

# Homeopathy and Polarity Analysis Complex Illness

## Module 9 ADD/ADHD and Asperger Syndrome

Heiner Frei



Copyright of the Author  
2018

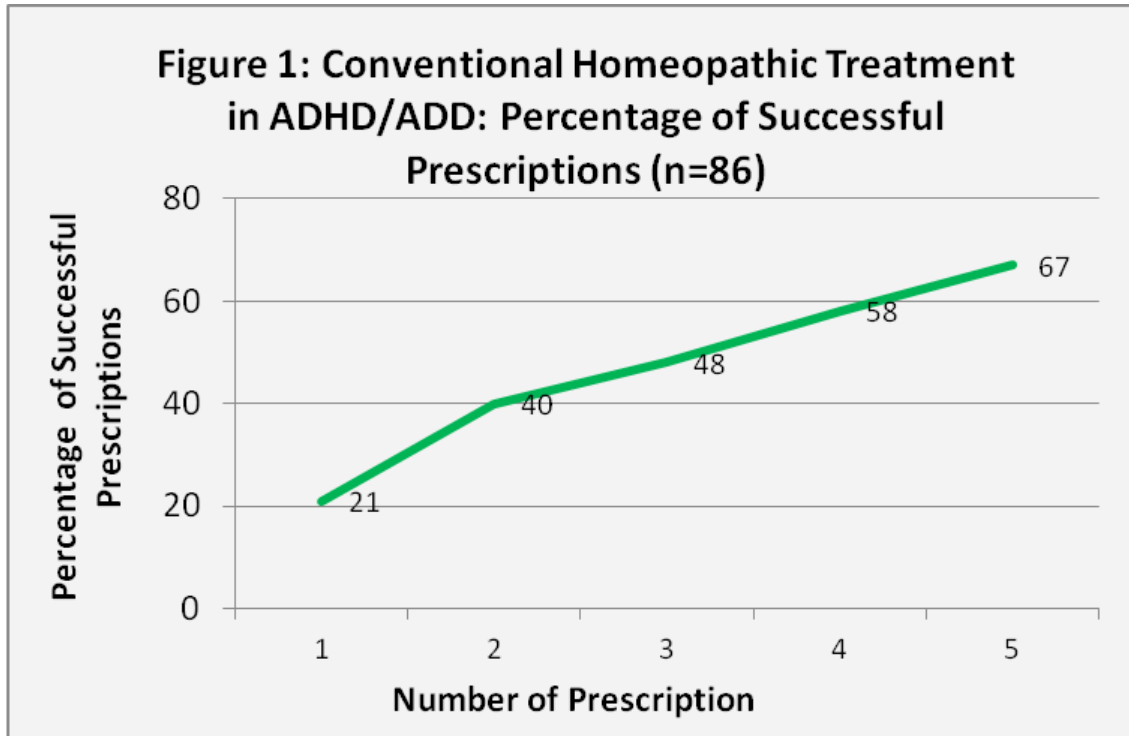
# ADD/ADHD and Polarity Analysis

## Introduction

ADD / ADHD is an ever more frequently diagnosed disturbance, consisting of the chief symptoms hyperactivity or passivity, impulsivity, and attention deficit. To make the diagnosis according to DSM-IV criteria, the children – and they are mostly boys – must display noticeable symptoms in a variety of settings (such as at home and school) for at least six months and before age seven.<sup>1</sup> Conventional medical treatment consists in the administration of methylphenidate (MPD), which is subject to narcotics legislation in most countries, or Atomoxetine. Whereas the frequency of ADD / ADHD before 1990 was three to five percent, this percentage has recently increased so greatly that MPD prescriptions in the Western world are climbing exponentially. In 1996 10 kg of MPD was consumed per year in Switzerland but by 2011 the figure had increased to 349 kg, with no end to this trend in sight.<sup>2</sup> Since MPD is related to cocaine, its use raises the uncomfortable question of what direction our society is heading in. Many parents are concerned that their children are being prescribed such heavy-calibre medication and are therefore on the lookout for other methods of treatment, especially homeopathy, which has been proved by the Swiss ADD / ADHD double-blind study to be an effective form of therapy.<sup>3</sup>

## Conventional Homeopathic ADD / ADHD Treatment

The homeopathic treatment of children with ADD / ADHD is a demanding field. In contrast to other forms of illness, it is often difficult to elicit reliable symptoms because the symptom picture is typically dominated by stereotypical complaints about the child's behaviour, such that deeper-lying perceptual difficulties are not considered. The treatment results with conventional homeopathy tend to be correspondingly poor. Figure 1 shows the treatment results for 86 patients in our practice before the introduction of polarity analysis.



Often many attempts are required until the most suitable homeopathic remedy is found.

### Casetaking Optimisation

In an inquiry to improve the success rate we analysed the symptoms of 100 successfully treated patients, who had received suboptimal remedies before getting the best fitting one. The objective was to find out which symptoms had prevented an optimal prescription at first attempt. The result of was sobering: 77 symptoms proved to be potentially unreliable, including very many mind symptoms (*table 1*).<sup>4</sup>

Table 1: Unreliable Symptoms in 100 ADD / ADHD Cases	
Mind symptoms and modalities	44
General modalities	11
Perception symptoms	4
Motor symptoms	6
Food (desires, dislikes, modalities)	6
Weather modalities	6

## The Significance of Perception Symptoms

Almost all symptoms that used so far were listed here as causing suboptimal prescriptions. In a next step we had to find out which symptoms might lead to better results. One idea was to test perception symptoms, which are the actual cause of the ADD/ADHD, and yet often not even mentioned during casetaking. In ADD / ADHD the peripheral sensory organs function normally but the processing of the stimuli in the central nervous system and the reaction to perceptual stimuli is pathological: the stimuli are processed either unselectively, leading to stimulus overload with consequent restlessness, poor concentration and rapid fatigue, or the reaction to sensory stimuli is inadequate, so that the children fail to behave appropriately.<sup>5</sup>

Perception concerns seeing, hearing, smelling, tasting, touch, temperature sensitivity and proprioception. In addition, there are the effects of impaired perception on speech, fine and coarse motor control, thinking and memory, resulting also in psychological effects such as sadness and irritability.

To achieve improvement, we used Boenninghausen's Therapeutic Pocketbook (BPB 1846)<sup>6</sup> to identify symptoms that corresponded as closely as possible to perception disturbances. With these symptoms we re-evaluated the hit rate of prescriptions and discovered that the number of suboptimal prescriptions dropped from four to two, leading to the correct remedy within an average time of three months.<sup>7</sup> Yet we also found that not all symptoms of perception are equally reliable. *Table 2* shows the *front page* of the *Checklist for Perception Disorders*. The symptoms of perception that have been found to be highly reliable are shown *above*, whereas those with intermediate reliability are listed below.

Table 2: Checklist for Perception Disorders	
<i>Symptoms with High Reliability</i>	
<i>Symptom</i>	<i>Interpretation</i>
< Light (bright)	Easily dazzled, ask for sunglasses
< Looking at something close-up (strained vision)	Restless, irritable after consumption of media, TV, PC, smartphone, etc.
< Reading	Reading causes rapid fatigue, averse to reading
< Talking	Speech disturbance, delayed speech development
< Touch	Dislike of touch, touch is unpleasant
< Warmth	Often feel too warm
< Warm room	Restless, irritable in overheated rooms
> Uncovering	Tend to take off their clothes, uncover themselves
< Cold	Prone to feel cold
< Uncovering	Quickly feel too cold, wear a lot of clothes, want to cover themselves
Dislike movement	Lethargic
< Writing	Write or draw in a cramped way, thereby quickly becoming tired, dislike drawing
< After sleep, on waking up	Irritable / restless after sleep, find it hard to get going in morning
< Before sleep, on falling asleep	Irritable / restless in evening, when tired, before sleep
Understanding difficult	Difficulty understanding complex issues
Sadness	Despondent, tearful
Irritability	Aggressive, fits of rage
<i>Symptoms with Intermediate Reliability</i>	
< Noise	Cannot tolerate noise made by others
Sense of smell oversensitive	Oversensitive to smell, smell everything
Sense of taste weak	Add seasonings to many foods
< Travelling in a vehicle	Nausea or headache when travelling in a car
> Movement	More restful and even-tempered after sport
Weak memory	Quickly forget what they have just learnt
Muscles tense (must be clinically verified)	Basic muscle tension too high
Muscles floppy (must be clinically verified)	Basic muscle tension too low

The individually differing combinations of perception symptoms lead to a wide spectrum of possible homeopathic remedies for ADD / ADHD treatment.

On the *back* of the *Checklist for Perception Disorders* there is a list of symptoms that have proven *unreliable*. They are only used for the fine tuning after the reliable symptoms have narrowed down the spectrum of likely remedies

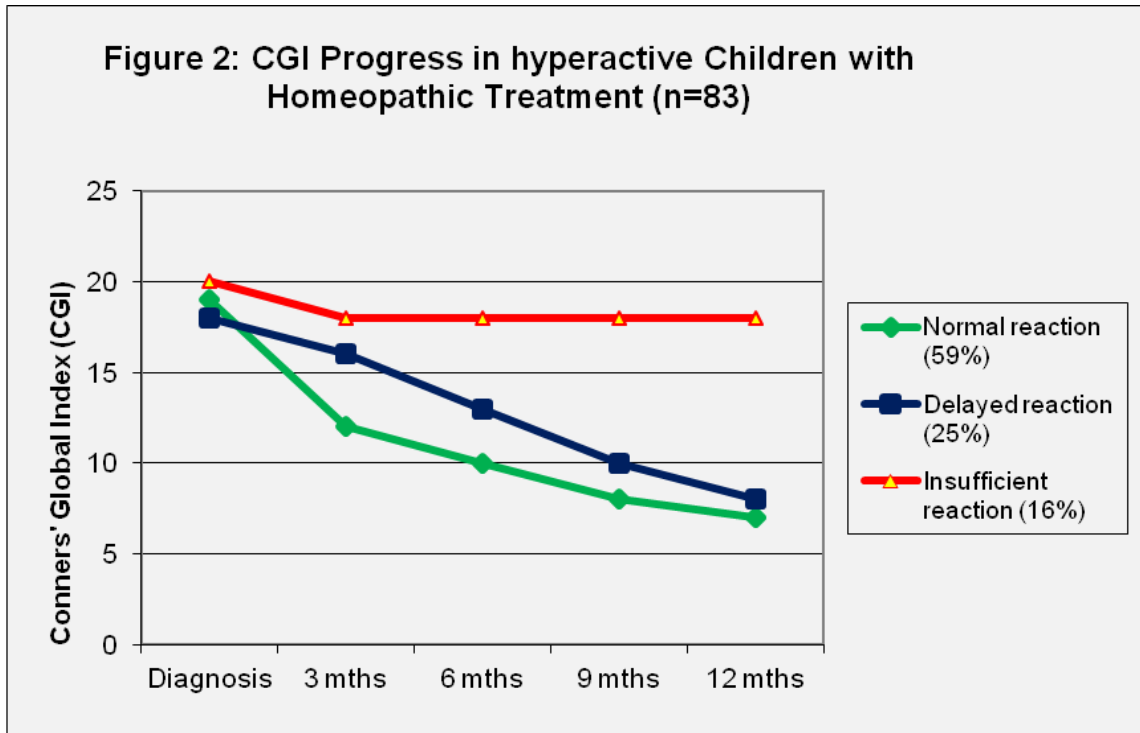
We always supplement case taking with the *Checklist of reliable Symptoms* to search for additional complaints. Here the parents or patients list the complaints unrelated to ADD/ADHD. It is not uncommon that we find here additional perception symptoms that need to be added to the repertorisation. Other symptoms are only used for remedy selection if perception symptoms are insufficient to enable confident remedy selection.

A remedy that ameliorates the symptoms of ADD / ADHD generally has such a comprehensive effect that the additional complaints also disappear. Yet the restriction to reliable symptoms can cause a lack of symptoms that the shortlist contains too many remedies, making the differential homeopathic diagnosis difficult. With the help of *polarity analysis*, however, it is generally possible even in cases with few symptoms to successfully determine a remedy which matches the patient's symptoms.

### Practical Procedure of Remedy Selection

Homeopathic casetaking in chronic illness is conducted in two sessions. In the *first appointment* there is a brief casetaking and clinical investigation of the patient, followed by a discussion of the treatment and the *chances of success* (figure 2). It is important here to indicate that treatment takes time and the improvement increases with time.

Then we discuss the checklists, stressing to the parents that the quality of their observations is decisive for successful treatment. If possible the front page of the *Checklist for Perception Disorders* should contain *at least* five highly reliable patient symptoms. On the reverse side the parents must underline their additional observations. Although these symptoms are not reliable, they can be a hint for selecting a specific remedy.



In addition the parents must rate the intensity of their child's ADD / ADHD before treatment with the *ADD / ADHD Assessment form (table 3)*<sup>8</sup>. It contains the ten most important ADHD symptoms, rated on a scale from 0 to 3. At each follow-up this procedure is repeated, in order to receive a semi-quantitative assessment of the treatment progress. It must be emphasized that this is *not* an objective judgement; it is rather the change of the total score that interests us. Therefore the form must always be filled out by the same person who uses the same standards.

Table 3: ADD / ADHD Assessment (Conners' Global Index - CGI) <sup>8</sup>								
Assessment	Before Hom.	1	2	3	4	5	6	7
Excitable, impulsive								
Cries easily and often								
Restless, fidgety								
Restless, on the go								
Destructive behaviour								
Lack of stamina								
Poor concentration								
Rapid mood changes								
Easily frustrated								
Disturbs other children								
<b>Total</b>								
Date								
Remedy								

In the *second appointment* we view the completed checklists, discuss unclear symptoms, conduct the repertorisation, and then look for confirmatory symptoms, indicating which of the remedies might actually be the best fitting one. We prefer to do the casetaking session alone with the parents rather than risk being disturbed by a restless or whining child.

*The Checklists and the ADD / ADHD Assessment form can be downloaded from the author's website at [www.heinerfrei.ch](http://www.heinerfrei.ch).*

### Confirmatory Symptoms

According to Organon § 211 the "*patient's emotional state often tips the scales in the selection of the homeopathic remedy.*"<sup>9</sup> The original meaning of this paragraph is that *after determining a shortlist of remedies based on the patient's*



*characteristic symptoms (especially the modalities), the changes in the emotional state can be decisive in finally selecting the remedy.*

Table 4 lists possible confirmatory symptoms for the ADD / ADHD remedies frequently found by using the BPB 1846. Note that the remedies used depend crucially on the working tools. Therefore certain remedies are not listed: these include especially *Bufo rana*, *Carcinosinum*, *Crotalus horridus*, *Lyssinum*, *Tarentula hispanica*, *Tuberculinum* and *Medorrhinum*.

Table 4: Confirmatory Symptoms	
Remedy	Symptoms
Calcium carbonicum	Fearfulness, shyness, obstinate, floppy muscles, severe sweating, delayed teething, exhaustion
Lycopodium	Tyrannical behaviour in familiar situations, low self-confidence
Sulfur	Disinclination to wash, foul-smelling discharges, skin problems, < warmth of bed
Nux vomica	Irritability, ambitiousness, put themselves under pressure, outbreaks of rage, impatience, oversensitivity, < cold
Phosphorus	< Being alone, likes attention and publicity, lack of endurance
Causticum	Intense emotions, cannot bear to see others suffer, rebellious, compulsive checking
Ignatia	Oversensitivity, vulnerability, worry, < consolation, anticipatory anxiety, mood swings
Silicea	Distant, obstinate, conscientious, mineralisation disturbances (teeth, nails), suppuration, < cold
Mercurius solubilis	Mistrust, reserved, impulsiveness, bad breath, < night, < cold, < warmth
Belladonna	Irritability, delirious fever, convulsions, inner heat, dysmenorrhoea
Chamomilla	Irritability, fits of rage with hitting, sensitivity to pain

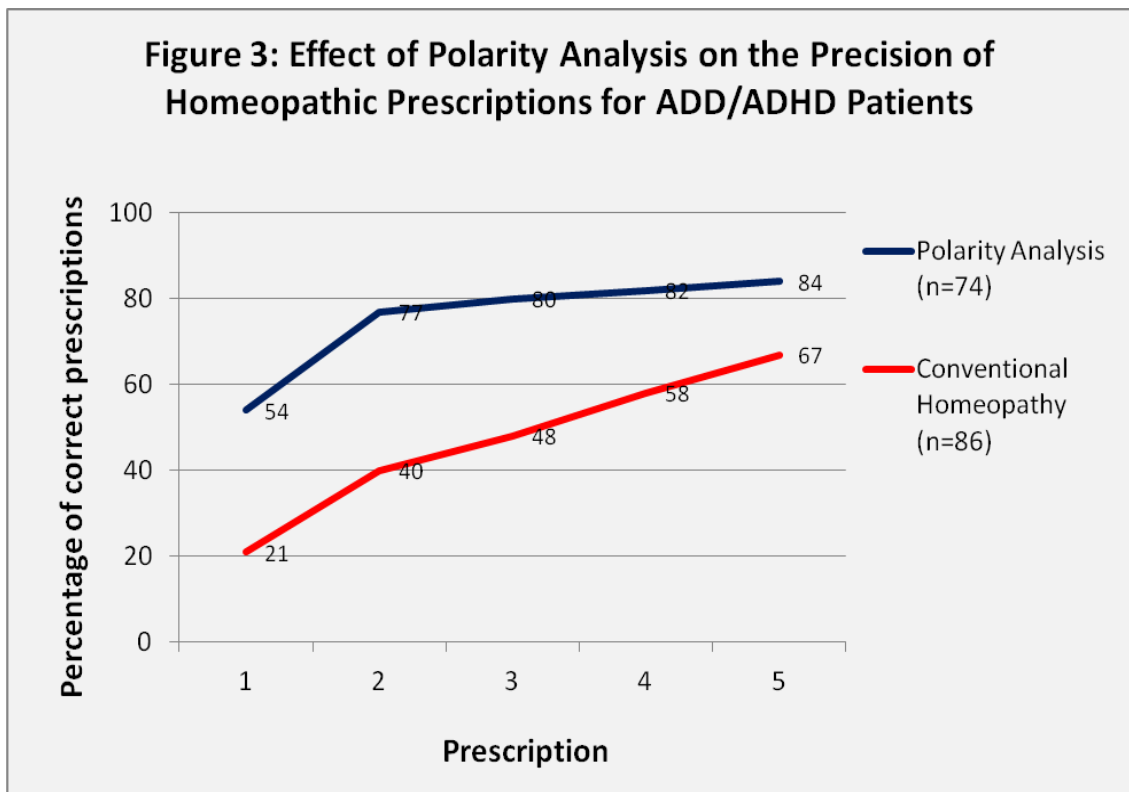
Sepia	Overextended, indifference, reclusiveness, < consolation, < society
Hepar sulfur	Irritability, sensitivity to pain, foul-smelling discharges, slow healing of lesions
China	Irritability, sensitivity of all sensory organs, high-flying future plans, periodic complaints
Lachesis	Jealousy, talkativeness, fits of rage, sarcasm, < heat, < touch on neck
Phosphoricum acidum	Indifference, answer slowly, exhaustion, worry aggravates
Pulsatilla	Mild, cry easily, need consolation, mood changes, < heat, > in open air
Staphisagria	Complaints from suppression of worry and anger, fits of rage, throws things around
Arsenicum album	Fearfulness, perfectionism, restlessness, < after midnight, < alone, fear of illness and infection
Natrium muriaticum	Reserved, < worry, < insult, bear grudges, > being alone, < consolation
Magnetis polus arcticus	Fearful hesitation, self-reproaches, want to do everything quickly, excessive diligence
Aconitum	Complaints from mental shock, fear of crowds, < dry cold
Aurum	Depression, fits of rage, dictatorial behaviour, fear of failure
Arnica	Over-exertion, effects of injury, also mental

## Results of the Optimization Process

In summary we took the following steps to optimize the treatment of ADHD / ADD:

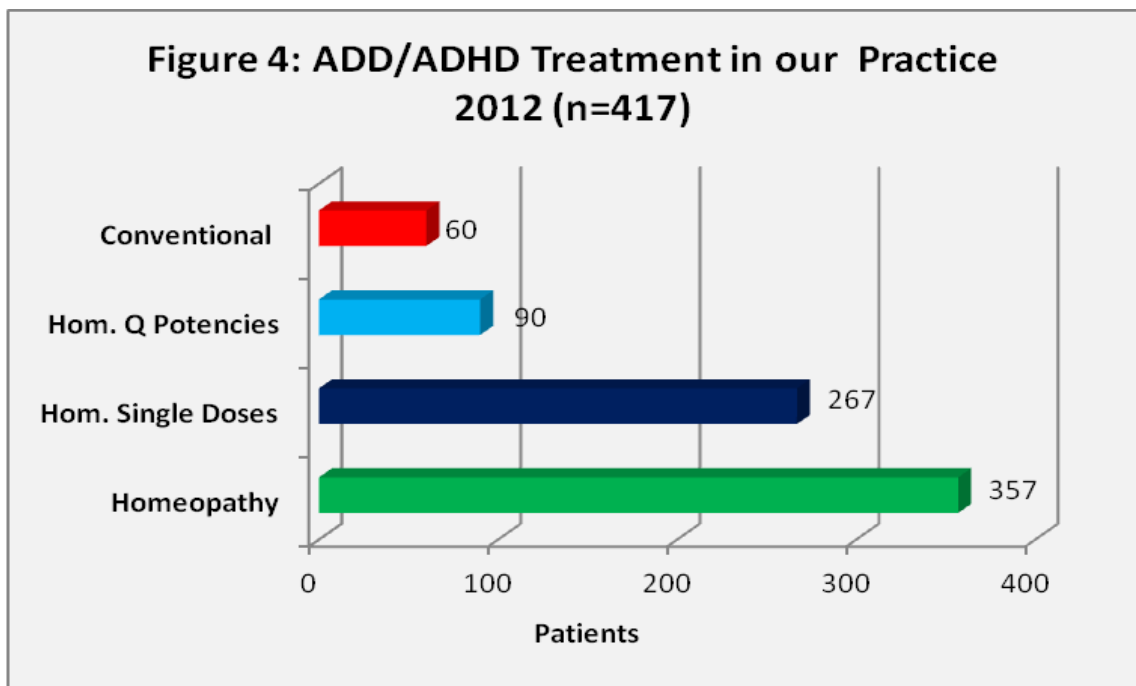
1. Identify the unreliable symptoms and avoid using these during remedy selection.
2. Select remedies using perception symptoms.
3. Introduce checklists to carefully gather complete information about the symptoms
4. Introduce polarity analysis so that, even when there are few symptoms, the patient's symptom set can be optimally aligned with the genius of the prescribed remedy.

Figure 3 shows the powerful positive effect of the overall optimization process on our treatment results.

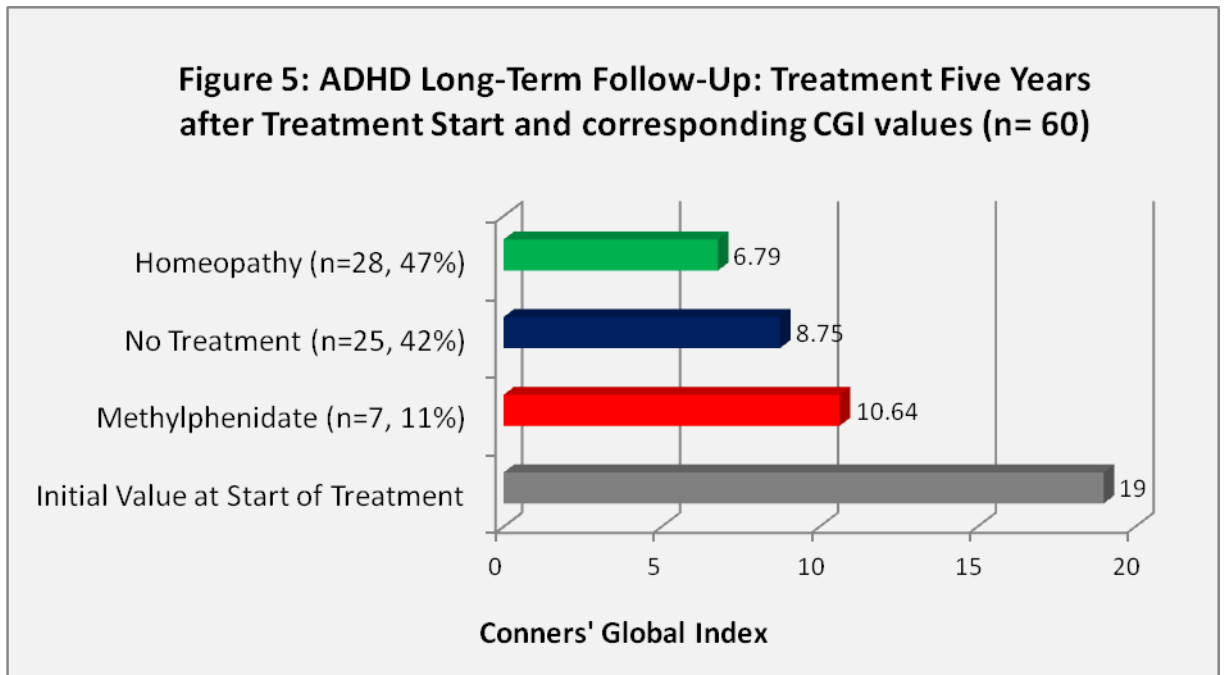


## Treatment Results with Polarity Analysis

In 2012 we treated 417 children suffering from ADD / ADHD and disturbances of perception. 357 (85.6 %) of these patients received solely homeopathy, 45 (10.8%) MPD and 15 (3.6%) Atomoxetine. Of those treated with homeopathy, 90 (25%) were given Q potencies, all others received single doses of the potencies 200 C, M, XM, LM, and CM at an average interval of four weeks. Many of these patients were already in homeopathic treatment for several years. Patients who did not improve sufficiently on homeopathy were transferred to allopathic treatment with either MPD (Ritalin™, Concerta™) or, if this too was insufficient, with Atomoxetine (Strattera™). The most common reason for conventional medical treatment was the great pressure exerted by the school on parents and patients (figure 4).



After our double blind study parents and patients could freely choose how treatment was to continue. Five years after treatment start, 60 of the 62 study participants could be reached for long-term follow-up. We found the following distribution of treatment modalities. 28 children were still in homeopathic treatment. Their CGI averaged 6.8. 25 children had stopped treatment: their CGI was 8.8. 7 children had switched to MPD treatment and they had a CGI of 10.6 (figure 5).



## Discussion

In 2005 the first phase of the Bern ADHD double-blind study was concluded, providing proof of a significant effect of high-potency homeopathy. As significant as this proof was the discovery of polarity analysis, which had indeed enabled the success in the first place. In the meantime this method has been further refined.

We also made the experience that not all symptoms of perception are equally reliable for remedy selection and that it is generally best to stick to the most reliable symptoms. It is the uniquely individual combination of symptoms of perception that enables us to identify the correct remedy from all the possible remedies, the one for which the genius most closely fits the patient's symptom set.

The major weakness of polarity analysis is its dependence on precise observation by the patient or their parents. Unsuccessful treatment is frequently characterised by failures of observation, which prevent us making progress. Therefore careful instruction of the patients is essential for successful remedy selection. A further central issue is that the method must be used in a consistent way and not mixed with other homeopathic approaches: this is a frequent beginners' mistake, which often prevents successful treatment.

It is possible that some of the approximately 15 percent of unsuccessful treatments can be traced to the limited set of remedies (125 in total) found in Boenninghausen's Pocketbook. We can only counter this problem with our remedy knowledge, switching to a different repertory when this can be justified. The remaining advantages of the BPB 1846, above all the unrivalled reliability of the grading, are so substantial that we regard it as an essential tool for our work, which we would not want to miss.

Despite all the hurdles, with patience and perseverance we can nevertheless achieve very satisfying results in the majority of our ADD / ADHD patients, which brings considerable relief to the affected child, the family and the school, enabling the child to be much better integrated and take part in normal life.

## Practice Cases

### Case 1, Structure of Repertorisation

Patrick S., 8 years old

Patrick is a slender, blond lad. His mother describes him as restless, impulsive, fearful and also very obstinate. He has a strong desire for exercise and does a lot of sport. At school he is inattentive and has difficulty remembering what he has learnt. The teacher criticizes his passivity, restlessness and distractibility. She requests a neuropsychological assessment, resulting in a diagnosis of ADD.

The parents rate their son's CGI at 16 and enter the following symptoms in the *Checklist for Perception Disorders*:

*High reliability*

< Light – P  
 < Warmth – P  
 > Uncovering – P  
 Sadness – P  
 Irritability – P

*Intermediate reliability:*

< Noise  
 Sense of smell oversensitive – P

[P= polar symptoms]

In the *Checklist of reliable Symptoms* (Additional Complaints) they note a tendency to throat- and middle ear- infections with chronic effusion of the middle ear, which two years earlier led to the insertion of an ear tube for drainage. In addition, the boy has growth pains in both lower legs, especially at night and in cold, wet weather. The modalities are as follows:

*Additional Complaints:*

- < Cold and wet weather
- < Swallowing – P
- Thirst – P
- < Physical exercise – P
- Blocked ears
- > Touch – P
- < Being alone – P

During our *supplementary questioning* the mother says that he does not have anger fits, he sweats rapidly and strongly, and tends to be shy rather than dictatorial.

Since the repertorisation of the reliable polar perception symptoms is insufficiently specific here, we need to include further symptoms, especially *sense of smell oversensitive*, < *noise*, < *swallowing* and *thirst*. > *Touch* and < *being alone* are normal in sick children and are therefore not included in the repertorisation.

## Repertorisation (Polarity Analysis Software)<sup>10</sup>

P. S.

ADHD

	Acon.	Cham.	Lyc.	Calc.	Chin.	Bry.	Sep.	Nux-v.	Ign.	Puls.	Sulph.	
Hits	9	9	9	9	9	9	9	9	9	9	8	
Sums	28	25	25	23	21	20	22	25	21	23	23	
<b>Polarity Difference</b>	<b>20</b>	<b>19</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>8</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>12</b>	
80	< light in general [worse]	P	3	2	3	4	3	2	3	3	3	3
73	< warmth, in general [worse]	P	1	2	2	1	1	1	1	1	4	2
37	> uncovering [better]	P	3	2	4	3	2	1	1	1	2	2
61	sadness (dejection, inclined to weep)	P	4	3	3	2	2	2	2	2	4	3
64	irritability (anger, aggression)	P	4	4	3	2	2	3	3	4	4	3
43	< noises [worse]		4	3	3	3	2	2	3	4	3	1
49	smell, hypersensitive	P	3	3	4	2	3	1	4	4	1	2
93	< swallowing [worse]	P	2	2	2	2	2	4	3	3	1	3
99	thirst	P	4	4	1	4	4	4	2	3	2	2
13	> light in general [better]				2							
90	> warmth, in general [better]		3/CI	1	1	1	2	2	2	4/CI	3/CI	1
56	< uncovering [worse]		1	2			2	1	2	3/CI	1	1
42	cheerfulness, happiness				2						2	3
37	mildness				3						3	4(CI)
46	smell, lost, weak, diminished				3	4/CI		2	4	2		4/CI
47	> swallowing [better]						1			3	4/CI	3
86	thirst, absent				1	1	2	1	3/CI	2	1	4/CI

### Interpretation

Ten remedies cover all symptoms but only four of these have no contraindications. With the help of confirmatory symptoms, we can find the most likely remedy for Patrick.

Chamomilla is one of the leading remedies for irritability and anger. Patrick's mother describes him as mild and not prone to fits of anger, so Chamomilla seems unlikely. The need for movement also tends to rule out Bryonia, with its genius of dislike of movement. And Lycopodium patients are typically dictatorial, which does not apply to this patient. China therefore takes centre stage.

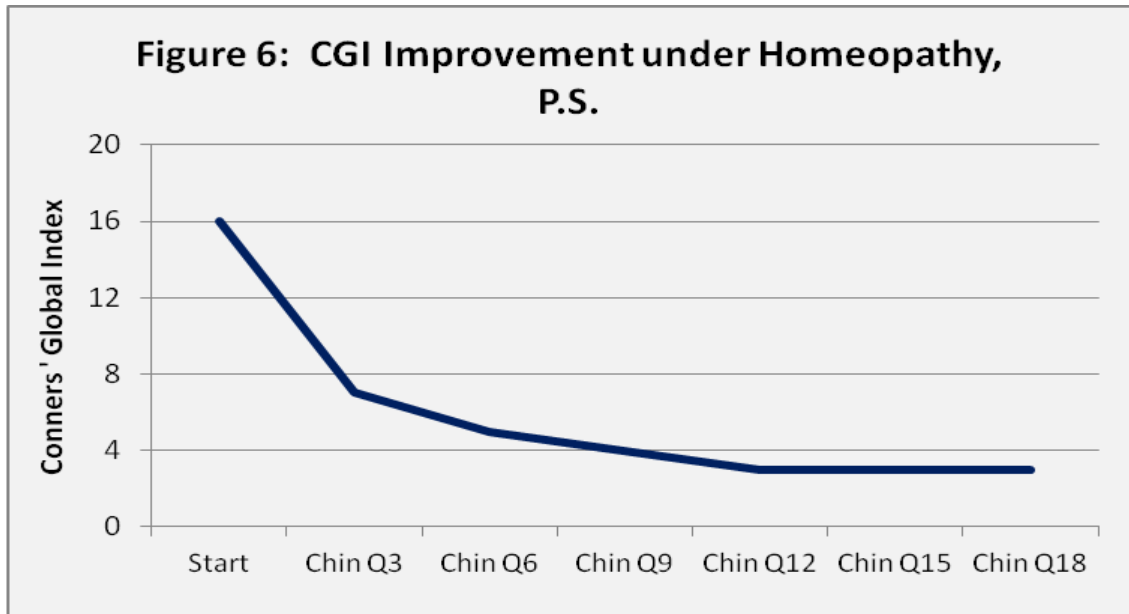
### Prescription and Progress

Patrick is given *China* Q3 initially every other day, and after two weeks daily.

In the first three days his symptoms deteriorate noticeably but then there is an impressive improvement. The patient becomes more open, pleasant, and can now play with several children at the same time. There is also positive feedback from school. His CGI has fallen from 16 to 7 after four weeks.



The next month with *China* Q6 his CGI drops to 5 and in the long term with further Calc-carb. Q-potencies to 3, which corresponds to the value for a normal child (figure 6).



### Comment

We must be aware that the use of symptoms of intermediate reliability reduces the chances for a successful prescription somewhat. In this case we were lucky.

### Case 2, Totality of Symptoms or Keynotes?

Lars H., 11 years old

Lars is a tall, hypotonic and slightly overweight lad who has been noticeably restless, fidgety, absent-minded, and impulsive since early childhood. Despite his self-confidence he is constantly fearful, including being afraid of arriving late and of upcoming events. Lars does everything hastily and has great difficulty managing his time. As an example, his mother mentions his behaviour when mowing the lawn: he rushes around in a hectic and chaotic fashion so that he needs more time than if he did the job in a thoughtful manner. The school is exerting pressure for the parents to give him Ritalin, which is something the parents want to avoid.

The neurological and neuropsychological tests confirm the suspicion of ADHD. His mother rates him at 20 on the Conners' Global Index and notes the following in the *Checklist for Perception Disorders*:

<i>High reliability:</i>	< Strained vision – P
	< Reading (stammering) – P
	< Warmth – P
	> Uncovering – P
	< Writing – P
	Understanding difficult – P
	Irritability – P
<i>Intermediate reliability:</i>	< Noise
	Muscles floppy – P

*She adds the following note:* during school exams, Lars makes many mistakes as soon as the teacher sets a time limit. Without this, he can do the same exercises more quickly and with fewer errors.

On the *Checklist for reliable Symptoms*, his parents mention that he has a chronic runny nose, dry skin rashes, foot sweat and plantar warts, as well as excessive worsening of his mood when he is upset.

## Repertorisation

As usual, we first repertorise the polar symptoms of perception. This restricts the selection to seven remedies, two of which have an absolute and one a relative contraindication. Calcium carbonicum and Lycopodium have the highest polarity difference.

## L. H.

ADHD

		Calc.	Lyc.	Sulph.	Puls.	Chin.	Borx.	Bry.	Seneg.	
Hits		8	8	8	8	8	8	8	7	
Sums		25	26	19	17	14	12	11	18	
<b>Polarity Difference</b>		<b>24</b>	<b>21</b>	<b>10</b>	<b>9</b>	<b>9</b>	<b>8</b>	<b>8</b>	<b>17</b>	
85	< looking, at something close-up, strair	P	4	4	2	2	1	2	1	4
69	< reading [worse]	P	4	3	3	2	3	1	2	2
73	< warmth, in general [worse]	P	1	2	2	4	1	1	1	3
37	> uncovering [better]	P	3	4	2	2	2	3	1	2
76	< writing [worse]	P	4	3	2	1	2	1	1	2
74	understanding, difficult	P	3	4	2	1	1	1	1	
64	irritability (anger, aggression)	P	2	3	3	3	2	1	3	2
53	muscles, flabbiness	P	4	3	3	2	2	2	1	3
5	> looking, at something close-up, strained vision [better]									
2	> reading [better]									
90	> warmth, in general [better]		1	1	3/CI	1	2	3/CI	2	1
56	< uncovering [worse]					1	2	1	1	
2	> writing [better]									
17	understanding, easy			1	1					
37	mildness			3	3	4(CI)				
34	muscles, tense				2	2	1			

## Interpretation

Based on the constitutional aspect, *Calcium carbonicum* is the most promising remedy: the patient has general hypotonia, pale skin, sweats a lot, and is fearful. We are, however, intrigued by his problems with time management, which cause him so much trouble, his hastiness and fearfulness, and his failure during exams. These are actually the *keynotes of this case*. Therefore, obviously *Argentum nitricum* has to be considered, a remedy that is missing from Boenninghausen's Therapeutic Pocketbook.

### *Materia Medica Comparison of Argentum Nitricum (MMRH)<sup>11</sup>*

*Anticipatory anxiety; he suffers from nausea the day before a school exam. Fear of exams; she is so agitated that her mind goes blank during school exams, accompanied by sweaty hands... Always turns up 15-20 minutes before the appointed time; in the waiting room, she walks around impatiently, hardly sits down... Always in a hurry and anxious about turning up on time for an appointment... Very sensitive to criticism.*

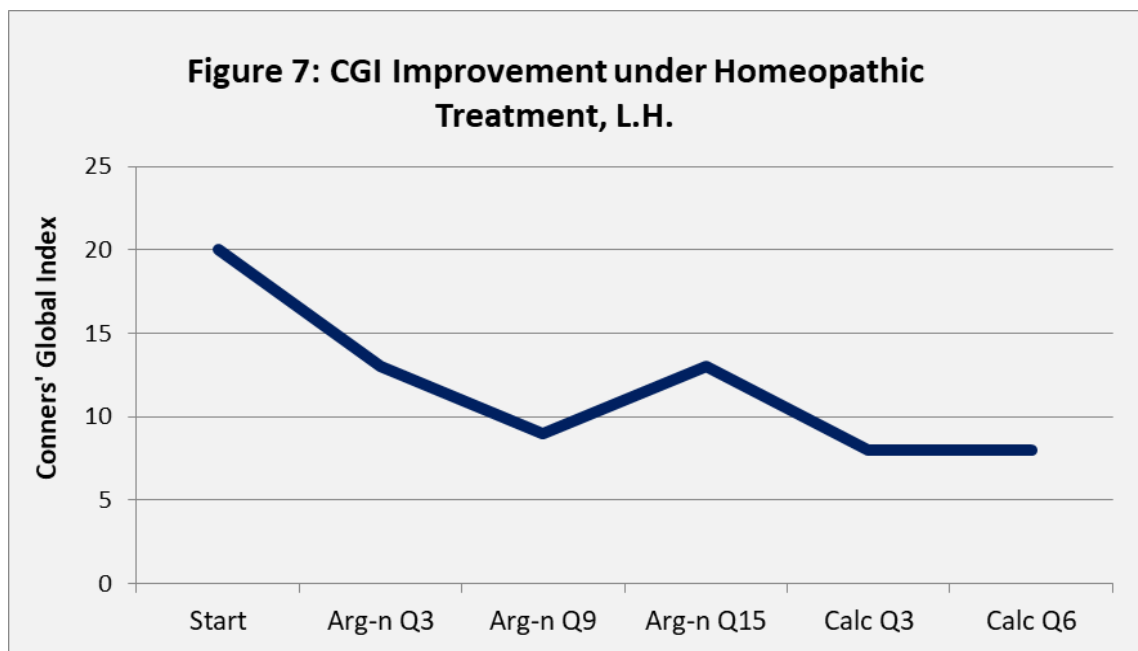
Since there is such a wealth of confirmed *Argentum nitricum* symptoms I decide to follow the keynote.

## Prescription and Progress

Lars is given *Argentum nitricum* Q3, initially every other day, then daily. After four weeks (during the summer holidays), he is somewhat calmer. But this is apparently typical during the holidays. His rating on the Conners' Index falls from 20 to 13½. After four more weeks, there is further improvement on *Argentum nitricum* Q6, now during school term time. Lars has become much calmer and has made a good start in his new class, which is very unusual for him. His CGI is now 11½. The following four weeks on *Argentum nitricum* Q9 also go well and his CGI drops to 9. He can now even mow the lawn in a systematic way.

After *Argentum nitricum* Q12, he shows signs of starting puberty and his CGI rises slightly to 9½, and with *Argentum nitricum* Q15 to 12½. His mother now says he is much more restless without any other obvious external reason. But in all other respects, he is doing better than before.

The current rise in CGI, which is occurring during two successive phases of treatment, means it is time to change the remedy, and Lars is given *Calcium carbonicum* Q3. This is followed by a drop in the CGI to 8. The improvement continues with *Calcium carbonicum* Q6 and higher potencies over the long term (figure 7).



## Comment

The case shows that sometimes we need to consider remedies not found in the BTB 1846. We assume that *Argentum nitricum* was the best remedy for the phase when we started, and that the onset of puberty made the switch to *Calcium carbonicum* necessary.

## Case 3, "Mind Symptoms Are Decisive, ORG § 211"<sup>9</sup>

Dimitri W., 7½ years old

Rather like our last patient, Dimitri is restless, always in a hurry, and his movements are often clumsy and slow. At school he is noticeably passive yet cannot sit still and he has a short attention span. He has trouble learning and his handwriting is hardly legible. When provoked, he immediately hits back, only to feel huge pangs of guilt afterwards. He also becomes panicky during storms. The neuropsychological tests confirm the diagnosis of ADHD.

His mother rates him at 17 on the *Conners' Global Index* and she marks the following on the *Checklist for Perception Disorders*:

### *High reliability:*

< Strained vision – P  
 < Touch – P  
 < Cold – P  
 Dislike of movement – P  
 < Writing – P  
 < After waking up – P  
 Irritability – P

### *Intermediate reliability:*

< Noise  
 Weak memory  
 Muscles tense – P

On the *Checklist of reliable Symptoms*, she notes three additional complaints: headaches, tense neck and episodes of herpes labialis, triggered when he is *upset* and improved by calmness and company. No further relevant issues come up during the supplementary questioning.

## Repertorisation

We again start the repertorisation with the reliable polar perception symptoms. This narrows the likely remedies down to fifteen, ten of which have no contraindications.

If we include the symptoms of intermediate reliability such as *noise aggravates* and *weak memory*, the selection is further reduced to a total of six remedies, four of which without contraindications.

The next step is to consider the noticeable symptom *aggravation from upset / worry*. This reduces the number of remedies to three, of which Sepia and Causticum have no contraindications. The amelioration from company rules out Sepia, leaving Causticum as the best remedy from the selection process.

### D. W.

ADHD

		Caust.	Puls.	Nux-v.	Sep.	Kali-c.	Bell.	Ign.	Phos.	Lyc.
Hits		11	11	10	10	10	10	10	10	10
Sums		21	25	34	30	22	26	28	23	31
<b>Polarity Difference</b>		<b>14</b>	<b>6</b>	<b>23</b>	<b>18</b>	<b>16</b>	<b>15</b>	<b>13</b>	<b>13</b>	<b>12</b>
85	< looking, at something close-up, strair P	3	2	1	3	4	2	2	3	4
121	< touch [worse] P	1	3	4	4	1	4	1	1	4
90	< cold in general [worse] P	4	1	4	2	4	3	3	2	1
76	< writing [worse] P	1	1	3	3	4		2	2	3
68	movement, aversion to P	1	2	4	2	1	2	3	2	3
111	< sleep, after waking up [worse] P	4	5	4	4	3	3	4	4	4
64	irritability (anger, aggression) P	1	3	4	3		3	4	3	3
34	muscles, tense P	3	2	4	4	2	1		4	
43	< noises [worse]	1	1	4	3	1	3	3		3
60	memory, poor, weak	1	2		2	1	4	2	1	4
27	< emotions, grief and sorrow [worse]	1	3	2		1	1	4	1	2
5	> looking, at something close-up, strained vision [better]									
42	> touch [better]	2			1	1	1		3/CI	1
73	> cold in general [better]	1	4/CI	1	1	1	1	1	1	2
2	> writing [better]									
58	movement, desire for		1	1	1		1	1		1
28	> sleep, after; while waking up [better]		2	3	4			1	4	
37	mildness	1	4(CI)					3		3
53	muscles, flabbiness		2			1				3/CI

### *Materia Medica Comparison for Causticum (MMRH)<sup>12</sup>*

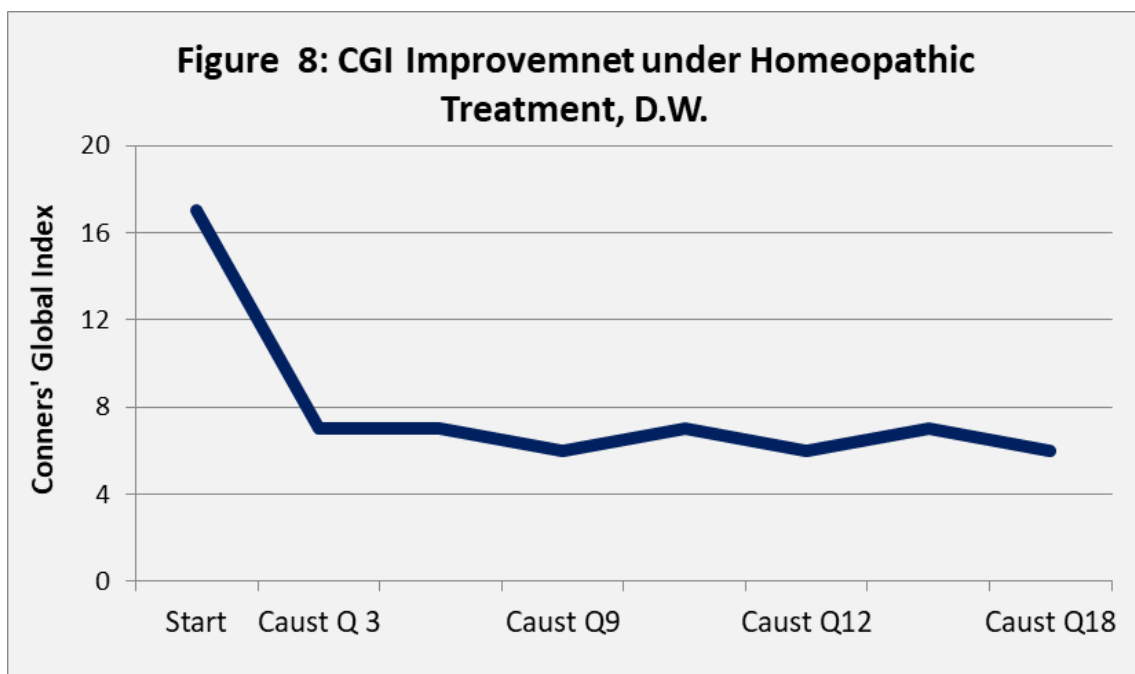
*Does everything in a rush. Restless, mental and physical nervous exhaustion... He is very excitable when playing, and his hands are constantly moving. Averse to work. Weak memory, distracted and absent-minded. Poor powers of thought,*

*slow to follow ideas. Very irritable and aggressive with fits of hysterical shouting, in which he cannot be brought to reason; learning is difficult for him, and he is unbalanced. Excessive pangs of conscience which are hard to understand. Emotions and fear seem to be the origin of her complaints. Great fear of all incidents. Handwriting became unsteady...*

## Prescription and Progress

The materia medica comparison shows that *Causticum* corresponds very precisely to the patient's symptoms. Dimitri is given *Causticum Q3* in liquid form, every two days at first. His mother is told to switch to daily doses at the first sign of improvement.

After four weeks of treatment, the Conners' Global Index has dropped from 17 to 7. The family is astonished by the rapid improvement, which includes both his behaviour at home and his school results. Dimitri is far more cooperative and accessible, and he does his homework with unusual ease. He is now given further *Causticum Q potencies*. The improvement persists and his CGI drops to 6, where it remains during the long term (figure 8).



## Comment

In this case it was only possible to unambiguously choose the remedy by including the additional complaints. Note that both *aggravation from upset / worry* and *rest ameliorates* have both proved to be unreliable ADHD symptoms. Yet in this case the modality concerns the additional complaints *headache, tense neck* and *herpes labialis*.

The list of unreliable ADHD symptoms can therefore not be transferred to simply rule out additional complaints. It is often easier for the parents to note concrete illness symptoms rather than the constantly changing ADD / ADHD phenomena.

## Case 4, Treating a Ritalin Patient

Lukas K., 14 years old

Lukas is a good-tempered and invariably friendly lad, described by his mother as “low-maintenance”. But he is always in a hurry, very headstrong and stubborn. His rating on the Conners’ Global Index is 17. Unfortunately he is only thought to be pleasant at home: the school criticizes his lack of concentration and distractibility, noting that he is excitable, impulsive, easily frustrated, and only rarely finishes off things that he has started. He is therefore a considerable source of disturbance for his fellow pupils. Due to pressure from the teachers, he has been taking Ritalin for some time. During my examination, I only find a low muscle tone, otherwise there is nothing unusual. In the practice Lukas also seems calm and well-adjusted. The diagnosis of ADHD is reinforced by the neuropsychological and neurological examination.

The mother only brings the *Checklist for Perception Disorders* to the main casetaking since Lukas is never ill. She underlines the following:

<i>High reliability:</i>	< Strained vision – P
	< Talking – P
	< Touch – P
	< Cold – P (extreme)
	> Wrapping up warmly – P (extreme)
<i>Intermediate reliability:</i>	< Noise
	Muscles floppy – P



*Her extra comments are:* Lukas always wants to say everything too quickly and talks like a waterfall, often getting muddled. On the other hand he has phases when he is quiet and shy. He has no self-confidence, always feels inferior to other people and is excessively clingy with his parents and siblings. And he has a strong sense of shame.

## Repertorisation

As usual we first repertorise the reliable polar perception symptoms. 17 remedies cover them, only three of which have contraindications. So we have a lack of specific symptoms and have to resort to less reliable information. We can formulate the patient's clinginess, which is indeed striking, as *being alone aggravates*. This reduces the selection to six remedies: Silicea and Hepar sulfuris with a polarity difference of 17 are the most prominent but Hepar lacks the symptoms *muscles floppy* and *noise aggravates*.

**L. K.**

ADHD

		Hep.	Sil.	Stram.	Con.	Ph-ac.	Phos.	Rhus.	Ars.
Hits		6	6	6	6	6	6	5	5
Sums		19	18	13	12	12	13	16	15
<b>Polarity Difference</b>		<b>17</b>	<b>17</b>	<b>12</b>	<b>10</b>	<b>9</b>	<b>5</b>	<b>14</b>	<b>14</b>
85	< looking, at something close-up, strair P	1	4	1	2	1	3	1	
77	< talking, speaking [worse] P	3	2	1	1	4	3	4	2
121	< touch [worse] P	4	3	3	1	3	1	3	2
90	< cold in general [worse] P	4	3	2	3	1	2	4	4
56	> warmly, from wrapping up [better] P	4	4	2	3	1	1	4	3
15	< emotions, solitude (being alone) [wc P	3	2	4	2	2	3		4
5	> looking, at something close-up, strained vision [better]					1			
1	> talking, speaking [better]								
42	> touch [better]	1			1	1	3/CI		1
73	> cold in general [better]	1	1			1	1	1	
37	< warmly, from wrapping up [worse]						2	1	
16	> solitude, being alone [better]			1	1		2		

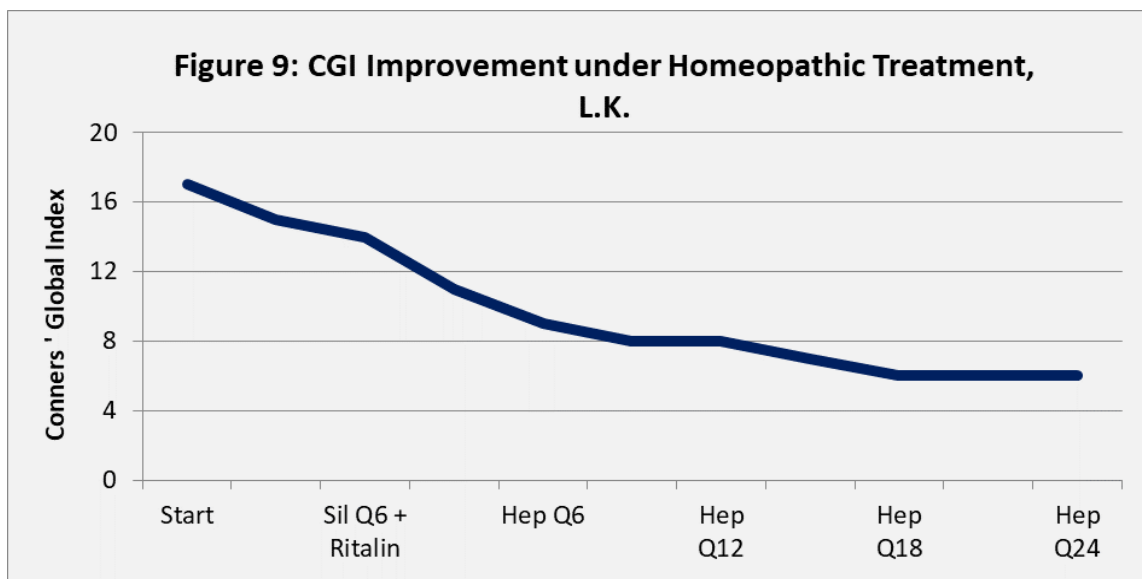
## Materia Medica Comparison

*Due to the more complete symptom coverage, Silicea seems to be the leading remedy.*

## Prescription and Progress

Lukas is first given a *daily dose of Silicea Q3* – not every two days, which is normal when starting homeopathic treatment of ADHD / ADD. The reason is the parallel treatment with Ritalin, which should be continued until a satisfactory improvement from homeopathy has been achieved.

After four weeks his CGI has dropped to 15, which does not yet permit any reduction in the Ritalin. With *Silicea Q6* there is only a marginal further improvement. The parents nevertheless attempt to taper the Ritalin but this leads to a worsening of the symptoms. The minimal reduction in CGI despite eight weeks of treatment plus the failed attempt to taper Ritalin are good reasons to change the remedy. Lukas is now given *Hepar sulphuris Q3*. His CGI falls to 10 and the parents can now taper the Ritalin. With *Hepar sulphuris Q6* his CGI drops to 9, and with Q9 and Q12 it falls to 8. With long-term treatment it finally settles at 5½ (Figure 9).



## Comment

The slow fall in the Conners' Global Index during treatment with *Hepar sulphuris* is also very likely due to the previous Ritalin treatment. Nevertheless, it is important not to abruptly stop Ritalin, because difficult-to-control rebound effects can occur.

# Asperger Syndrome

Asperger-Syndrom (AS) is a special congenital form of autism, characterized by weakness of social interaction and communication as well as stereotype activities and interests. Often patients have a selective, detailed perception but are unable to recognize a broader context. As other autism spectrum disorders it is considered to be congenital and incurable.

The *prevalence* of the disorder varies according to the diagnostic criteria used. An investigation in Finland including 4422 eight year old children found a prevalence of 0.25 % with the DSM-IV criteria, and 0.27% with the ICD-10 tools. The gender distribution is 0.8 boys to 1.0 girls.

*Typical symptoms are the following:*

- Child does not interact with peers, prefers to be alone
- Avoids eye-contact or hand shaking
- Can not make smalltalk
- Does not understand nonverbal signs
- Lacks empathy
- Is unable to express feelings
- Likes ritual stereotype playing
- Has very special interests

The diagnosis is difficult and often made late (average 11 years). Not rarely the children are first considered to have an ADD or ADHD. *The diagnostic criteria according to ICD-10 are:*

- Impaired social interaction
- Stereotype behaviour and special interests
- Normal speech development

We conclude that Asperger syndrome is a perception disorder like ADD/ADHD, just a bit different. Thus we can choose the same approach for homeopathic remedy determination as in ADD/ADHD.

## Case 5, Asperger Syndrome

Frederic A., 5 years old

Since early childhood Frederic is irritable, restless, fidgety and dictatorial. And he often hits his parents and other children. But he is also shy, a dreamer, refuses to talk to others. Everything is worse in the presence of strangers. In Kindergarten he does not cooperate, wants to play by himself, and has a lack of concentration and stamina. Teachers, school psychologist and parents assume that he has an ADHD and rate his Conners Global Index with 23 points. But it is also apparent, that Frederic displays some features of autism, like

- impaired social interaction, prefers to play alone
- avoids eye contact and hand shaking
- rage and hitting instead of empathy

Since it makes no real difference for homeopathic treatment if he has ADHD or Asperger syndrome the parents prepare the *Checklist for Perception Disorders* and for *Reliable Symptoms*, and report at the case taking session the following:

*High reliability*

< Talking-P

< Warmth-P

> Uncovering-P

Aversion against movement-P

< Writing-P

< After Sleep-P

Sadness-P

Irritability-P

No additional complaints.

Since these symptoms are highly reliable and polar we use all of them for repertorisation.

## Repertorisation

### Frederic A.

DD: ADHD/Asperger

		Calc.	Lyc.	Acon.	Sep.	Nux-v.	Sulph.	Cham.	Ign.	Phos.	Bry.	Puls.	Chin.	Nat-m.	
Hits		7	7	7	7	7	7	7	7	7	7	7	7	6	
Sums		17	20	19	15	17	16	16	18	14	13	16	14	21	
<b>Polarity Difference</b>		<b>15</b>	<b>13</b>	<b>13</b>	<b>10</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>6</b>	<b>6</b>	<b>16</b>	
77	< talking, speaking [worse]	P	4	2	1	3	2	4	3	2	3	3	1	4	4
73	< warmth, in general [worse]	P	1	2	1	1	1	2	2	1	1	1	4	1	2
37	> uncovering [better]	P	3	4	3	1	1	2	2	2	1	2	2	2	2
68	movement, aversion to	P	1	3	4	2	4	1	1	3	2	2	2	1	3
76	< writing [worse]	P	4	3	2	3	3	2	1	2	2	1	1	2	5
61	sadness (dejection, inclined to weep)	P	2	3	4	2	2	2	3	4	1	2	3	2	4
64	irritability (anger, aggression)	P	2	3	4	3	4	3	4	4	3	3	3	2	3
1	> talking, speaking [better]														
90	> warmth, in general [better]		1	1	3/CI	2	4/CI	3/CI	1	3/CI	2	2	1	2	1
56	< uncovering [worse]				1	2	3/CI		2	1	1	1	1	2	2
58	movement, desire for		1	1	2	1	1	1	4/CI	1		2	1	4/CI	
2	> writing [better]														
42	cheerfulness, happiness			2						2	3/CI		3		1
37	mildness			3				3		3			4(CI)		1

## Interpretation

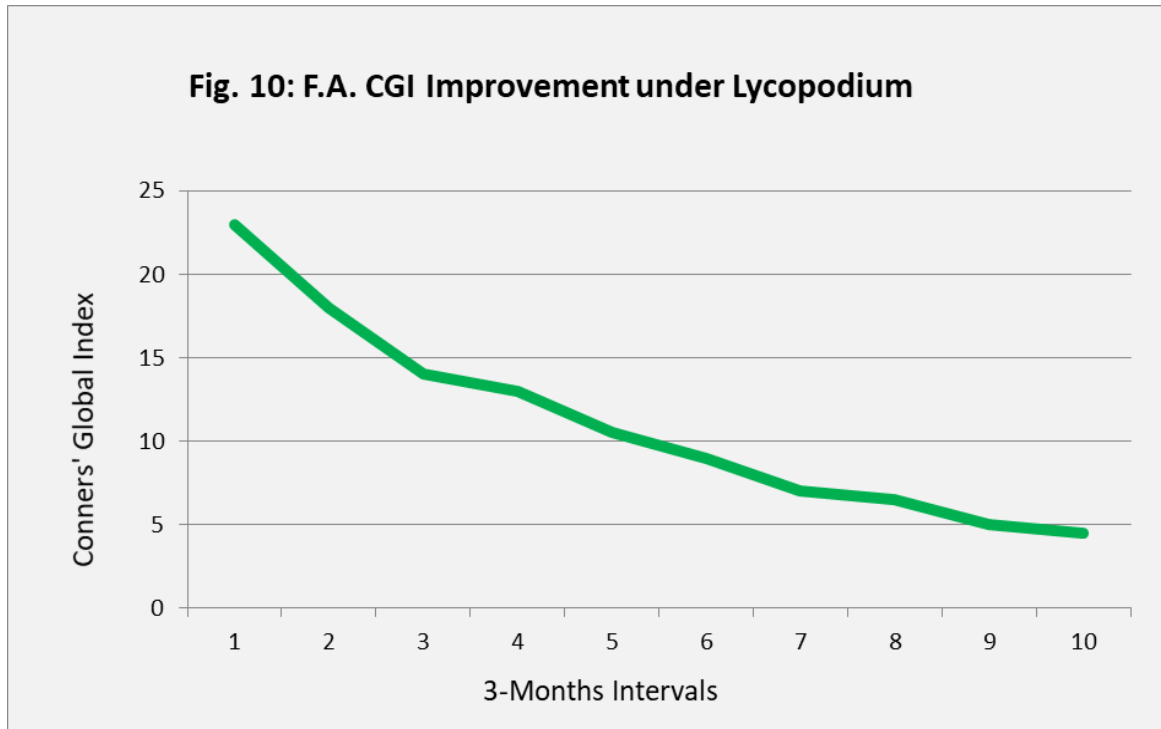
Twelve remedies cover all symptoms; eight of them can be discarded due to contraindications. Calcium carbonicum, Lycopodium and Sepia have the highest polarity difference. The dictatorial behaviour makes Lycopodium first choice.

## Remedy and Progress

Frederic receives one dose of Lycopodium C 200.

After four weeks he is calmer, begins to cooperate in Kindergarten and his fits of rage have become rarer. With further doses of Lycopodium (M, XM, LM, CM, etc.) the CGI slowly sinks to around five points (figure 10). Most of the problems seem to disappear.

His mother is very enthusiastic about the success and thinks her son is cured. Now she wants to stop treatment, against my advice.



### Further progress

A few months later Frederics behaviour deteriorates. Instead of coming back, the mother consults a child psychiatrist. His diagnosis is Asperger syndrome, and he gives him Risperdal, a neuroleptic drug. Now he becomes indifferent, sighs constantly and developps a drug induced rash. Teachers and parents are shocked by the course of events and return to our practice. Again I give him Lycopodium C 200, but this has no effect anymore.

So we proceed with a new case analyis with the following symptoms

*High reliability*

< Talking-P

< Warmth-P

> Uncovering-P

Desire for movement-P

< Writing-P

Sadness-P

## Second Repertorisation for Frederic

### Frederic A.

DD: ADHD/Asperger

			Calc.	Cham.	Chin.	Lyc.	Sulph.	Rhus.	Acon.
Hits			6	6	6	6	6	6	6
Sums			15	15	15	15	13	14	13
<b>Polarity Difference</b>			<b>13</b>	<b>11</b>	<b>10</b>	<b>9</b>	<b>9</b>	<b>6</b>	<b>5</b>
77	< talking, speaking [worse]	P	4	3	4	2	4	4	1
73	< warmth, in general [worse]	P	1	2	1	2	2	1	1
37	> uncovering [better]	P	3	2	2	4	2	1	3
76	< writing [worse]	P	4	1	2	3	2	1	2
61	sadness (dejection, inclined to weep)	P	2	3	2	3	2	3	4
58	movement, desire for	P	1	4	4	1	1	4	2
1	> talking, speaking [better]								
90	> warmth, in general [better]		1	1	2	1	3/CI	4/CI	3/CI
56	< uncovering [worse]			2	2			4/CI	1
2	> writing [better]								
42	cheerfulness, happiness					2			
68	movement, aversion to		1	1	1	3/CI	1		4/CI

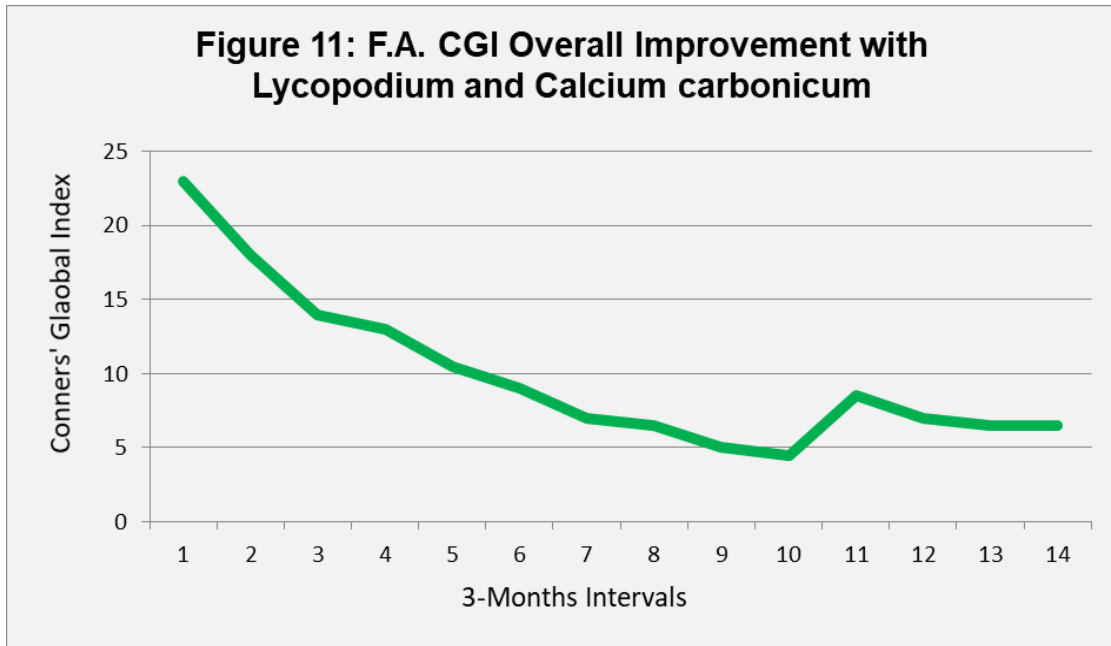
### Interpretation, remedy and Progress

Thirteen remedies cover everything; six of them are discarded due to contraindications. Calcium carbonicum and Chamomilla are the favorites. Since he is now much shyer than before, not anymore dictatorial, and sweats strongly we decide for Calcium carbonicum.

With Calcium carbonicum C 200, M and XM the original improvement can be restored and in the long term he remains stable (figure 11).

### Comment

ADHD and Asperger syndrome are closely related, and sometimes overlapping. The conventional treatment changed some symptoms, similar to an intercurrent disease. And heavy conventional treatment can impair patients reaction to homeopathy.



## CGI Improvement in Asperger Patients under Homeopathy

From 2014 to 2017 we made a longterm observation of 20 Asperger patients (17 boys, 3 girls) under homeopathic treatment which revealed the following results.

### *Response to treatment*

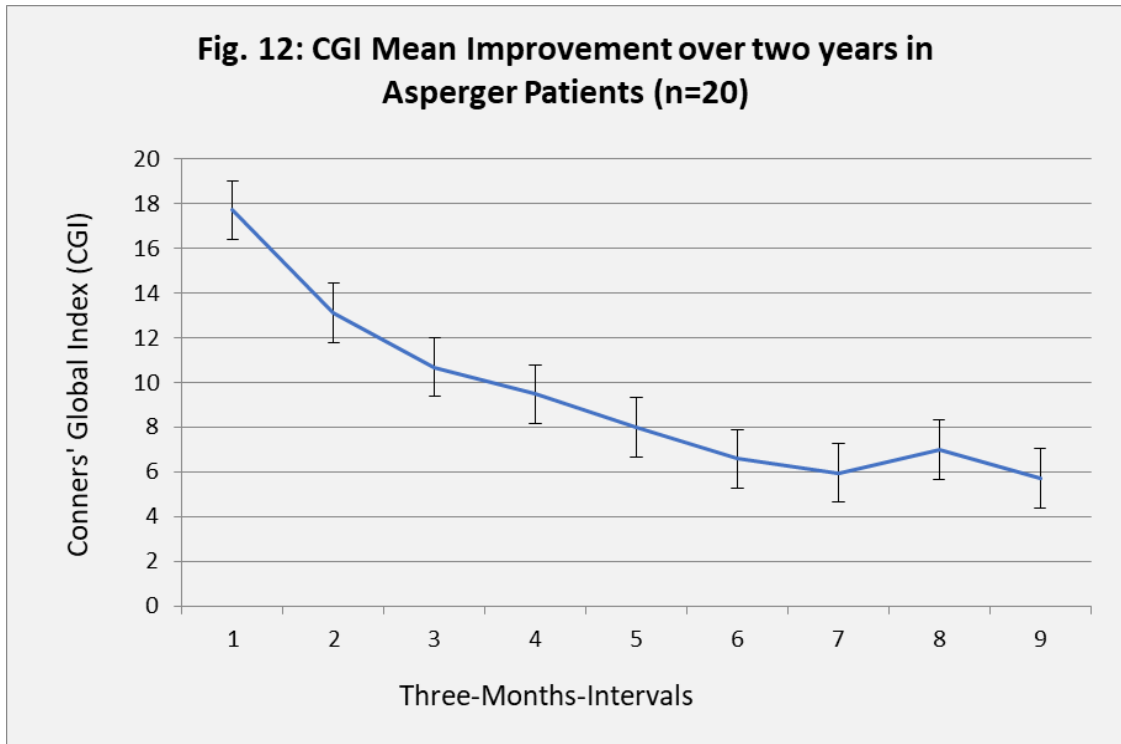
- 17 Responders
- 3 Nonresponders (included in evaluation below)

### *Improvement of Conners Global Index*

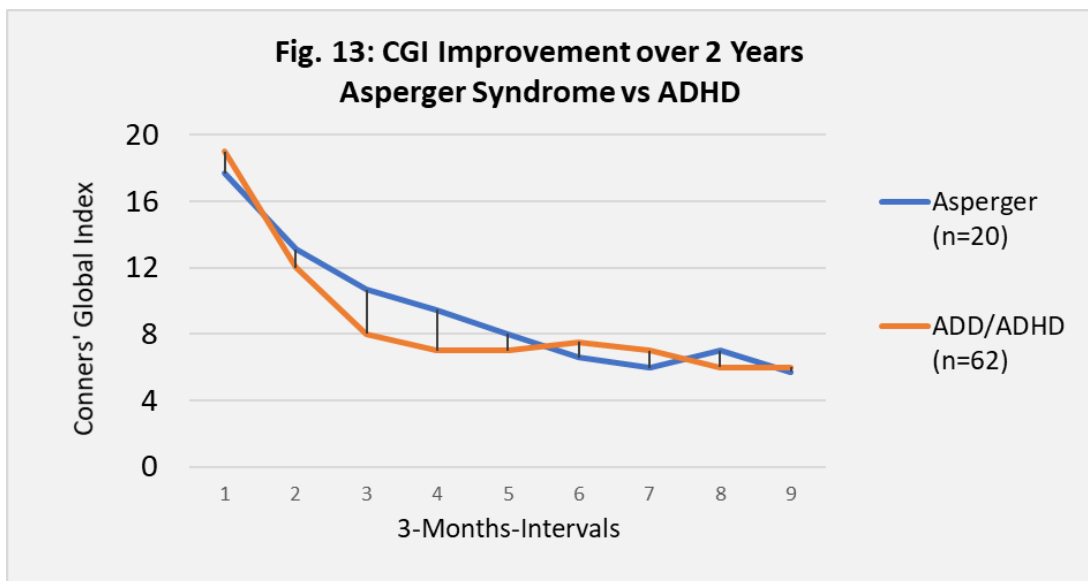
- Before Treatment                      17,7 points
- After 2 years of Treatment            5,7 points
- Mean-Improvement                    68%

Figure 12 shows the CGI decrease in our study patients. According to the ITT principle (intention to treat), treatment failures are included too.





The comparison with the CGI-Improvement in ADD/ADHD patients shows, that the results are very similar. Due to higher undulations of the CGI in the early phase of Asperger treatment, their CGI decrease is somewhat slower than in ADD/ADHD, but the final result is equal (figure 13).



## Conclusions

The great majority of Asperger patients profits enormously from homeopathic treatment. Many of them can attend regular schools and lead a life close to normality.

## Further information

Checklists: [www.heinerfrei.ch](http://www.heinerfrei.ch)

Software: <http://polarity.-analysis.com>

## Literature

- Frei, Heiner: *Homeopathy and ADHD: A New Treatment Concept with Polarity Analysis*, Narayana Publishers, Kandern, 2015
- Frei, Heiner, *Polarity Analysis in Homeopathy: A Precise Path to the Simillimum*. Narayana Publishers, Kandern, 2014

## Bibliography

1. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> Edition. American Psychiatric Association, Washington DC, 1994.
2. Stricker HR, Der Ritalinkonsum in der Schweiz steigt weiter an. *Schweiz. Ärztezeitung* (2013) 94,15: 575-577 (in German).
3. Frei H, Everts R., von Ammon K et al, Homeopathic Treatment in Children with Attention Deficit Hyperactivity Disorder - a Randomized, Double-Blind, Placebo Controlled Trial. *Eur J Ped* (2005) 164: 758-767.
4. Frei H, von Ammon K, Thurneysen A, Treatment of Hyperactive Children: Increased Efficiency through Modifications of Homeopathic Diagnostic Procedure. *Homeopathy* (2006) 95, 163-170.
5. Ayres AJ, *Sensory Integration and Learning Disorders*. Western Psychological Services, Los Angeles, 1973
6. C. v. Boenninghausen, *Boenninghausens Therapeutic Pocketbook 1846*. Ed. T.F. Allen. Reprint by Jain Publishers, New Delhi, 2014.
7. Frei H, *Homeopathy and ADHD: A New Treatment Concept with Polarity Analysis*. Narayana Publishers, Kandern, 2015

8. Conners CK, *Conners' Rating Scales-Revised*. Multy-Health Systems, Toronto, 1997.
9. Hahnemann S, *The Organon of the Medical Art, 6th ed. 1842*. Transl. S. Decker, ed. W.B. O'Reilly. Birdcage Books, Redmond, 1996.
10. Frei H, Hubele J., *Polarity analysis software*. Austin, Texas, 2017. <http://polarity-analysis.com>.
11. Müller D, *Argentum nitricum. Materia Medica Homoeopathiae Revisa*. Ed. KH Gypser. Gypser-Verlag, Glees, 2011
12. Müller D, *Causticum, Materia Medica Homoeopathiae Revisa*. Ed. KH Gypser. Gypser-Verlag, Glees, 2009.