



# Crisis on Starting a Working Life

## Three Case Studies with Polarity Analysis

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### Introduction

In Switzerland, adolescents have to decide at the age of fifteen whether they want to continue their education after the sixteenth birthday in grammar school (i.e., high school) with the aim of going to university, or begin an apprenticeship with on-the-job vocational training in a trade, commerce or the service sector, combined with one or two days of schooling per week. Apprenticeships normally last three to four years, after which young adults either begin a normal working life or continue their training in a college of further education. Many adolescents have great difficulties deciding which direction they want to take and, if vocational, which occupation to choose.

In January 2014, the Swiss State Secretary for Economy (SECO) registered 20533 jobless young adults between 15 and 24 years, that is about 3.7% of this age group [1]. And the Federal Board for Statistics (BFS) reported for 2012 that 28.8% of the youths who started an apprenticeship dropped out without finishing their training [2]. This number is unusually high and reflects the difficulties confronted by young people when attempting to find their place in the world of work.

The insecurity about what to study leads to psychological instability and sometimes even physical illness, which may need homeopathic intervention. In three earlier contributions to this journal we introduced polarity analysis, a new method of homeopathic remedy determination [3–5]. In this article, the method is illustrated with three case studies of young people with such difficulties on starting a working life.

### Polarity Analysis

Polarity analysis (PA) is a precisely defined and well-researched method of homeopathic treatment, enabling illness to be healed with great reliability [6]. It is based on the grading found in *Boenninghausen's Therapeutic Pocket Book (PB 2000)* [7], and consists of the elements *polarity difference* and *contraindications*, which are explained below. In the Swiss double-blind study on attention deficit hyperactivity disorder (ADHD), PA enabled the hit rate to be raised to the level of proof required to successfully demonstrate a significant difference be-

tween placebo and high-potency homeopathic remedies [8]. In evaluation studies of acute, chronic and complex illness, PA has been found to invariably improve the results in comparison with conventional homeopathic treatment [6,9].

#### Boenninghausen contraindications

*Hahnemann* established in *Organon* § 133 that the peculiar and characteristic aspects of each symptom are shown in the modalities [10]. In combination with § 153, this means that homeopathic remedy selection in particular ought to be determined mainly by the modalities. Boenninghausen himself strived to unambiguously match the genius of a homeopathic remedy with the patient's characteristic symptoms [7]. What does this mean? The genius of a remedy includes those modalities, sensations, and findings that have often been seen in the remedy proving, occurred in various localizations, and have also been clinically healed. These symptoms are what is actually characteristic of the remedy. In the PB 2000, genius symptoms are generally listed with a high grade. The concept of contradiction concerns the polar symptoms – those that are expressed as opposites: for example, *thirst/lack of thirst*, *< cold/> cold*, *desire for fresh air/dislike of fresh air*. Many remedies have both poles of such symp-

### SUMMARY

Entering professional life is a major hurdle for many young people. In Switzerland, adolescents are expected to know by the age of fifteen whether they want to aim for a university education or enter an apprenticeship for a practical profession. The choice frequently overtaxes them, with many mistakenly choosing the wrong track. This is reflected in a dropout rate of 28.8% among apprentices. Such mistakes are associated with a range of psychological problems. If they cannot be resolved, there is a great danger that the patient completely drops out of normal working life. This is where homeopathy can prove very helpful: homeopathic treatment often can relieve a difficult situation within a much shorter time than counselling or psychotherapy, enabling the patient to successfully make a fresh start in a more promising direction. We use polarity analysis (PA) for remedy selection. This method came to prominence with the Swiss homeopathic ADHD double-blind study, which successfully demonstrated a statistically significant difference between highly diluted homeopathic remedies and placebo. PA enables homeopaths to calculate a healing probability for each possible remedy, based on *Boenninghausen's* grading of polar symptoms. In evaluation studies with a variety of acute and chronic diseases, as well as with multimorbid patients, PA has led to clearly improved results compared to a conventional homeopathic approach. In this paper we introduce the procedure and illustrate it with three case studies of critical situations on starting a working life.

**KEYWORDS** Apprenticeship dropout, Polarity analysis, *Anacardium*, *Ignatia*, *Lycopodium*



toms but in differing grades. Since the patient's symptoms (especially the modalities) should correspond to the genius of the remedy, Boenninghausen strived to match the symptoms 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 as a contraindication for the remedy. According to his experience, such a constellation rarely led to healing.

This inspired in the author of this paper the idea of systematically prioritizing polar symptoms in the process of remedy selection. This together with the repertory software of the PB 2000 [11] led to the development of polarity analysis: the repertorisation procedure checks all remedies for which the opposite pole to the patient's symptoms is present in grades 3–5 and compares this with the grade 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 contraindication (no contradiction of the genius of the remedy). 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 overlooked contraindications are the reason for the lack of success.

### Polarity difference

Polarity analysis systematically uses Boenninghausen's insights for *all* polar symptoms: on the one hand, by excluding remedies with *contraindications*, on the other hand, by calculating the *polarity difference*: The polarity difference is calculated by adding the grades of the polar patient symptoms for all likely remedies and then subtracting the grades of the opposite pole symptoms. *The higher the resulting polarity difference, the better the remedy matches the patient's characteristic symptoms – assuming there are no contraindications.*

At least five polar symptoms should be used for the analysis, if possible. To elicit the polar symptoms, 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 elicit polar

symptoms. So far, eleven checklists and twelve questionnaires have been developed for different problem areas, such as neurology, gynaecology, ENT and airways, allergies, and so on [9]. Although the theory behind PA may sound somewhat complicated, the procedure can immediately be understood when illustrated with case studies.

## Practical Procedure

With a *chronic illness* such as psychological disturbances, we first take the case in a way roughly equivalent to what is done in conventional medicine, then we examine the patient and make a diagnosis. In the next step the patients fill out the questionnaire corresponding to the type of complaint. They do this at home to allow them enough time for careful observation, entering the modalities and polar symptoms that they have noticed. Then they return to the practice and the most suitable remedy is determined by repertorisation with the PB 2000 software: it is the remedy with the highest polarity difference that shows no contraindications and, in cases with few symptoms, covers the highest number of them. The presence of the patient (or the parents of young children) is important so that we can question them about the symptoms, with further discussion as necessary. Although somewhat complicated in theory, the procedure can best be illustrated with example cases, which will make it far easier to understand.

## Case Studies

### Theo, 16 years old: depression due to a rough working atmosphere

Theo is a tall and slim young lad who has been treated for ADHD (attention deficit disorder) with *Lycopodium*, Q potencies throughout his school years. This was very effective at controlling poor concentration, restlessness and impulsivity, and his academic performance was good. Upon finishing school, he starts an apprenticeship as a logistics specialist in a warehouse. Due to the rough working atmosphere, he rapidly feels out of his depth. The unfamiliar conversational style at work offends and demotivates him; he has self-doubts, becomes dejected, indecisive and hopeless, fears new events and has rapid mood swings. Theo is constantly tired and exhausted. The family hopes for homeopathic help from a fresh look at his case.

Using the *Questionnaire for Disturbances of Perception, ADHD/ADD*, they come up with the following symptoms:

- Restlessness
- Lack of self-confidence
- Falling asleep late
- Cold in general: worse – p\*
- Movement: better – p
- After sleep, while waking up: worse – p
- Sadness – p
- Heat: worse
- Anger: worse
- Grief and sorrow: worse
- Insult, humiliation: worse

\* p = polar symptoms

The *Questionnaire for Additional Complaints* does not provide any further relevant symptoms. For repertorisation, we primarily use the four *polar symptoms*. Since this does not differentiate the remedies well enough, we add the mind modalities *anger, grief and insult: worse*. The other mind symptoms have proved to be quite unreliable in the treatment of ADHD/ADD. For this reason they are not included in the repertorisation (Fig. 1) [11, 12].

### Key for repertorisation

**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. *Grey shading indicates remedies with contraindications.* For example, *Belladonna*: the patient symptom > *movement, during* is found at grade 1 whereas the opposite pole < *movement, during* is found at grade 4. 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's symptom, i.e., the patient's symptom is typical of the remedy whereas the opposite pole is less characteristic.

**Polarity difference:** To calculate the polarity difference, we add the grades of each **polar** patient symptom (p) for each remedy and subtract from the result the grades of the opposite poles. For example, *Ignatia*: 12 – 5 = 7. *The higher the polarity difference, the more the genius of a remedy corresponds to the patient's characteristic symptoms.*



### Interpretation

Seven remedies cover all symptoms, but only three have no contraindications: *Ignatia*, *Lycopodium*, and *Phosphoricum acidum*. His former ADHD remedy, *Lycopodium*, is excluded, because it did not help to ameliorate his present symptoms.

### Materia Medica comparison for *Ignatia* [GS] [13]

**Mind:** Memory weak and untrustworthy. Heaviness of head; very great weakness of memory ... Absent-mindedness. Difficult comprehension; mental dullness; mental effort is irksome. Incapacity for thought [and talking] in evening ... Apprehensive feeling ... Melancholia ... with much sighing ... Fright is followed by grief [or cramps] ... Slight blame or contradiction excites him to anger, and this makes him angry with himself ... Peevish, capricious and quarrelsome; impatient. Anger, followed by quiet grief or sorrow.

### Materia Medica comparison for *Phosphoricum acidum* [GS]

**Mind:** Incapacity for thought ... Quiet, indifferent, unwilling to speak ... Listless, apathetic ... Sadness, grief and disposition to weep ... Ailments from care, grief ... or disappointed love ... Disinclined to work ... [Sadness and] brooding.

### Prescription and progress

The materia medica comparison points to *Ignatia*. So the previous remedy, *Lycopodium*, is dropped and Theo is now given *Ignatia* Q3, again in liquid form, daily for one month.

Four weeks later mother and son both say he is now doing better and has even made quite a name for himself at work. The mother is surprised at the rapid success. After a further six weeks with *Ignatia* Q6, there is more positive feedback: Theo has now passed the test to drive a fork-lift truck, and everyone is full of praise for him. His sense of self-worth has noticeably improved.

The therapy is continued on a long-term basis to give this patient the necessary support. Today, four years later, Theo has successfully passed the final examination at the end of his training and received a fully paid job from his instructor. We are quite sure that without homeopathic treatment, this patient would not have completed his professional training, a pity for such a fine lad.

	Bell.	Ign.	Lyc.	Ph-ac.	Puls.	Staph.	Verat.	Acon.
Number of hits	8	8	8	8	8	8	8	7
Sum of grades	26	28	23	21	27	21	19	18
<b>Polarity difference</b>	<b>2</b>	<b>7</b>	<b>7</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>7</b>
< sleep, after; while waking up (p) [111]	3*	4*	4*	3*	5*	3	2	1
> movement, during (p) [102]	1	1	4	3	4	1	2	1
< cold in general (p) [90]	3	3	1	1	1	2	1	3
< heat [104]	4	3	3	5*	4	1	5*	4
sadness (dejection, inclined to weep) (p) [61]	3	4	3	1	3	2	2	4
< emotions, anger, annoyance [48]	5*	5*	4*	2	3	4	3	4
< emotions, grief and sorrow [30]	3	4	2	3	3	4	3	
< emotions, insult, humiliation [22]	4*	4	2	3	4*	4	1	1
> sleep, after; while waking up (p) [28]		1		1	2			
< movement, during (p) [126]	4/CI	1	1	1	1	3/CI	1	1
> cold in general (p) [73]	1	1	2	1	4/CI	1	1	1
cheerfulness, happiness (p) [42]	3	2	2	1	3		3/CI	

Fig. 1 Repertorisation Case 1 (PB 2000).

### Nick, 16 years old: dropout from professional training due to wrong choice

Since the age of six, Nick has dreamt of becoming a car mechanic. At fourteen he spent several vacations working in a car repair workshop to get acquainted with his dream job, and in his enthusiasm he is offered professional training by his instructor. Eighteen months later he starts work. The crisis starts straightaway, in his first week: Nick complains about a lack of concentration, has massive mood swings, a loss of appetite, feels hopeless and even mentions suicidal thoughts. In addition, he cannot sleep any more. His instructor is very irritated and wants to discuss the problem with him and his parents, threatening to cancel the apprenticeship contract. Our patient still seems to be interested in the training and promises to make amends.

A further discussion with mother and son follows in our practice. Nick confirms his desire to continue work, and we decide on homeopathic treatment of his symptoms.

Again we use the *Questionnaire for Disturbances of Perception and ADHD/ADD*. He comes up with the following symptoms:

- Restlessness
- Sleepiness
- Absent-minded
- Lack of self-confidence
- Hopelessness
- Reading: worse – p
- Writing: worse – p
- Warmth of room: worse – p
- Movement: better – p
- Muscles: flabbiness – p
- Sleep before: worse – p
- Sadness – p
- Irritability – p

In addition they mention that he has difficulties in mathematics at the further education college, which is a new problem since he successfully completed the math curriculum in his education up to now. The *Questionnaire for Additional Complaints* does not add any relevant further symptoms.

### Repertorisation

Six remedies cover all symptoms, but only *Calcarea carbonica*, *Lycopodium* and *Sulphur* have no contraindications. If we look up the symptom *mistakes in calculating* (Kent's *Repertorium Generale*, p. 52) [14] we find that only *Lycopodium* covers this too (Fig. 2).

### Materia Medica comparison for *Lyc*, *Calc* and *Sulph* (GS)

The materia medica comparison of the mind symptoms of the three remedies does not permit any further differentiation. Nick and his mother both deny dictatorial behaviour, which we often find in *Lycopodium*.

### Prescription and progress

Nevertheless, Nick is given *Lycopodium* 200C because this remedy covers the symptom *mistakes in calculating*.

I see him four weeks later: initially everything got better but in the last few days the old symptoms reappear, with a lack of concentration, loss of appetite and sadness. He is exhausted although he sleeps well.

We give him a further dose of *Lycopodium*, this time in the potency 1M. Two weeks later he comes to tell me he has realised that he does not want to become a car mechanic





	Bry.	Calc.	Lyc.	Nat.-c.	Puls.	Sulph.	Arn.	Asar.
Number of hits	8	8	8	8	8	8	7	7
Sum of grades	16	23	26	15	23	19	10	12
<b>Polarity difference</b>	<b>12</b>	<b>21</b>	<b>20</b>	<b>4</b>	<b>13</b>	<b>10</b>	<b>5</b>	<b>8</b>
< reading (p) [69]	2	4	3	2	2	3	2	2
< writing (p) [76]	1	4	3	2	1	2	1	1
< warmth, of room, heat of stove (p) [54]	1	1	2	1	4	2	1	3
> movement, during (p) [102]	1	1	4	4*	4	1	1	1
muscles, flabbiness (p) [53]	1	4	3	2	2	3	1	
< sleep, before; while falling asleep (p) [99]	5*	5*	5*	2	4	3	2	1
sadness (dejection, inclined to weep) (p) [61]	2	2	3	1	3	2		1
irritability (anger, aggression) (p) [64]	3	2	3	1	3	3	2	3*
> reading (p) [2]				3/CI				
> writing (p) [2]				1				
> warmth, of room, heat of stove (p) [35]						2		
< movement, during (p) [126]	4/CI	2	1	1	1	2	3/CI	3/CI
muscles, tense (p) [34]				1	2	2	2	
> sleep, before; while falling asleep (p) [1]								
cheerfulness, happiness (p) [42]			2	4/CI	3			
midness (p) [37]			3	1	4(CI)	3		1

Fig. 2 Repertorisation Case 2 (PB 2000).

	Anac.	Arn.	Bell.	Carb.-v.	Ign.	Lach.	Laur.	Lyc.	M-arc.	Nat.-c.
Number of hits	8	8	8	8	8	8	8	8	8	8
Sum of grades	20	14	16	10	18	19	11	21	12	12
<b>Polarity difference</b>	<b>11</b>	<b>2</b>	<b>-1</b>	<b>-3</b>	<b>1</b>	<b>6</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>-4</b>
irritability (anger, aggression) (p) [64]	2	2	3	2	4	2	1	3	3*	1
hunger (p) [99]	1	1	3	2	2	1	1	3	1	2
> eating, during (p) [54]	4	1	1	1	4	4	1	1	1	1
> open air (p) [93]	5*	2	1	1	1	3*	4*	2	2	1
> lying position (p) [106]	2	3	3	1	1	1	1	1	1	1
> movement, during (p) [102]	1	1	1	1	1	2	1	4	1	4*
< warmth, in general (p) [73]	2	1	1	1	1	1	1	2	2	1
< mental effort (p) [65]	3	3*	3*	1	4	5*	1	5*	1	1
midness (p) [37]	1				3			3	2	1
appetite, absent (p) [115]	1	3/CI	3	1	3/CI	2	2	3	1	1
< eating, during (p) [91]		2	2	4/CI	2	2	1	3/CI	2	3/CI
< open air (p) [110]	3	1	4/CI	3/CI	3/CI	4(CI)	1	1	1	2
< lying position (p) [125]	1	1	1	2	2	2	1	4/CI	2	3/CI
< movement, during (p) [126]	2	3/CI	4/CI	1	1	1	1	1	1	1
> warmth, in general (p) [90]	1	2	3/CI	2	3/CI	2	1	1		2
> mental effort (p) [3]										3/CI

Fig. 3 Repertorisation Case 3 (PB 2000).

after all, and that he has decided to stop the training. He feels relieved. With further doses of *Lycopodium* (XM, LM, CM) he completely recovers, begins a "motivation semester" in a special school for dropout apprentices, and finally decides on a training as a facility service specialist. A few months ago he started the new apprenticeship without problems, and he likes his new job.

### Case 3: Cathleen, 18 years old: a dream job but no training place

Cathleen is a robust young woman who dreams of becoming a nursery school teacher. This is a very popular profession among girls – so popular that there are often up to a hundred applications for a single job offer. Although she receives several opportunities to start on probation in nurs-

eries, she never gets the required training place. After a year of writing applications and working for free, Cathleen develops severe psychological problems: she becomes, nervous, irritable, mistrustful and at times even very aggressive with her mother. In her frustration she eats all the time and gains weight, more than she would like. In addition she suffers gastritis with heartburn.

On the Questionnaires for Mind Symptoms and Additional Complaints she underlines the following:

- Illusions
- Melancholy
- Mood swings
- Mistrustful
- Heartburn
- Irritability – p
- Hunger – p
- Eating, while: better – p
- Lying position: better – p
- Open air: better – p
- Movement: better – p
- Warmth, in general: worse – p
- Mental effort: worse – p
- Anger, sorrow, humiliation: worse
- Thinking of complaints: worse – p

For repertorisation we use again only the most reliable *polar* symptoms, except for *thinking of complaint: worse*, which is normal (Fig. 3).

### Repertorisation

Twelve remedies cover all symptoms, but only three have no contraindications: *Anacardium*, *Laurocerasus* and *Magnetis polus arcticus*. *Anacardium* is the favourite due to its outstanding polarity difference.

### Materia Medica comparison for Anacardium (GS)

**Mind:** Melancholia. Irresistible desire to curse and swear. Aversion to work. Extreme irritability. He takes everything in a bad way and becomes violent. A slight offence makes him excessively angry... Bad effect of mental exertion.

### Materia Medica comparisons for Laurocerasus (GS) and Magnetis Polus Arcticus (Materia medica pura) [15]

Both remedies only have few mind symptoms, which do not fit this patient's complaints.

### Prescription and Progress

Cathleen is given *Anacardium orientale* 200C.



After four weeks she reports a considerable improvement. She is more confident, cheerful, and her mood has stabilized. She no longer verbally attacks her mother, and the heartburn has completely disappeared. With further doses of *Anacardium* (M, XM, LM) she reconsiders her plans, applies for a training job as a nurse, and gets it! Meanwhile she has started her training in an old people's home, and she very much likes working with them.

### Discussion

Normally homeopathy is used to cure illness. In our patients this was not exactly the problem they faced: their symptoms all originated from a frustrating environment, due to the fact that they had manoeuvred themselves into an unfavourable position. In these cases homeopathy has the function of not just treating the symptoms but also of helping patients regain their equilibrium, restoring their self-confidence, and catalysing a process of reflection that enables them to reconsider their plans and, if necessary, make new and more reasonable decisions.

It may seem unusual to anyone working with Kent's method and its modern successors that with polarity analysis we avoid, whenever possible, the repertorisation of mind symptoms. In our work with ADHD/ADD patients we have often found these symptoms to be ambiguous, leading to incorrect remedy selection. Including them only in the materia medica comparison, however, leads to better results.

With Boenninghausen's *Therapeutic Pocket Book* we limit the choice of remedies to 133 – those that were known in 1846. This may seem to be a disadvantage, but it isn't really: in our busy paediatric practice we can solve about 85% of the cases with these remedies. And if we suspect a non-Boenninghausen remedy will help, we can rely on another repertory for confirmation. But PA does not relieve us of the responsibility to know the materia medica as well as possible. The advantage of a small repertory is that the mathematical probability of choosing the right remedy is higher than with a large repertory.

The *Therapeutic Pocket Book* together with PA provides us with a very precise, efficient and reproducible method to heal our patients, which is also well-suited to solve acute problems. It does not require hours of searching for each patient's remedy and can easily be applied in general practice.

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### Information on polarity analysis

You can find further information on our website [www.heinerfrei.ch](http://www.heinerfrei.ch), where experienced homeopaths can also take a short course in PA.

### Textbook

Heiner Frei: Polarity Analysis in Homeopathy, A Precise Path to the Simillimum. Narayana Publishers, Kander, 2013

### Software

Boenninghausen's *Therapeutic Pocketbook* – English Software for Windows and Mac: [www.boenninghausen.de](http://www.boenninghausen.de)

### Seminars on polarity analysis in North America

If you are interested in a thorough education in polarity analysis, please contact Mrs. Lauren Hubele, Austin/Texas, e-mail: [l.hubele@googlemail.com](mailto:l.hubele@googlemail.com)

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