

Homeopathy and Polarity Analysis Children

Module 6 Illness in Preschool and Young School Children Aged 4-7

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Age Group Four to Seven Years Old

Even at kindergarten, which many children attend from the age of four or so, much is often expected of them. For those who have not already attended some form of preschool group, this is the first time that they have left the family – a major step. There is a wide variation in development and the more dreamy children react with anxiety and other health disturbances. In this module we look at, on the one hand, problems of early schooling and maturation (separation fears, secondary bedwetting, constipation and encopresis), on the other hand other frequent infections such as influenza-like illness, ENT infections and childhood illnesses.

1 Problems of Early Schooling and Maturation

Separation anxiety can only be caused by a lack of self-confidence. But perceptual disturbances or changes in the family such as the birth of a younger sibling or marital conflicts can cause a child to cling to the parents in panic. And sometimes it is the parents who have difficulty letting go of their children. Psychotherapy for such disturbances is very laborious and time-consuming. Therefore homeopathy presents a treatment option that generally delivers relatively rapid help.

Case 1: 6-year-old Julia, Crisis When Starting School

Julia has completed two years of kindergarten. When starting the first class of school, she suddenly suffers severe separation anxiety and cannot let go of her mother. When she has to stay at school without her mother, she screams and rages in front of the teacher and her fellow pupils. The mother decides to remain with her at school to start with. But her attempts to slip out of the classroom regularly fail. In this difficult situation she comes to us in the hope that homeopathy can help. The discussion reveals that the girl's father has also been suffering from anxiety and compulsion, which has very much unsettled Julia. The anchors of the family are the mother and the older sister. An additional complaint is a chronic disturbance in the ventilation of the right Eustachian tube, with a tendency to middle ear infections.

Since the mind symptoms are often an uncertain indicator to the remedy, we try to only use them for remedy selection during the materia medica comparison. The only exception here is the two polar symptoms *irritability* and *sadness*. Physical polar symptoms are the optimal route to select the remedy.

For casetaking we therefore use the *Checklist*, which yields the following symptoms:

- Irritability – P
- Sadness – P
- Ear right – P
- Obstruction in ears
- < Warmth – P
- > Uncovering – P
- < While falling asleep – P
- < After sleep, while waking up – P
- > After getting up – P

Repertorisation (Polarity Analysis Software)¹

J. A.

Crisis when Starting School

		Lyc.	Calc.	Merc.	Puls.	Sulph.	Chin.	Cham.	Sep.	Bry.	Nit-ac.	Verat.	Phos.	M-arc.	
Hits		8	8	8	8	8	8	8	8	8	8	8	8	7	
Sums		28	21	20	29	23	18	18	22	18	14	18	19	16	
Polarity Difference		17	14	12	11	11	11	10	9	9	8	7	5	12	
64	irritability (anger, aggression)	P	3	2	2	3	3	2	4	3	3	1	3	3	3
61	sadness (dejection, inclined to weep)	P	3	2	1	3	2	2	3	2	2	1	2	1	1
73	< warmth, in general [worse]	P	2	1	1	4	2	1	2	1	1	1	1	1	2
37	> uncovering [better]	P	4	3	1	2	2	2	1	1	1	3	2	3	
111	< sleep, after waking up [worse]	P	4	4	4	5	5	5	3	4	2	5	2	4	3
99	< sleep, before; while falling asleep [w	P	5	5	5	4	3	3	1	4	5	1	1	4	1
124	> rising from bed, after [better]	P	3	2	3	4	3	2	2	4	1	1	3	3	3
48	hearing, obstruction of the ears		4	2	3	4	3	1	1	3	3	3	3	1	
37	mildness		3			4(CI)	3						1		2
42	cheerfulness, happiness		2			3							3/CI	3/CI	
90	> warmth, in general [better]		1	1	1	1	3/CI	2	1	2	2	1	1	2	
56	< uncovering [worse]				1	1		2	2	2	1			1	
28	> sleep, after; while waking up [better]			1		2		2	1	4	1			4	1
1	> sleep, before; while falling asleep [better]				3										
80	< rising from bed, after getting up [worse]		1	3/CI		3	3		3/CI	2	2	2	3	3	1

Lycopodium has the largest polarity difference, Mercurius second. As a confirmatory symptom the mother now mentions that Julia is very dictatorial and tyrannizes the whole family.

Materia Medica Comparison for Lycopodium (GS)²

Anthropophobia (in children). Afraid to be alone. Irritability and melancholy; strikes her attendant and grows angry; scolds much and violently. Want of self-confidence; indecision; timidity; resignation. Sensitive; even cries when thanked. Peevish and cross on getting awake; easily excited to anger. Obstinate, defiant, arbitrary; seeks disputes.

Materia Medica Comparison for China (GS)

Inconsolable anxiety ... Excessive nervousness, with lowness of spirits and intolerance of noise. Disobedient ... Dreadful feeling of excitement.

Prescription and Progress

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

The effect is astonishing: two hours after taking the remedy she has a strong fit of anger. Then her mood changes abruptly and she feels good. The next day she stays in school on her own without making any fuss – as if nothing had happened ... This state of affairs continues – without any further doses of the remedy.

Comment

- We occasionally see such amazing results. Imagine how much psychotherapy would have been needed to achieve this result ...
- Polar physical symptoms are more reliable indicators to the correct remedy than mind symptoms, which we use at the stage of the materia medica comparison.

1.2 Enuresis Diurna and Nocturna

Definition: A lack of bladder control after the third to fourth year with wetting in the daytime is called *enuresis diurna*, whereas with nightly wetting it is called *enuresis nocturna*. Enuresis can be *primary*, meaning that bladder control has not yet been achieved, or it can be *secondary* if control is lost after once achieved. Occasional

wetting in times of illness or increased stress can occur but is not regarded as pathological until the eighth year.

Epidemiology: Whereas at the age of five, 16% of all children do not yet have continuous bladder control, by the age of seven and a half it is only 7%. This drops to 2% by the age of 18. In 80% of cases the problem is enuresis nocturna whereas in 15% it is enuresis diurna and nocturna, and in 5% it is enuresis diurna.

Aetiology: Bedwetting is often familial – one or both parents have suffered from enuresis as children. We can therefore assume that it is usually caused by a genetic delay in the maturation of bladder control. The assumption that the problem is caused by psychological conflicts has not been confirmed despite several studies. In contrast to this finding there is the observation that children from the lower social classes and those from disturbed families and children's homes are more commonly affected by wetting. Organic causes are found in only one to ten percent of patients, depending on the study.

Assessment: Casetaking, urine test, urine culture, blood test and determination of the creatinine levels are standard. Where there is a suspicion of urological malformation, it is advisable to conduct ultrasound of the abdomen. If there are chronic recurrent urinary tract infections, a micturating cystourethrogram (MCUG), or occasionally an intravenous pyelogram can be performed. Children who do not react to treatment must be investigated with bladder manometry to exclude a neurogenic disturbance of bladder function.

Treatment: The treatment of choice is to train bladder control with the help of a bedwetting alarm that wakes the children when they wet the bed: a sensor is inserted into the underwear and this triggers an alarm and wakes the child if wetting occurs. Around 90% of children attain bladder control with this procedure within two months. If this does not help – for example, due to deep sleep – homeopathy can be tried. We regard treatment with antidiuretic hormone (ADH) as a short-term emergency measure for when the child must not wet, such as during holiday camps. The problem is that the external dosage of ADH downgrades endogenous production, which contradicts the overall aim of the treatment.

Case 2: 5-year-old David, Sensitive to Cold and Wet Weather

David is a very lively and sociable little lad. His development has so far been normal. But as soon as he is exposed to wet or cold weather he loses bladder control, both

during the day and at night. He is the younger of two boys from an intact and unremarkable family. A treatment attempt by the family GP using the bedwetting alarm was unsuccessful: without waking up, David turned off the alarm and continued sleeping in the wet bed. Physical examination and lab tests are normal so we finally decide on homeopathic treatment.

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

- Involuntary urination daytime
- Involuntary urination night-time
- Urination frequent – P
- Urination profuse – P
- < When getting cold – P
- > Wrapping up warmly – P
- < Getting wet / soaked
- < Weather, cold and wet
- < Bathing, cold
- < Feet getting wet
- Desire for movement – P

If we repertorise in this case only the five polar symptoms, the result is 23 remedies, ten of which have no contraindications. *Rhus toxicodendron* is the favourite with a polarity difference of 17. To further restrict the remedy choice, we add the symptoms *involuntary urination* and *involuntary urination night-time*, < *getting wet / soaked* and < *weather, wet and cold*. We do not use the symptoms < *bathing, cold* and < *feet getting wet* because they contain fewer than ten remedies, which restricts the case too much. The result is as follows:

Repertorisation¹

D. B.

Enuresis Diurna and Nocturna

		Rhus.	Sep.	Bry.	Bell.	Mur-ac.	Nat-c.	Ars.	Mag-c.	Merc.
Hits		9	9	9	9	8	8	8	8	8
Sums		36	19	20	20	15	14	19	12	21
Polarity Difference		17	2	1	1	6	6	5	5	4
76	urination, involuntary	4	3	2	3	2	1	2	2	3
74	urination, involuntary at night	4	3	3	4	1	1	3	1	3
90	urination, frequent P	4	1	3	2	3	3	1	1	4
99	urination, profuse P	4	1	2	2	4	2	2	1	3
78	< cold, when getting cold [worse] P	4	3	3	2	1	2	4	2	2
56	> warmly, from wrapping up [better] P	4	2	1	2	1	2	3	2	2
58	movement, desire for P	4	1	2	1	1	1	2	1	1
55	< weather / air, cold and wet [worse]	4	1	1	1	2	2		2	3
28	< wet, getting, drenched [worse]	4	4	3	3			2		
68	urination, infrequent		1	1	2	1		1		1
91	urination, scanty	1	1	3/CI	3/CI		1	2	1	1
74	> cold, when getting cold [better]	1	1	3	1	1	1			3/CI
37	< warmly, from wrapping up [worse]	1	1	1		1				1
68	movement, aversion to		2	2	2	1	2	4/CI	1	2

All symptoms are covered by four remedies, two of which have contraindications. Due to the high polarity difference, *Rhus toxicodendron* is the best remedy, and it also covers the symptoms not used in the repertorisation: < *bathing, cold* and < *feet getting wet*.

Materia Medica Comparison for Rhus toxicodendron (GS)

Frequent urging day and night, with increased secretion. Urine involuntary, at night, and while at rest. Weakness of bladder in girls and women, with frequent desire to urinate; also constant dribbling in boys ... < in cold, wet weather.

Prescription and Progress

David is given a dose of *Rhus toxicodendron* 200 C.

In the first two weeks there is a noticeable aggravation with constant wetting day and night. Then the problem improves significantly. After a month the improvement has reached 50%. We continue with *Rhus toxicodendron* M, XM, LM and CM at monthly

intervals, which leads to the complete disappearance of the enuresis, also during the otherwise difficult winter months. *Period of observation: 6 years.*

Comment

- In this case we initially excluded the specific symptoms < *bathing, cold* and < *feet getting wet* from the repertorisation because they would too severely restrict the choice of remedy. This approach is recommended for all symptom rubrics with less than 10 remedies. It is possible to replace such symptoms with larger rubrics such as < *getting cold* and < *getting wet / wetting*. Yet it is perfectly acceptable to check afterwards whether the more specific symptom still fits the chosen remedy.

1.3 Constipation and Encopresis

Encopresis is the term for repeated, voluntary or involuntary soiling from the age of four onwards. It must occur at least once a month and have persisted for three months. It is important to exclude other illnesses such as spina bifida, Hirschsprung disease or congenital megacolon.

The disturbance affects approximately 1.5% of children, mostly between the seventh and ninth years of life, usually boys. *Primary encopresis* affects children over three years old who have never learned to control their stool and *secondary encopresis* applies to children who were once clean before suddenly having a relapse.

The cause of *retentive encopresis* (80-95% of cases) is chronic constipation in which large, hard lumps of stool collect in the colon and rectum and are painful to evacuate. Stool retention occurs due to the fear and pain and leads in time to slackening of the intestinal wall, resulting in overflow incontinence. With *non-retentive encopresis* (5-20% of cases) there is no constipation. It is of psychological origin and requires corresponding treatment. Apart from the practical problems, retentive encopresis has psychological effects on patients, such as shame, feelings of inferiority and fear of punishment.

Assessment

During casetaking the psychomotor development of the child must also be discussed. Occasionally encopresis is due to child abuse, which is why it is important to carefully

check for any indications of this. A physical examination, including neurological tests, abdominal ultrasound and stool investigation for traces of blood, is also necessary.

Treatment

To treat encopresis the constipation must first be treated, with the primary measures constituting of dietary steps (roughage) as well as stool training. Conventional medicine uses laxatives to accelerate the passage through the gut. This can make sense as a short-term measure but in the longer term it leads to a vicious circle, which can worsen the constipation. This is where homeopathy comes into play.

Case 3, 7-year-old Alex, Emotional Deprivation

Alex is a pale boy with rather slow psychomotor development. As a young child he was therefore sent for a long period of special education. The attention of his concerned father is also taken up with his slightly disabled mother and a younger brother suffering from a speech disorder. It might be that Alex feels neglected as a result. Since the birth of his brother he has been eating continually, which has led to severe obesity.

His current problems began a year before the consultation when he was treated with antibiotics for yersiniosis (diarrhoea, fever and joint pains). Since then he has constipation with stools only every three to four days, and he often complains of abdominal pains. In recent months he has also had stool soiling (encopresis). Alex is therefore teased and shunned at school, which further dents his not especially well-developed self-confidence.

On the *Checklist* the patients note the following:

Current problem

- Constipation with hardened stool
- Stool involuntary
- Flatulence
- < After sleeping – P
- < Before breakfast – P
- > Food warm – P
- Dislike of movement – P
- < Movement – P (< walking – P, < running – P)
- < Physical exertion – P

- > Rest – P
- > Lying – P
- > Sitting – P

Older symptoms

- Obesity
- Hunger – P
- Thirst – P
- < Cold – P (< cold weather – P, > warm weather – P)
- > Wrapping up – P (< uncovering – P)
- < Open air – P
- Difficult understanding – P
- < Mental effort – P
- < Looking at something close-up – P (< reading – P)
- < When sweating – P

The parents are keen to do everything particularly well and report many symptoms in different formulations. We mark these multiple formulations in brackets and only use the most general expression in the repertorisation – that is, the ones with the most remedies.

Despite consolidation we still have very many symptoms. We can now use Boenninghausen's approach and only repertorise the chief symptom *constipation* and *encopresis*.

Repertorisation¹

A. C.

Constipation and Encopresis

		Nux-v.	Bry.	Sulph.	Ign.	Ars.	Nat-m.	Graph.	Calc.	Merc.
Hits		11	11	11	11	11	10	10	10	10
Sums		38	32	26	20	27	28	23	24	24
Polarity Difference		24	12	11	6	4	13	13	12	11
99	constipation from hardness of faeces	3	4	3	2	2	2	3	2	3
37	stool, involuntary	2	2	3	1	3	3			1
111	< sleep, after waking up [worse] P	4	2	5	4	5	4	5	4	4
57	< stomach, empty, before breakfast [worse] P	2	1	2	3	1		1	4	1
42	> food and drink, warm things [better] P	4	1	3	2	4	2	3	1	
68	movement, aversion to P	4	2	1	3	4	3	1	1	2
126	< movement, during [worse] P	4	4	2	1	1	3	3	2	3
70	< physical effort [worse] P	3	4	4	1	4	3	1	3	2
117	> resting (not moving) [better] P	4	4	1	1	1	3	3	2	3
106	> lying position [better] P	4	4	1	1	1	3	2	3	2
101	> sitting [better] P	4	4	1	1	1	2	1	2	3
28	> sleep, after; while waking up [better]	3	1		1	3			1	
65	> stomach, empty, before breakfast [better]	2	3/CI	2	1	2	4/CI	2	1	
52	< food and drink, warm things [worse]	1	4/CI	1		1	1		2	2
58	movement, desire for	1	2	1	1	2			1	1
102	> movement, during [better]		1	1	1	2	1		1	3
6	> physical effort [better]				3/CI		1			
102	< resting, while [worse]		1	1	1	2	1		1	1
125	< lying position [worse]	1	1	2	2	4/CI	1	1	1	1
126	< sitting [worse]	1	1	1	1	2	1	4/CI	2	1

All symptoms are covered by five remedies, three of which are not considered due to contraindications. Nux vomica has an outstanding polarity difference is therefore the most probable remedy. When we also enter the additional complaints these also fit Nux vomica well, leading to an extremely high polarity difference of 44. The only missing symptom is obesity, although we are not much bothered by this since the modalities are well covered.

Materia Medica Comparison for Nux vomica (GS)

Pain in abdominal ring in morning, in bed, as if a hernia would become incarcerated. Constant pressure upon rectum, as if urging to stool, ... passing small quantities, followed by a feeling that more remains to be passed. Large, hard stools, ... involuntary ... Constant desire for food.

Prescription and Progress

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

The abdominal pain disappears within three weeks and the soiling becomes much less frequent. With *Nux vomica* M it stops completely after six weeks. Further doses of *Nux vomica* at monthly intervals and increasing potencies (XM, LM, CM) also heal the constipation, and the excessive eating also improves.

Comment

With such a plethora of symptoms, it is best to proceed in steps:

1. Consolidation of symptoms with equivalent meaning, choosing the broadest symptom. For example:

< movement, < walking, < running = < movement

< cold, < getting cold, > wrapping up, < uncovering, > warmth = < cold

2. Use of Boenninghausen's ranking of symptoms: the chief symptom is more important than the additional complaints, which we can omit if there are contradictions.

3. When the various symptoms occur over time, Hering's law can be applied, whereby the more recent symptoms take priority over the older ones since the more recent ones are the ones that ought to heal first.

2 Infectious Disease

2.1 ENT Infections

Introduction

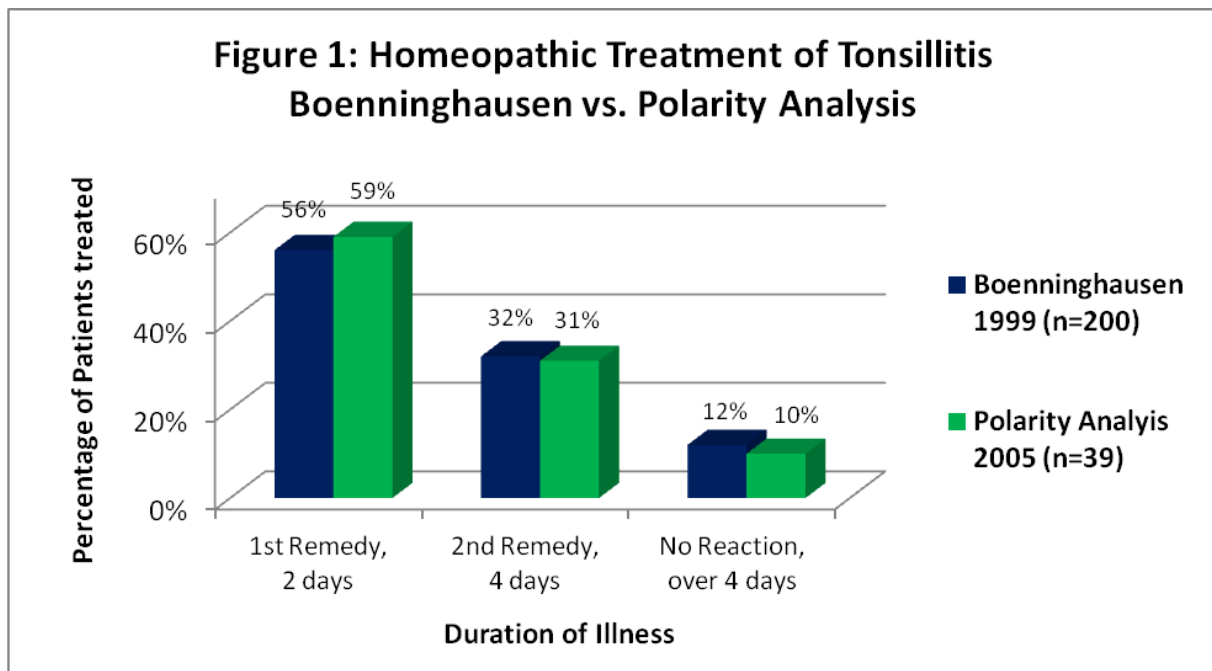
The most common ENT infection in children is *tonsillopharyngitis*. Approximately 30% of cases are bacterial (especially beta-haemolytic streptococcus and staphylococcus) and 70% are viral. Due to the increase of antibiotic-resistant pathogens, there is a rethink taking place in conventional medicine, leading to a more restrictive practice of antibiotic prescriptions. Mild bacterial infection can normally be overcome by the human immune system, even if it takes longer than with antibiotics. There is still little awareness that most antibiotics also intervene in the immune system, weakening it and so preparing the ground for the next infection.³

2.1.1 Tonsillopharyngitis Studies

Tonsillopharyngitis can generally be rapidly healed by homeopathy. In our prospective outcome studies, we have compared the treatment results of the Boenninghausen method with polarity analysis (PA). We chose the duration of illness as the outcome criterion: a *first hit* was when the patient was healthy again after two days. If not, the patient received the reserve remedy: if healing occurs after two further days, this was counted as a *second hit*. All patients who were not healed by either of the first two remedies were counted as non-responders (*no reaction*).

Results

Diagnoses: Non-suppurating tonsillitis 71.0%, scarlet fever 11.0%, suppurating tonsillitis 9.5%, herpangina 3.5%, aphthous stomatitis 3.5%. In the Boenninghausen group we recorded 56% first hits and in the PA group 59%. The second hits were almost the same in both groups: Boenninghausen 32%, PA 31%. 12% of patients in the Boenninghausen group did not react to homeopathic treatment whereas in the PA group it was 10%. *Antibiotics:* in the Boenninghausen group eight patients (4%) finally required an antibiotic. In the PA group no patients required an antibiotic (fig. 1).⁴



Discussion: Del Mar and co-workers found in their 2004 Cochrane investigation that 90% of tonsillopharyngitis cases were symptom-free after seven days, with or without

treatment. In our studies we are therefore especially interested in the first hits, in which we can plausibly claim that homeopathic treatment has reduced the duration of the illness. The polarity analysis group achieved a somewhat better result in terms of both first hits and antibiotic usage.

With conventional medical treatment, 72 of 239 patients (30%) were treated with antibiotics. In our group it was only four percent. Del Mar therefore concludes that the advantages of antibiotic treatment are very modest.⁵

Case 4, 6-year-old Reto N, Hand, Foot and Mouth Disease

Reto has had a fever of 40° C for three days, increase saliva and such severe pains in the mouth that he can no longer eat and drink. Drinking is possible but only small amounts. In addition he has a rattling cough, a blocked nose, and abdominal pains. This morning a painful, blistering skin rash has appeared around his mouth, the palms of the hands and the soles of the feet. His parents are very concerned because they associate the illness with a tick bite ten days ago. They come to the practice for an emergency consultation.

The investigation shows a highly febrile child in a generally poor state of health. The mucous membrane of the mouth is covered in blisters and the cervical lymph nodes are swollen. In view of the state of the skin, we diagnosis hand, foot and mouth disease, an illness similar to the foot-and-mouth disease affecting cloven-hoofed animals but caused by different pathogens. In children it occurs as an epidemic, lasting on average ten days. Apart from painkillers, there is no conventional medical treatment available.

Using the *Checklist* his mother notes the following symptoms:

- Pain in mouth, coryza with blocked nose, coughing without discharge, abdominal pain, sleeplessness between 22:00 and 02:00
- During eating: worse – P*
- After eating: worse – P
- Touch: worse – P
- More saliva – P
- Absence of thirst – P
- Breathing in more difficult – P
- Sitting bent: worse – P

- Open air: better – P
- Getting cold: better – P
- Warmth of room: worse – P

* P = polar symptoms

Since the patient has many polar symptoms, we initially repertorise only with these, which are often sufficient for precise remedy selection.

Repertorisation¹

R. D.

Mouth and Foot Disease

	Sabin.	Puls.	Sulph.	Sep.	Bry.	Carb-v.	Rhus.	Phos.	Caust.	Spong.	Dulc.	Spig.	Ign.	Nux-v.	Lyc.		
Hits	10	10	10	10	10	10	10	10	10	10	10	10	10	10	9		
Sums	26	33	26	24	25	20	24	23	19	16	14	19	14	22	26		
Polarity Difference	23	19	8	8	7	7	5	5	2	2	1	0	-11	-1	12		
91	<eating, during [worse]	P	1	3	1	3	2	4	1	3	3	1	1	1	2	1	3
121	<eating, after [worse]	P	2	4	4	4	4	4	4	4	4	1	1	1	1	5	4
121	<touch [worse]	P	4	3	4	4	3	3	3	1	1	2	1	4	1	4	4
86	thirst, absent	P	2	4	2	3	1	1	2	2	1	1	1	1	2	1	1
93	> open air [better]	P	4	4	2	1	2	1	1	3	2	3	1	1	1	1	2
73	<warmth, in general [worse]	P	2	4	2	1	1	1	1	1	1	1	1	1	1	1	2
42	<sitting, bent over [worse]	P	3	2	3	2	2	1	3	3	1	1	2	1	2	2	
74	>cold, when getting cold [better]	P	3	4	3	1	3	2	1	1	1	2	2	2	1	1	4
117	saliva, increased	P	1	4	3	3	3	2	4	4	3	1	3	3	4	3	3
100	<breathing, in (inspiration) [worse]	P	4	1	2	2	4	1	4	1	2	3	1	2	1	1	3
54	>eating, during [better]		1	1	1			1	1	1		2		3/CI	4/CI	2	1
52	>eating, after [better]			2	2	1			2	3	1			2	3/CI	1	
42	>touch [better]				2	1	2			3/CI	2	1					1
99	thirst			2	4/CI	2	4/CI	3/CI	3/CI	1	2	2	2	1	2	3/CI	1
110	<open air [worse]		1	1	1	1	1	3/CI	2	1	1	1	1	3/CI	3/CI	4/CI	1
90	>warmth, in general [better]			1	3/CI	2	2	2	4/CI	2	4/CI	2	4/CI	2	3/CI	4/CI	1
43	>sitting, bent over [better]			1	1		1	2	1		1	2		2	3/CI	1	3/CI
78	<cold, when getting cold [worse]				2	3/CI	3	1	4/CI	3/CI	3/CI	2	3/CI	1	2	4/CI	3
111	saliva, diminished		1	3	4(CI)	3	3	1	2	4	2	2	2	1	1	3	3
33	>breathing, in (inspiration) [better]			3/CI		2	1				1		1	4/CI	4/CI	1	

All symptoms are covered by 14 remedies but 12 of these have contraindications.

Sabina stands out with a very large polarity difference of 25, indicating that it covers the symptoms in a highly specific way.

Materia Medica Comparison for Sabina (MMRH)⁶

Aphthae. Foul odour from mouth that he himself cannot smell. Dryness of mouth and pharynx without thirst. A feeling of scraping and scratching in the palate and uvula, <

swallowing saliva. Spongy and freely bleeding gums ... Fine pricking in the tip of the tongue. Increased salivation. Blistery rash.

Prescription and Progress

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

In the space of a few hours the fever drops and the pain diminishes. The boy's general condition also improves noticeably. The next day the mouth blisters and the skin rash can scarcely be seen and Reto is playing again as if nothing had happened. At the checkup a week later all complaints have disappeared.

Comment

- In our materia medica comparison we can only find an approximation between Reto's symptoms and those of the remedy *Sabina*. Yet due to the rapid healing it was evidently the best remedy.
- We therefore always assign more weight to the polarity difference than to the materia medica.

Case 5, 4-year-old Frederik I, Hyperplasia of the Tonsils

Frederik is brought to the practice for severe snoring. His nose has been blocked for some time although he has no coryza. He sleeps with his mouth open and has sleep apnoea. At night he sweats so strongly that the pillow and bed sheet get wet. He is often tired but also a contented child who is rarely ill.

During the examination his nasal breathing can be heard. The tonsils are greatly enlarged and touch in the middle. We conclude that the adenoids are also too large and therefore the primary hindrance causing the nasal breathing.

The parents enter the following symptoms in the *Checklist*:

- Snoring, blocked nose, severe sweating
- Lying: worse – P
- Rising from bed, after getting up: worse – P
- Sitting: worse – P
- Physical exercise: worse – P
- Food and drink, warm things: worse – P
- Rattling breathing

Since we do not have very many polar symptoms, we also include the non-polar symptoms in the repertorisation.

Repertorisation¹

F. E.

Hyperplasia of Tonsils

		Puls.	Lach.	Phos.	Ars.	Sep.	Sulph.	Calc.	Caust.	Bry.	Nat-m.	Nux-v.	Rhus.
Hits		7	7	7	7	7	7	7	7	7	7	7	6
Sums		18	15	14	16	18	17	16	11	17	14	13	19
Polarity Difference		10	10	5	4	3	3	3	3	2	0	-6	8
125	< lying position [worse]	P	4	2	1	4	3	2	1	1	1	1	4
80	< rising from bed, after getting up [wor	P	3	4	3	2	2	3	3	1	2	3	4
126	< sitting [worse]	P	4	3	1	2	4	1	2	3	1	1	4
70	< physical effort [worse]	P	1	1	2	4	2	4	3	1	4	3	4
52	< food and drink, warm things [worse]	P	4	2	4	1	2	1	2	4	1	1	1
50	breathing, rattling of mucus		1	1	2	2	1	2	2	2	2	2	
61	perspiration, easy, sweatiness		1	2	1	1	4	4	3	1	3	3	2
106	> lying position [better]			1	1	1	1	3/CI	2	4/CI	3/CI	4/CI	1
124	> rising from bed, after [better]		4(CI)	1	3	3/CI	4/CI	3	2	1	1	3	3
101	> sitting [better]		1		2	1		1	2	1	4/CI	2	4/CI
6	> physical effort [better]					4/CI					1		
42	> food and drink, warm things [better]		1			4/CI	1	3/CI	1	1	1	2	4/CI

All symptoms are covered by eleven remedies but only *Lachesis*, *Phosphorus* and *Causticum* have no contraindications. Due to the large polarity difference, *Lachesis* is the first choice.

Materia Medica Comparison for Lachesis (GS)

Nasal, indistinct speech ... Obstruction of nose ... Chronic enlargement of tonsils. Tonsils swollen so that they almost meet. Sleepiness ... As soon as he falls asleep, the breathing stops.

Prescription and Progress

Frederik is given *Lachesis* 200 C.

After a month the astonished parents say that their child is now sleeping with his mouth closed. The snoring and sleep apnoea have disappeared. The improvement is 90%. A glance in his mouth shows that the tonsils are noticeably smaller.

Comment

- With a well-fitting remedy, even anatomical problems such as hyperplasia of the tonsils can be healed. The progress of this case is, however, unusually rapid. Normally we achieve an improvement of around 50%, which then increases as the potency is raised.

2.2 Flu-Like Illness, Influenza and Generalised Viral Infections

2.2.1 Definitions

- *Flu-like illnesses* are generally rather harmless viral infections of the ENT area and the respiratory tract. They can be caused by various types of viruses.
- *Influenza* affects the entire organism, is caused by influenza viruses and is significantly worse in general.
- *Generalised virus infections* also affect the entire organism but are caused by non-influenza viruses such as the Epstein-Barr virus (EBV) or the Coxsackie viruses.

2.2.2 Experience with the H1N1 Flu Epidemic⁷

During the flu epidemic of 2011, 83% of all Swiss patients were shown to have the H1N1 virus (swine flu). During a four-week period at the height of the epidemic we conducted an outcome study, for which we prospectively recruited all patients with a clinical diagnosis of influenza: fever, headache and / or sore throat, coughing, coryza, joint pain, positive blood test for viruses. We mainly repertorised with the polar symptoms, which we elicited with the help of the *Checklist for Acute Illness: Influenza and Influenza-Like Disease*. The patients were then given the best-fitting remedy in the potency 200 C plus a reserve remedy (the second-best remedy) and told to take this if the reaction to the first remedy was insufficient: that is, if more than 50 % of symptoms remained after two days. Patients were requested to phone us one week after the start of treatment to report their progress. If patients failed to phone us, one of our team called them. Treatment-resistant ("no reaction") patients were defined as those who failed to reach a 50% improvement with either the first or the second remedy. The period of observation was four weeks.

The study aimed to answer the following questions:

1. How many patients achieve an improvement with the first remedy of at least 50% within two days and therefore do not need the second remedy?
2. How many patients achieve this improvement of 50% two days after taking the reserve (2nd) remedy and therefore do not need any further remedy?
3. Number of treatment-resistant patients?
4. Remedy spectrum?
5. How long does influenza last in the group treated with homeopathy (study group) in contrast to the treatment with Osetlavir (Tamiflu^R) or placebo.

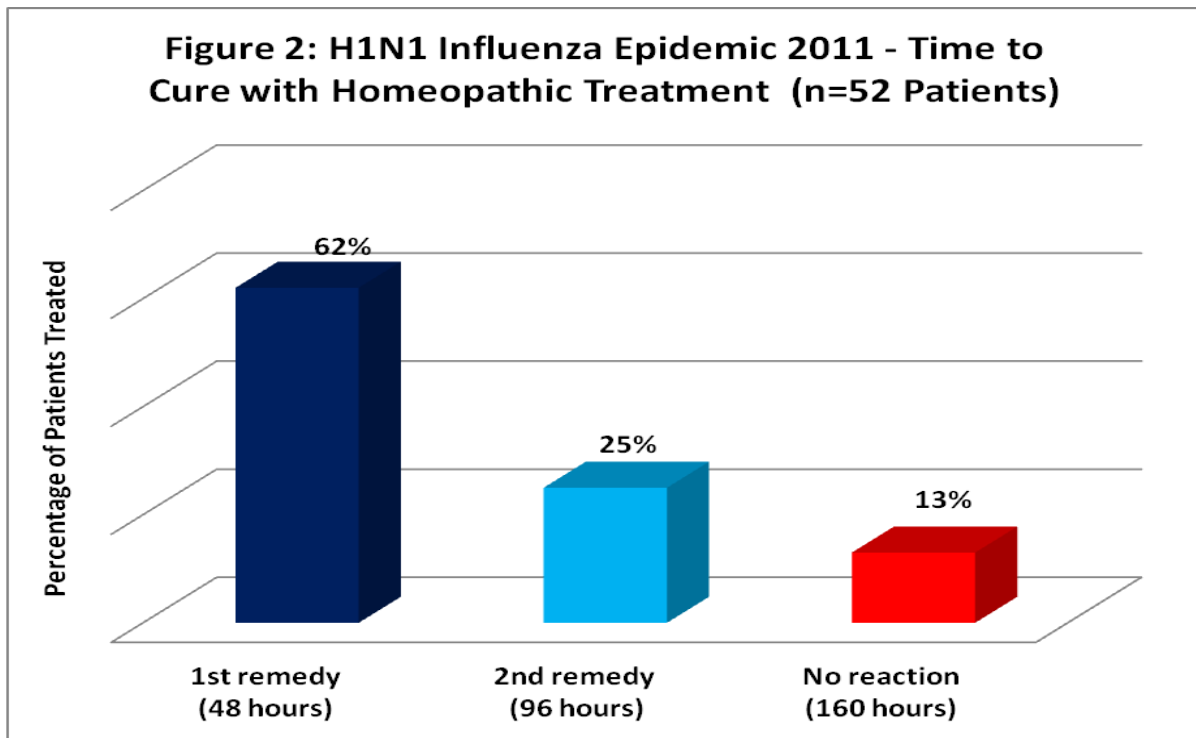
Results

Demographic data of the study participants

52 patients were evaluated with an average age of 13.5 (range: 5 months to 48 years) – 39 children and 13 adults. There were 30 females and 22 males.

Outcome

32 patients (62%) achieve an improvement of at least 50% with the first remedy and therefore do not need the reserve remedy. 13 patients (25%) reached this result with the reserve remedy. Six patients (11.5%) were treatment-resistant (fig. 2). One female patient had a full recovery lasting ten days after the reserve remedy but then she had a relapse – she too was counted as treatment-resistant (total 13%).



Remedy Spectrum

Of the 45 patients who were treated successfully, 21 different remedies led to a cure. Cocculus, Natrium muriaticum, Phosphorus, Bryonia, Nux vomica and Arsenicum album covered half of the cured patients whereas the other 14 remedies were less frequently prescribed (table 1). We could not identify an epidemic remedy in the Hahnemannian sense found in the Organon § 100-102. It is striking that Bryonia is often found where there was insufficient patient reaction (table 2).

Table 1: Remedy Spectrum of Successful Remedies

Coccul, Nat- m, Phos	5 patients
Bryo, Nux-v	4 patients
Ars-a	3 patients
Croc, Graph, Hep, Sulf,	2 patients
Ant-t, Calc-c, Camph, Ipeca, Lyc,	} 1 patient
M-arc, Plat, Seneg, Spong, Thuja, Zinc	

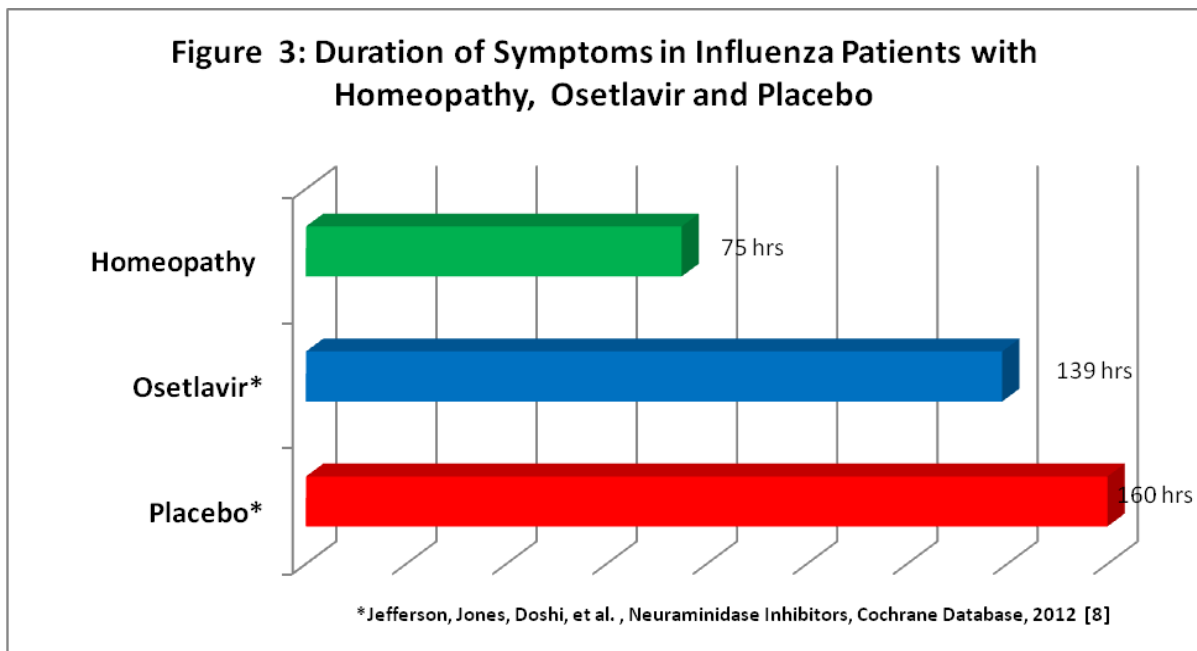
Table 2: Remedies with Insufficient Patient Reaction

Bryo	10 patients
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Coccul		3 patients
Nux-v, Calc-c,		2 patients
Aco, Arn, Ars-a, Bell, Cham, Cupr,	}	1 patient
Graph, Jod		

Duration of Flu Symptoms with Homeopathic Treatment

Influenza lasted a maximum of 48 hours in 62% of patients (first hit), up to 96 hours for a further 25% of patients (second hit) and 160 hours for 13% (treatment-resistant patients). When including the non-hits, the average duration of illness is 75 hours. With placebo, influenza last 160 hours. With Osetlavr it lasts 139 hours (figure 3).



Discussion

This study shows that influenza-like disease can be successfully influenced with homeopathy so that the duration of illness is markedly reduced. Homeopathy is thereby far superior to conventional medicine.

The attempt to determine an epidemic remedy with polarity analysis is frustrated by the contradictions when pooling many patients. But in view of the good results this is not a problem.

The high frequency of incorrect prescriptions with Bryonia was a surprise. What is the reason for this? In superficial terms, some patients only mention the obvious symptoms > lying, > rest, dislike of physical exercise, < movement, thirst and > food,

cold water. If we repertorise these, Bryonia is the best-fitting remedy with a polarity difference of 15. These symptoms belongs in the widest sense to the category of general and non-specific, as defined by Hahnemann in Organon § 153. So it is wise to always question Bryonia symptoms more closely. In general, the symptoms given by the patient should always be discussed in order to achieve the best results.

Case 6, 7-year-old Jannis – Meningitis or just Influenza?

Jannis has been suffering from a severe headache for two days, is sickly and has lost his appetite. On the morning of the consultation he wakes up with a fever of 39° C, fluent coryza, cough, burning in the throat and joint pains. The parents come to the clinic as an emergency because he has a stiff neck.

During the examination Janis can scarcely stand but can move his head freely. The meningism test, the Lasègue and the knee-to-chin test are all negative so that meningitis can be excluded (joint pains often mimic a stiff neck). I only find the coryza and reddening of the throat. The blood test is positive for viruses. So it is a straightforward case of influenza.

The parents note the following on the *Checklist*:

- Headache, fluent coryza, burning in the mouth, diminished sense of taste, joint pains
- < Movement – P (< exercise – P)
- < Standing – P (< after getting up – P)
- < Sitting – P
- < Bending – P
- > Wet compress – P
- > Room – P (< open air – P)
- > Rest – P
- > Lying – P
- > Rubbing – P
- Thirst – P
- More saliva – P
- > Company – P
- Mild – P

The two symptoms < *room* and > *open air* have the same remedy. We therefore use this only once. The aggravation after getting up means < *standing*. And Jannis cannot exert himself in this state so we drop the symptom < *exercise*. The mind symptoms are typical of ill children and are therefore not used.

Repertorisation¹

J. F.

Influenza

		Chel.	Nux-v.	Spig.	Bry.	Caust.	Am-m.	Alum.	Zinc.	Staph.	Laur.	Mur-ac.	OInd.	
Hits		10	10	10	10	10	10	10	10	10	10	10	9	
Sums		21	26	24	26	20	21	19	16	19	15	15	16	
Polarity Difference		13	11	11	9	8	7	7	6	5	5	-1	12	
126	< movement, during [worse]	P	3	4	3	4	3	1	1	1	3	1	1	1
107	< standing [worse]	P	1	1	1	2	2	3	2	2	1	1	1	2
126	< sitting [worse]	P	1	1	1	1	3	2	2	2	1	2	3	2
108	< bending over, while [worse]	P	2	1	4	4	1	2	3	1	1	2	1	3
107	> room [better]	P	3	4	3	1	1	2	1	1	2	1	2	2
117	> resting (not moving) [better]	P	3	4	3	4	1	1	1	1	3	1	1	1
106	> lying position [better]	P	2	4	2	4	2	3	1	1	2	1	1	2
74	> rubbing [better]	P	2	1	1	2	1	2	3	3	2	2	3	2
23	> wet compress on body [better]	P	3	2	3	1	3	3	2	1	1	1	1	
117	saliva, increased	P	1	4	3	3	3	2	3	3	3	3	1	1
102	> movement, during [better]			1	1	1	3/CI	2	1	1	1	1	2	1
71	> standing [better]	2	3/CI	2	2					2		2		
101	> sitting [better]	2	4/CI	1	4/CI	1	1	1	1	2	1			
44	> bending over, while [better]		2			1				1	1	2		
93	< room [worse]	1	1	1	3/CI	2	1	4/CI	2	1	2	1		
102	< resting, while [worse]			1	1	1	3/CI	2	1	1	1	2	1	
125	< lying position [worse]	1	1	1	1	1	3	2	1	1	1	3/CI	1	
44	< rubbing [worse]	1		2		3/CI	1			2		1		
40	< wet compress on body [worse]		1	3	2		1		2	2	2	1		
111	saliva, diminished	1	3	1	3	2	1	1	2	1	1	2	1	

All relevant symptoms are covered by eleven remedies, six of which are dropped due to contraindications. The highest polarity difference is found for Chelidonium and Spigelia.

Materia Medica Comparison for Chelidonium (GS)

Tensive sensation in back of head. Pain in occiput and nape of neck. Coryza ... fluent, with sneezing. Increased thirst. Difficult swallowing. Limbs flabby. Pain in all the limbs, with bruised sensation.

Materia Medica Comparison for Spigelia (GS)

Painfulness of cerebellum, with stiff neck. Coryza: fluent or dry; with dry heat, no thirst ... Tickling in windpipe. (Nothing more of relevance).

Prescription and Progress

Due to the large polarity difference and the more suitable materia medica entry, Jannis is given a dose of *Chelidonium 200 C*.

At home he sleeps for two hours. On waking the headache and joint pains are noticeably better and he plays a little. Towards evening the entire set of flu symptoms disappears. The following day he is healthy again.

Comment

The symptom selection of this patient demonstrates several pitfalls:

- Boenninghausen assigned the same remedies to symptoms with the same meaning. For example, > *room* / < *open air*, < *cold* / > *warmth*, < *weather cold* / > *weather warm*, < *weather wet* / > *weather dry*, < *wrapping up* / > *uncovering*. The double use of these rubrics is not false but it tends to increase the polarity difference.
- The symptom < *after getting up* corresponds in this case to the symptom < *standing*. We must question such symptoms. The symptom < *exercise* is a supposition not an observation since the child is so ill he cannot exercise. It therefore cannot be used.
- > *Being alone* and > *touch* are normal for ill children and also *mildness* is a characteristic, not a symptom, and therefore also cannot be used.

Repertorisation with such an extensive set of symptoms can often be confusing if we simply enter all the symptoms: no remedy stands out. This is how to recognize that something is not right. By precise questioning we can generally clarify what is going on.

2.3 Childhood Illnesses

Childhood illnesses are those infectious illnesses that typically occur during childhood and generally confer lifelong immunity. *Measles, mumps, rubella, poliomyelitis,*

varicella, erythema infectiosum, and roseola have a viral aetiology whereas *scarlet fever* and *whooping cough* are bacterial. In scarlet fever the antibody production is often insufficient so that the illness can occur several times in the course of a person's life.

Alternative opinion often maintains that childhood illnesses are an important element in the maturation of the immune system and must therefore always be endured. This disregards medical experience that childhood illnesses can produce very serious and even sometimes fatal complications or cause permanent damage. Vaccinations have the chief aim of preventing severe complications with these illnesses. When assessing the risks of vaccination versus illness, the risks of illness should be given a significantly higher weight.

Our Experience with Childhood Illness

1974: In a nomadic village in Niger, seven children die from measles in one week.

1978: A six-year-old child dies from chickenpox after successful treatment for leukaemia.

1980: A baby born with congenital rubella syndrome is deaf and blind, severely mentally disabled, and with thrombocytopenia.

2003: An eleven-year-old girl with Guillain-Barré syndrome caused by measles, who only survives thanks to intensive care (completely paralysed for a week, intubated and given artificial respiration). Afterwards she has no bladder control.

2004: A seven-year-old boy with mumps and meningitis.

2013: A four-year-old girl with ulcerated varicella and streptococcus sepsis, leaving scars on the face and entire body.

F.S. Hahnemann's Opinion (Chronic Diseases, Vol 1)⁹

"This is the place to point out that ... chickenpox, measles, scarlet fever, whooping cough ... without suitable homeopathic treatment [can] so convulse the organism that ... the slumbering psora is awakened, leading to chronic disease."

Hahnemann recognised that childhood illnesses are not simply a minor affair but that they can cause considerable damage and even lead to death. Carelessness is not appropriate here ...

Case 7, 7-year-old Andrin – a Complicated Case of Mumps

Andrin falls ill with a high fever, a feeling of being shattered and pulsating pain in the right parotid gland three days before the current consultation. Within 24 hours it swells massively and he can scarcely open his mouth. Chewing is very painful.

We find a doughy pre-auricular swelling, and the right parotid gland is very sensitive, even to the slightest touch. On the left side too there is a moderate swelling of the parotid with sensitivity to touch. His temperature is 39° C and Andrin is clearly suffering. No other findings, especially no evidence of meningism.

His mother notes the following on the *Checklist*:

- Swollen parotid glands, painful, pulsating, especially right
- < Swallowing – P
- < Chewing – P
- < Biting teeth together – P
- < Touch – P
- > Lying – P
- < Movement – P
- Dislike of movement – P

With such few symptoms, we include everything in the repertorisation.

First Repertorisation¹

A. G.

Mumps with Complications

			Bell.	Carb-a.	Bry.	Am-c.	Caust.	Hyos.	Calc.	Acon.
Hits			10	10	9	9	9	9	9	9
Sums			29	18	28	18	16	15	18	18
Polarity Difference			17	10	17	11	10	9	7	7
93	< swallowing [worse]	P	2	1	4	1	1	2	2	2
121	< touch [worse]	P	4	2	3	1	1	4	1	3
106	> lying position [better]	P	3	3	4	1	2	1	3	1
126	< movement, during [worse]	P	4	3	4	2	3	1	2	1
68	movement, aversion to	P	2	1	2	1	1	1	1	4
130	side, right in general	P	4	1	3	3	5	1	4	1
32	glands, swelling inflammatory		3	3	3	1	1	1	2	3
19	glands, swelling painful		3	2					1	2
66	< chewing [worse]	P	2	1	3	4	1	3	2	1
31	< teeth, clenching [worse]	P	2	1	2	4	1	1		
47	> swallowing [better]		1							
42	> touch [better]		1		2	1	2		4/CI	
125	< lying position [worse]		1	1	1	2	1	2	1	1
102	> movement, during [better]		1	1	1	1	1	1	1	1
58	movement, desire for		1		2	1		1	1	2
130	side, left in general		1	1	1	1	1	1	1	2
2	> chewing [better]				1					
7	> teeth, clenching [better]									

Belladonna and Carbo animalis are the only remedies to cover all symptoms. Due to the polarity difference Belladonna is first choice, Bryonia would be the second but it is missing an important symptom – the painful swelling of the glands.

Materia Medica Comparison for Belladonna (GS)

Swelling of cheek with burning pains. Ulcer on left cheek. Violent shooting in right maxillary joint, extending to ear; when chewing ... Difficulty in swallowing ... Throat is painful to touch on right side, especially towards ear, where it stings.

Materia Medica Comparison for Bryonia (GS)

Tetters in face, [also only on left side]. Sticking pain on swallowing, on feeling of throat, and on bending neck.

Prescription and Progress

Andrin is given a dose of *Belladonna 200 C*.

The symptoms quickly abate, the swelling diminishes and the fever disappears. Five days later he can resume training for his favourite sport, football. But after three more days he is back in the consulting room, shivering with a fever of 39° C and pounding in the salivary glands, although these are no longer swollen. He is apathetic and complains of a hammering headache, stitches in the region of the heart, and urging to urinate.

On examination I find clear signs of meningism with a positive Lasègue test, otherwise normal. I send him to hospital for a lumbar puncture. In the fluid there are 278 cells, of which 273 are mononuclear and 3 are neutrophil granulocytes. The bacteriology is negative and he is returned to me with the diagnosis *mumps meningitis*.

His mother now notes the following on the *Checklist*:

- Hammering headache
- Stitches in heart region
- Fever, shivering alternating with heat
- < Movement head
- < Physical exercise – P
- < Cold – P
- > Wrapping up warmly – P
- Dislike of open air – P
- Frequent urge to urinate – P
- Minimal urination – P

We first repertorise with the polar symptoms. Since this does not achieve sufficient differentiation of the remedies, we have to include non-polar symptoms such as < *movement head, hammering, and fever, shivering alternating with heat*.

Second Repertorisation¹

A. G.

Mumps Meningitis

			Sil.	Chin.	Nat-m.	Cocc.	Coff.	Bry.	Graph.
Hits			9	9	9	8	8	8	8
Sums			22	20	14	20	15	23	13
Polarity Difference			14	8	4	15	11	10	7
70	< physical effort [worse]	P	3	3	3	3	2	4	1
90	< cold in general [worse]	P	3	2	1	3	2	2	2
56	> warmly, from wrapping up [better]	P	4	2	2	3	1	1	2
86	air, aversion to open air	P	4	3	1	4	4	3	1
90	urination, frequent	P	2	1	2	2	3	3	1
91	urination, scanty	P	1	3	1	2	1	3	4
38	< movement, of head [worse]		1	2	1	1		3	1
48	fever, chill alternating with heat		2	3	1	2	1	4	1
19	hammering, throbbing		2	1	2		1		
6	> physical effort [better]		2		1				
73	> cold in general [better]		1	1	2	1		1	1
37	< warmly, from wrapping up [worse]			2			1	1	
76	air, desire for open air				2			1	1
68	urination, infrequent			2				1	1
99	urination, profuse			1	1	1	1	2	1

This is one of the rare cases in which we have to include symptoms of low reliability to reach an adequate differentiation of remedies. Now Silicea emerges as first choice and Cocculus possibly as the second, although it does not cover the symptom *hammering*.

Materia Medica Comparison for Silicea (GS)

Headache ... from nape of neck to vertex; [as if] backache ... Pounding and throbbing ... with shivering and coldness ... Headache worse: from ... motion, even jarring of room by footstep.

Materia Medica Comparison for Cocculus (GS)

Weight in head, with great weakness of muscles of neck. Throbbing in vertex < by motion of eyes and touch of fingers. Headache in occiput and nape [of neck].

Prescription and Progress

Andrin is given Silicea 200 C. His fever drops and after four days the acute symptoms are gone. At the checkup two weeks later he complains of leaden tiredness and flabbiness. He is also now afraid of the dark and can no longer be left alone. At night he often hallucinates.

Renewed casetaking results in the following:

- Tiredness
- Flabby muscles – P
- < Physical exercise – P
- < Warmth – P
- > Uncovering – P
- > Open air – P
- > Lying – P
- Thirst – P
- Fear
- < Darkness – P
- < Being alone – P

Third Repertorisation¹

A. G.

Mumps Meningitis, Recovery Phase

		Calc.	Lyc.	Iod.	Bry.	Verat.	Sulph.	Merc.	Borx.	Puls.	Thuj.	Rhus.	Staph.
Hits		8	8	7	7	7	7	7	7	7	7	7	7
Sums		24	21	18	17	16	18	14	12	17	9	13	9
Polarity Difference		15	11	16	10	9	5	4	3	1	1	-6	-4
53	muscles, flabbiness	P	4	3	3	1	2	3	3	2	2	1	
70	< physical effort [worse]	P	3	5	2	4	4	4	2	1	1	1	4
73	< warmth, in general [worse]	P	1	2	4	1	1	2	1	1	4	2	1
37	> uncovering [better]	P	3	4	3	1	3	2	1	3	2	2	1
93	> open air [better]	P	1	2	2	2	2	2	1	2	4	1	1
106	> lying position [better]	P	3	1	2	4	1	1	2	1		1	1
99	thirst	P	4	1	2	4	3	4	4	2	2	1	3
20	< darkness [worse]	P	5	3							2		2
34	muscles, tense						2			2		2	2
6	> physical effort [better]												
90	> warmth, in general [better]		1	1		2	1	3/CI	1	3/CI	1	1	4/CI
56	< uncovering [worse]					1			1	1	1	1	4/CI
110	< open air [worse]		2	1	1	1	1	3/CI	1	1	2	2	2
125	< lying position [worse]		1	4/CI	1	1	2	2	1	2	4/CI	2	4/CI
86	thirst, absent		1	1		1	2	2	1		4/CI	1	2
74	> darkness [better]		4	3		1	1	3/CI	3/CI	2	3/CI	1	1

Now Calcium carbonicum, his earlier constitutional remedy, is the only choice. Lycopodium has a contraindication and Iodum lacks the aggravation in the dark. *Calcium carbonicum 200 C* fully restores his health.

Comment

- Andrin's case impressively shows how serious childhood illness can be. Fortunately he suffered no lasting damage (hardness of hearing is a common effect of mumps meningitis).

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