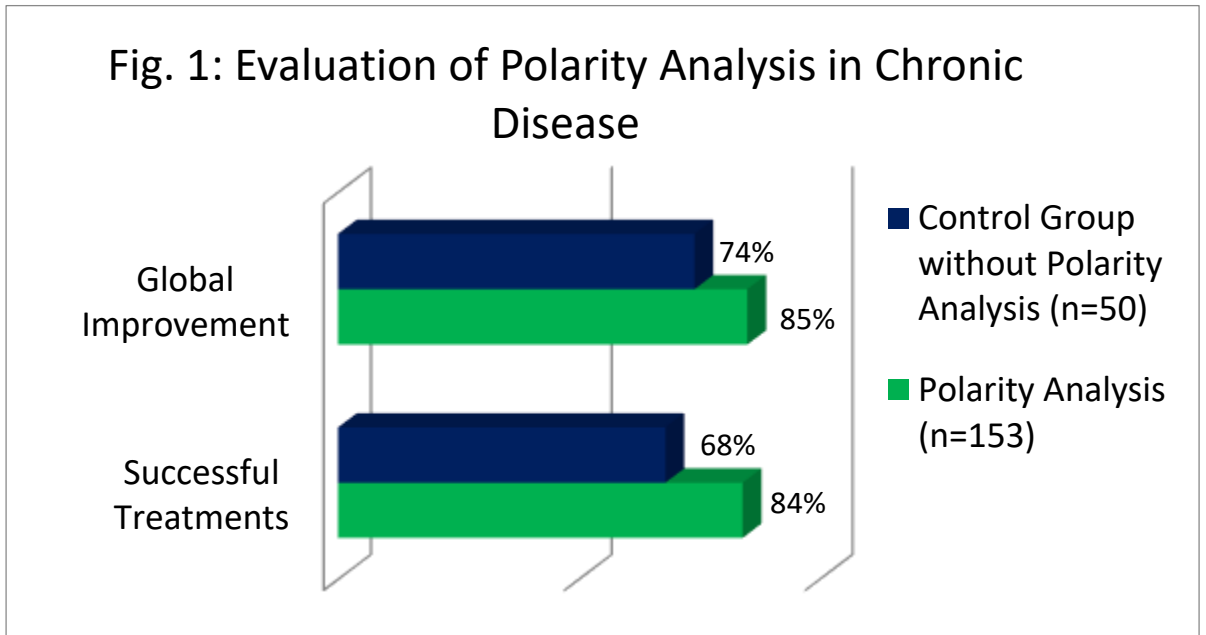
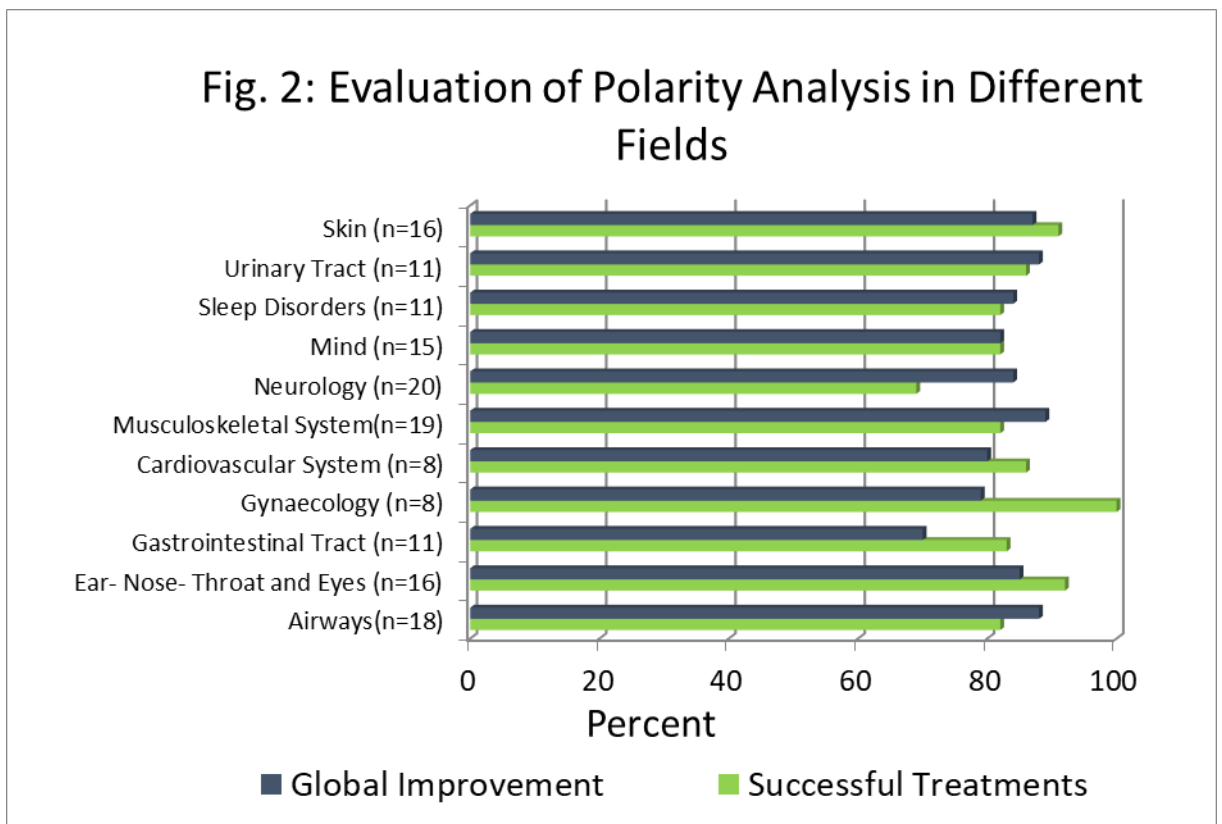


Figure 2 shows the results in different anatomical areas, divided in successful treatments and global improvement.



6 Discussion

The evaluation studies show that Polarity Analysis improves the treatment results in chronic disease, as compared to a case taking without PA. It seems that polar symptoms, as common as they may seem, mirror very closely the disturbed vital force. And since they are most often modalities they need no interpretation, a fact that makes them very reliable. Hahnemann already realised this and wrote it down in ORG § 133 and 153. It is very important that we understand the relationship between these two aphorisms. Only then can we really understand what Hahnemann meant by characteristic symptoms. Some homeopaths are concerned that the use of questionnaires might limit unstructured communication of the patient's history, which could then lead to a loss of individual details. But evaluation studies of polarity analysis have shown that this is not a problem. And of course, any homeopath is free to reserve as much time for unstructured communication as seems necessary. The fact that polarity analysis is solely based on Boenninghausen's grading – the experience of a single person – also generates some scepticism. Perhaps other homeopaths would change some of the gradings? Frederic Schroyens, the author of the RADAR program, says that there is no better grading in any repertory than Boenninghausen's, and our results confirm this. Another objection is that the limitation to the 133 remedies of Boenninghausen's *Therapeutic Pocketbook* could impair the treatment. In our practice we can solve about 85% of the cases with these remedies. And if I think that another remedy beyond the 133 might be better for a patient, I look it up in the materia medica. But this is only rarely necessary.

The overall benefits of polarity analysis are efficient, precise and reproducible remedy choices that can be made in a short time. This allows homeopathy to become better established in general practice, as well as in paediatrics, and it enables homeopaths to treat the large number of patients who seek their help. The high precision of the prescriptions is also an asset that makes homeopathic double-blind studies easier to perform than with any other method to date. And last but not least: polarity analysis can be learned in a short time, which is surely important if homeopathy wants to win the important place it deserves in the medicine of the third millennium!

Textbook

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