

Homeopathy and Polarity Analysis Children

Module 5 Illness in the First Three Years of Life

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Module 5: Illnesses of the First Three years of Life

The Dynamics of Childhood – An Introduction

Children are dynamic beings who are continually changing as they develop. Babies double their body mass within the first six months of life, changing from a relatively helpless being to an active one, and learning to communicate using speech. The subsequent phase of defiance is an initial expression of their independence ... and then the child has to quickly find their place in the larger community. School with all its demands is the next phase; children have scarcely become accustomed to it before they find themselves in the rough seas of puberty. At the end of this phase they are confronted with the need to choose their work, the first step into the adult world. Paediatrics was founded in the twentieth century as an independent discipline in order to do justice to this rapidly developing area of medicine.

What are the consequences of these dynamics for homeopathy? Our choice of remedy must fit the relevant developmental phase: the notion of an immutable simillimum, a single remedy for a person's whole life, fails in childhood. Yet things are not all that convoluted after all – the current polar symptoms are always a precise indicator to the correct remedy. Polar symptoms are like the pole star, which we can use for reliable orientation. They evidently capture the dissonance of the life force in a particularly precise way.¹

To do justice to the dynamics of childhood development, we have divided the childhood modules into four developmental phases:

Module 5: The first three years of life

Module 6: The fourth to seventh years of life

Module 7: The eighth to twelfth years of life

Module 8: Puberty and adolescence

In each module we look at the most common age-specific medical problems and draw attention to the most important *lessons from each case* throughout.

The “Duties” of Newborn Babies and Young Children

The newborn baby has scarcely arrived yet we immediately expect that he or she will suckle, put on weight and length, successfully defend themselves against infections and allergies, and soon also sleep through the night. The baby should pass the most important psychomotor milestones at the right time and fit in harmoniously with the family. If all this does not work out quite as planned, the first problems appear: *baby colic, failure to thrive, skin disease, respiratory tract infections, sleep disorders and problems with development and socialisation*. This is the subject of this first module.

Casetaking Difficulties

Casetaking in small children differs fundamentally from older children and adults: it is in essence “third-party” casetaking, often with inexperienced parents who are themselves only getting to know their new child. Due to the frequent use of day-care facilities, there is often a gap in the observation of the child, which generally results in a lack of symptoms. To overcome this, we have created two *checklists*, with which the child’s parents or guardian can prepare for the consultation: see www.heinerfrei.ch. If it is still not possible to produce a complete set of symptoms, it generally helps to *elicit the basic modalities*:

Do the following aggravate or ameliorate?

- *Lying / sitting / standing?*
- *Cold / warmth / wrapping up / uncovering?*
- *Open air / warmth of a room?*
- *Movement / exertion?*
- *Cold or warm food / drink?*
- *Has there been a change in appetite or thirst?*

This procedure usually facilitates effective casetaking, even if the results are not as precise as when taking the case of an older person.

1. Baby Colic

Ten to fifteen percent of babies suffer colic with distension in the first three months of life. Its origin is controversial. An important observation is that these children often suckle too greedily or too slowly, thereby gulping air. Due to the ingestion of air into the stomach, they often feel quickly full, so they stop drinking, only to feel hungry again soon after. The ingested air is transported in the intestine, where it leads to colic.

Clinical

A typical feature is inconsolable crying lasting hours, especially towards evening (because the trapped air accumulates during the day). The children often react by drawing up their legs or stretching their body backwards. Examination often only reveals pronounced meteorism of the abdomen (distended belly). It is important to exclude differential diagnoses of more serious illnesses such as otitis media or even ileus (intestinal obstruction).

Homeopathic casetaking frequently reveals the following symptoms:

- Painful flatulence
- < After drinking – P
- < Before falling asleep – P
- < External pressure – P
- > After burping – P
- > After breaking wind
- > After stool – P
- > Warmth – P (such as a warm cushion)
- > Uncovering – P (loosening clothes or nappies)
- > Rubbing – P (massage)
- > Sitting bent – P (sitting with the legs up)
- > Movement – P (the parents move the baby)
- Stool green
- Hunger – P

*The following observations are normal and should **not** be used as symptoms:*

- > Holding, carrying

- > Touch
- < Being alone
- Stool yellow

Case 1

The six-week-old Yannik is brought to our practice for stomach ache and continuous crying. He is the first child in the family and was born in the 40th week of a normal pregnancy. From the start he has been suckling in a very hasty way, appearing to be full after ten minutes, only to need feeding again an hour later. In the course of the day he becomes restless, discontented and in the evening he cries for long periods. A warm cushion and gentle massage of the abdomen helps, as does carrying him around (movement) and drawing up of the legs. He has a normal yellow stool but only every 5-6 days.

During the *examination* he is initially irritable and tense, becoming increasingly calm as he is undressed. Weight and length are in the range of the 50th percentile. Striking features are the slightly elevated muscle tone and pronounced meteorism of the entire abdomen. No other pathological findings. The diagnosis is *baby colic with mild constipation*.

On the *Checklist* the parents note the following symptoms (P = polar symptom):

- Pain from distension with constipation
- < Before falling asleep – P
- < While waking up – P
- < External pressure – P
- > Warmth – P
- > Movement – P
- > Rubbing – P
- > Sitting bent – P

After discussion with the parents, all symptoms can be verified and are used for the repertorisation.

Repertorisation (Polarity Analysis Software)²

Y. A.

Baby Colics

		Kali-c.	Rhus.	Ign.	Staph.	Bell.	Spong.	Sulph.	Chin.	Bry.	Spig.	Anac.	Lyc.
Hits		8	8	8	8	8	8	8	8	8	8	8	7
Sums		19	23	21	19	17	16	18	19	15	11	11	25
Polarity Difference		15	13	11	9	9	8	7	6	4	0	-2	18
88	flatulence painful, flatulent colic	1	2	3	4	1	2	1	4	1	1	3	4
99	< sleep, before; while falling asleep [w P	4	5	3	2	4	4	3	3	5	1	1	5
111	< sleep, after waking up [worse] P	3	4	4	3	3	1	5	5	2	2	1	4
93	< pressure, external [worse] P	1	1	1	3	1	3	1	1	1	1	1	4
90	> warmth, in general [better] P	4	4	3	2	3	2	3	2	2	2	1	1
102	> movement, during [better] P	1	4	1	1	1	1	1	1	1	1	1	4
74	> rubbing [better] P	1	2	3	2	1	1	3	2	2	1	2	
43	> sitting, bent over [better] P	4	1	3	2	3	2	1	1	1	2	1	3
1	> sleep, before; while falling asleep [better]												
28	> sleep, after; while waking up [better]			1					2	1	1		
74	> pressure, external [better]	1	3/CI	2		2		2	1	2	2	2	
73	< warmth, in general [worse]	1	1	1	1	1	1	2	1	1	1	2	2
126	< movement, during [worse]	1	1	1	3/CI	4/CI	2	2	3/CI	4/CI	3/CI	2	1
44	< rubbing [worse]				2		2	1			2	4/CI	
42	< sitting, bent over [worse]		3/CI	2			1	3/CI	2	2	1		

Explanation of the repertorisation

1. The remedies shown in the table are *sorted by the number of hits* (second row).

2. *Notation of the symptoms:*

The *colours* signal the reliability of symptoms for remedy determination (green=high, yellow=medium, red=low).

The *number* within the coloured field – for example, 88 in *flatulence painful, flatulent colic* – corresponds to the number of remedies matching the symptom.

This information is important because it shows how strongly the choice of remedy is restricted by the use of the symptom rubric.

Polar symptoms are denoted with (P).

3. *Patient symptoms:* these are listed underneath the blue line and above the red line. *Opposite poles:* these are shown in italics and are found below the red line.

4. *Calculation of the polarity difference:* the grades of the polar patient symptoms of a remedy are added up. From this total, the sum of the grades of the opposite poles listed for the remedy are subtracted: the result is the polarity difference. Example: Kalium carbonicum 18-3=15.

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

Interpretation

Eleven remedies cover all symptoms. But only Kalium carbonicum, Ignatia and Spongia have no contraindications. Due to the low polarity difference, Spongia is the least likely remedy. With a materia medica comparison, we can now check which of the two remaining remedies (Kalium carbonicum or Ignatia) more precisely covers the symptoms. For this purpose the digital version of Hering's The Guiding Symptoms of our Materia Medica (GS) has proved to be a very practical aid.³

Materia Medica Comparison for Kalium carbonicum (GS)

Cutting in intestines violent; must sit bent over, pressing with both hands, or lean far back for relief; cannot sit upright ... Fullness ... and great distension in abdomen, immediately after eating a little. Incarceration of flatus with colic.

Materia Medica Comparison for Ignatia (GS)

Colic particularly at night, waking out of sleep, pains > passing wind, which, however, is difficult ... Flatulent colic; flatus incarcerated, rumbling and rolling about, making a loud noise. Excessive flatulence.

Prescription and Progress

Based on the materia medica comparison and the higher polarity difference, we decide on *Kalium carbonicum*, which Yannik is given in a dose of 200 C.

In the night following the prescription he sleeps soundly. The next day the colic is noticeably better. Within three days, the colic symptoms have disappeared completely and for good. *Period of observation: 2 years.*

Comment

- Due to the uncertain determination of symptoms, we always give parents of babies with early colic two reserve remedies: they give the baby the first reserve remedy after four days if the complaints are unchanged, and the second reserve remedy after four further days if there is still no change. In this case: 2nd remedy is Ignatia, 3rd is Spongia.

2. Failure to Thrive

Failure to thrive is a developmental disturbance in physical growth, characterised by inadequate length and weight, or when the weight or length is below the 3rd percentile. Causes can include a failure to drink adequate volumes of fluid or a disturbed pattern of drinking, as well as food allergies (also possible via breast milk), metabolic disorders or other diseases causing weight loss (cystic disease, coeliac disease, and so on) or disturbances in psychomotor development. In terms of diagnosis and treatment, the first step is to try to raise the volume of fluid consumed by the child – if this is successful, no further steps are necessary. If unsuccessful, the child should be admitted for further assessment.

Case 2: Failure to Thrive and Baby Colic

Ennio H. was born normally at term following a complicated pregnancy (massive hyperemesis): Apgar 9-10-10, birth weight 3490 g, length 51cm, circumference of head 37cm. His only neonatal problem was newborn icterus which was treated with a twelve-hour session of light therapy. I see him for the first time at the age of fourteen days because he is not putting on weight. Despite corrective measures, his drinking remains weak and he still fails to put

on weight. He now has long phases of crying in which his mother is uncertain whether he is hungry or has colic.

At the four-week investigation he is found to have a weight of 3400 g (still below birth weight), whereas his length of 54 cm is in the 50th percentile. The air content of his abdomen is significantly raised and he has conjunctivitis in both eyes due to constricted tear ducts. I decide to take his case for the first time.

His mother notes the following on the *Checklist*:

- Pain from distension
- < After drinking – P*
- > Warmth – P
- > Movement – P
- < Rubbing – P (< massage)
- < Lying – P

* P = polar symptoms

We use all symptoms for the repertorisation, plus *weak drinking* (hunger without appetite) and *emaciation*.

1st Repertorisation²

E. H.

Failure to Thrive

		Ars.	Puls.	Sil.	Nat-c.	Mez.	Sulph.	Merc.	Staph.	Con.
Hits		8	8	8	8	8	8	8	8	7
Sums		25	25	24	18	14	20	15	14	22
Polarity Difference		14	11	9	5	5	2	-1	-1	15
62	emaciation in general	4	3	3	2	2	4	3	2	2
58	hunger, without appetite	3	2	3	1	1	2	2	1	
122	flatulence in general	2	4	3	3	2	4	2	4	3
71	< drinking, after [worse] P	4	3	4	2	2	3	1	1	2
90	> warmth, in general [better] P	4	1	3	2	2	3	1	2	3
102	> movement, during [better] P	2	4	1	4	1	1	3	1	4
44	< rubbing [worse] P	2	4	3	1	3	1	2	2	4
125	< lying position [worse] P	4	4	4	3	1	2	1	1	4
13	> drinking, after [better]			3						
73	< warmth, in general [worse]		4/CI	1	1	1	2	1	1	
126	< movement, during [worse]	1	1	1	1	2	2	3	3/CI	1
74	> rubbing [better]				4/CI		3/CI	3/CI	2	
106	> lying position [better]	1		1	1	1	1	2	2	1

Interpretation of the repertorisation

All symptoms are covered by eight remedies, five of which have no contraindications. *Arsenicum album* is the first choice due to the high polarity difference. *Silicea* is the second choice. The highly rated remedy *Conium* has a symptom missing, which excludes it from the final selection.

Materia Medica Comparison for Arsenicum album (GS)

Loss of appetite. Very little appetite. Abdomen sensitive and tympanitic.

Meteoristic distension of abdomen. Emaciation, old face.

Materia Medica Comparison for Silicea (GS)

Loss of appetite; great thirst. Violent cutting in lower abdomen with incarcerated flatus. Emaciated with pale face.

Remedy and Progress

Ennio is given a dose of *Arsenicum album* 200 C.

Ten days later his weight has risen to 3800 g and four weeks later still to 4500 g. His mother says he is now drinking well and the phases of crying are better. His weight then follows the third percentile but his length is only at the 50th percentile. The abdominal pain does not disappear completely and he develops slight eczema. Since the problem has not been fully resolved, I decide to take the case again at four months.

The following symptoms can now be elicited:

- Emaciation
- Pain from distension
- < Before stool
- < After drinking – P
- < Lying – P
- > Sitting bent – P
- > Uncovering – P
- > Warmth – P
- Eczema

We use all symptoms for repertorisation, exceptionally also the skin rash, in order to restrict the symptoms sufficiently. (Skin symptoms are superficial, also in the figurative sense. They are therefore only included when the available symptoms do not sufficiently limit the choice of remedy).

2nd Repertorisation²

E. H.

Atopic Dermatitis

			Lyc.	Cham.	Sulph.	Staph.	Bry.	Verat.	Ars.	Ign.	Mez.
Hits			9	9	9	9	9	8	8	8	8
Sums			25	21	20	18	17	22	22	19	17
Polarity Difference			11	5	5	3	-3	9	7	7	6
71	< drinking, after [worse]	P	2	2	3	1	3	4	4	2	2
125	< lying position [worse]	P	4	4	2	1	1	2	4	2	1
43	> sitting, bent over [better]	P	3	2	1	2	1	1	1	3	3
37	> uncovering [better]	P	4	2	2	2	1	3	1	2	
90	> warmth, in general [better]	P	1	1	3	2	2	1	4	3	2
97	< stool, before [worse]		1	3	2	2	3	4	2	1	3
62	emaciation in general		4	3	4	2	3	3	4	3	2
88	flatulence painful, flatulent colic		4	3	1	4	1	4		3	2
27	skin, eruption, cradle cap (neurodermatitis)		2	1	2	2	2		2		2
13	> drinking, after [better]						3				
106	> lying position [better]		1	1	1	2	4/CI	1	1	1	1
42	< sitting, bent over [worse]			1	3/CI		2		3/CI	2	
56	< uncovering [worse]			2		2	1		3/CI	1	
73	< warmth, in general [worse]		2	2	2	1	1	1		1	1

Interpretation

Five remedies cover everything. Two of these remedies have contraindications. With a high polarity difference, *Lycopodium* comes first.

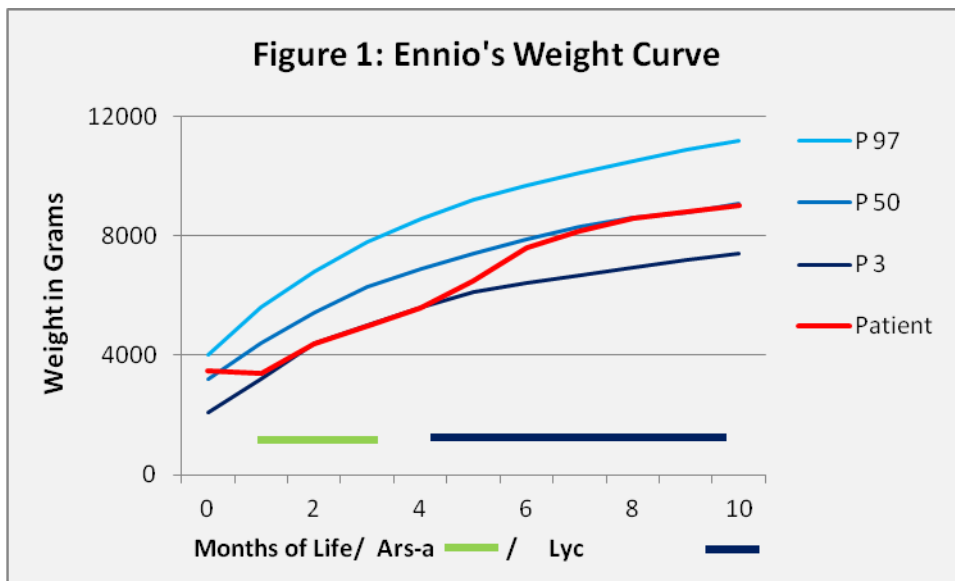
Materia Medica Comparison for *Lycopodium* (GS)

Tympanic distension: after eating. Accumulation of flatus, which becomes incarcerated. Flatulent colic, bloating and constipation, following disappearance of eruption on skin. Atrophy of infants.

Prescription and Progress

Ennio is now given a dose of *Lycopodium 200 C*.

The abdominal pain and the skin rash then disappear, and his weight begins to gradually approach the 50th percentile, which it reaches after three further doses of *Lycopodium (M, XM, LM)* at monthly intervals (fig. 1). Long-term observation (6 years) shows that Ennio no longer has a weight problem – his weight settles at the 50th percentile.



Comment

- Ennio needs two different remedies within a short space of time. *Arsenicum album* stopped the weight loss but he only reaches his normal weight curve with *Lycopodium*. This remedy was in the final selection at initial casetaking but did not cover the symptom < *rubbing*. The question is whether < *pressure* would in fact have been the correct formulation of this symptom: then *Lycopodium* would have jumped to first place. Only the child himself could have answered this question, if he had been able to. The case impressively demonstrates the fundamental importance of precise symptom observation.
- Failure to thrive must be treated until the length and weight are once again in the normal percentile range.

3. Skin Disease

Around ten to fifteen percent of all babies and young children suffer from allergic skin disease (eczema). In this section we concentrate on eczema because it is the most common problem and the homeopathic treatment does not differ from that for other skin problems.

The *clinical picture* is a topical or general reddening, thickening, and a mosaic of lines on the skin. It can be dry, flaky or weeping. Eczema typically affects the joint regions. There is often but not always itching. *Predisposing factors* are genetic (one or both parents are atopic), dry skin, dry and warm air, and stress. Eczema is an *allergic disease*, although with babies it is often impossible to find out what they are reacting to. The most common allergens are foods (especially cow's milk, eggs, fish, and citrus fruit; sensitisation possible via breast milk), followed by dust mites, animal hair and pollen.

Treatment consists primarily of correct skin care (bath oils as well as cream of almond oil). In conventional medicine weak corticosteroids are used for palliation although they can have systemic side effects with long-term use. Homeopathy is one of the few treatments that can heal eczema. Yet it is not easy to find the remedy.

Homeopathic Treatment

Approved Indications

If there are no internal symptoms, we generally start treatment with a dose of *Belladonna 200 C*. If there is no improvement within 10 days, a dose of *Sulfur 30 C* is given. With this stereotypical approach, approximately 30% of eczema cases can be helped; there is even healing in some cases. If eczema occurs or worsens after vaccination, *vaccination nosodes* such as *Iso-Infanrix-Quinta 200 C*, *Iso – Prévenar-13 200 C* or *Iso-Neisvac-C 200 C* (from Schmidt Nagel) are often successful. It is certainly worth trying these.

Individual Remedy Selection

If the approved indications do not lead to successful treatment, individual remedy selection is the next step. The chief problem, however, is that the babies often only have skin symptoms. If we use these symptoms to select a remedy, this is superficial – also in a figurative sense – and the hit rate is

correspondingly low. The optimal approach is to repertorise with additional inner symptoms such as digestive or breathing problems.

Case 3

Three-year-old Celine is a hypotonic, blond and shy child who has suffered from generalised *eczema* since she was a baby. The folds of skin on the joints are particularly badly affected. Until now she has been treated during attacks with corticosteroids, which always lead to rapid improvement. But the rash returns as soon as the treatment is stopped, which is why the parents finally come to us. She sweats strongly, leading to aggravation, and she often scratches herself bloody. As an "additional complaint" each year she has several respiratory tract infections and coryza with profuse discharge and dry cough, and she grinds her teeth at night. Her appearance makes one think of *Calcium carbonicum*, but appearance is not a symptom. It is therefore imperative to take her case properly.

The parents fill out the checklist to prepare for the casetaking. They have observed the following symptoms:

- < While waking up
- > Warmth – P
- < Wrapping up – P
- > Open air – P
- > Resting – P
- > Lying position – P
- Thirst – P
- More saliva – P
- Desire for open air – P (when coughing)
- Desire for movement – P (when coughing)

Many children have a *desire for open air* and for *movement*. These are only symptoms when they are intensified during the illness. It is extremely important to confirm this. The mother confirms this so we repertorise with all symptoms.

Repertorisation²

C. C.

Atopic Dermatitis

		Borx.	Acon.	Bry.	Verat.	Sulph.	Calc.	Staph.	Rhus.	Lyc.	Arn.	
Hits		10	10	10	10	10	10	10	10	10	9	
Sums		21	22	25	20	22	21	19	22	20	23	
Polarity Difference		13	12	10	7	6	6	6	0	-1	12	
58	< sleep, after [worse]	P	2	3	2	3	4	2	3	2	3	3
90	> warmth, in general [better]	P	3	3	2	1	3	1	2	4	1	2
37	< warmly, from wrapping up [worse]	P	3	3	1	3	2	3	2	1	4	
93	> open air [better]	P	2	3	2	2	2	1	1	1	2	2
76	air, desire for open air	P	3	1	1	1	1	1	1	1	3	3
58	movement, desire for	P	1	2	2	2	1	1	1	4	1	3
117	> resting (not moving) [better]	P	2	1	4	1	1	2	3	1	1	3
106	> lying position [better]	P	1	1	4	1	1	3	2	1	1	3
99	thirst	P	2	4	4	3	4	4	1	3	1	3
117	saliva, increased	P	2	1	3	3	3	3	3	4	3	1
28	> sleep, after [better]			1			1					
73	< warmth, in general [worse]		1	1	1	1	2	1	1	1	2	1
56	> warmly, from wrapping up [better]		1	1	1				2	4/CI		2
110	< open air [worse]		1		1	1	1	2	2	2	1	1
86	air, aversion to open air				3/CI	1	3/CI	4/CI	2	3/CI	3	1
68	movement, aversion to		1	4/CI	2		1	1			3/CI	1
102	< resting, while [worse]		1	1	1	2	1	1	1	4/CI	4/CI	1
125	< lying position [worse]		2	1	1	2	2	1	1	4/CI	4/CI	1
86	thirst, absent				1	2	2	1	3/CI	2	1	1
111	saliva, diminished		1	2	3	4(CI)	4(CI)	3	1	2	3	2

Interpretation

Nine remedies cover all symptoms. Borax is the only one with no contraindications. The symptom *grinding teeth* is not found in Boenninghausen's *Pocket Book*. We therefore look it up in Boger's *Boenninghausen's Characteristics and Repertory*: p. 422, *Teeth grinding*: Borax (grade two).⁴

Materia Medica Comparison for Borax (GS)

Severe itching on back of finger joints; must scratch them violently. Red papulous eruption on cheeks and around chin [in babies]. Herpetic eruption on nates [of the child].

Prescription and Progress

Celine is given a dose of *Borax 30 C*.

After a brief initial aggravation, the skin improves by 80% within two weeks, then the rash again worsens. With *Borax 200 C* the improvement again increases, this time to 90%, and *Borax M* finally causes the eczema to disappear. At the same time Celine stops grinding her teeth. Four weeks later the child drinks peppermint syrup on a hot summer's day, and the eczema briefly flares up again. *Borax XM* finally solves the problem for good – no further doses of the remedy are necessary. *Period of observation: 5 years.*

Comment

- If we select the remedy for eczema patients by only using skin symptoms, the hit rate is approximately 30%. If we can also elicit internal symptoms in the process of remedy selection, the hit rate rises to over 60%. The main problem is that young children often only have skin symptoms.
- Peppermint is generally seen as an antidote to homeopathic remedies. Although there are many “incidents” involving peppermint, we rarely see antidoting. This case is an exception.
- We start the treatment of these children with 30 C to avoid the risk of an uncontrollable initial aggravation. If the effect is satisfactory, a 200 C can be used two weeks later. If there has been strong initial aggravation, this must be diluted in three glasses of water (see the procedure described at www.heinerfrei.ch, *Resources*).

4. Respiratory Tract Infections

These are the most common illnesses found in babies and young children, with coughing the most common symptom of all. *Chonmaitree et al* found in a prospective long-term study in children between the ages of 6 and 36 months an average of five upper respiratory tract infections per year.⁵ An annual incidence of twelve respiratory tract infections in this age group is “still seen as unremarkable” (*J. Bonhoeffer, UKBB*). The affected parents do not generally view this with such nonchalance. They are very concerned and frequently seek help from complementary medicine, which can indeed often provide assistance.

The *usual symptoms* of upper respiratory tract infections are cough, coryza, throat pain, fever, and middle ear infection. If the lower respiratory tract is also affected, rattling breathing or breathing noises during inspiration and expiration as well as breathlessness can also occur.

The first thing for the doctor treating such cases is to correctly assess how threatening the illness is. This chiefly means casetaking and physical examination as well as, if required, CRP and blood tests, plus measurements of percutaneous oxygen saturation. Radiological tests are rarely necessary. The level of fever is no indicator of the dangerousness of the symptoms. *Warning signs* are when the child is irritable or lethargic, grey skin colour, rapid breathing, intercostal retraction, low oxygen saturation (children with O₂ values below 90% must be hospitalised with oxygen treatment), meningism, petechiae and pain.

Case 4

The father of two-and-a-half-year-old Linda and four-year-old Rose has a severe cough that is resilient to all treatment. Finally the bacteria *Bordetella pertussis* is identified in his nose. Shortly afterwards, both children (not vaccinated as requested by the parents) fall ill with coryza, catarrhal cough and mild fever: their GP treats them with erythromycin, which has no effect. I see them for the first time four weeks after the start of the illness. Both are suffering from suffocative fits of coughing, especially at night, during which large amounts of tough sputum are coughed up (stadium convulsivum). The violence of the attacks means that the family has hardly slept for the last week, and everyone is exhausted: "If I had known it would be like this, we would have had them vaccinated ..." says the mother.

The *examination* shows that the children are affected by lack of sleep but are otherwise well. The only problem found is reddening in the throat, until Rose starts coughing, turns blue and with great difficulty brings up the tough sputum while choking and coughing. The attack ends with a whistling intake of breath that the old paediatricians used to call a *cock crowing*. After the fit, the child is pale and exhausted.

On the *Checklist* the mother writes down the same symptoms for both children:

- Cough with expectoration
- Breathing panting
- Expectoration tenacious
- < Cough (draws in the air)
- < Lying – P
- < While falling asleep – P
- < Warmth – P
- > Uncovering – P
- > Open air – P
- Coryza with profuse discharge
- Night sweats
- Sticky eyes

Here we use all polar symptoms together with the cough symptoms to sufficiently restrict the choice of remedy. Coryza with profuse discharge, night sweats and eye symptoms are nonspecific and do not assist remedy selection.

Repertorisation – Linda and Rose²

L + R D

Whooping Cough

		Puls.	Phos.	Acon.	Bry.	Ign.	Mur-ac.	Nit-ac.	Nux-v.	Merc.	Lyc.
Hits		8	8	8	8	8	8	8	8	8	7
Sums		28	20	15	21	12	11	9	14	13	23
Polarity Difference		15	6	4	2	1	1	1	-9	-1	14
125	< lying position [worse] P	4	1	1	1	2	3	1	1	1	4
99	< sleep, before; while falling asleep [w P	4	4	1	5	3	1	1	2	5	5
73	< warmth, in general [worse] P	4	1	1	1	1	1	1	1	1	2
37	> uncovering [better] P	2	2	3	1	2	1	1	1	1	4
93	> open air [better] P	4	3	3	2	1	1	1	1	1	2
105	cough, with expectoration	4	4	1	3	1	1	1	2	1	4
35	breathing, panting	2	1	2	4	1	2	2	2	1	
109	< coughing, while [worse]	4	4	3	4	1	1	1	4	2	2
4	expectoration, blood, tenacious										
106	> lying position [better]		1	1	4/CI	1	1	1	4/CI	2	1
1	> sleep, before; while falling asleep [better]									3	
90	> warmth, in general [better]	1	2	3/CI	2	3/CI	2	1	4/CI	1	1
56	< uncovering [worse]	1	1	1	1	1	1		3/CI	1	
110	< open air [worse]	1	1		1	3/CI	2	2	4/CI	3/CI	1

We supplement the repertorisation with the rubric *whooping cough* from Boenninghausen's Characteristics and Repertory (p. 707) by Boger: *Aco*, *Bry*, **Nux-v**, *Phos*, **Puls**, *Ars*, *Bar-c*, etc.⁴

Interpretation

Five remedies cover all symptoms, including the whooping cough, but three of them have contraindications. *Pulsatilla* has the highest polarity difference and is therefore the first choice.

Materia Medica Comparison for Pulsatilla (GS)

Whooping cough. Shattering, spasmodic cough ... especially in evening or at night ... catching of breath ... retching and desire to vomit... < bedtime. Cough: dry at night, going off when sitting up in bed ... after every sleep. Expectoration of large quantities of ... mucus. Chronic cough after whooping cough; < at night, talking and walking.

Prescription and Progress

Boenninghausen's dosage recommendation has proved particularly effective for whooping cough: we administer the indicated remedy three times a day (morning, afternoon, evening) on two successive days – in this case the remedy is *Pulsatilla 200 C*.

I next see the child six days later. The cough improved greatly in the first three days (90%). Over the next ten days it disappears completely.

Comment

- The fact that two siblings require the same remedy is rather unusual. The most likely explanation is that they both needed the same epidemic remedy.
- In the treatment of cough, the symptoms are often confused by the patient's self-administered allopathic medication. It is therefore recommended to concentrate on the use of polar symptoms, which are independent of the use of allopathic treatment.
- If no suitable remedy can be found for whooping cough, a nosode from the patient's own blood often helps.⁶

Case 5

Two-year-old Anna has been hoarse for three days. In the night before the consultation she developed a barking cough and she is breathless. When breathing in she has intercostal and jugular retraction, and the intake of breath is accompanied by a whistling sound. The paediatric clinic advises the anxious parents by phone to hold her over the bath to breathe in the steam, and to administer an anti-inflammatory suppository (NSAID – non-steroidal anti-inflammatory drug). These measures scarcely help and the night passes with much difficulty.

I see Anna the next day: she is cheerful but still has a hoarse voice. Her throat is reddened and there is audible stridor on inhalation. Apart from that she is normal. The clinical picture corresponds to an attack of *pseudocroup*.

On the *Checklist* the parents note the following symptoms:

- Cough dry
- Hoarse voice
- < Breathing in – P
- < Lying – P
- < While falling asleep – P
- < While waking up
- > Sitting – P
- > Open air – P
- Thirstlessness – P

Due to the low number of symptoms, the repertorisation uses all available symptoms.

Repertorisation²

A. E.

Pseudocroup

		Puls.	Rhus.	Sulph.	Kali-c.	Phos.	Tarx.	Ars.	Spong.	Bry.	Carb-v.
Hits		9	9	9	9	9	9	9	9	9	9
Sums		29	26	22	19	25	16	23	22	24	22
Polarity Difference		11	11	10	10	9	9	8	8	7	7
113	cough, without expectoration (dry)	3	3	3	2	4	1	3	4	3	3
93	voice, hoarse	3	2	2	2	4	1	1	4	2	4
100	< breathing, in (inspiration) [worse] P	1	4	2	3	1	1	1	3	4	1
125	< lying position [worse] P	4	4	2	2	1	4	4	1	1	2
99	< sleep, before; while falling asleep [worse] P	4	5	3	4	4	2	4	4	5	4
111	< sleep, after waking up [worse] P	5	4	5	3	4	2	5	1	2	4
101	> sitting [better] P	1	1	1	1	2	1	1	1	4	2
93	> open air [better] P	4	1	2	1	3	2	1	3	2	1
86	thirst, absent P	4	2	2	1	2	2	3	1	1	1
33	> breathing, in (inspiration) [better]	3/CI					1			1	
106	> lying position [better]		1	1	1	1		1	1	4/CI	1
1	> sleep, before; while falling asleep [better]										
28	> sleep, after; while waking up [better]	2				4		3		1	
126	< sitting [worse]	4/CI	4/CI	1	1	1	3/CI	2	2	1	1
110	< open air [worse]	1	2	1	1	1	1	1	1	1	3/CI
99	thirst	2	3/CI	4/CI	2	1		4(CI)	2	4/CI	3/CI

Interpretation

26 remedies cover all symptoms but only five have no contraindications. The highest polarity difference is found for Kalium carbonicum (10), Phosphorus (9) and Spongia (8). If we add the symptom *cough: barking* from Boger-Boenninghausen⁴, only Spongia and Phosphorus remain.

Materia Medica Comparison for Phosphorus (GS)

Hollow cough, mostly in morning in bed, also at night, prevents falling asleep

Materia Medica Comparison for Spongia (GS)

Cough: dry, barking, hollow, croupy, [day and night, increasing towards evening].

Prescription and Progress

Due to the large polarity difference, I decide on Phosphorus as the first remedy and Spongia as the reserve remedy.

Phosphorus 200 C has no effect. In the evening the child has another fit of pseudocroup, which is rapidly and thoroughly cured by *Spongia 200 C*.

Comment

- With hindsight it would have made more sense to base the initial prescription on the approved indication of *Spongia* since the difference in the polarity difference between the two remedies was so minimal.
- *Kalium carbonicum* was disregarded not because it failed to cover the symptom of a barking cough but because the period of worsening of the girls' coughing fits was in the first half of the night, whereas for this remedy the period of worsening is later, typically around 3 to 4 a.m. in the night.

Evaluation of Homeopathy for Coughing: A Comparison of the Boenninghausen Method and Polarity Analysis

Study Design

After it was found that the use of polarity analysis for ADHD patients achieved noticeably higher hit rates for remedy selection⁷, it was then first tested prospectively for the keynote *coughing*. We compared the results of this outcome study with an earlier work, which prospectively tested the results of the Boenninghausen method in combination with the cough rubrics from Boger's book *Boenninghausen's Characteristics and Repertory*⁴.

Inclusion Criteria for Both Studies

All patients with *cough* who visited our practice from a certain point in time were included in the study. The study therefore concerns a mixture of various respiratory illnesses (irritable cough, bronchitis, obstructive bronchitis, pneumonia). Asthmatics were not included in the cough study but were evaluated separately. The age of the patients was not restricted.

Remedy Selection and Prescription

In the polarity analysis group, the usual casetaking with the *Checklist for Acute Illness: Airways* was supplemented by a repertorisation with the software for Boenninghausen's Therapeutic Pocket Book, revised edition 2000.² In the

Boenninghausen comparison group, remedy selection was with the software for Boenninghausen's Therapeutic Pocket Book 1897⁸, supplemented with Boger's cough rubrics.⁴ In both groups, the best remedy was administered in the potency 200 C. If this dose did not have a sufficient effect, the next best remedy was administered two days later, also in 200 C.

Outcome Parameters

The outcome parameter we used was the parental rating of the illness seven to ten days after the start of treatment – we asked the parents to estimate the overall improvement of the acute illness as a percentage. The second remedy was administered when the first remedy did not bring an improvement of 50% or more after two days. An improvement of at least 50% after four days at most plus no need for a follow-up consultation was evaluated as *successful treatment*.

Results

In the polarity analysis group, 48 patients were treated. 54% of them were healed with the first remedy, 29% with the second. A follow-up consultation was necessary for 17% because they did not experience an improvement of at least 50% after the second remedy.

A total of 103 patients were treated in the Boenninghausen group. 45% of these were healed with the first remedy, 30% with the second, and 25% required a follow-up consultation due to inadequate improvement (figure 2).

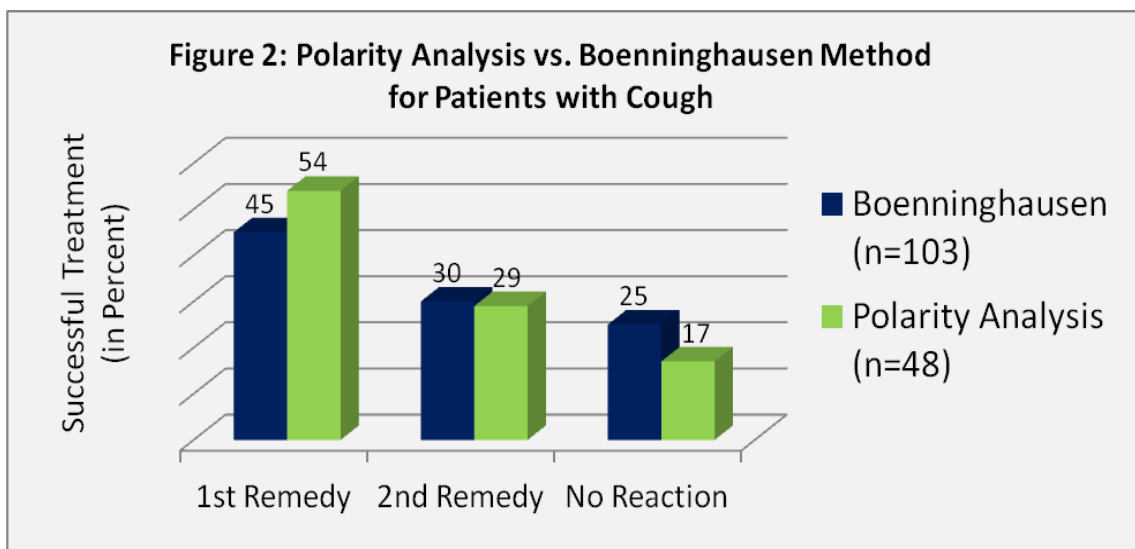


Table 1 shows the time required to cure respiratory tract infections with *conventional medical* treatment.

Table 1: Average Duration of Respiratory Tract Infections with Conventional Medical Treatment

• Acute Otitis media	7-8 Days
• Tonsillitis	2-7 Days
• Pseudocroup	2 Days
• Bronchiolitis	21 Days
• Acute cough	25 Days
• Coryza	15 Days
• Nonspecific respiratory tract infections	16 Days

Thompson M et al, BMJ (2013) 347: p 7027 ff.⁹

Discussion

The hit rate of the first remedy (initial hit rate) is higher for polarity analysis than for the Boenninghausen method (54% vs. 45%), and the best-fitting remedy to cure the patient is found more frequently (83% vs. 75%). Whereas the successful action of the first remedy can very probably be regarded as a true homeopathic cure, patients “cured” with the second remedy might in fact have recovered spontaneously. This is true to the same extent for both groups, however, so that it cannot have any effect on the overall results. Polarity analysis is shown to be the optimal form of treatment. Our study also shows that homeopathy heals respiratory tract infections more quickly than conventional medicine.

5. The Irritable Child

Approximately ten percent of babies and young children show irritability, for which the following are diagnostic indicators: motor restlessness, frequent and long-lasting crying, feeding problems, sleep disorders, oversensitivity to noise, light, and rapid movement, plus borderline normal psychomotor development. The cause may be birth complications, neonatal illness (infections, haemorrhage), nicotine or narcotic withdrawal in the newborn, and lack of food. Frequently we find no such clear cause but instead one parent is also irritable.

In this case it is probably a genetic problem in which a combination of the senses of perception is affected: sight, vision, touch, temperature sensitivity, balance and proprioception. As a rule the peripheral organ of perception functions normally but the selection and processing of the sensory stimuli is pathological, leading to the symptoms mentioned. All this is strongly reminiscent of the diagnosis ADD / ADHD.

Early Symptoms of Perceptual Disturbance in Babies and Young Children

- Restlessness or passivity
- Nervousness, jumpiness
- Dislike of touch
- Unusual eating habits
- Muscle tone too high / too low
- Skipping developmental stages
- Very clean child, cannot tolerate having dirty hands
- Does not see danger
- Lack of stamina, impatience, throws things around
- Motor clumsiness
- Intolerance of frustration, fits of rage, hitting

Homeopathy is a mild treatment free of side effects that is especially suitable for these children.

Case 6

The pregnancy with Reto was normal. The only hint that he was not exactly going to be an easy baby was that he moved a lot in the womb. The birth was at normal term and, apart from conjunctivitis and icterus prolongatus, he had no neonatal problems. But in the checkups, he is irritable and cries a lot; his muscle tension is in the upper normal range and when under stress he frequently bends his body backwards. The switch from breast milk to baby food and later to solids is difficult, and his psychomotor development is borderline normal: sitting at 9 months, walking at 16 months, and at two-and-a-half-years

old he has not spoken a single word but appears to understand everything. The most striking thing is his behaviour: he rampages around the consulting room, pulling books from the shelves, screaming, running around, hitting us, and is almost impossible to examine.

The parents dismiss my concerns by pointing out that they themselves were very wild children. It is only when they have a second child, a normal girl that they realise how far Reto's development diverges from the norm. Now they finally agree to a neuropsychological assessment. This results in the diagnosis of severe behavioural abnormality and delayed speech development. Special education is started for Reto and we conduct the initial casetaking with the help of the *Checklists for Perception Disorders and for Additional Complaints* the parents note the following:

Reliable symptoms

- < Talking – P (late development of speech)
- < Warmth – P
- > Uncovering – P
- < Before falling asleep
- Irritability – P (hits other children and parents)
- Muscles flabby – P

Less reliable symptoms

- > Movement – P (of all types)

Additional Complaints

- Diarrhoea
- Constipation
- > Open air – P (unreliable for disturbances of perception)
- > During sleep – P (normal)
- > After eating – P (normal)
- > Touch – P (normal in children)
- Hunger – P (always, is a characteristic, not a symptom)

So we have only a relatively small amount of information for the remedy selection, despite the severe illness. This is connected to the parents' dissimulation.

If we only repertorise the reliable symptoms, the differential diagnosis contains too many remedies. If we add the moderately reliable symptom *movement ameliorates*, we end up with the following result.

Repertorisation²

R. F.

Irritable Child

		Lyc.	Calc.	Cham.	Verat.	Puls.	Sulph.	Merc.	Bry.	Chin.	Ferr.	Seneg.
Hits		7	7	7	7	7	7	7	7	7	6	6
Sums		23	20	17	15	20	18	16	15	15	14	12
Polarity Difference		18	17	13	12	11	8	8	8	7	10	10
77	< talking, speaking [worse] P	2	4	3	3	1	4	1	3	4	1	
73	< warmth, in general [worse] P	2	1	2	1	4	2	1	1	1	1	3
37	> uncovering [better] P	4	3	2	3	2	2	1	1	2	3	2
99	< sleep, before; while falling asleep [w P	5	5	1	1	4	3	5	5	3		1
64	irritability (anger, aggression) P	3	2	4	3	3	3	2	3	2	3	2
53	muscles, flabbiness P	3	4	3	2	2	3	3	1	2	2	3
102	> movement, during [better] P	4	1	2	2	4	1	3	1	1	4	1
1	> talking, speaking [better]										1	
90	> warmth, in general [better]	1	1	1	1	1	3/CI	1	2	2	2	1
56	< uncovering [worse]			2		1		1	1	2		
1	> sleep, before; while falling asleep [better]							3				
37	mildness	3			1	4(CI)	3					
34	muscles, tense					2	2			1		
126	< movement, during [worse]	1	2	1	1	1	2	3	4/CI	3/CI	1	1

Interpretation

All symptoms are covered by nine remedies, five of which have no contraindications. In terms of polarity difference, the outstanding remedies are Lyc, Calc, Cham and Ver-a. If we add the symptom *hitting* (Kent Repertory)¹⁰, Lycopodium and Veratrum album remain, and if we add *hitting in children* Chamomilla appears too, which appears to me to be the most likely remedy in view of the highly aggressive behaviour.

Materia Medica Comparison for Chamomilla (GS)

Whining restlessness; the child wants this and that, which, when offered, is refused or pushed away ... Child suddenly stiffens body and bends backwards,

kicks when carried, screams immoderately and throws everything off ... Child does not wish to be touched. After anger or chagrin.

Prescription and Progress

Reto is given a dose of *Chamomilla 200 C*.

One month later the parents say that he is doing somewhat better, is less aggressive to his little sister but is still very restless. Improvement 10-20%. In the Conners' Global Index (a rating for ADHD patients)¹¹ he drops from 24 to 20. In terms of speech development, there is no improvement.

Since Reto sweats a great deal, teethes late but severely, is hypotonous and rather pasty, I now choose *Calcium carbonicum 200 C* as the follow-up remedy. (For Lycopodium the dictatorial behaviour is missing, which is something we almost always see with this remedy).

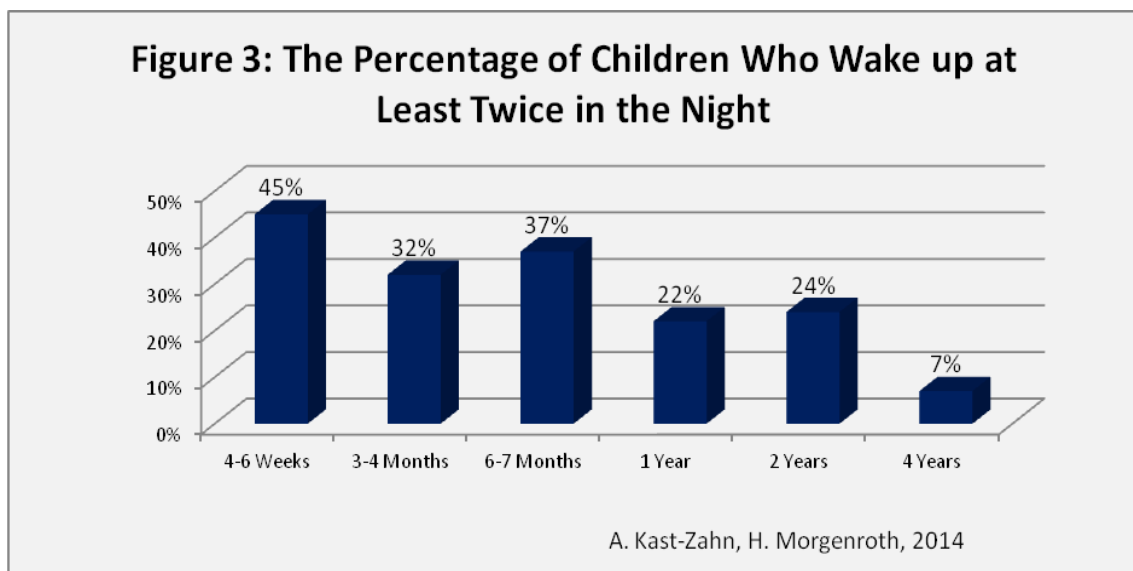
A month later he is calmer, can sit on a chair for a short time and play with the same toy for a longer period. In his new playgroup, he is doing OK (which surprises me somewhat). The CGI is now 16, dropping after Calcium M and XM within the next two months to 4, which is where it remains with monthly doses of Calcium.

Comment

- With disturbances of perception there are many unreliable symptoms. It is therefore important to know which ones can be safely used for repertorisation. The classification of symptoms into reliable, reduced reliability, and unreliable is marked on the *Questionnaire for Disturbances of Perception*, available at www.heinerfrei.ch. We will look at this problem more closely in module 9.
- Hitting and bending the body backwards are not reliable symptoms. With hindsight, we should have chosen Lycopodium and Calcium carbonicum as the first-choice remedies.

6. Sleep Disorders

Sleep disorders are a common phenomenon in children. Anette Kast-Zahn and Hartmut Morgenroth found in their studies that 22 to 37 percent of all children between six months and two years wake up at least twice a night (fig. 3).¹² With such a common problem we need to ask whether it is really pathological or whether there are just variations from the norm. *A disturbance only exists when someone feels disturbed.* There are parents who cope easily with the night-time waking of their children and others who suffer from it. At least for the latter group we need to find a solution. The first edition of the book *Every Child Can Learn to Sleep* was a bestseller, which illustrates the resonance of this issue.



Classification of Sleep Disorders

Broadly speaking we can differentiate non-organic sleep disorders, parasomnia, and organic sleep disorders. *Non-organic disorders of falling or staying asleep* can have *educational* reasons: if a child cries at night, the parents must go and find out what is preventing the child sleeping. The fact that they come is experienced by the child as a reward. Without wanting to, they are non-verbally informing the child that crying is something good ... This miscommunication must be verbally corrected. The book mentioned above contains excellent guidelines, which in our experience mostly help the child to sleep through the night.

We should further *differentiate* the sleep disorders with an educational origin from those with an *emotional origin*, such as family problems (both parents working so the child demands their attention at night), unsettling marital conflicts or events of an upsetting nature such as the birth of a sibling. If these causes cannot be removed, they can often be successfully treated with homeopathy. The same is also true of *parasomnia*: sleepwalking, pavor nocturnus [night terror] and nightmares. Sleepwalking occurs in 17% of the four to six-year-old children, and pavor nocturnus affects 17% of children in the first to eleventh years of life.

The *organic cause of sleep disorders* that we most frequently see is occluded upper airways, leading to snoring and sleep apnoea, then disturbances of perception (ADD / ADHD / autism), finally psychomotor developmental disturbances, and ultimately obvious mental disability. Here too homeopathy can often cure the sleep problem or at least ameliorate it.

Case 7

Eleven-month-old Nick is the family's first child. He is very active in the daytime, alert and taking in everything happening around him. Unfortunately his sleep rhythm does not follow any routine: he needs approximately an hour to fall asleep, during which time he needs the constant attention of his parents. Then he sleeps with various interruptions for between nine and twelve hours. An attempt to influence his sleeping patterns with the above mentioned book is unsuccessful. His mother comes to our homeopathic clinic in a state of exhaustion because she is already expecting her next child. Nick's only other health problem is a tendency to vomiting and diarrhoea with mucus-filled stools during teething. The *examination* reveals Nick to be restless and defensive but I cannot find any specific physical disorder.

The parents mark the following on the *Checklist*:

- Late to fall asleep, frequent waking during night
- < Lying – P
- < Warmth – P
- > Uncovering – P
- > Movement – P

- Thirst – P
- Vomiting, diarrhoea, stools with mucus
- < Teething
- Irritability

For the repertorisation we first only use the polar symptoms. Since these are insufficient to narrow down this case, we add the additional symptom < *teething* and *stools with mucus*. The remaining symptoms are nonspecific and do not help with remedy differentiation.

Repertorisation²

N. G.

Sleep Disorder

	Cham.	Ferr.	Lyc.	Puls.	Verat.	Seneg.	Carb-v.	Calc.	Sep.	Merc.	Sulph.	Nit-ac.	Lach.	Ign.	Chin.	Phos.	Acon.	
Hits	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	6	
Sums	22	17	19	23	16	12	13	13	16	15	18	10	10	14	13	13	14	
Polarity Difference	13	12	11	8	8	8	5	5	4	4	3	3	3	2	1	0	8	
125 < lying position [worse]	P	4	4	4	4	2	2	2	1	3	1	2	1	2	2	1	1	1
73 < warmth, in general [worse]	P	2	1	2	4	1	3	1	1	1	2	1	1	1	1	1	1	
37 > uncovering [better]	P	2	3	4	2	3	2	1	3	1	1	2	1	1	2	2	2	3
102 > movement, during [better]	P	2	4	4	4	2	1	1	1	3	3	1	1	2	1	1	1	
99 thirst	P	4	1	1	2	3	1	3	4	2	4	4	3	1	2	4	1	4
64 irritability (anger, aggression)	P	4	3	3	3	3	2	2	2	3	2	3	1	2	4	2	3	4
75 stool, slimy	4	1	1	4	2	1	3	1	3	3	4	2	1	2	2	2	4	
106 > lying position [better]	1	1	1		1	1	1	3/CI	1	2	1	1	1	1	1	1	1	
90 > warmth, in general [better]	1	2	1	1	1	1	2	1	2	1	3/CI	1	2	3/CI	2	2	3/CI	
56 < uncovering [worse]	2			1					2	1			1	1	2	1	1	
126 < movement, during [worse]	1	1	1	1	1	1	1	2	1	3	2	2	1	1	3/CI	3/CI	1	
86 thirst, absent			1	4/CI	2		1	1	3/CI	1	2	1	1	1	2	2		
37 mildness			3	4(CI)	1						3			3				

Interpretation

Sixteen remedies cover all symptoms. If we add the symptom *teething aggravates* (BTB 2000) only Chamomilla, Mercurius solubilis and Nitricum acidum have no contraindications. Due to the large polarity difference, Chamomilla is the favourite.

Materia Medica Comparison for Chamomilla (GS)

Sleepy but cannot sleep ... but if he lies down he is unable to sleep, and remains awake. Sleepless and restless at night ... with weeping, howling, groaning and tossing about. Teething children: with ... diarrhoea ... consisting of feces and mucus

Prescription and Progress

Nick is given a dose of *Chamomilla 200 C*.

He sleeps through the next four nights. Then he has an initial aggravation with defiant behaviour and extreme fits of rage. Since the parents can hardly bear this, they give him a dose of *Chamomilla M* after just eight days. He now calms down, can fall asleep on his own and wakes less frequently at night. Two weeks later he again becomes sullen: *Chamomilla XM* helps and the parents are able to sleep undisturbed for the first time in a year.

It is noticeable that the effect of the remedy always only lasts a relatively short time, following which the defiant behaviour quickly returns. We therefore decide on treatment with daily Q potencies, which provides long-lasting relief.

Comment

- For the selection of symptoms for repertorisation, nonspecific symptoms can be omitted. Non-polar sleep symptoms, vomiting and diarrhoea do not help to select the remedy.
- The dosage is in this case remarkable: severe initial aggravation can often be prevented by switching to the next higher potency, here *Chamomilla M*.
- If the effect of individual doses is exhausted more rapidly than usual, switching to daily doses of the Q potency can often help. We often see this for ADHD patients. This diagnosis cannot yet be excluded for Nick.

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