

# Baby Colic: Polarity Analysis reliably points to the remedy. A case of Kalium carbonicum,

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## Summary

Baby colic is a severe problem for all those affected, and conventional medicine has no satisfactory solution. But homeopathy can help: if we find the right remedy, baby colic disappears rapidly and permanently, leaving the family in peace. Yet finding the right remedy is not so easy because this is generally a one-dimensional problem characterized by only a few symptoms. The remedies thought to be “proven indications” unfortunately often let us down whereas the rational and reproducible method of polarity analysis can often point to the successful remedy. Precise observation of the little patient's symptoms, especially the modalities, is the prerequisite for success.

## Key notes

Baby colic, Polarity Analysis, checklists questionnaires, Kalium-carb., contraindication

## 1. Introduction

Baby colic is often a great burden for the affected child and parents during the first few months of life. It generally begins between the second and fourth week, and lasts till the fourth month. The main characteristic is restlessness that can turn into paroxysmal, tortured crying. The symptoms start shortly after breastfeeding or bottle-feeding, increasing towards evening, with the child screaming and drawing up his legs, making a fist, and often apparently looking for food. The physical examination reveals a distended abdomen with a lot of air and a rumbling noise. Burping and release of wind provide only temporary relief. Baby colic is more common in firstborn babies. Possible causes are physiological immaturity of the gastrointestinal tract, a predisposition to muscular hypertonia, hunger, mistakes in feeding the child, allergies, as well as reaction to tension in the home. Experience shows that affected babies drink

very quickly, thereby sucking in too much air, which then leads to the distension found in the colic.

We must precisely take the case and conduct a physical examination in order to exclude other factors such as illness of the central nervous system or congenital malformation of the gastrointestinal or urogenital tract. Changing the baby's milk only helps if there is a proven allergy to cow's milk or lactose intolerance. Note that an allergy to cow's milk can also impact the baby via the mother's milk, so breastfeeding as such is not invariably protective against this type of allergy.

Conventional medicine has little to offer in the way of effective treatment. It is recommended to feed the baby in an upright position, to avoid restlessness and stress in general and to encourage the careful release of wind during feeding. Applications of warmth to the child's abdomen can provide temporary relief. Conventional medication only rarely helps whereas homeopathy can often bring about enduring relief [1].

## **2. Homeopathic treatment of baby colic**

Since baby colic is a one-sided, generally symptom-poor complaint, it is difficult to get to the nub of the problem with the usual extensive casetaking. Polarity analysis has proved to be a successful method in pediatric practice, as shown below using an example case.

### **2.1.1 Polarity analysis**

Polarity analysis (PA) is a precisely defined and well-researched homeopathic procedure that can be used to heal illness with high level of confidence [2]. It is based on the grading in Boenninghausen's *Therapeutic Pocket Book* [3] and consists of the elements *polarity difference* and *contraindications*. In the Swiss double-blind study of attention deficit hyperactivity disorder (ADHD), PA enabled the hit rate to be increased so much that it was possible to demonstrate a significant difference between placebo and high-potency homeopathic remedies [4]. In the evaluation of PA in acute, chronic, and complex illness, prospective studies without exception showed an improvement in the results compared to the conventional homeopathic procedure [2].

Let us first look at the basics: *in the modalities*, as established by Hahnemann in *Organon* § 133, "what is peculiar and characteristic about each symptom becomes evident" [5]. In combination with § 153, this means that the homeopathic choice of remedy should be especially determined by the modalities. Boenninghausen was

concerned to align the *genius* of a homeopathic remedy with the characteristics of the patient's symptoms, *without any contradictions* [3]. What does this mean exactly? The genius of a remedy includes those modalities, sensations, and clinical findings that have been seen many times in various localizations and also clinically healed. These are what is actually characteristic of the remedy. In Boenninghausen's *Therapeutic Pocket Book* genius symptoms are generally listed with a high grade. The contradiction concerns the 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 show both of these poles but in different grades. Since the patient's symptoms (especially the modalities) should correspond to the genius of the remedy, Boenninghausen sought to align these symptoms with the remedy in as high a grade as possible: 3rd to 5th grades. If the patient's symptom was found in a low grade (1st or 2nd) but the opposite pole was listed for the remedy in a high grade (3rd, 4th, or 5th), he regarded this as a contradiction of the patient's characteristic symptoms: this means that the remedy is *contraindicated*. Boenninghausen's experience was that such constellations hardly ever lead to healing.

Boenninghausen's concept of contraindication gave me the idea of systematically privileging polar symptoms when choosing a remedy: during repertorization, for all remedies the opposite poles of the patient's polar symptoms found in the 3rd to 5th grades are compared with the grades of the corresponding patient symptoms. Opposite poles with a grading outside of the genius range (1st and 2nd grades) are not checked, since here there can be no contraindication (no contradiction of the genius of the remedy). If we retrospectively check cases in which, based on the totality of symptoms, an apparently well-chosen remedy failed to work, we often find that contraindications are the reason for the lack of success. Using modern computer software to perform the repertorization enables us to simply, rapidly, and safely identify contraindications [6].

In polarity analysis, Boenninghausen's insights are *systematically* implemented for all polar symptoms by determining the *polarity difference*: to calculate this, we (or rather the computer software) add for each possible remedy the grades of the patient's *polar* symptoms and then subtract the grades of the corresponding opposite pole symptoms. *The higher the resulting polarity difference, the more likely the remedy is to correspond to the patient's characteristic symptoms, assuming there are no contraindications.*

For polarity analysis it is necessary to select at least five polar symptoms if possible. For this purpose we supplement normal homeopathic casetaking with checklists (for acute illness) and questionnaires (for chronic illness), on which the patients mark the symptoms they have observed. The checklists and questionnaires focus on polar symptoms. We currently have eight checklists and twelve questionnaires for various areas (for example, neurology, gynecology, ear-nose-throat and eye, airways, gastrointestinal tract, and so on [2]). The checklist for acute illness in infants and small children, which was used in the example case, is shown below.

### **2.1.2 Practical procedure**

With an acute illness such as baby colic, we first take the case in a way roughly equivalent to what is done in conventional medicine, and then we examine the child and make a diagnosis. Then the parents (or the adult patients) fill out the checklist corresponding to the area of the complaint, entering the modalities and polar symptoms that they have noticed. Finally the most suitable remedy is determined by repertorization with the parents (or patient) present: it is the remedy with the highest polarity difference that shows no contraindications and, in cases with few symptoms, covers all symptoms if possible. The presence of the patient (or in children) of their parents is important so that we can question them about the symptoms noted, with further discussion as necessary. The apparently complicated procedure is best illustrated with an example case, which will make it far easier to understand.

### **2.2. Case report: Yannik M, six weeks old**

Yannik is brought to the practice as an emergency with abdominal pain and continual screaming. He is the first child of his parents and was born after an unremarkable pregnancy in the 40th week, birth weight 3.3 kg (7 lb 4 oz), height 50 cm (19.7 in), head circumference 34.5 cm (13.6 in), Apgar 9/9/10. Postnatal adaptation was normal. In the first four weeks he was completely breastfed. Since he always seemed hungry, however, the parents added a baby milk formula from the fifth week but this did not improve matters: Yannik still drinks very rapidly, seeming to be full after just ten minutes, and demands to feed again one hour later. During the day he becomes more and more restless, discontented, and begins crying for long periods of up to three hours, during which time it is impossible to console him. A heated cherry-stone cushion and light massaging of the abdomen brings minor improvement, as does

carrying the child around (movement) and drawing up the legs. He has a normal yellow stool but only every 5-6 days.

During the examination he is irritable and tense, becoming noticeably calmer while being undressed. Weight and height are in the 50th percentile – weight: 4.5 kg (9 lbs 15 oz); height: 56 cm (22 in), head circumference: 38.3 cm (15.1 in). There is a noticeable slightly raised muscle tone and pronounced meteorism of the entire abdomen. There are no other pathological findings. The diagnosis is baby colic with mild constipation. The parents note the following symptoms using the *Checklist for Acute Illness: Infants and Small Children* (P = polar symptom):

- ☐ Pain from flatulence, flatulent colic
- ☐ Constipation
- ☐ < Evenings
- ☐ While waking up: worse (P)
- ☐ External pressure: worse (P)
- ☐ Warmth in general: better (P)
- ☐ Movement: better (P)
- ☐ Rubbing (massaging of abdomen): better (P)
- ☐ Sitting bent over: better (P)

[Note: not all symptoms are listed in the checklist since the parents can enter additional symptoms of their own at the top of the page]. After discussing and verifying the symptoms with Yanik's parents, we are able to use all symptoms in the repertorization.

## Repertorisation (Boenninghausen program)[6]

	Rhus.	Kali-c.	Staph.	Ign.	Sulph.	Bell.	Chin.	Bry.	Spong.	Spig.	Anac.	Lyc.
Number of hits	9	9	9	9	9	9	9	9	9	9	9	8
Sum of grades	23	23	23	22	22	20	19	18	15	13	13	28
<b>Polarity difference</b>	<b>8</b>	<b>11</b>	<b>7</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>-1</b>	<b>4</b>	<b>-1</b>	<b>-3</b>	<b>13</b>
flatulence painful, flatulent colic [89]	2	1	4	3	1	1	4	1	2	1	3	4
constipation [113]	2	3	4	1	4	3	2	4	2	1	1	4
< evening [123]	3	5*	2	3	3	4	1	4	1	2	2	4
< sleep, after; while waking up (p) [111]	4*	3	3	4*	5*	3*	5*	2	1	2	1	4*
> warmth, in general (p) [90]	4	4	2	3	3*	3	2	2	2	2	1	1
< pressure, external (p) [93]	1	1	3	1	1	1	1	1	3	1	1	4
> movement, during (p) [102]	4	1	1	1	1	1	1	1	1	1	1	4
> rubbing (p) [74]	2	1	2	3	3	1	2	2	1	1	2	
> sitting, bent over (p) [43]	1	4	2	3	1	3	1	1	2	2	1	3
> sleep, after; while waking up (p) [28]				1			2	1		1		
< warmth, in general (p) [73]	1	1	1	1	2	1	1	1	1	1	2	2
> pressure, external (p) [74]	3/CI	1		2	2	2	1	2		2	2	
< movement, during (p) [126]	1	1	3/CI	1	2	4/CI	3/CI	4/CI	2	3/CI	2	1
< rubbing (p) [44]			2		1				2	2	4/CI	
< sitting, bent over (p) [42]	3/CI			2	3/CI		2	2	1	1		

1. The remedies are ordered according to the “Number of Hits” (second row). Further remedies are not shown because they have a lower number of hits and a lower polarity difference.

2. Signatures of symptoms:

Polar symptoms are marked with (P).

The number behind the symptom in square brackets (for example, *flatulence painful, flatulent colic* [89]) corresponds to the number of remedies with this symptom. This information is important because it shows how strongly the choice of remedy is restricted by using this rubric.

3. Patient symptoms: these are listed underneath the blue line and above the red line.

4. Opposite poles: these are shown in italics and are found below the red line.

5. Calculation of the polarity difference: the grades of the polar patient symptoms of a remedy are added up. From this total, the sum of the grades of the opposite poles listed for the remedy are subtracted: the result is the polarity difference (examples: Kalium carbonicum 14-3=11, or Ignatia 15-7=8).

6. Contraindications, CI: The opposite poles at the genius level (grades 3-5) are compared with the grades of the patient's symptom. If the patient's symptom has a low grade (1-2) but the opposite pole is listed for the remedy with a high grade (3-5), the genius of this remedy does *not* correspond to the characteristics of the patient's symptom; the remedy is therefore contraindicated.

Example: with Anacardium, the patient symptom *rubbing ameliorates* is grade 2 whereas the opposite pole *rubbing aggravates* is grade 4. Therefore *rubbing aggravates* is a genius symptom for Anacardium. Anacardium does not, therefore, fit the patient's symptoms and is contraindicated.

7. Columns with contraindications CI are shaded gray so that we can instantly see which remedies are contraindicated.

Eleven remedies cover all symptoms but only *Kalium carbonicum*, *Ignatia*, and *Spongia* have no contraindications. Of these three remedies, the polarity difference is (see table 1): *Kalium carbonicum* = 11, *Ignatia* = 8, and *Spongia* = 4. Due to the comparatively low polarity difference, *Spongia* is dropped. Using a materia medica comparison, we can now check which of the two remedies covers the symptoms more precisely. The digital edition of Hering's *Guiding Symptoms* [GS] has proved a very useful tool for this purpose [7].

### **Materia medica comparison for *Kalium carbonicum* (GS)**

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

### **Materia medica comparison for *Ignatia* (GS)**

Abdomen: Periodical abdominal spasms, colic particularly at night, waking out of sleep, with stitches running up into chest and to sides; pains > passing wind, which, however, is difficult ... Flatulent colic; flatus incarcerated, rumbling and rolling about, making a loud noise; rumbling as from hunger .... Excessive flatulence ... Unsatisfactory, short and abrupt emissions of flatus, of offensive odor, not without exertion of abdominal muscles.

### **Remedy and progress**

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

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

## **3. Discussion**

Baby colic is one of the more difficult illnesses for a conventional pediatrician to treat, as mentioned above, because the available treatments are unsatisfactory. The situation is very different in a homeopathic pediatric practice: together with the conventional medical diagnosis, we make a second diagnosis – for the most suitable homeopathic medicine. The polar symptoms are reliable pointers for the homeopathic



diagnosis. Sometimes the chosen remedy offers us insights into the background of the child's illness. Frans Kusse writes that, for children who need *Kalium carbonicum*, it is especially insecurity that triggers their symptoms [8]. Our little patient's irritability may have been caused by parental uncertainty, which makes him nervous, leading to rapid drinking with ingestion of air and consequent stomach complaints. This kind of cause would explain why we tend to find more firstborns suffering from baby colic. Yet of course there are many other homeopathic remedies that have helped children with baby colic, so this causation is only one of many.

Let us finally recall the sound basis of polarity analysis: this consists of the return to the trailblazing insights of Hahnemann and Boenninghausen. Thanks to a strict application of the *Organon* paragraphs § 6 (the illness consists in the totality of its symptoms), § 133 (what is peculiar and characteristic about each symptom becomes evident in the modalities), and § 153 (when seeking the specific homeopathic remedy, especially the more characteristic signs and symptoms of the illness are to be matched with those of the remedy), this method very often succeeds in selecting the homeopathic remedy that best fits the patient's set of symptoms.

Polarity analysis is therefore especially well suited for use in a homeopathic primary care setting, where it is important to make rational and effective therapeutic decisions in a situation where parents and patients often have high expectations in the success of the treatment.

### **Literature on Polarity Analysis**

- Frei Heiner, *Polarity Analysis*, Kander: Narayana Publishers, 2013
- Frei Heiner, *Homöopathie Behandlung Multimorbider Patienten*, Stuttgart: Haug-Verlag, 2011 (German)
- Frei Heiner, *Die homöopathische Behandlung von Kindern mit ADS/ADHS*. 3. aktualisierte Auflage, Stuttgart: Haug-Verlag, 2009 (German)
- Questionnaires and checklists: [www.heinerfrei.ch](http://www.heinerfrei.ch)
- Boenninghausen Arbeitsgemeinschaft. *Boenninghausen's Therapeutic Pocketbook* (repertorization software, available in English), Ahrweiler: Boenninghausen Direkt (Bernhard Möller), 2009, see [www.boenninghausen.de](http://www.boenninghausen.de)



## Additional Literature

1. Rudolph C, *Pediatrics*, 22nd edition, New York: McGraw-Hill Publishers, 2012
2. Frei H, "Polarity analysis, a new approach to increase the precision of homeopathic prescriptions" *Homeopathy* (2009) 98, 49-55
3. Dimitriadis G, *The Boenninghausen Repertory: Therapeutic Pocket Book Method*, Sydney: Hahnemann Institute, 2000
4. Frei H, Everts R, von Ammon K, Kaufmann F, Walther D, Hsu-Schmitz SF, Collenberg M, Fuhrer K, Hassink R, Steinlin M, Thurneysen A, "Homeopathic treatment of children with attention deficit hyperactivity disorder: a randomised, double blind, placebo controlled crossover-trial" *Eur J Pediatr*. 164 (2005): 758-767
5. Hahnemann Samuel, *The Organon of the Medical Art*, 6th ed. [1842], Transl. S Decker, ed. WB O'Reilly, Redmond WA: Birdcage Books, 1996
6. Boenninghausen Arbeitsgemeinschaft, *Boenninghausen's Therapeutic Pocketbook* (repertorization software, available in English), Ahrweiler: Boenninghausen Direkt (Bernhard Möller), 2009, see [www.boenninghausen.de](http://www.boenninghausen.de)
7. Hering C, *The Guiding Symptoms of Our Materia Medica*. Reprint, Jain Publishers, New Delhi, 1991.
8. Kusse F, *Children's Types*, Kandern: Narayana Publishers, 2010

## The Author

Heiner Frei, MD, is a pediatric specialist with a homeopathic practice since 1987. Consultant for many years at the university hospital in Bern. President of the Swiss Medical Society for Homoeopathy (SMSH) until 2005. Internationally renowned for the Bern double-blind ADHD study, books on the homeopathic treatment of children with ADHD, and the effective use of the Boenninghausen method in everyday practice.