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# Attention Deficit / Hyperactivity Disorder and Polarity Analysis: Features, Cases, Results

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## Summary

The treatment of Attention Deficit/Hyperactivity Disorder (ADHD/ADD) is one of the rather difficult fields in homeopathy. Since the Swiss ADHD/ADD double-blind study proved significant effects using highly diluted homeopathic remedies on impulsivity, attention deficit, and hyperactivity/passivity, the demand for homeopathy has strongly increased. This paper shows how the method of remedy selection can be refined and improved by polarity analysis (PA). PA is a further development of Boenninghausen's concept of "contraindications," which allows a more precise match between patient symptoms and the characteristics of a homeopathic remedy. It leads in turn to better treatment outcomes. Furthermore, the use of "perception symptoms" in making a first homeopathic differential diagnosis also brought about an increase in the precision of remedy selection. Due to their inclusion, other symptoms that had been identified as unreliable could be avoided. Yet caution is advisable with some "perception symptoms," a list of which is published in this article. In a last step, confirmatory symptoms enable us to choose the best fitting remedy among those with a high polarity difference. The procedure is demonstrated with two case histories. Finally, this paper presents the results that can consistently be attained with polarity analysis when treating ADHD/ADD patients. In order to replicate them, it is important *not* to mix polarity analysis with other homeopathic methods.

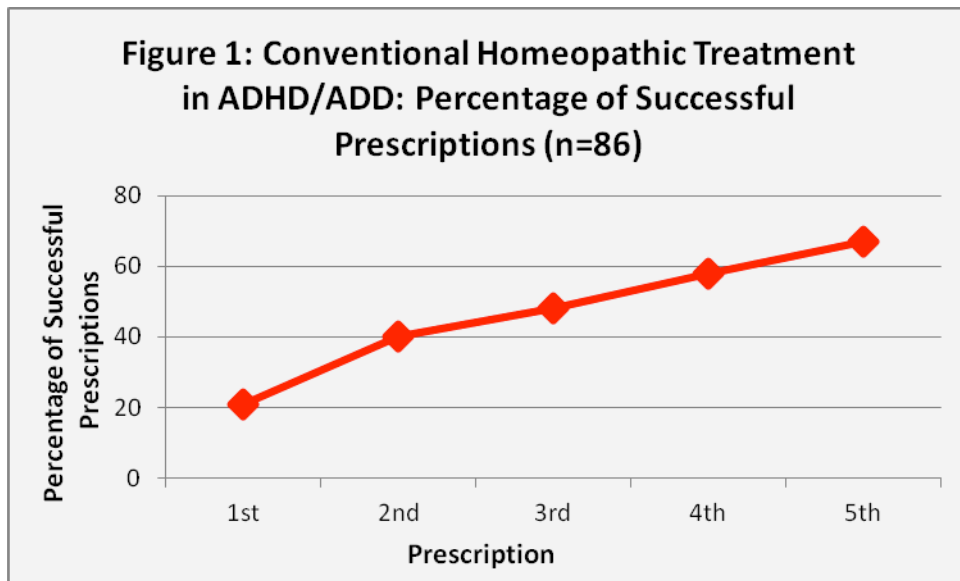
## Introduction

ADHD/ADD consists of the major symptoms of hyperactivity or passivity, impulsivity, and attention deficit. It is a disturbance that has been diagnosed with increasing frequency since the 1990s. To confirm the diagnosis according to the DSM-IV criteria, the children—overwhelmingly boys—should show

symptoms lasting at least six months before the age of seven, and in differing situations, such as at home *and* at school.<sup>1</sup> The treatment of choice in conventional medicine is methylphenidate (MPD), an amphetamine derivative that is subject to narcotics legislation in most countries. Before 1990, ADHD/ADD was thought to affect three to five percent of children, but this percentage has risen so dramatically that MPD prescriptions in western countries have increased at exponential rates. In Switzerland, the nationwide consumption of MPD was 10 kg in 1996 whereas by 2011 it had increased to 349 kg, with no foreseeable reduction in this upwards trend.<sup>2</sup> Because MPD is related to cocaine, the uncomfortable question arises about what this means for the development of modern society. Many parents are uneasy with administering such powerful medication to their children and are, therefore, seeking other treatments, especially homeopathy, which has proved to be an effective treatment method in the Swiss ADHD/ADD double-blind study.<sup>3</sup>

### **Conventional Homeopathic Treatment of ADHD/ADD**

The homeopathic treatment of children with ADHD/ADD is a demanding task. In contrast to other illnesses, it is usually difficult to elicit reliable symptoms because the symptom set is generally dominated by stereotypical complaints about the child's behavior, while the deeper perception disturbances go unnoticed. The treatment results with conventional homeopathic procedures are therefore often chastening. Figure 1 illustrates these difficulties with the results of 86 patients from our practice *before* the introduction of polarity analysis.



Several treatment attempts are often needed to find the most suitable remedy. With the aim of improving this situation, we analysed the symptom set in 100 patients who were successfully treated, but only after initial unsuccessful prescriptions; we wanted to find out which symptoms had prevented us from identifying the correct remedy on the first attempt. The result of this work was sobering: 77 symptoms were found to be potentially unreliable, including many mind symptoms (Table 1).<sup>4</sup>

**Table 1: Unreliable Symptoms in 100 ADHD / ADD Cases**

Mind symptoms and their modalities	44
General modalities	11
Perception symptoms	4
Motor symptoms	6
Food symptoms (desires, dislikes, modalities)	6
Weather modalities	6

### **The Significance of “Symptoms of Perception”**

Almost everything that we used so far for remedy selection was responsible for one or more suboptimal prescriptions. This raises the question of which symptoms could have been used to achieve better results. In the area of *perception*, we found what we were looking for. Disturbed perception is the real cause of all the superficial complaints in ADHD/ADD patients, and the

corresponding symptoms are scarcely mentioned during case-taking. In ADHD/ADD, the peripheral sensory organs function normally whereas stimulus selection, stimulus processing (in the central nervous system), and the reaction to perceptual stimuli function pathologically; there is either too little selection of stimuli leading to stimulus overload, restlessness, poor concentration and rapid fatigue, or the reaction to sensory stimuli is inadequate leading to maladjusted behaviour in the affected children.<sup>5</sup>

Perception affects sight, hearing, smell, touch, temperature sensitivity, and proprioception. In addition there are secondary effects of inadequate processes of perception, such as speaking disorders, disturbed fine and gross motor skills, slow thought processes, weak memory, and finally psychological disturbances, such as sadness and irritability.

To achieve an improvement in the results, it was necessary to identify symptoms in the revised *Therapeutic Pocket Book* of Boenninghausen (PB 2000)<sup>6</sup> that as closely as possible match the perceptual disturbances found in these children. The PB 2000 is our preferred repertory due to its reliability. When re-evaluating the success rate of prescriptions using perception symptoms, the number of suboptimal remedies dropped from four to two, enabling correct remedy selection in an average of three months.<sup>7</sup> Yet we also found that not all “symptoms of perception” are equally reliable. The first (upper) section of Table 2 shows the ones that have proved to be invariably reliable; the second (lower) section of the Table shows those that are occasionally unreliable, but which can be used if there is a lack of alternatives. Table 2 corresponds to the first page of our *Questionnaire for Disturbances of Perception and ADHD/ADD* that we give parents, which is the hallmark for remedy selection.

<b>Table 2: Symptoms of Perception</b>		
<b><i>Reliable Symptoms</i></b>		
<i>Function</i>	<i>Symptom</i>	<i>Interpretation</i>
Sight	Light in general: worse	Easily dazzled, ask for sunglasses
	Looking at something close-up: worse	Restless, irritability after consumption of electronic media, TV, PC, etc.
	Reading: worse	Tire quickly from reading, dislike reading
Speech	Talking: worse	Speech disturbance
Sense of touch	Touch: worse	Dislike touch, find touch unpleasant
Temperature sensitivity	Warmth, in general: worse	Often feel too warm
	Warmth of room: worse	Restless, irritability in overheated rooms
	Uncovering: better	Quick to undress and to uncover themselves
	Cold, in general: worse	Freeze quickly
	Uncovering: worse	Quickly feel cold, put on lots of clothes, want to cover up
Gross motor function	Movement, aversion to	Inactive
Fine motor function	Writing; worse	Write or draw in cramped way, tire quickly, dislike drawing
Time of day	Sleep, after, on awaking: worse	Irritable, restless after sleep, trouble getting going in the morning
	Sleep, before: worse	Irritable, restless in evening, when tired, before sleep
Understanding	Understanding difficult	Difficulty

		understanding complex issues
Mind	Sadness	Downcast, weepy
	Irritability	Aggressive, fits of rage
<b><i>Symptoms that are often reliable, but not always</i></b>		
Hearing	Noises: worse	Cannot tolerate noise from other people
	Hearing hypersensitive	React to sounds that do not disturb other people
Sense of smell	Smell hypersensitive	Oversensitive to smells, smell things everywhere
Taste	Taste diminished	Add sauce or spices to many foods
Sense of balance	Traveling in vehicle: worse	Nausea or headache when traveling in a car
Movement	Movement, desire for	Excessive desire for sports [Distinguish this symptom from straightforward restlessness.]
	Movement: worse	More relaxed and even-tempered after sports
Muscle tone	Muscles tense	Basic muscle tone high
	Muscles flabby	Basic muscle tone low

The back side of our questionnaire contains all the symptoms that have been proved unreliable (see: [www.heinerfrei.ch](http://www.heinerfrei.ch), go to resources). These are marked too by the parents but are used only as a general information. We do not include them in the repertorization.

Due to the individually specific combination of “perception symptoms,” a wide spectrum of homeopathic remedies is suitable for the treatment of ADHD/ADD. We always supplement case-taking with the *Questionnaire for Additional Complaints*, on which the parents or patients list disorders unrelated to ADHD/ADD in a head-to-toe format. Here too they must note down the modalities. In this way it is relatively common to find additional “perception symptoms” that can be included in the repertorization. Other symptoms are only used when there is a lack of reliable information that does not permit accurate remedy selection. If homeopathic treatment positively effects ADHD/ADD, it normally brings about a substantial general improvement, and the additional complaints often disappear too. Yet the restriction to reliable symptoms can also result in a lack of information, such that too many remedies remain for the differential diagnosis. Using polarity analysis it is generally possible to overcome this problem.

### **Polarity Analysis**

Polarity Analysis is a precisely defined and well-researched method of homeopathic treatment, enabling illness to be healed with great reliability.<sup>8</sup> It is based on the grading of the symptoms in PB 2000<sup>6</sup>, and consists of the elements of *polarity difference* and *contraindications*, which are explained below and illustrated with case studies. This method increased the precision of prescriptions considerably and enabled us to demonstrate in the Swiss ADHD/ADD double-blind study a significant difference between placebo and high-potency homeopathic remedies.<sup>3</sup> PA has also been found in evaluation studies of acute, chronic and complex illness to invariably improve the results in comparison with conventional homeopathic treatment.<sup>8,9</sup>

### ***Boenninghausen Contraindications***

Hahnemann established in the *Organon* (ORG) § 133 that the *modalities* show the peculiar and characteristic aspects of each symptom.<sup>10</sup> In combination with ORG § 153, this means that homeopathic remedy selection in particular ought to be determined by the modalities. Boenninghausen himself strived to match the patient's characteristic symptoms with the “genius of a homeopathic

remedy” without contradictions.<sup>6</sup> The “genius of a remedy” includes those modalities, sensations, and findings that are seen in the remedy’s proving, seen in various localizations of the body, and seen to be healed clinically. These symptoms are what is actually characteristic of the remedy. In the PB 2000 (software and book), genius symptoms are generally listed with a high grade. The concept of contradiction concerns *polar symptoms*—those which have an opposite pole, such as: *thirst / thirstlessness, cold aggravates / cold ameliorates, desire for fresh air / dislike of fresh air*. Many remedies cover both poles of symptoms but in differing grades. The patient’s symptom can only correspond to one pole of a polar symptom. But a remedy can cover both poles, due to the fact that its symptoms are observations of several provers. Normally one pole of the polar symptom is in a high grade, i.e. what is typical for the remedy; the other pole of this symptom in a low grade, i.e. what is nonspecific to the remedy. Because the patient’s symptoms should correspond to the “genius of the remedy,” Boenninghausen strived to match them in as high a grade as possible (grades 3-5). If the remedy contained the patient’s symptom at a low grade (1 or 2) but the opposite pole of the same symptom at a high grade (3, 4, or 5), he regarded this as a contradiction to the patient’s characteristic symptoms, and therefore, a contraindication for the remedy. According to his experience, such a constellation rarely led to healing.

This inspired the author of this paper to systematically prioritize polar symptoms in the process of remedy selection, an idea that led to the development of Polarity Analysis. In the repertorization software of the PB 2000<sup>11</sup>, a new function was added that checks remedies for which opposite poles to the patient’s symptoms are present in grades 3-5 and compares them with the grades of the patient’s symptoms. It does not check opposite poles in which the grade is outside the genius range (grades 1 and 2) since here there can be no contradiction. Symptoms with contraindications are marked with CI, and the contraindicated remedy receives a grey background. If we retrospectively check cases in which the totality of symptoms has apparently led to a good remedy selection but the result was disappointing, we often find that contraindications have been overlooked.



### *Polarity Difference*

In a further step, Boenninghausen's guidelines are systematically implemented for all polar symptoms by determining the *polarity difference*. To calculate the *polarity difference*, the repertorization software adds for each possible remedy the grades of all the patient's *polar* symptoms and then subtracts the grades of the corresponding opposite poles. *The higher the resulting polarity difference, the more likely the remedy corresponds to the patient's characteristic symptoms, assuming there are no contraindications.*

At least five polar symptoms should be used for an analysis if possible. To elicit them the usual homeopathic case-taking is supplemented with checklists (for acute illness) and questionnaires (for chronic illness and multimorbidity), in which the patients underline the symptoms that they have observed in themselves. The checklists and questionnaires are specifically designed to elect polar symptoms. So far eight checklists and twelve questionnaires have been developed for different problem areas, such as neurology, gynecology, ENT and airways, allergies, and so on<sup>9</sup>. Although the theory behind PA may sound somewhat complicated, the procedure can immediately be understood when illustrated with case studies. Since most of the work is done by the repertorization software of the revised PB 2000<sup>11</sup>, polarity analysis is a very efficient, time saving way of remedy determination.

### **Case-Taking Procedure**

Homeopathic case-taking for chronic illness requires two sessions. During the *first consultation*, a brief case history is taken and the patient is examined. Then the treatment and the prospects of success are explained, and the parents are introduced to the questionnaires of *Disturbances of Perception*, *ADHD/ADD*, and *Additional Complaints* as well as the form for *ADHD/ADD Assessment*. This latter form is designed to record the success of the treatment: the parents must evaluate the ten most important symptoms on a scale of intensity from 0 to 3—first before treatment starts, and then again at every check-up. The symptoms are: *excitable and impulsive / cries easily and often / restless, fidgety / restless, always on the go / destructive / lack of stamina / poor concentration /*

*rapid mood changes / easily frustrated / disturbs other children.* It is derived from the Conners Global Index (CGI), an instrument widely used in conventional medicine for the assessment of MPD treatments.<sup>12</sup> When discussing the course of treatment, it is important to alert parents to the fact that treatment takes time and the prospects of success improve with increasing duration. By the *second consultation* the parents are expected to have filled out the questionnaires as carefully as possible. This preparation phase between the first and second consultation is very important; in the past, when we used to take the case in a single consultation, the parents continually corrected the symptoms during subsequent checkups. At the *second consultation* we first check and discuss the symptoms noted by the parents. Then we perform the repertorization, and finally we search the materia medica for confirmatory symptoms of the remedies shortlisted by PA.

### **Confirmatory Symptoms**

According to ORG § 211, "*... the patient's emotional state often tips the scales in the selection of the homeopathic remedy.*" Kent taught that remedy selection should be especially orientated to the mind symptoms. However, "tips the scales" does not mean that mind symptoms are the best source of information. The original meaning of ORG § 211 was different: *after determining the likely remedies on the basis of characteristic symptoms (especially the modalities), the changes in mind can be decisive for final selection of the remedy (see also ORG § 216 and 218).*

Table 3 contains a list of possible confirmatory symptoms for the remedies frequently found in ADHD/ADD with the PB 2000 (software and book). Note that the remedies found depend fundamentally on the tools used, and therefore certain remedies do not appear when working with the PB 2000 (software and book). This is especially true for *Bufo rana*, *Carcinosinum*, *Crotalus horridus*, *Lyssinum*, *Tarentula hispanica*, *Tuberculinum* and *Medorrhinum*.

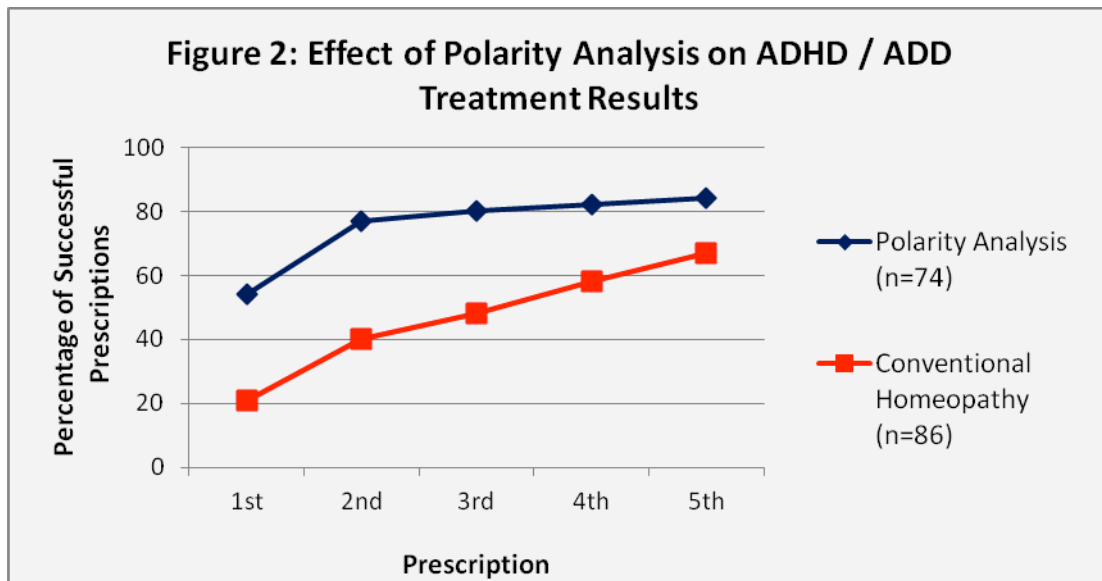
<b>Table 3: Confirmatory Symptoms</b>		
<b>Remedy</b>	<b>Frequency in percent</b>	<b>Keynotes</b>
Calcium carbonicum	14	Fearful, shy, obstinate, < consolation when sad, flabby muscles, profuse sweating, late teething, exhaustion
Lycopodium	11	Tyrannical behaviour in familiar situations, poor sense of self-worth
Sulphur	10	Dislike of washing, foul-smelling excretions, skin problems, < warmth of bed
Nux vomica	6	Irritable, ambitious, put themselves under stress, fits of rage, impatient, oversensitive
Phosphorus	6	< Being alone, short attention span, fearful, weak
Causticum	5	Intense emotions, cannot bear to see others suffer, rebellious, compulsion to control
Ignatia	5	Oversensitive, vulnerable, upset, < consolation when sad, anticipatory tension, changes in mood
Silicea	4	Remote, obstinate, conscientious, < consolation when sad, disturbances of mineralization (teeth, nails), tendency to suppurate
Mercurius solubilis	4	Mistrustful, reserved, impulsive bad breath, < nights
Belladonna	4	Irritable, < consolation when sad, febrile delirium, convulsions, inner heat, dysmenorrhea
Chamomilla	4	Irritable, fits of rage with hitting, sensitivity to pain
Sepia	4	Very demanding, indifferent, withdrawn, < consolation when sad, < company
Hepar sulphur	3	Irritable, sensitivity to pain, foul-smelling excretions
China	3	Irritable, sensitivity of all sensory organs, high-expectations in dreams of future, periodicity of complaints
Lachesis	2	Jealous, talkative, fits of rage, sarcasm, < heat, < touching neck
Phosphoricum acidum	2	Indifferent, slow replies, exhausted, > upset
Pulsatilla	2	Gentle, weepy, need comforting, changes of

		mood, < heat, > outdoors
Staphysagria	2	Complaints from suppression of sorrow and anger, fits of rage, throws objects around, < consolation when sad
Arsenicum album	1	Anxious, perfectionist, restless, < after midnight, < being alone, fear of illness and infection
Natrum muriaticum	1	Taciturn, < worry, < insult, resentful, > being alone, < consolation when sad
Magnetis polus arcticus	Not specified	Fearful apprehension, self-reproaches, want to do everything quickly, overcareful
Aconitum	Not specified	Complaints from psychological shock, fear in crowds, < dry cold
Aurum	Not specified	Melancholy, fits of rage, dictatorial behaviour, fear of failure
Arnica	Not specified	Overexertion, effects of injuries, (also psychological)

### Results of the Optimization Process

In conclusion, we have taken the following steps to optimize the treatment of ADHD/ADD:

1. Identification of unreliable symptoms and avoidance of these during remedy selection.
2. Remedy selection with the help of “perception symptoms” that underlie the syndrome.
3. Introduction of Polarity Analysis, with which—even in cases with relatively few symptoms—the patient's symptoms can be optimally matched to the “genius of the remedy.”
4. Introduction of questionnaires to ensure careful and comprehensive recording of polar symptoms.



*Figure 2 shows the strong positive effect of the entire optimization process on treatment results.*

### **Case 1: Matthias H., 9 years old**

Matthias is a thin boy with hypotonia of the muscles, dark hair and dark skin. At school he is restless with a short attention span, clumsiness, and absolute passivity at times. His thinking and understanding is slow, especially where abstract ideas are concerned, and he has a poor memory. He receives special teaching due to dyslexia. Since early childhood, Matthias has suffered from fear of the dark and has poor self-confidence, yet at home he is dominant towards his mother and brother, especially since his parents separated three years ago. Following a comprehensive neurological and neuropsychological examination, he is diagnosed with ADHD. Since his mother does not want him to take MPD, she comes for a homeopathic consultation.

In the *Questionnaire for Disturbances of Perception, ADHD/ADD*, she underlines the following symptoms:

- Looking close-up: worse - P\*
- Noises: worse
- Sense of smell: hypersensitive - P
- Sense of taste: reduced
- Touch: worse - P

- Warmth: worse - P
- Uncovering: better - P
- Writing: worse - P
- Muscles: flabbiness - P
- Sleep, before: worse - P
- Understanding difficult - P
- Memory weak - P
- Irritable, aggressive, fits of rage - P

\*P = polar symptoms

On the *Questionnaire for Additional Complaints*, she also mentions abdominal pain and extreme irritability when hungry. Matthias prefers frequent but small meals. His mother rates the intensity of his symptoms on the CGI at 17 (moderately severe ADHD). For the repertorization we only use *reliable* polar “symptoms of perception,” including the symptom *muscles: flabbiness* because it was verified, but excluding the less reliable symptom *smell hypersensitive*.

# Repertorization Case 1 (using the repertorization software of PB 2000)<sup>11</sup>

	Borx.	Bry.	Calc.	Cham.	Chin.	Lyc.	Puls.	Sulph.	Asar.	Aur.
Number of hits	9	9	9	9	9	9	9	9	8	8
Sum of grades	15	17	27	20	15	32	22	23	13	15
<b>Polarity difference</b>	<b>11</b>	<b>12</b>	<b>22</b>	<b>17</b>	<b>9</b>	<b>26</b>	<b>14</b>	<b>12</b>	<b>10</b>	<b>8</b>
< looking, at something close-up (p) [85]	2	1	4	1	1	4	2	2	1	3
< touch (p) [121]	2	3	1	4	1	4	3	4	1	1
< warmth, in general (p) [73]	1	1	1	2	1	2	4	2	2	1
> uncovering (p) [37]	3	1	3	2	2	4	2	2	2	1
< writing (p) [76]	1	1	4	1	2	3	1	2	1	1
muscles, flabbiness (p) [53]	2	1	4	3	2	3	2	3		
< sleep, before; while falling asleep (p) [99]	2	5*	5*	1	3	5*	4	3	1	2
understanding, difficult (p) [74]	1	1	3*	2	1	4	1	2	2	2
irritability (anger, aggression) (p) [64]	1	3	2	4	2*	3	3	3	3*	4
> looking, at something close-up (p) [5]										
> touch (p) [42]		2	4/CI		1	1		2		
> warmth, in general (p) [90]	3/CI	2	1	1	2	1	1	3/CI	1	3/CI
< uncovering (p) [56]	1	1		2	2		1		1	3/CI
> writing (p) [2]										
muscles, tense (p) [34]					1		2	2		
> sleep, before; while falling asleep (p) [1]										
understanding, easy (p) [17]						1		1		
mildness (p) [37]						3	4(CI)	3	1	1

## Key

**Repertorization chart:** Below the blue bar indicates the patient's symptoms, and below the red bar indicates polar symptoms

**Contraindication (CI):** The opposite pole is found at grade 3, 4, or 5, whereas the patient's symptom is found at grade 1 or 2. The opposite pole is therefore typical of the remedy (i.e. corresponds to the "remedy's genius"), not the patient's symptom. *Remedies with contraindications are indicated by grey shading.* Let's take Borax for example: the patient's symptom of < warmth is found at grade 1 whereas the opposite pole > warmth is found at grade 3. The opposite of the patient's symptom corresponds to the "genius of the remedy." This remedy is therefore contraindicated because it cannot heal the patient.

**No contraindication:** The opposite pole is found at a lower grade than the patient symptom, i.e. the patient's symptom is typical of the remedy whereas

the opposite pole is less characteristic. These remedies are indicated by no shading.

*Polarity difference:* To calculate the polarity difference, we add the grades of each *polar* symptom for each remedy and subtract from the result the grades of the opposite poles. For example, Borax:  $15 - 4 = 11$ . *The higher the polarity difference, the more the “genius of a remedy” corresponds to the patient's characteristic symptoms.*

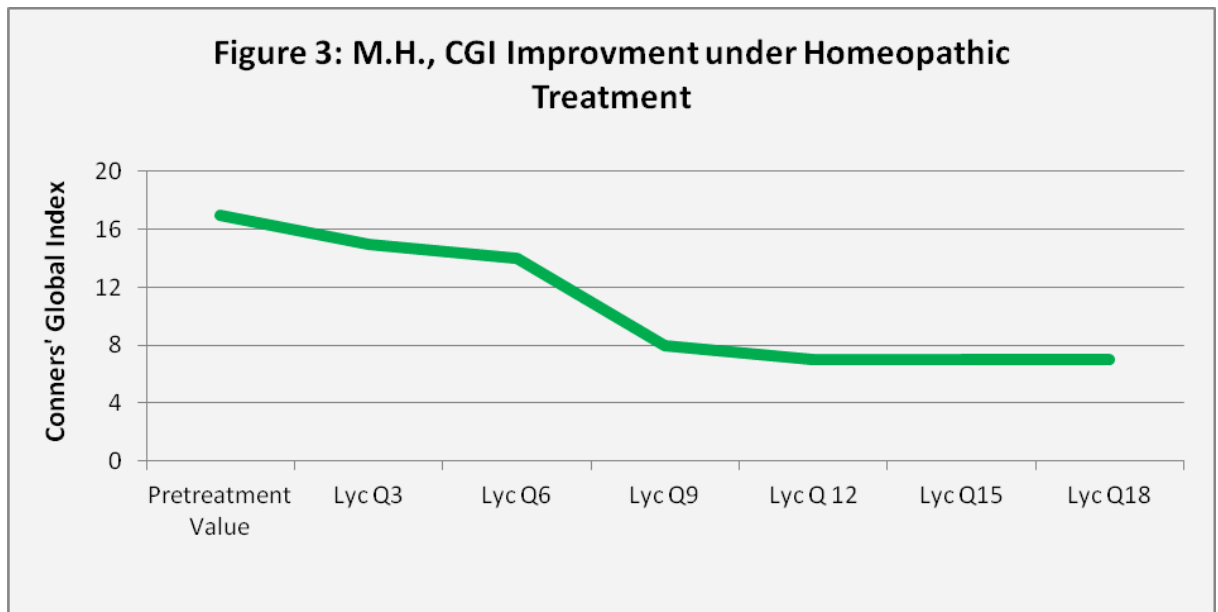
\* The star indicates a grading correction by Carol Dunham who spent six months in Boenninghausen's practice. These corrections are thought to be Boenninghausen's latest insights.

Eight remedies cover all symptoms, but only four of these have no contraindications. Due to the large polarity difference, the best candidates are Lycopodium and Chamomilla. The additional complaints have prominent indications for Lycopodium, such as dictatorial behaviour coupled with a lack of self-confidence, and irritability when skipping a meal.

### **Prescription and Progress**

Matthias is given Lycopodium Q3 in liquid form, initially every other day, then daily after two weeks. After four weeks, his mother says that things are going better at school. Matthias has begun to read books, which he never used to do, and he is reading more fluently. He calms down more quickly after arguments and upsets. His CGI has dropped from 17 to 15. Although this is not much, we decide to continue treatment with Lycopodium Q6. For the next two weeks, Matthias is very irritable before calming down again. But he starts writing a diary for the first time. A month later his mother still has a good feeling about Lycopodium: her son listens to her better than before, despite fits of rage and oppositional behaviour. His CGI has fallen to 14. Another month later, after Lycopodium Q9, she says he is now very sweet, can listen properly and calms down quickly after arguments. His CGI has dropped to 8. This trend continues in the long term, and his CGI eventually falls to 7 (Figure 3).





### **Case 2: Patrick S., 8 years old**

Patrick is a slender, blond lad with hypotonia of the muscles. His mother describes him as restless, impulsive and very fearful (he is especially afraid of failure), and also very stubborn. At school he has problems with attention and learning, and he has difficulty remembering what he has learned. His teacher criticizes his passivity as well as his restlessness and the ease with which he is distracted. The diagnosis of ADD is made following a neurological and neuropsychological examination.

On the *Questionnaire for Disturbances of Perception, ADHD/ADD*, the parents record the following symptoms:

- Light: worse - P
- Noises: worse
- Smell: hypersensitive - P
- Warmth: worse - P
- Uncovering: better - P
- Sadness - P
- Irritable, aggressive, fits of rage - P

And on the *Questionnaire for Additional Complaints*, the parents note a tendency to infections in the throat and middle ear, associated with chronic

effusion from the middle ear, which necessitated drainage via a tympanostomy tube two years ago. Patrick also has growth pains in both lower legs, especially at night and during cold, damp weather. The modalities of the symptoms of his illness are as follows:

- Swallowing: worse - P
- Thirst - P
- Physical exercise: worse - P
- Blocked ears
- Touch: better - P (*normal for ill children*)
- Being alone: worse - P (*normal for ill children*)
- Cold damp weather: worse

During *additional questioning*, his mother says he does not have fits of rage, he sweats easily and strongly, and he is shy rather than dictatorial.

Since repertorization of the *reliable* polar “symptoms of perception” for this patient is not specific enough, we won’t be able to rely on the polar symptoms alone, and we must now include further symptoms, especially *smell: hypersensitive, noises: worse, swallowing: worse* and *thirst*.

## Repertorization Case 2 (using the repertorization software of PB 2000)

	Acon.	Bry.	Calc.	Cham.	Chin.	Ign.	Lyc.	Nux-v.	Puls.	Sep.	Aur.
Number of hits	9	9	9	9	9	9	9	9	9	9	8
Sum of grades	28	20	23	25	21	21	25	25	23	22	15
<b>Polarity difference</b>	<b>20</b>	<b>12</b>	<b>12</b>	<b>19</b>	<b>12</b>	<b>4</b>	<b>12</b>	<b>7</b>	<b>2</b>	<b>8</b>	<b>1</b>
< light in general (p) [80]	3	2	4	2	3	3	3	3	3	3	
< warmth, in general (p) [73]	1	1	1	2	1	1	2	1	4	1	1
> uncovering (p) [37]	3	1	3	2	2	2	4	1	2	1	1
sadness (dejection, inclined to weep) (p) [61]	4	2	2	3	2	4	3	2	3	2	2
smell, hypersensitive (p) [49]	3	1	2	3	3	1	4	4	2	4	4
irritability (anger, aggression) (p) [64]	4	3	2	4	2*	4	3	4	3	3	4
< noises [43]	4	2	3	3	2	3	3	4	1	3	1
< swallowing (p) [93]	2	4	2	2	2	1	2	3	3	3	1
thirst (p) [99]	4	4	4	4	4	2	1	3	2	2	1
> light in general (p) [13]			2								
> warmth, in general (p) [90]	3/CI	2	1	1	2	3/CI	1	4/CI	1	2	3/CI
< uncovering (p) [56]	1	1		2	2	1		3/CI	1	2	3/CI
cheerfulness, happiness (p) [42]						2	2		3		3/CI
smell, lost, weak, diminished (p) [46]		2	4/CI				3	2	4/CI	4	2
mildness (p) [37]						3	3		4(CI)		1
> swallowing (p) [47]					1	4/CI		3	3		
thirst, absent (p) [86]		1	1		2	1	1	2	4/CI	3/CI	1

Ten remedies cover all symptoms, but only four of these have no contraindications. With the help of confirmatory symptoms, we can identify the most probable one for Patrick:

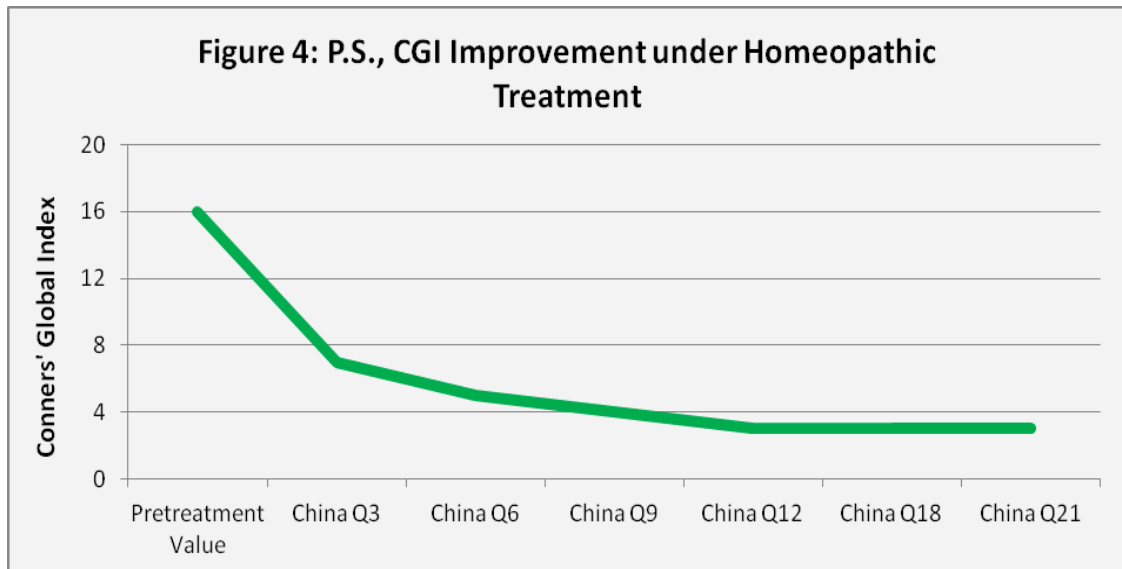
Chamomilla is one of the leading remedies for irritability and anger. Patrick's mother describes him as rather gentle and he does not have fits of rage, which means Chamomilla is unlikely to help him. His need for movement also makes Bryonia, which has a dislike of movement as part of its genius, an improbable choice. And Lycopodium patients are typically dictatorial, which does not fit this patient. China therefore takes centre stage.

### Prescription and Progress

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

During the first three days his symptoms worsen noticeably, then an impressive improvement took hold. The patient became more open and sociable and could now play with several children at the same time. There is also positive feedback from school. Four weeks later, his CGI has dropped from 16 to 7.

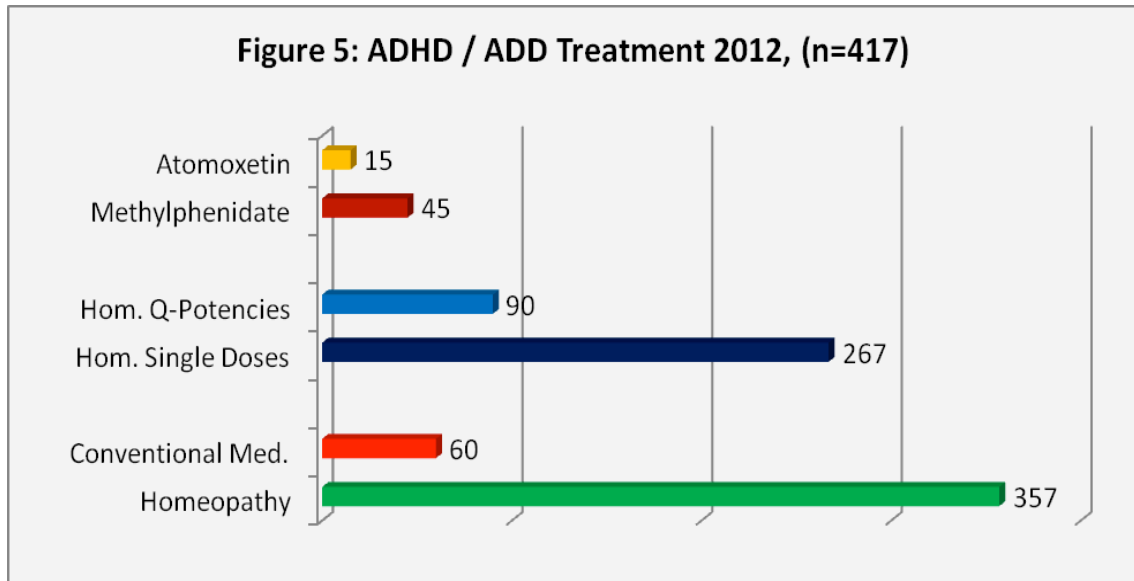
In the following month, China Q6 improved the situation further; his CGI sank to 5, and in the long term it fell to as low as 3, which is the value found in a healthy child.



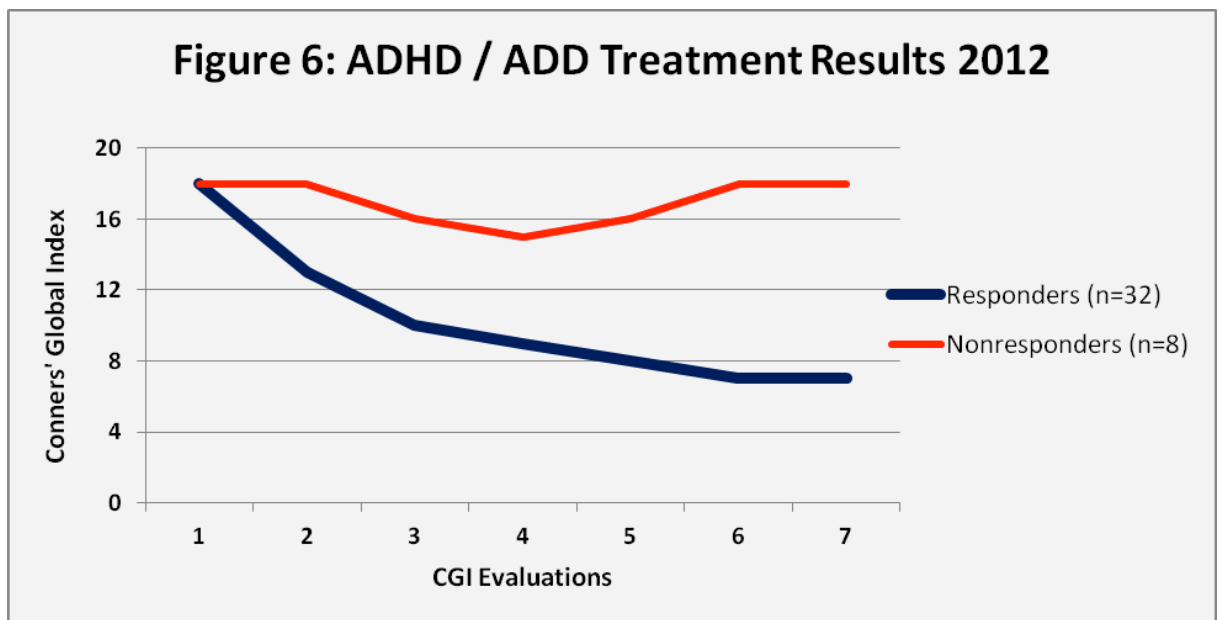
### **Treatment Results and Polarity Analysis**

After looking at these individual cases, we can attempt to answer the question of what kind of results can be expected with the treatment of ADHD/ADD using polarity analysis.

In our practice in 2012, we treated 417 children with ADHD/ADD and disturbances of perception. Of the 417 children 357 (85.6 %) children used only homeopathy, 45 (10.8%) used MPD, and 15 (3.6%) used Atomoxetine. Of those treated with homeopathy, 90 (25%) were given Q potencies, all others received single doses of 200C, 1M, 10M, 50M and 100M potencies at average intervals of four weeks. Many of these patients had already been in homeopathic treatment for several years. Patients who did not improve sufficiently with homeopathy were transferred to allopathic treatment with either MPD (Ritalin<sup>R</sup>, Concerta<sup>R</sup>) or—if this was not enough—to Atomoxetine (Strattera<sup>R</sup>). The most common reason for conventional allopathic treatment was the demands of the school (Figure 5).

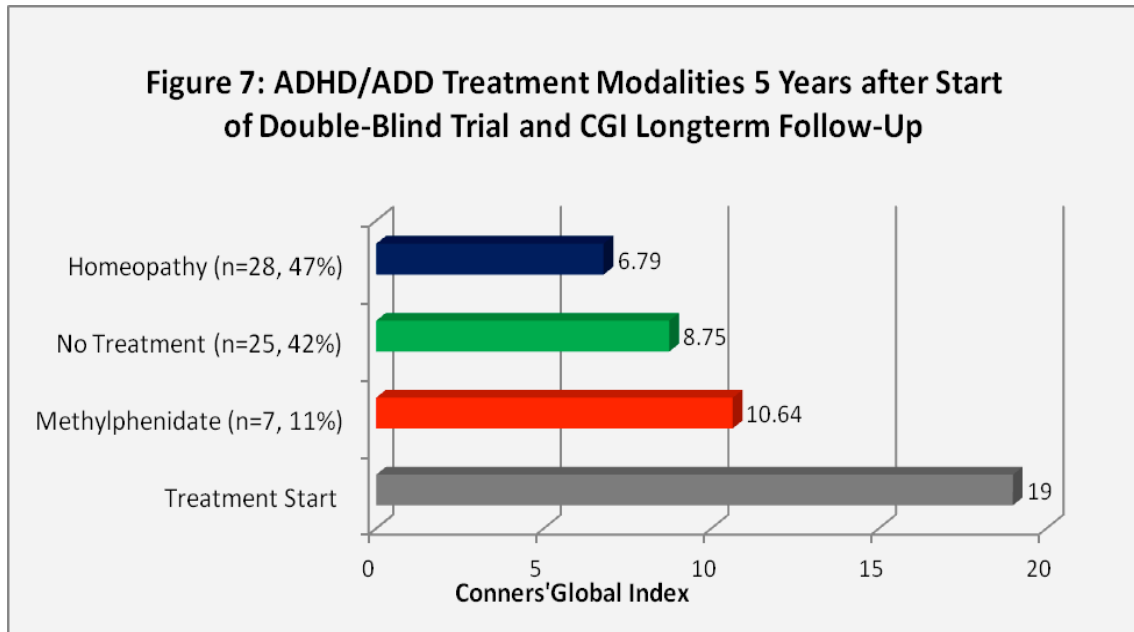


In 40 newly admitted patients, the progress of the improvement as reflected by the CGI was prospectively recorded over 12 months. With homeopathy, the CGI dropped on average in 32 of the 40 patients from 18 to 7, which corresponds to an improvement of 61% (80% responders). In the remaining 8 patients (20% nonresponders) we did not achieve any sustained improvement (Figure 6).



To look at the long-term results of the Swiss ADHD/ADD study, at the end of this double-blind study, parents and patients were free to choose what type of

treatment they would like to continue using. Five years after the start of treatment, 60 of the 62 study participants could still be contacted for a long-term follow-up. 28 children were still being treated with homeopathy: their CGI averaged 6.8; 25 children had stopped all treatment: their CGI averaged 8.8. 7 children had switched to treatment with MPD: their CGI averaged 10.6 (Figure 7).



## Discussion

The Swiss ADHD/ADD double-blind study, which was completed ten years ago, provided proof of a significant effect of highly diluted homeopathic remedies. Equally important in this study was the discovery of Polarity Analysis, which was responsible for the successful outcome. Meanwhile this method has been further refined, and possible obstacles for successful treatment have been identified.

To obtain optimal results using Polarity Analysis, please observe the following rules:

- Not all “symptoms of perception” are equally reliable for remedy selection; if possible avoid those that have been identified as being not always reliable.
- Do not mix Polarity Analysis with another homeopathic procedure: this is a frequent beginner's mistake.

- Unsuccessful treatment is very often characterized by poor observation of symptoms. Careful instruction of the patients and parents is a crucial prerequisite.
- It is possible that the approximately 20% nonresponders are due to the limited number of 133 remedies covered by the PB 2000 (software and book). One can counter the problem by relying on knowledge of the materia medica and by using another repertory in cases where we might reasonably suspect a remedy not listed. All the other advantages of the PB 2000 (software and book)—and most especially the high level of reliability in the remedy grading—are so substantial that the author of this paper would never like to work without it.

Despite a multitude of hurdles, and with patience and perseverance, we can achieve very gratifying results in most of our ADHD/ADD patients. This brings great relief to the child, the family and the school, allowing the child to live a normal life once more.

### **Bibliography**

1. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> ed. Washington DC: American Psychiatric Association, 1994
2. Stricker HR: "Der Ritalinkonsum in der Schweiz steigt weiter an". *Schweiz. Ärztezeitung* (2013) 94,15: 575-577
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". *Homeopathy* (2006) 95, 163-170
5. Ayres AJ: *Sensory Integration and Learning Disorders*, Los Angeles: Western Psychological Services, 1973
6. Dimitriadis G: *The Boenninghausen Repertory: Therapeutic Pocket Book Method*. Sydney: Hahnemann Institute, 2000
7. Frei H: *Homeopathy and Attention Deficit Hyperactivity Disorder - A New Treatment Concept with Polarity Analysis*. Kander: Narayana Publishers (textbook in preparation, expected 2015)
8. Frei H: "Polarity analysis, a new approach to increase the precision of homeopathic prescriptions". *Homeopathy* (2009) 98, 49-55

9. Frei H: *Polarity Analysis in Homeopathy, A Precise Path to the Simillimum*, Kandern: Narayana Publishers, 2013
10. Hahnemann S: *The Organon of the Medical Art*, 6<sup>th</sup> ed. Transl. S. Decker, ed. W.B. O'Reilly. Redmond, WA: Birdcage Books, 1996 [1842]
11. Boenninghausen Arbeitsgemeinschaft: *Boenninghausen's Therapeutic Pocketbook* (homeopathy repertorization software, available in English), Ahrweiler, 2009 (see [www.boenninghausen.de](http://www.boenninghausen.de)).
12. Conners CK: *Conners Rating Scales - Revised*. Multi Health Systems, Toronto, 1997.