

Homeopathy and Polarity Analysis Children

Module 7 Illness in School Children Aged 8-12

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Age Group Eight to Twelve Years Old

Most children in the middle of their schooling are already used to the demands of school. In some children inherent weaknesses become increasingly apparent, which were not so important in their schooling up till now. A lack of self-confidence, for example, can trigger over-conscientiousness and anxiety. It is possible that there are underlying disturbances of perception, which almost always lead to performance problems – this is the first topic of this module. The second topic is severe disturbances of perception such as ADD / ADHD and Asperger syndrome, which astonishingly only come to light in many cases when teachers apply pressure to have the child assessed, but only at the age of eight or nine. Headache, migraine, abdominal pain, and also diarrhoea and vomiting are frequent in this age group, so we address these in the next two sections. Then we look at disease of the urinary tract and finally the use of homeopathy for injuries.

1. Specific Learning Disabilities and Fear of Failure

To a great degree school determines children's everyday life. Training for sports such as football, hockey, athletics, gymnastics, swimming, and so on, is at such a level that the children scarcely have time for anything else. Our schoolchildren are subject to considerable stress that hinders carefree growing-up. Stress is therefore widespread.

Specific learning disabilities affect the *processing* of stimuli that are received from normally functioning sensory organs. A sensory stimulus is normally checked by the central nervous system (CNS) for its relevance and only processed if it is considered important. Then a suitable reaction follows. If the stimulus selection is disturbed, the patient cannot distinguish important from marginal stimuli. The result is an overflow of stimuli with inadequate or inappropriate reactions, leading to a rapid decline in concentration and fatigue. Specific learning disabilities cause the following problems:

- Auditory → Speech disturbances, late development of speech
- Visual → Reading and writing difficulties
- Tactile → Impaired fine motor skills
- Vestibular → Motor insecurity
- Proprioceptor → Motor clumsiness

With the *Conners' Global Index (CGI)*¹, a rating scale for ADD / ADHD patients, we can approximately assess the intensity of perceptual disturbances. For this the parents need to evaluate the ten most important ADD / ADHD symptoms (0 = not at all, 1 = a little, 2 = quite strong, 3 = very strong):

- Excitability, impulsivity
- Cry easily and frequently
- Restless, fidgety
- Restless, on the go
- Destructive
- Lack of stamina
- Poor concentration
- Rapid change of mood
- Intolerant of frustration
- Disturb other children

Interpretation of the overall rating: 0-9 = normal, 10-13 = borderline, 14-30 = pathological.

Case 1: Specific Learning Disabilities

The paediatrician of Silvan, an eight-year-old boy, sends him to us for oversensitivity to noise and a speech disorder. He is dreamy at school and appears not to be listening. He is also clumsy in drawing and writing. His gross motor skills are poor and his coordination during movement could be better. The school therefore requests an assessment from the paediatric psychiatrist. The resulting diagnosis is auditory, tactile and proprioceptor learning disabilities, with a recommendation to commence Ritalin treatment. The parents refuse this and the teachers respond by threatening to transfer him to the remedial class.

The parents rate Silvan's CGI at 12. Silvan also has these additional complaints: frequent headaches and, since early childhood, recurrent episodes of asthma following infections.

On the *Checklist for perception disorders*, the parents note the following:

Reliable symptoms

- < Warmth – P
- > Uncovering – P
- < Writing – P
- < While falling asleep – P
- Understanding difficult – P
- Irritability – P
- Muscles tense – P

Symptoms with reduced reliability

- < Noise, sounds
- > Movement – P

Additional symptoms

- Cough dry
- Breathing fast – P
- < Breathing out – P
- < Weather cold – P

For the repertorisation we primarily use the reliable symptoms of perception. If this is insufficient to differentiate the remedies, we add symptoms with reduced reliability, and if this is still insufficient, we also add polar additional complaints.² In this case we have to include all symptoms of perception in order to achieve sufficient remedy differentiation.

Repertorisation (Polarity Analysis Software)³

S. A.

Learning Disability

			Sep.	Puls.	Nit-ac.	Chin.	Lyc.	Calc.	Acon.	Phos.
Hits			9	9	9	9	8	8	8	8
Sums			26	22	12	15	28	22	20	18
Polarity Difference			17	12	8	4	16	12	11	11
73	< warmth, in general [worse]	P	1	4	1	1	2	1	1	1
37	> uncovering [better]	P	1	2	1	2	4	3	3	2
76	< writing [worse]	P	3	1	1	2	3	4	2	2
99	< sleep, before; while falling asleep [w	P	4	4	1	3	5	5	1	4
74	understanding, difficult	P	4	1	1	1	4	3		1
64	irritability (anger, aggression)	P	3	3	1	2	3	2	4	3
34	muscles, tense	P	4	2	4	1			4	4
43	< noises [worse]		3	1	1	2	3	3	4	
102	> movement, during [better]	P	3	4	1	1	4	1	1	1
90	> warmth, in general [better]		2	1	1	2	1	1	3/CI	2
56	< uncovering [worse]		2	1		2			1	1
2	> writing [better]									
1	> sleep, before; while falling asleep [better]									
17	understanding, easy		1				1			1
37	mildness			4(CI)			3			
53	muscles, flabbiness			2		2	3/CI	4/CI		
126	< movement, during [worse]		1	1	2	3/CI	1	2	1	3/CI

Interpretation

All symptoms are covered by four remedies, two of which have no contraindications, and Sepia has the highest polarity difference. When we clarify with the parents, it emerges that Silvan is a withdrawn, shy child. When sad he retires to his room and scarcely reacts to consolation. He can have strong fits of rage and throw things around although he does not hit other people. His self-confidence is poor but he seems unconcerned by his difficulties.

Materia Medica Comparison for Sepia (Hering, GS)⁴

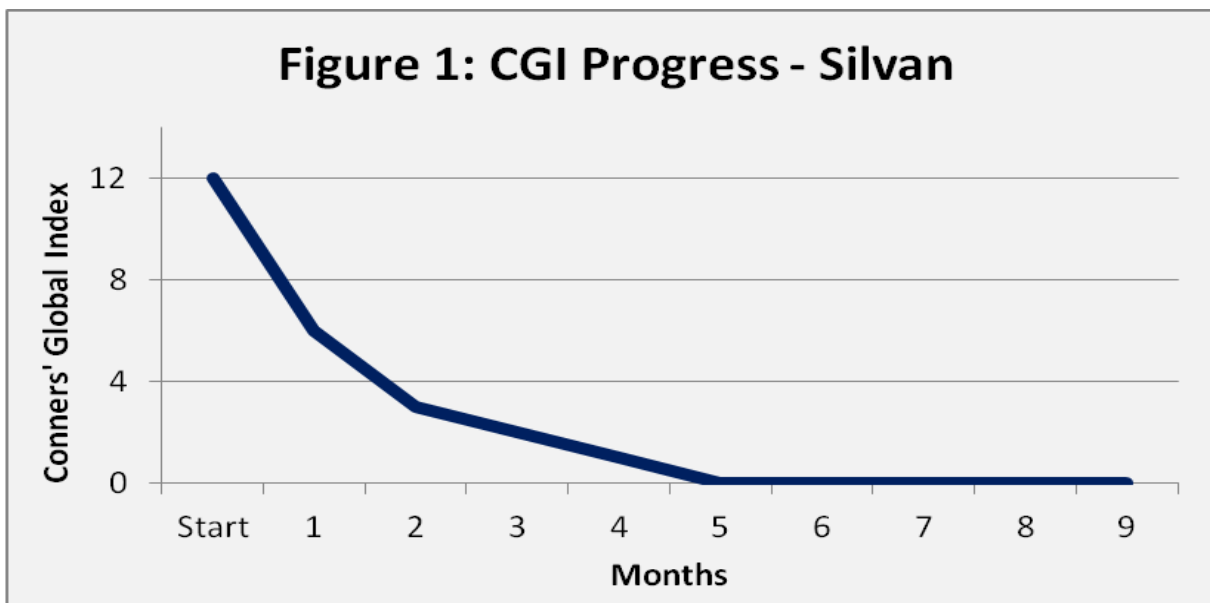
Weak memory. Heavy flow of ideas; inability for mental activity; it is an exertion to think. No desire to work, inattentive, absent-minded ... Language comes very slowly, has to drag out the words to express ideas ... Uses wrong words when writing. Great

indifference to everything; no proper sense of life. Very nervous; great excitability in company; restless, fidgety.

Prescription and Progress

Sepia is chosen, administered in a daily dose of the *potency Q3*.

The symptoms worsen in the first two weeks but then there is a marked improvement, which the teacher also notices. The CGI drops within four weeks from 12 to 6. With further doses of *Sepia Q* potencies, there is a rapid improvement and the GCI drops to 0 (*fig. 1*). There is no more talk of remedial classes for Silvan. The headaches and asthma also disappear completely. *Period of observation: 4 years.*



Comment

- For the Bern ADD / ADHD double-blind study,^{5,6} the homeopathic treatment of patients with disturbances of perception had to be optimised. To achieve this we analysed 100 cases to identify the symptoms that frequently led to incorrect prescriptions. There were 77 unreliable symptoms, including 44 mind symptoms and 11 general modalities. In the questionnaire for disturbances of perception, a distinction is therefore made between *reliable symptoms*, *symptoms with reduced reliability* and *unreliable symptoms*. You should always take notice of the hierarchy given above during repertorisation.

2. ADD / ADHD and Asperger Syndrome

Patients with ADD / ADHD and Asperger syndrome suffer from disturbances of perception. In Switzerland and Germany, approximately 5% of children have a diagnosis of *ADD / ADHD*, and in the USA and India it is as high as 11%. The diagnosis is made when (according to DSM-IV⁷) the following criteria are present: the child is suffering from *inattentiveness, hyperactivity or passivity and impulsivity*. And the symptoms must start before the sixth year, lasting at least six months and occurring in at least two different settings (such as family and school). We ask the parents to estimate the child's CGI before treatment and after every stage of treatment, which enables us to assess how well the treatment is working. Yet the diagnosis of ADD / ADHD cannot be made solely on the basis of the CGI – an extensive neurological and neuropsychological investigation is necessary.

With *Asperger syndrome*, a special form of autism, patients are suffering from disturbances of communication and contact. Most of those affected are of normal or above-average intelligence but they are unable to assume the viewpoint of another person and to correctly interpret nonverbal signals. Therefore their social behaviour is often inappropriate. It is not unusual for them to have special hobbies that they zealously pursue, such as an interest in historical data or learning telephone numbers by heart. Both ADD / ADHD and Asperger syndrome can be successfully treated with homeopathy.⁸

Case 2: ADHD

8-year-old Niklaus has been a difficult child since birth. As a baby he cried a lot and had great difficulty with the transition to solid food. Later he did not want to play on his own, demanding the constant attention of his parents. At night he suffered for years from pavor (night terror), and he panics when visiting the doctor. With the help of remedial education as a young child he became accustomed to rules so that he was able to start normal schooling. Now, in the second year, he is criticised by teachers for his inattentiveness and lack of stamina. He is jealous, irritable, and aggressive – to the point of hitting – towards his younger siblings. The neuropsychological examination confirms the ADHD diagnosis. Since the parents do not want him to take Ritalin, they consult us.

The young patient is blond, thin, very sensitive and constantly on the move. During the examination he seems tense yet completes the tests like a normal child. Apart from his behaviour I can find nothing pathological.

The parents give him a CGI rating of 19 (mid-range ADHD). With the *Checklist for Perception Disorders*, they prepare for the casetaking and report the following:

Reliable symptoms

- < Looking at something close up – P
- < Touch – P
- < Warmth – P
- > Uncovering – P
- Understanding difficult – P
- Sadness – P
- Irritability – P

Symptoms with reduced reliability

- < Noise, sounds
- Sense of smell sensitive – P
- > Movement – P

Unreliable symptoms

- > Open air, talkativeness, greedy, desire for sweet things, < hunger, fear of events, < strangers, < mental exertion, > physical exercise, < lack of sleep, < full moon, < darkness

Additional symptoms

- Nosebleeds

For the repertorisation we first use only the reliable symptoms. Since remedy selection is not sufficiently restricted, we need to also include symptoms with reduced reliability.

Repertorisation³

N. B.

ADHD

		Lyc.	Cham.	Sep.	Puls.	Aur.	Ign.	M-arc.	Calc.	Chin.	Bry.	Spig.	
Hits		10	10	10	10	10	10	10	10	10	10	9	
Sums		35	26	28	25	23	22	15	22	16	16	21	
Polarity Difference		20	19	14	10	9	9	9	8	6	3	12	
85	< looking, at something close-up, strai	P	4	1	3	2	3	2	1	4	1	1	3
121	< touch [worse]	P	4	4	4	3	1	1	1	1	1	3	4
73	< warmth, in general [worse]	P	2	2	1	4	1	1	2	1	1	1	1
37	> uncovering [better]	P	4	2	1	2	1	2	3	3	2	1	3
74	understanding, difficult	P	4	2	4	1	2	3	1	3	1	1	3
61	sadness (dejection, inclined to weep)	P	3	3	2	3	2	4	1	2	2	2	1
64	irritability (anger, aggression)	P	3	4	3	3	4	4	3	2	2	3	
43	< noises [worse]		3	3	3	1	1	3	1	3	2	2	3
49	smell, hypersensitive	P	4	3	4	2	4	1	1	2	3	1	2
102	> movement, during [better]	P	4	2	3	4	4	1	1	1	1	1	1
5	> looking, at something close-up, strained vision [better]												
42	> touch [better]		1		1			1	4/CI	1	2		
90	> warmth, in general [better]		1	1	2	1	3/CI	3/CI		1	2	2	2
56	< uncovering [worse]			2	2	1	3/CI	1			2	1	
17	understanding, easy		1		1								
42	cheerfulness, happiness		2			3	3/CI	2					1
37	mildness		3			4(CI)	1	3	2				
46	smell, lost, weak, diminished		3		4	4/CI	2		1	4/CI		2	
126	< movement, during [worse]		1	1	1	1	1	1	1	2	3/CI	4/CI	3/CI

Interpretation

Four remedies cover all symptoms without contraindication. We now ask for *confirmatory symptoms*, which further restrict the choice of remedy: the fierce outbreaks of anger and the hitting of his younger siblings likely indicate Chamomilla; the lack of dictatorial behaviour makes Lycopodium improbable, and the fact that he seeks consolation when sad excludes Sepia. An argument for Magnetis polus arcticus is that he never manages to get anything finished despite his constant busyness.

Materia Medica Comparison for Chamomilla (GS)

Absence of mind ... Anxiety; restlessness... Melancholia ... Child does not wish to be touched. Easily chagrined or excited to anger ... Very irritable and fretful; child must be carried ... Great impatience, everything seems to go too slowly ... Obstinacy.

Materia Medica Comparison for Magnetis polus arcticus (RAML)⁹

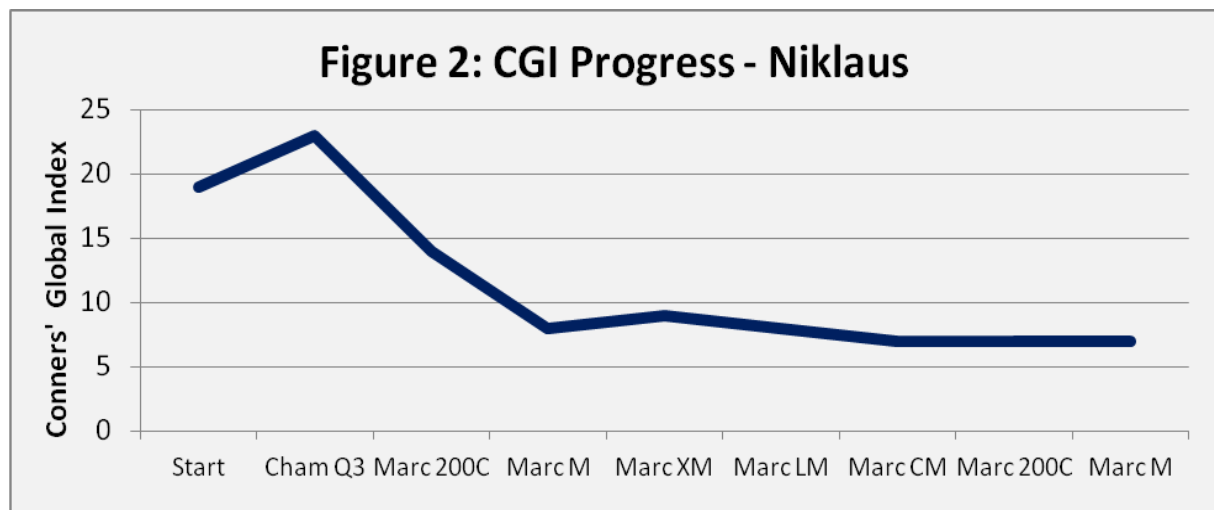
Hasty, hurried ... Cannot think accurately, he feels as if the intelligence were suspended ... Weak memory ... Irritably cross; he was unwilling to be disturbed in his work, and yet he could finish nothing ... Anxious scrupulosity, excessive, too conscientious concern.

Prescription and Progress

Every other day Niklaus is given a liquid dose of *Chamomilla* Q3 due to the high polarity difference. He then becomes even more irritable than before. A reduction in the dose to every three days has no effect. After four weeks his CGI has risen to 23.

We change to *Magnetis polus arcticus*, this time as a single dose in the potency 200 C. Four weeks later he is doing much better: Niklaus is calmer and more contented with better concentration and he has fewer fits of anger, treating his siblings with more understanding. His CGI has dropped to 14.

He makes further progress with monthly doses of *Magnetis polus arcticus* (M, XM, LM, CM, 200 C, etc.) and his CGI settles at 7. The school problems have disappeared (fig. 2). *Period of observation: 4 years.*



Comment

- The aggravation with Chamomilla corresponds to a remedy proving.
- Magnetis polus arcticus is often a good remedy for ADHD patients.
- Dosage intervals of four weeks have proved advantageous. If the effect of the remedy is not constant, it can instead be administered as a Q potency.

- A good prescription can be recognised by the fact that the improvement increases with repeat doses in high potencies.

3. Headaches, Migraine and Other Neurological Illnesses

Primary headaches are certainly frequent in children. Primary means that there is no accompanying illness triggering them. At preschool age, 20% of children have headaches whereas up to the age of 12 it is 90%. Around 60% suffer from tension headaches and 12% from migraine.

Tension headaches are dull oppressive headaches with pulsating pain of moderate intensity, usually on both sides, often radiating from the neck or the forehead. Physical exertion does not aggravate the pain and there are no accompanying symptoms. The main causes are muscle tension, stress, anxiety or emotional problems. There has been discussion of increased sensitivity to pain as a predisposing factor.

Migraine is typified by pulsating, throbbing pain, often in the child's entire head, not just one-sided. Common concomitant symptoms are nausea, vomiting and sensitivity to light. Occasionally there is an aura with flickering in front of the eyes plus disturbance to speech and emotions. Migraine attacks have a genetic component. Disturbances of the rhythm of sleep and waking, certain foods and hormonal fluctuations may be triggers.

Assessment

When assessing the case, it is often helpful to ask the patient to keep a diary of their headaches. The doctor takes the case carefully, including the general and neurological status as well as a sight test. Medical imaging is only used if there is suspicion of organic disease. In cases of increasingly severe headache and vomiting when fasting it is necessary to exclude an intracranial lesion causing pressure.

Treatment

In the conventional treatment of headaches, a non-medicinal procedure with rest, relaxation and distraction is recommended. Analgesics are seldom required and, if

so, only with medical supervision. Homeopathy can be recommended as a simple, mild and effective method of treatment.

Case 3: Tension Headaches

12-year-old Susanne has been having headaches at least once a week for the last three years. An eye examination found nothing unusual, and treatment attempts with massage only produced moderate relief. The pain mostly occurs after school gymnastics, occasionally also with strong mental exertion. A striking feature is that the pain is noticeably better in the open air and that the weekends are always pain-free. An additional complaint is eczema, which started a year ago, affecting the elbows and the back of the knees, which disturbs Susanne even more than the headaches. The patient is very pale but is not anaemic and the neurological examination is normal. There is only the eczema already mentioned and a mechanically induced urticaria.

The parents fill out the *Checklist* to prepare for the casetaking, noting the following symptoms:

Neurology

- Headache and neck pain
- Drawing pains, oppressive, unbearable
- Moaning (hysteria?)
- < Physical exercise – P
- < Mental exertion – P
- < Movement – P
- < Lying – P
- < Light – P
- < Noise
- > Rest – P
- > Sitting – P
- > Open air – P

Additional symptoms

- Eczema on elbows and back of knees
- Mechanically induced urticaria
- < Rubbing – P

- < Scratching – P
- Heat with tendency to uncover – P

Remedy determination initially proceeds as usual with the polar *inner* symptoms. We try to omit the *skin* symptoms. In a figurative sense too they are superficial and can hinder the precision of the remedy selection. In a clinical test with eczema patients, the skin symptoms led to a hit rate of only 27% whereas the inner symptoms led to a hit rate of 67%. In this case, however, the inner symptoms are insufficient to differentiate the remedy so we have no choice but to use the two modalities < *rubbing* and < *scratching*.

Repertorisation³

S. C.

Tension Headaches

			Coff.	Sulph.	Phos.	Staph.	Ars.	Calc.	Puls.	Borx.	Spig.	Arn.
Hits			11	11	11	11	11	11	10	10	10	10
Sums			24	22	24	22	21	26	26	18	19	21
Polarity Difference			16	11	10	9	9	7	11	9	8	6
70	< physical effort [worse]	P	2	4	2	1	4	3	1	1	1	4
65	< mental effort [worse]	P	1	3	1	4	2	4	2	2		3
126	< movement, during [worse]	P	3	2	3	3	1	2	1	2	3	3
125	< lying position [worse]	P	1	2	1	1	4	1	4	2	1	1
80	< light in general [worse]	P	2	3	4	1	2	4	3	2	2	1
117	> resting (not moving) [better]	P	3	1	3	3	1	2		2	3	3
101	> sitting [better]	P	3	1	2	2	1	2	1	2	1	2
93	> open air [better]	P	3	2	3	1	1	1	4	2	1	2
37	heat, with inclination to uncover	P	1	2	2	2	1	3	2	2	3	
44	< scratching [worse]	P	2	1	2	2	2	2	4		2	1
44	< rubbing [worse]	P	3	1	1	2	2	2	4	1	2	1
6	> physical effort [better]											
3	> mental effort [better]											
102	> movement, during [better]			1	1	1	2	1	4/CI		1	1
106	> lying position [better]		2	1	1	2	1	3/CI		1	2	3/CI
13	> light in general [better]		1			2	1	2				
102	< resting, while [worse]			1	1	1	2	1	4/CI	1	1	1
126	< sitting [worse]		1	1	1	1	2	2	4/CI	2	1	1
110	< open air [worse]		3	1	1	2	1	2	1	1	3/CI	1
55	heat, with aversion to uncover		1		1	1	3/CI		2	1		2
81	> scratching [better]			3/CI	4/CI	1		4/CI		1	2	3/CI
74	> rubbing [better]			3/CI	4/CI	2		4/CI		2	1	3/CI

Interpretation

Six remedies cover all symptoms but only Coffea and Staphisagria have no contraindications. Coffea is the favourite due its greater polarity difference.

Materia Medica Comparison for Coffea (GS)

Headache from ... thinking ... < from motion, noise, or light. Disappears in open air but returns in a short time in room ... pain seems unbearable, making patient tearful ... Eruptions with overexcitability and weeping.

Materia Medica Comparison for Staphisagria (GS)

Pressive stupefying headache, especially in forehead, < on moving head and while standing. Herpes: dry, with scabs on joints ... burn after scratching.

Prescription and Progress

Susanne is given a dose of *Coffea 200 C*.

Within a month both the headaches and the eczema disappear. This remains so without any further dose of the remedy. *Period of observation: 3 years.*

Comment

- Coffea is a surprising remedy for eczema but not for headaches, where it is also used in conventional medicine to combat migraine. The inner modalities must fit if healing is to occur.
- In cases of skin disease it is always best to determine the remedy via the inner symptoms.

4. Abdominal Pain

For young children the abdomen is the most common localisation of pain whereas in older children it is the second most common, after the head. In a three-month study of 14,836 children and teenagers between the ages of 3 and 17, 20% of test persons experienced two or more episodes of abdominal pain.¹¹ The cause could be any of a number of organic and mental factors.

Acute Abdominal Pain

Severe acute abdominal pain always requires medical attention. Any child with a tight, hard abdominal wall must be examined immediately so that surgery can be initiated if required. Analgesics should never be administered before a precise diagnosis has been made because under their “protection” an inflamed appendix, for example, might perforate. Far more common than problems requiring surgery, however, are flatulent colic, gastritis or gastroenteritis, or more rarely pain in the urinary tract or gynaecological organs. After clarification of the diagnosis, treatment can be initiated – homeopathy is a feasible option in many cases.

Chronic Abdominal Pain

With chronic abdominal pain the first thing is to distinguish functional from organic complaints. *Functional chronic abdominal pain* is defined as pain that:

- Has existed for longer than two months
- Occurs more than once a week
- Cannot be explained by structural or biochemical illness

This is far more common than organic pain. In this section we show that with minimal diagnostic effort it is possible to distinguish between dangerous and benign illness.

Assessment

The most important information can be elicited by careful casetaking and examination. *Casetaking*: When and since when is the pain a problem and is there any connection with eating, specific foods, stool or situations of emotional or mental stress? How is the stool, when was the last stool and what was the consistency? Flatulence? Vomiting? Fever? *Examination*: Abdomen soft, defensiveness, tenderness on palpation or concussion, rebound tenderness, percussive pain, psoas sign positive? Is abdominal noise increased, normal or reduced? *Additional examinations*: Routine examinations include blood test, CRP, urine test and possibly the haemoccult test. When there is suspicion of organ pathology, abdominal ultrasound can be conducted. For food intolerance, gliadin or cow milk antibodies can be tested. It is rarely necessary to conduct specific IgE tests for foods that may potentially not be tolerated.

Diagnoses for functional abdominal pain

- *Functional dyspepsia*: Recurrent upper abdominal complaints with vomiting, nausea, bloating and rapid feeling of satiation, without amelioration after stool.
- *Irritable bowel syndrome*: Change of stool frequency between four or more stools per day and less than two stools per week, hard or watery stool, urging to stool, sensation of incomplete evacuation, bloating, mucus in stool. Frequency 22-45% of patients with functional abdominal pain.
- *Abdominal migraine*: Fits of severe periumbilical pain, associated with two or more of the following symptoms: loss of appetite, nausea, vomiting, headache, photophobia or paleness. The symptoms can last between one hour and several days. Other causes must be excluded.

Diagnoses of organic abdominal pain

- Food intolerance – such as cow's milk intolerance, lack of lactase, coeliac disease, fructose intolerance, and so on – generally cause flatulence, abdominal pain, diarrhoea and failure to thrive. If there are hints in the case-taking, the corresponding blood antibodies can be investigated and the intolerance can be confirmed by omitting the suspected foods or challenging with them. The diagnosis of coeliac is confirmed by HLA testing.
- Inflammatory abdominal disease such as Crohn's disease or colitis ulcerosa is rare. Along with abdominal pain, it causes bloody stools with mucus and correspondingly raised inflammatory parameters. Definitive diagnosis requires colonoscopy and biopsies, and for Crohn's disease also an MRI.
- Ulcus ventriculi and duodeni are generally concomitant symptoms of more serious disease. The younger the child, the more non-specific the symptoms. The diagnosis is made using endoscopy.

Treatment

With functional abdominal pain, homeopathy is the treatment of choice. Homeopathy can, however, also induce healing in cases of organic abdominal pain.

Case 4: Abdominal Migraine

Jann is an 11-year-old boy who suffers abdominal cramps and nausea several times a year. The pain is localised in the umbilical area and lasts several hours, frequently

associated with headache and sensitivity to light. Triggers are physical over-exercise and thirst, eating too rapidly, and travelling in a car on roads with lots of bends. An additional complaint mentioned by the parents is frequent nosebleeds.

His *condition* is characterised during colic by extreme paleness – he is evidently suffering and wants to lie down. His abdomen is moderately tender on palpation or concussion, no defensiveness and no rebound tenderness, abdominal noises normal, as are blood test and CRP. The patient therefore satisfies the criteria for *abdominal migraine*.

The parents mark the following on the *Checklist*:

Abdominal cramps

- Nausea
- Headaches
- < Movement – P
- < Physical exercise – P
- < Traveling in a car – P
- < After eating – P
- Thirst – P
- > Rest – P
- > Lying – P
- Desire for open air – P
- < Looking at sthg close up – P
- < Light – P (< sunlight)
- > Wet compresses – P
- Muscles flabby – P
- Nosebleeds, dark blood – P

We use all polar symptoms for the repertorisation.

Repertorisation³

■

J. D.

Abdominal Migaine

			Bry.	Croc.	Sulph.	Graph.	Lyc.	Sep.	Borx.	Cocc.	Arn.	Calc.	Caust.
Hits			14	13	13	13	13	13	12	12	12	12	12
Sums			38	34	33	26	33	27	25	28	28	33	25
Polarity Difference			23	33	15	14	11	-5	17	16	14	13	11
126	< movement, during [worse]	P	4	3	2	3	1	1	2	3	3	2	3
70	< physical effort [worse]	P	4	2	4	1	5	2	1	3	4	3	1
121	< eating, after [worse]	P	4	1	4	3	4	4	2	2	2	4	4
99	thirst	P	4	2	4	1	1	2	2	1	3	4	2
117	> resting (not moving) [better]	P	4	3	1	3	1	1	2	3	3	2	1
106	> lying position [better]	P	4	2	1	2	1	1	1	2	3	3	2
76	air, desire for open air	P	1	4	1	1	3	1	3		3	1	2
85	< looking, at something close-up, strai	P	1	4	2	3	4	3	2	1	2	4	3
80	< light in general [worse]	P	2	3	3	4	3	3	2	1	1	4	2
53	muscles, flabbiness	P	1	3	3	1	3		2	4	1	4	
32	< traveling (bouncing) in a vehicle [wor	P	3	2	3	1	1	4	5	4		1	
23	> wet compress on body [better]	P	1					1	1				3
74	> cold, when getting cold [better]	P	3	1	3	2	4	1		2	1	1	1
41	nose, bleeding, dark blood	P	2	4	2	1	2	3		2	2		1
102	> movement, during [better]		1		1		4/CI	3/CI		1	1	1	1
6	> physical effort [better]							4/CI					
52	> eating, after [better]		1			2		2			1	2	1
86	thirst, absent		1		2		1	3/CI		2	1	1	1
102	< resting, while [worse]		1		1		4/CI	3/CI	1	1	1	1	1
125	< lying position [worse]		1	1	2	1	4/CI	3/CI	2	1	1	1	1
86	air, aversion to open air		3/CI		3/CI	1	3	3/CI		4/CI	1	4/CI	3/CI
5	> looking, at something close-up, strained vision [better]												
13	> light in general [better]											2	
34	muscles, tense				2	1		4/CI			2		3/CI
6	> traveling (bouncing) in a vehicle [better]					3/CI							
40	< wet compress on body [worse]		2		4/CI		3/CI	3/CI	2			4/CI	
78	< cold, when getting cold [worse]		3		2	3/CI	3	3/CI	2	3/CI	3/CI	2	3/CI
39	nose, bleeding, bright red blood		2		1	1		1	1		3/CI	2	

Interpretation

Only Bryonia covers everything but it has a contraindication for the symptom *desire for open air*, which is confirmed on questioning the patient. Crocus has the highest polarity difference but it does not cover the symptom *> wet compresses*. We can replace it with the more general formulation *> getting cold*, which indeed fits the remedy.

Materia Medica Comparison for Crocus (MMRH)¹¹

Fullness and pressure in the abdomen as if she had eaten too much too quickly. The child suddenly complains that the abdomen is painful and doubles up. Very sharp pain in the abdomen. Headache, < in the light, reading, on movement, physical exercise and when bending, > external pressure and cold. [The materia medica comparison with Hering's Guiding Symptoms is not helpful in this case].

Prescription and Progress

Jann is given *Crocus 200 C*.

In the next four weeks he again has nosebleeds. The abdominal colic and the headaches do not return. With a further dose of *Crocus M* the nosebleeds also disappear. *Period of observation: 2 years.*

Comment

- It is certainly acceptable to seek alternative formulations for symptoms that are missing or inappropriate.

5. Urinary Tract Disease

The most common urological disease in children is infection of the urinary tract, especially bladder infections, which arise in 95 to 98 percent of cases, ascending from the urethra. Three percent of girls and one percent of boys have at least one bladder infection by the age of ten, and up to ten percent of young women suffer from *recurrent* cystitis. Pyelonephritis is rarer and urosepsis, a serious disease, is very rare. Babies with urological malformations such as vesicoureteral reflux (VUR) are particularly prone to urinary tract infections. Therefore in this age group recurrent cystitis must always be assessed. Generally we first conduct abdominal ultrasound. If the result is pathological, a micturating cystourethrogram (MCUG) is required. With VUR there is a certain tendency to spontaneous healing, which means that it is worth delaying surgery in mild cases. It is, however, necessary to protect the child against further infections in order to avoid damaging the development of the kidneys. In conventional medicine long-term antibiotic prophylaxis is recommended. In young women who are becoming sexually active and suffer frequent bouts of cystitis, long-term antibiotic prophylaxis is also occasionally recommended.

Acute urinary tract infections can generally be healed straightforwardly with antibiotics whereas prophylaxis to avoid infection with co-trimoxazole or amoxicillin very often leads to resistant strains of bacteria and resultant weakening of the immune system.¹² From the homeopathic point of view, the problems are precisely the opposite: it is often difficult to treat acute cystitis with homeopathy, possibly because the repertory rubrics for urinary tract infections are incomplete. Yet *prophylaxis for infection* with a monthly administered individualised homeopathic remedy plus phytotherapy is on the contrary very successful. (The prescription for phytotherapy is: *Vaccinium vitis-idaea* 1 D gemmotherapy 45% v/v, *Pilosella* TM 65% v/v aa ad 30 ml, Dosage: children up to age 5 3x1 puff of spray p.o., aged 6 to 12 3x2, from age 13 3x3 puffs of spray).

The noticeably rarer *glomerulonephritis* is characterised by the triad oedema, hypertension and haematuria. These mostly arise following streptococcus infections and have a good prognosis. Severe chronic forms are rare. Even rarer is *nephrotic syndrome* with renal loss of protein, hypoalbuminaemia and oedema. It is always the result of another illness such as glomerulonephritis, diabetes mellitus or collagenosis. In terms of progress, anything is possible from complete recovery to terminal renal insufficiency.

With *acute* urinary tract infections, homeopathy is mainly successful for irritable bladder and non-bacterial cystitis. Bacterial urinary tract infections can be treated homeopathically but the success rate is not within the usual range. When treating *recurrent and chronic* cystitis, on the other hand, homeopathy is clearly superior to conventional medicine. *Glomerulonephritis* can also be successfully treated with homeopathy (see module 2).

Case 5: Recurrent Cystitis

The parents of 12-year-old Eva separated two years ago, and the following year her older brother took his own life. Since then she has been suffering from depression, headaches, irritable bowel, sleep disturbances and nightmares. She does not want to talk about the traumatic events and vehemently refuses the help of a paediatric psychiatrist. Phytotherapeutic treatment with St. John's wort unfortunately only had minor effects.

She now comes to consult us because in recent months she has frequently had bladder infections, which were treated by her GP each time with antibiotics. The

infections are independent of the menstrual periods that have recently started. They are very painful and often cause her to miss school.

Her condition is normal. I prescribe a prophylactic course of *Vaccinium vitis / Pilosella*, and arrange an appointment to find her individualised remedy.

For the casetaking, the mother and child fill out the *Checklist*:

Urology (most recent complaint)

- Urging to urinate fruitless
- Urination frequent – P
- Urination minor – P (drops)
- Urine bloody, dark, turbid
- < Urination during and after
- < Cold – P (< getting cold – P, < weather cold – P, < food and drink, cold water – P)
- > Getting warm in bed – P
- < Open air – P (< walking in open air, > room warmth – P)
- < Movement – P (dislike of movement – P, < walking – P)
- > Rest – P
- < Sitting – P
- < Standing – P
- > External pressure – P
- Thirst – P
- < After sleep, on waking – P (< during sleep – P)
- > Lying on side – P (legs bent)

Additional complaints (older complaints)

Headaches

- Inner head left – P
- Face left – P
- < Light – P
- < Looking at sthg close up – P
- < Talking – P
- < Physical exercise – P
- < Mental exertion – P

- < Wind, draught

Depression

- Sadness – P
- Irritability – P
- Outbreaks of sweat

Sleep disorder

- Falling asleep late
- Frequent waking at night
- Impossible to fall asleep again after waking
- Nightmares

Irritable bowel

- Nausea
- Burping
- Diarrhoea alternating with constipation

Here we have a multitude of symptoms. It will be difficult to assign a single remedy to fit all of them. With so many symptoms, contraindications tend to prevent unambiguous symptom coverage. So we can either use the *chief symptom*, here the cystitis (using Boenninghausen's hierarchy) or we can only repertorise the *most recent complaint*, which is also the cystitis (using Hering's hierarchy).

Repertorisation³

E. E.

Recurrent Cystitis

			Caust.	Sil.	Am-c.	Bell.	Rhus.	Bry.	Ars.	Dulc.	Canth.	Arn.
Hits			13	13	13	13	13	13	13	13	13	13
Sums			37	26	25	33	34	34	30	26	24	26
Polarity Difference			24	17	16	15	13	12	12	12	10	9
90	urination, frequent	P	4	2	1	2	4	3	1	1	1	2
91	urination, scanty	P	3	1	1	3	1	3	2	3	4	3
90	< cold in general [worse]	P	4	3	3	3	4	2	4	4	2	2
38	> warm, becoming heated in bed [bett	P	5	2	2	1	2	4	4	1	2	1
110	< open air [worse]	P	1	4	2	4	2	1	1	1	2	1
126	< movement, during [worse]	P	3	1	2	4	1	4	1	1	2	3
117	> resting (not moving) [better]	P	1	1	2	4	1	4	1	1	2	3
126	< sitting [worse]	P	3	2	2	1	4	1	2	4	1	1
107	< standing [worse]	P	2	1	1	1	3	2	1	2	1	1
74	> pressure, external [better]	P	3	1	3	2	3	2	2	3	2	1
99	thirst	P	2	3	1	3	3	4	4	2	2	3
111	< sleep, after waking up [worse]	P	4	3	4	3	4	2	5	2	1	3
46	> lying, on side [better]	P	2	2	1	2	2	2	2	1	2	2
68	urination, infrequent		1		1	2		1	1	1	4/CI	3/CI
99	urination, profuse		1			2	4/CI	2	2	1	3	1
73	> cold in general [better]		1	1		1	1	1		1		1
67	< warm, becoming heated in bed [worse]		2				2	1				1
93	> open air [better]		2		1	1	1	2	1	1	1	2
102	> movement, during [better]		1	1	1	1	4/CI	1	2	4/CI		1
102	< resting, while [worse]		1	1	1	1	4/CI	1	2	4/CI		1
101	> sitting [better]		1	1	1	2	1	4/CI	1		1	2
71	> standing [better]				1	4/CI	1	2	2		2	2
93	< pressure, external [worse]		1	4/CI	1	1	1	1	1	1		1
86	thirst, absent		1		1	2	2	1	3	1	2	1
28	> sleep, after; while waking up [better]							1	3			
50	< lying, on side [worse]		1	1	1	1		4/CI			1	1

Interpretation

Fourteen remedies cover everything. Three of these have no contraindications, and Causticum stands out thanks to its large polarity difference; Ammonium carbonicum is the second choice.

Materia Medica Comparison for Causticum (GS)

Frequent urging to urinate, day and night ... Painful retention of urine brought on by slightest exposure to cold ... Very frequent urging to urinate, with involuntary dribbling of urine ... Burning in urethra when urinating ... Pain in urethra and bladder after a few drops pass ... Melancholy disposition to weep ... Peevishness with silent

introspection and long silence ... Melancholy ... Sorrowful thoughts during night, during day weeping ... Hopelessness ... Anxious, uneasy mood ... Starting from sleep ... Dreams: anxious; quarrelsome; fretful.

Materia Medica Comparison for Ammonium carbonicum (GS)

Pressure of urine on bladder, with cutting pain ... Gloomy, depressed, with feeling of impending trouble, with sensation of coldness ... Anxiety, with inclination to weep. Dreams: ... anxious ... Unrefreshing sleep.

Prescription and Progress

Eva is given a dose of *Causticum 200 C*.

In the first week there is not much change but then a steady improvement starts. After four weeks there is only minimal burning in the bladder. The headaches have disappeared, she is sleeping better and the depressed mood has given way to a noticeably brighter frame of mind. She rates the improvement at 90%.

We continue with *Causticum M, XM, LM, CM* at monthly intervals, leading to the complete disappearance of the bladder symptoms. Headaches and nausea are rare and her sleep remains good.

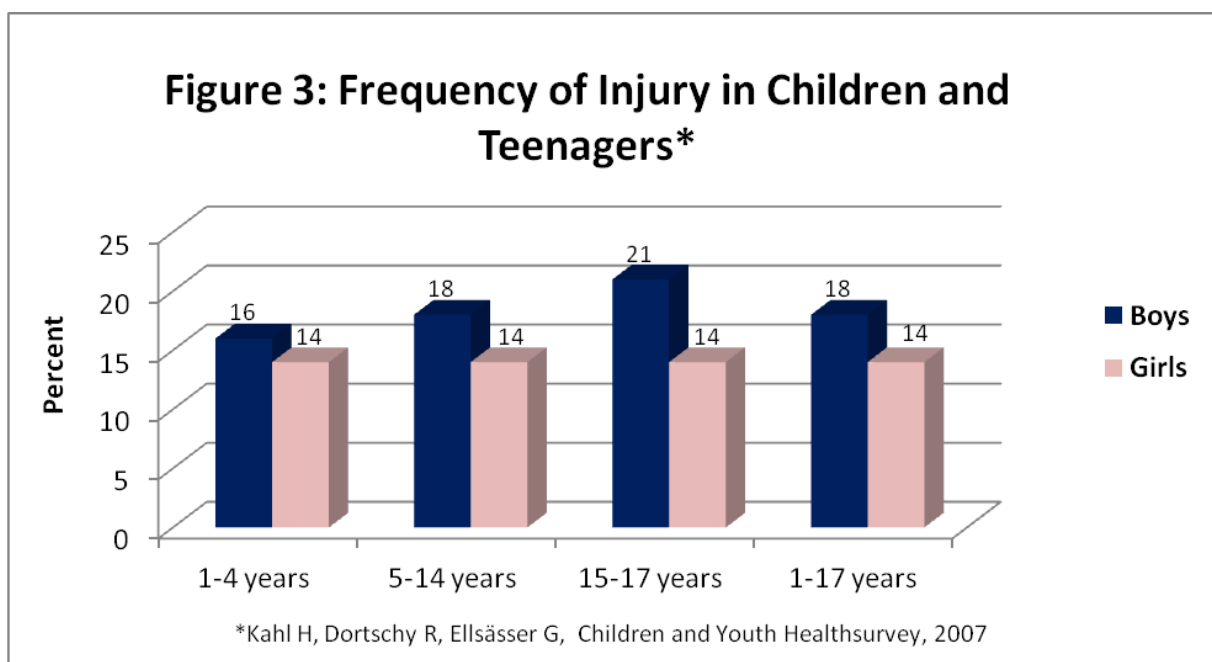
Period of observation: 15 months

Comment

- The case impressively demonstrates how it is possible to master a multitude of symptoms.
- Interestingly the repertorised symptoms are not the only ones to improve – there is a general improvement.
- *Causticum* also covers the symptom *complaints as a result of sorrow*, which in this patient is palpable as a cause. We intentionally omitted it from the repertorisation because it is a mind symptom, which is always a matter of interpretation.

6. Traumatology

Due to the intensive sporting activity of school age children, with training approaching professional level in some cases, injuries are a frequent occurrence (fig. 3).¹³ In conventional medicine, these are treated surgically, with analgesics and physiotherapy but there is no chance of promoting healing through internal medicine. Yet homeopathy has a large number of remedies available. Prescribing on the approved indications is a common practice (table 1). Unfortunately it is often forgotten that injuries can also be treated with an individualised remedy. Precise remedy selection based on the symptoms often leads to more rapid healing



Cuts	Staphisagria
Puncture wounds	Ledum, Hypericum
Burns	Arsenicum album
Bruises, strain	Arnica
Rupture, contusion	Arnica
Nerve injuries	Hypericum
Broken bones	Symphytum
Injury to periosteum	Symphytum
Damage to tendon	Ruta

Foreign bodies	Hepar sulfur
Overexertion, stiff muscles	Arnica
Monocular haematoma	Ledum
Contusion of the eyeball	Symphytum
Major joints, > movement	Rhus toxicodendron
Minor joints, > movement	Ruta
All joints , < movement	Bryonia
Coccyx, fingertips	Hypericum

than a prescription based on approved indications. So here we will present *individualised remedy selection* for injuries.

Case 6: Tendovaginitis

10-year-old Annina has had pains in her right wrist for the last two weeks, triggered by gymnastic exercises on the bars. Any movement of the hand, including writing, causes aggravation.

The examination reveals a pressure-sensitive swelling close to the carpal tunnel, which cracks when the hand is moved. This is an inflammation of the tendon sheath of the flexor carpi radialis.

Mother and child mark the following symptoms on the *Checklist*:

- Right arm – P
- < Physical exercise – P
- < Movement – P
- < Twisting affected parts – P
- < Pressure – P
- < Rubbing – P
- > Rest – P
- > When getting cold – P
- > Wrapping up – P (general)

We can use all symptoms for repertorisation.

Repertorisation³

A. F.

Tendovaginitis

			Led.	Calc.	Staph.	Spig.	Sulph.	Mur-ac.	Merc.	Sep.	Iod.
Hits			9	9	9	9	9	9	9	9	8
Sums			20	24	19	19	17	9	18	16	23
Polarity Difference			17	12	11	8	3	-7	-2	-1	22
130	side, right in general	P	1	4	3	1	1	1	1	1	3
70	< physical effort [worse]	P	1	3	1	1	4	1	2	2	2
126	< movement, during [worse]	P	4	2	3	3	2	1	3	1	3
93	< pressure, external [worse]	P	2	3	3	1	1	1	2	3	4
44	< rubbing [worse]	P	3	2	2	2	1	1	2	3	
117	> resting (not moving) [better]	P	4	2	3	3	1	1	3	1	3
74	> cold, when getting cold [better]	P	3	1	1	2	3	1	3	1	4
37	< warmly, from wrapping up [worse]	P	1	3	2	3	2	1	1	1	3
84	< bending or turning, affected parts [w	P	1	4	1	3	2	1	1	3	1
130	side, left in general		1	1	1	5/CI	5/CI	3/CI	5/CI	1	1
6	> physical effort [better]									4/CI	
102	> movement, during [better]			1	1	1	1	2	3	3/CI	
74	> pressure, external [better]		1	1		2	2	3/CI	1	1	
74	> rubbing [better]			4/CI	2	1	3/CI	3/CI	3/CI		
102	< resting, while [worse]			1	1	1	1	2	1	3/CI	
78	< cold, when getting cold [worse]			2	1	1	2	1	2	3/CI	
56	> warmly, from wrapping up [better]		1		2			1	2	2	
29	> turning affected part [better]			2				1	3/CI		

Interpretation

Eight remedies cover all symptoms. Ledum and Staphisagria have an outstandingly large polarity difference.

Materia Medica Comparison for Ledum (GS)

Nothing relevant.

Materia Medica Comparison for Staphisagria (GS)

Nothing relevant.

Prescription and Progress

I skip the materia medica comparison and prescribe Annina *Ledum 200 C* based on the greater polarity difference.

Within four days the swelling diminishes and the pain disappears. Since her hand is still quivering during fine motor movements, she is given *Ledum M* after a week, which leads to the disappearance of this symptom too.

Comment

- The surprising thing here is that *Ledum* manages to heal complaints that are not mentioned anywhere in the materia medica.
- If we had prescribed according to the approved indications, we would have given the girl *Bryonia* as first choice.

Case 7: Contusio capitis

11-year-old Conradin rides his skateboard downhill straight into a lamppost. The impact is so severe that he briefly loses consciousness, is sleepy for the next few hours and vomits twice. I see him for the first time two days later. He has a monocular haematoma on the left and his parents are worried because there is also blue discolouration under the right eye. In addition he is still complaining of headaches and dizziness.

On examining him I can find no indication of a fractured skull. The orbits of the eyes are intact, the pupils the same on both side and the eyeball is uninjured. There is no blood in the anterior chamber of the eyeball and no double vision. He also has several contusions on the trunk and the left leg. The problem is a contusion of the skull with cerebral concussion and monocular haematoma on the left. The blood beneath the right eye reached this location hypostatically.

Mother and son complete the *Checklist* noting the following symptoms:

- Headache and vertigo
- Injury with haematoma
- Left eye – P
- > Rest – P
- > Lying – P
- > Sitting – P

- < Standing – P
- < Bending – P
- < Mental exertion – P
- < Looking at sthg close up – P
- < Reading – P

We repertorise the polar symptoms and < *injury with haematoma*

Repertorisation³

C. G.

Contusio capitis

		Arn.	Sulph.	Nux-v.	Chin.	Nat-m.	Calc.	Bry.	Asar.	Graph.
Hits		10	10	10	10	9	9	9	9	9
Sums		27	23	26	18	24	25	24	21	21
Polarity Difference		16	14	13	10	17	15	14	14	13
20	< injuries, with haematoma [worse]	4	3	2	1			2		
130	side, left in general P	4	5	1	5	1	1	1	5	3
117	> resting (not moving) [better] P	3	1	4	1	3	2	4	3	3
106	> lying position [better] P	3	1	4	1	3	3	4	3	2
101	> sitting [better] P	2	1	4	1	2	2	4	2	1
107	< standing [worse] P	1	3	1	1	1	1	2	1	1
108	< bending over, while [worse] P	3	1	1	2	2	4	4	2	3
65	< mental effort [worse] P	3	3	5	2	4	4		2	2
85	< looking, at something close-up, strair P	2	2	1	1	4	4	1	1	3
69	< reading [worse] P	2	3	3	3	4	4	2	2	3
130	side, right in general	1	1	4/CI	1	1	4/CI	3/CI	1	1
102	< resting, while [worse]	1	1		1	1	1	1	1	
125	< lying position [worse]	1	2	1	1	1	1	1	1	1
126	< sitting [worse]	1	1	1	2	1	2	1	1	4/CI
71	> standing [better]	2		3/CI	1	2	2	2	3/CI	2
44	> bending over, while [better]	1	1	2	1	1				
3	> mental effort [better]									
5	> looking, at something close-up, strained vision [better]									
2	> reading [better]									

Interpretation

Arnica, Sulfur and China cover everything without contraindication.

Materia Medica Comparison for Arnica (GS)

Bad effects from falls or blows on head. Mechanical injuries; especially with stupor from concussion ... Bloodshot eyes ... Headache with vertigo.

Materia Medica Comparison for Sulfur (GS)

Fell, striking on back of head, was taken up insensible; following night, restless, followed by vomiting, dizziness on stooping, or standing ... Eyeball painful on motion ... Shooting in left eye, < from reading.

Prescription and Progress

Conradin is given a dose of *Arnica 200 C*.

The headaches and vertigo then disappear within 24 hours and the monocular haematoma is rapidly resorbed. Ten days later he comes to the practice with streptococcal angina, which we treat to the best of our ability.

Comment

- Remedy selection in cases of traumatology is generally straightforward. Since the symptoms are caused by external action, we do not normally expect to prescribe deep-acting remedies. This is why it was possible for the patient to fall ill with another problem shortly afterwards.
- If we had treated him according to approved indications, *Ledum* would have been the remedy of choice.

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