Heiner Frei

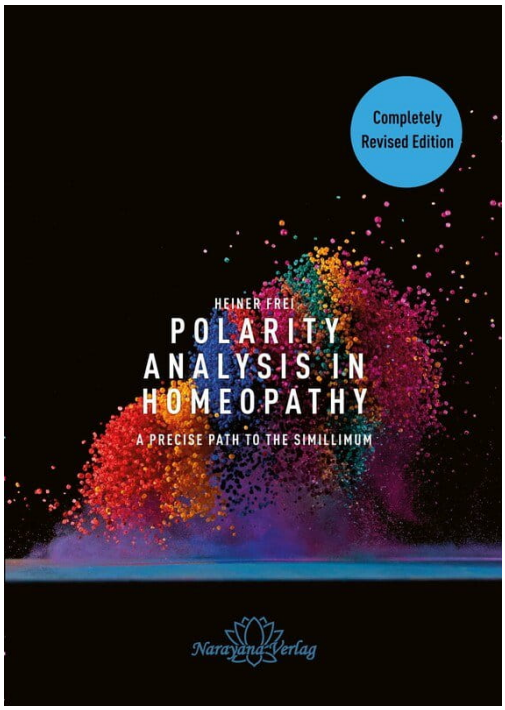
Polarity Analysis in Homeopathy

Przyk?adowy tekst

Polarity Analysis in Homeopathy

z Heiner Frei

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W sklepie internetowym Narayana znajdziesz wszystkie niemieckie i angielskie ksi??ki na temat homeopatii, medycyny alternatywnej i zdrowego stylu ?ycia.

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Narayana Verlag to wydawnictwo publikuj?ce ksi??ki o homeopatii, medycynie alternatywnej i zdrowym stylu ?ycia. Publikujemy dzie?a cenionych, nowatorskich autorów, takich jak Rosina Sonnenschmidt, Rajan Sankaran, George Vithoulkas, Douglas M. Borland, Jan Scholten, Frans Kusse, Massimo Mangialavori, Kate Birch, Vaikunthanath Das Kaviraj, Sandra Perko, Ulrich Welte, Patricia Le Roux, Samuel Hahnemann, Mohinder Singh Jus i Dinesh Chauhan.

Wydawnictwo Narayana Verlag organizuje seminaria z homeopatii. ?wiatowej s?awy prelegenci, tacy jak Rosina Sonnenschmidt, Massimo Mangialavori, Jan Scholten, Rajan Sankaran i Louis Klein, inspiruj? do 300 uczestników.

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IN OUR QUEST FOR THE ADVANCEMENT OF HOMEOPATHY, KNOWLEDGE, RATIONAL METHODOLOGIES AND IMPROVED OUTCOMES HAVE TO EVOLVE TOGETHER. — RUSSELL MALCOLM

IMPROVING HOMEOPATHIC PRESCRIBING — A PREFACE

"Repeat the experiments . . . repeat them carefully and accurately, and you will find the doctrine confirmed at every step."

With these words Hahnemann urged his reviewers to practice homeopathy in an accurate manner (*Materia Medica Pura* [MMP], Vol. II, p. 2)[1]. Homeopathy has nevertheless developed in breathtakingly diverse directions since its discovery 200 years ago. When asked to find the best remedy for a particular case, the participants in a modern seminar will put forward a multitude of suggestions. For those less familiar with homeopathy, this generates the impression of considerable disorientation. In contrast, Hering reported in the middle of the nineteenth century that he had sent a patient's medical history to 33 colleagues, requesting them to suggest the most suitable remedy. He received 22 replies, all indicating the same remedy.[2] There was evidently at that time a widespread consensus about the procedure to identify the required remedy. In view of the recent aggressive and frequent attacks on homeopathy, the fact that the required remedy cannot be reliably and reproducibly determined has seriously damaged homeopathy. Most new methods that have been introduced to homeopathy since the beginning of the twentieth century have not been statistically evaluated: we therefore do not know how they affect treatment outcomes, a situation that should urgently be corrected with outcome studies. These would also be an important step for homeopathy to acquire the status it deserves in medicine.

Polarity analysis (PA) was developed for the scientifically rigorous Swiss double-blind study with homeopathic treatment of hyperactive children, a study which demonstrated a significant difference between high-potency homeopathic remedies and placebo.[3] A fundamental challenge in reaching this result was to improve the reliability of all elements used to determine a remedy.[4,5,6] The method of PA is based on **Boenninghausen's Therapeutic Pocketbook (PB)** and its still unmatched grading of symptoms. Transferring the new insights to the

treatment of acute and chronic illness as well as multimorbidity has led to a noticeable improvement in prescribing accuracy.

This book aims to convey the essentials of polarity analysis by providing the reader with a comprehensive practical introduction to this working method. We have included a wealth of case studies, chosen to illustrate the many different aspects encountered in clinical practice. We recommend that you try to reproduce the remedy selection process in these cases with one of the available software programs based on the revised edition of Boenninghausen's Therapeutic Pocketbook (PB).[7] The author uses therefore the modern polarity-analysis software, the most reliable repertory available today. It is available in many languages (see: https://polarity-analysis.com). After you have acquired some experience in this field, you can start tackling **chronic illness (module 2)**, and finally you can begin to treat patients in the most demanding field, **hyperactive children and multimorbid patients (module 3)**. Two important conditions for achieving good results are the consistent application of the method, and the training of the patients to accurately observe and describe their symptoms – especially their polar symptoms (with the help of checklists and questionnaires). Polar symptoms have proved to be excellent signposts pointing the way beyond superficial physical symptomatology to deeper healing.

It may appear at first sight to be a disadvantage that Boenninghausen's *Therapeutic Pocketbook (PB)* restricts the selection to 133 remedies. Yet this restriction in the number of variables is in fact an advantage rather than a disadvantage since it increases the reliability of the selection process. We actually have to choose between using reliable working tools with a limited number of remedies and demanding a high number of remedies, mindful of the consequences. In our extensive clinical practice over many years, it is our impression that the early homeopaths had in fact already found the most important remedies: it is rarely necessary to use additional homeopathic medicines.

ACKNOWLEDGEMENTS

I would like to offer my heartfelt thanks to all those people who contributed to the creation of this book. These include especially Dr. Klaus-Henning Gypser (Glees), Dr. Dominik Müller (Eichstätt), and Dr. Horst Kreikenbaum (Schaffhausen), who read the manuscript critically and made valuable suggestions for improvement. Many thanks also to Aidan Constable (Heidelberg) for the careful translation of the

manuscript, to Begabati Lennihan, RN, CCH (Cambridge, Mass.) for her many thoughtful and constructive comments and to Wolfgang Hennig (Boppard am Rhein) for adapting the checklists and questionnaires to the exact wordings used in the repertorisation program. A big thanks as well to the team at Narayana Publishers for the consistently harmonious collaboration. Last but not least, I would like to thank my dear wife, who has again put up with the birth of a book, supporting and influencing the discussions and deliberations arising in the process.

May this book become a valuable aid to colleagues seeking to alleviate the suffering of their fellow human beings.

Laupen, Switzerland, December 2022
Dr. Heiner Frei

EASIER – BUT NOT EASY
PREFACE 3RD EDITION

With many different approaches available for remedy selection, homeopathy is a very elaborate art and science. But most of the methods are difficult because they rely on the interpretation of symptoms either by the patient or by the homeopathic practitioner. This element of subjectivity leads to constant uncertainty about whether remedy selection is correct or not.

Polarity analysis (PA) marks a big step towards making remedy selection more reliable, effective and reproducible. Unfortunately many beginners, happy to finally have a simple method at hand, assume that they just can enter the reported symptoms into the software and then use the resulting homeopathic differential diagnosis without further reflection. But by doing so they will not fully benefit from the advantages of PA.

The crucial point is that we have to be very precise about the meaning of every symptom. *The real art is to make sure that the patient describes their symptoms correctly.* Let's give an example to clarify this point:

On the checklist a patient underlines the symptom *aggravation after rising from bed.* The true meaning of this symptom is that the ailment gets worse for a short time immediately after getting up from bed, in the new position of standing on his feet. It does *not* mean that the

symptom gets worse *while* getting up from bed, which is a modality of movement, not of position. And nor does it mean that the ailment is aggravated by prolonged standing. Normally patients are not aware of such subtle differences. It is the homeopathic practitioner who has to clarify the real meaning of the patient's experience. This is why PA, although easier than other methods, is still demanding.

In this *third and completely revised edition of the Polarity Analysis Textbook*, you learn about the latest developments of the method, all aimed at further increasing the reliability of remedy selection.

1. As a first step, we have assigned one of *three reliability levels* to each symptom of Boenninghausen's Therapeutic Pocketbook (BTB). In our Polarity Analysis Software, (https://polarity-analysis.com) these levels are marked with colours: high reliability - green, intermediate reliability - yellow, low reliability - red. If at all possible you should repertorise only with symptoms of high reliability.

2. The previous multiple checklists for different pathologies have been replaced by just three: the comprehensive *Checklist of Reliable Symptoms,* the *Checklist for Perception Disorders* and the *Questionnaire for Diagnoses and Main Symptoms*. The two checklists contain the most important symptoms for remedy selection and allow you to make a correct choice in almost every case. The *Questionnaire for Diagnoses and Main Symptoms* serves to generate a complete impression of the patient's condition in cases of chronic disease.

3. Working through a checklist with 160 symptoms in acute disease often overtaxes the patients. Therefore we defined *30 key symptoms* in the Checklist of Reliable Symptoms. You can go through them with every acutely ill patient. In our Polarity Analysis Software (→ function *checklist*), a yellow background marks every key symptom. The system was developed during the Covid-19 pandemic and has yielded very good results.

We sincerely hope that you can further improve your treatments after carefully getting acquainted with these innovations. We believe you will be rewarded by even better results than before.

Laupen, January 2023
Heiner Frei, MD

1.3 QUIZ 1: FUNDAMENTALS OF HOMEOPATHY

1 What does Hahnemann mean by *that which is to be healed* (§ 7)?

2 Define the symptom complex (§ 6).

3 Which of the patient's symptoms must particularly match the symptoms of the remedy (§ 133)?

4 Define mind symptoms.

5 What is the role played by mind symptoms in the choice of remedy (§ 211)?

6 What role is played by the character traits and characteristics of the patient when choosing the remedy?

> YOU CAN FIND THE ANSWERS ON P. 257.

1.4 DEVELOPMENT OF POLARITY ANALYSIS

1.4.1 BOENNINGHAUSEN'S CONTRAINDICATIONS

The polarities are first mentioned in the preface to the revised edition of Boenninghausen's Pocket Book by Klaus-Henning Gypser.[7] When choosing a remedy, Boenninghausen strived to match the patient's set of symptoms and especially the modalities (that is, the circumstances that aggravate or ameliorate the symptoms) as closely as possible to the *genius* of the remedy.

NOTE

THE GENIUS OF A REMEDY INCLUDES THE MODALITIES, SENSATIONS, AND CLINICAL FINDINGS THAT HAVE REPEATEDLY APPEARED IN THE PROVINGS AT VARIOUS DIFFERENT LOCATIONS, AND WHICH CAN GENERALLY BE HEALED. THESE ARE IN FACT THE ACTUAL CHARACTERISTICS OF A REMEDY.

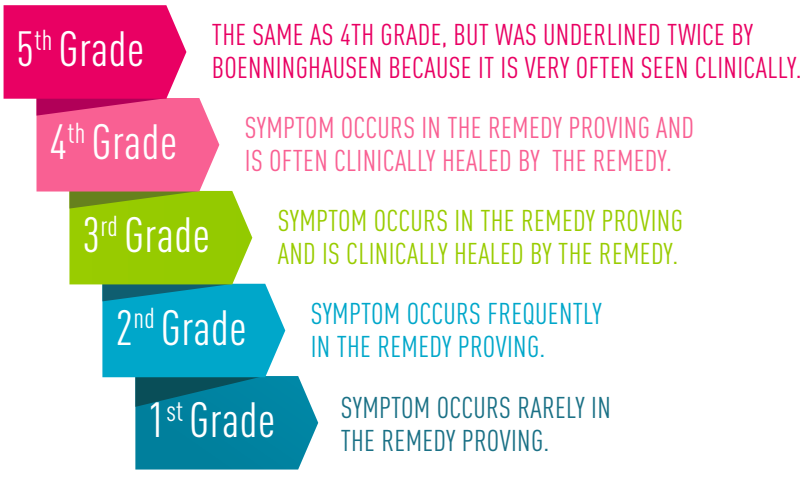


Table 3: Boenninghausen's Grading of Symptoms

Symptoms of the 3rd to 5th grades are genius symptoms since they are observed in different localizations in proving and clinical practice.

NOTE

POLAR SYMPTOMS ARE THOSE SYMPTOMS THAT CAN HAVE AN OPPOSITE ASPECT, AN "OPPOSITE POLE" SUCH AS THIRST /THIRSTLESSNESS, COLD AGGRAVATES / COLD AMELIORATES OR DESIRE FOR FRESH AIR / DISLIKE OF FRESH AIR.

NOTE

POLAR SYMPTOMS OF THE REMEDY IN QUESTION SHOULD BE MATCHED AT AS HIGH A GRADE AS POSSIBLE (3-5). IF THE OPPOSITE POLE IS LISTED FOR THE REMEDY AT A HIGH GRADE (3-5) BUT THE PATIENT SYMPTOM AT A LOW GRADE (1-2), THE GENIUS OF THE REMEDY DOES NOT MATCH THE PATIENT'S SYMPTOM SET. THE REMEDY IS THEREFORE CONTRAINDICATED.

In order to confirm the remedy choice, he advised checking whether one or more aspects of the patient's symptom set contradict the genius symptoms of the remedy. This contradiction can concern polar symptoms (see note on the left).

With many remedies, both poles of a polar symptom are covered, but in different grades. Boenninghausen said that a contradiction occurs when the patient symptom is observed in the 1st or 2nd grade with the opposite pole listed for the remedy in the 3rd, 4th, or 5th grade. In this case, the opposite pole (not the patient symptom) corresponds to the genius of the remedy. Boenninghausen found that such constellations hardly ever lead to healing, and indeed they are a contraindication for the remedy concerned. When checking unsuccessful prescriptions, made without regard to Boenninghausen's rule, we frequently find contraindications that have been missed.

1.4.2 POLARITY DIFFERENCE

In 2001, during the initial phase of the ADHD double-blind study, Boenninghausen's notion of contraindications was used as the foundation of polarity analysis, a mathematical procedure that leads to higher hit rates*, resulting in more solid clinical improvements than was so far seen with conventional homeopathic methods. By grading the polar symptoms of the shortlisted remedies, polarity analysis calculates the likelihood of healing, the polarity difference.

This is calculated for each remedy by *adding the grades of the patient's* ***polar*** *symptoms.* From the resulting value, the *grades of the corresponding* ***opposite*** *polar symptoms* are subtracted. The higher the polarity difference calculated in this way, the more the remedy corresponds to the patient's characteristic symptoms, assuming there are no contraindications. The rigorous application of these insights about the polarity of symptoms leads to a quantum leap in the precision with which we can determine the correct remedy.[4,5] The effects on the accuracy of the prescriptions and the quality of improvement has been evaluated in several prospective outcome studies (chapter 6). The following example demonstrates the procedure.

* Hit rates: prescriptions are defined as hits (i.e. successful) if they lead to a symptom improvement of at least 50% within two days in acute disease (see 6.2.2), and at least 50% within 2 months in chronic disease (see 6.3.2).

1.4.2.1 CASE 1 MR B.Z. 50 YEARS OLD

SUBACUTE GRANULOMATOUS THYROIDITIS DE QUERVAIN

CASETAKING: Mr Z*. has always been healthy. He comes to see us due to a decline in his sporting performance. His current illness began six weeks ago with transitory pain in the right side of the neck, lasting a few days. Since then he has suffered from palpitations and outbreaks of sweating as well as an intractable, dry cough. He was forced to drop out of the Bern Grand Prix, a city run, which greatly upset him.

CLINICAL FINDINGS: General condition reduced, BMI 22.3 kg/m² (rather thin), dark rings round the eyes. Blood pressure 130/80, pulse 72/min. Neck and throat normal, early mesosytolic click on cardiac auscultation, lung examination negative, abdominal wall soft, no hepatosplenomegaly, flow murmur in right lower abdomen. Peripheral pulse normal, cursory neurological status normal.

With the help of the *Checklist for Reliable Symptoms* (*see* chapter 7.3) we identified the following symptoms:

- *Warmth: worse* **P****
- *Desire for open air* **P**
- *Heat with inclination to uncover* **P**
- *Quick pulse* **P**
- *Pressure external: worse* **P**
- *Tenderness to pressure of neck, right* **P**

The repertorisation can proceed if the case has a minimum of five polar symptoms, since these together with the modalities constitute the distinctive and characteristic quality of the complaints, and are at the same time the most reliable symptoms for determining the remedy (see table 2). For the repertorisation we used the Polarity Analysis Software.[8]

---

* All names have been changed to protect the privacy of our patients.

** **P** = Polar symptoms

			Iod.	Lyc.	Puls.	Acon.	Carb-v.	Phos.	Calc.	Staph.	Lach.
Hits			6	6	6	6	6	6	6	6	6
Sums			19	16	16	14	11	12	13	12	10
Polarity Difference			**18**	**9**	**6**	**6**	**5**	**4**	**3**	**3**	**2**
73	< warmth, in general [worse]	P	4	2	4	1	1	1	1	1	1
76	air, desire for open air	P	3	3	4	1	1	1	1	1	1
37	heat, with inclination to uncover	P	3	3	2	4	1	2	3	2	1
80	pulse, quick	P	4	1	1	4	2	4	1	1	2
93	< pressure, external [worse]	P	4	4	1	1	3	2	3	3	3
109	external throat, neck		1	3	4	3	3	2	4	4	2
90	> warmth, in general [better]			1	1	3/CI	2	2	1	2	2
86	air, aversion to open air			3	1		1	1	4/CI	2	2
55	heat, with aversion to uncover				2	1		1		1	2
43	pulse, slow				1			1			
74	> pressure, external [better]				1	1		1	1		

Table 4: Repertorisation Demonstration Case 1, Patient B. Z.

EXPLANATION OF TABLE 4

1. The remedies are ordered according to the number of hits.
Further remedies are not shown for reasons of space, and because they have a smaller number of hits and a lower polarity difference.

2. Symptom descriptions:
< = worse ; > = better
Polar symptoms are marked with (p).
The coloured field preceding each symptom declares its reliability: high, intermediate or low.
The number in the colored field, 73 for example in < *warmth in general*, refers to the number of remedies matching the symptom. This information is important because it shows how strongly the choice of remedy is restricted by the use of the symptom 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 (example: *Iodium* 18-0=18 or *Lycopodium* 13-4=9).

6. Contraindications, CI: The *opposite poles* at the genius level (grades 3-5) are compared with the grades of the patient's symptoms.

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: When checking *Aconitum*, we find that the patient's symptom < *warmth in general* is listed at the 1st grade whereas the opposite pole > *warmth in general* is listed for the remedy at the 3rd grade. In other words, > *warmth in general* air is a genius symptom of *Aconitum*. Therefore *Aconitum* does not fit the patient's symptoms and is contraindicated.

7. Columns with contraindications (CI) and relative contraindications (CI) are shaded grey so that we can instantly see which remedies are contraindicated. (The relative contraindications are explained in the key to table 13, see p. 50).

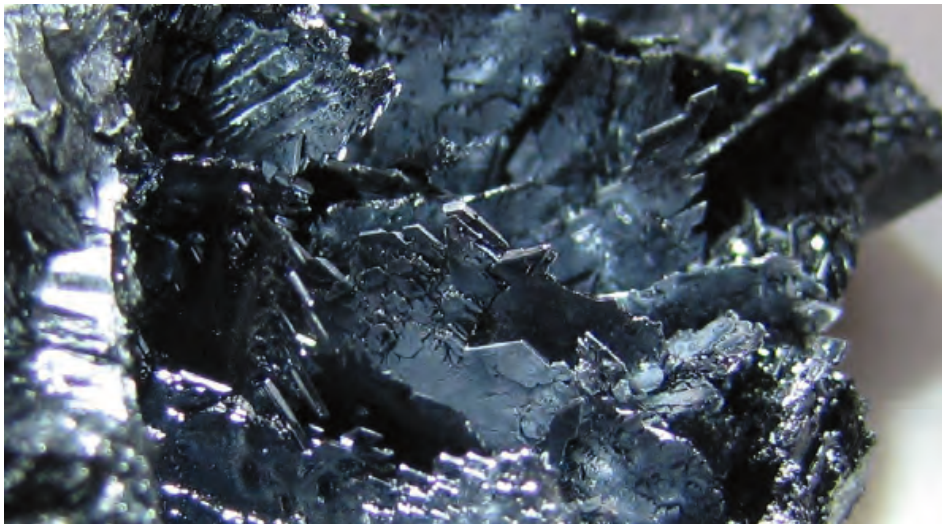
INTERPRETATION OF THE REPERTORISATION

All symptoms are covered by fifteen remedies, eight of which have contraindications, and are therefore discarded. *Iodum* has an outstanding polarity difference (PD) of 18, followed by *Lycopodium* as the second possible remedy (PD 9). The other remedies have, due to the much lower polarity difference, a significantly lower chance of healing the patient. The fact that *Iodum* stood out so strongly raised the suspicion that there was pathology of the thyroid gland. So the TSH (Thyroid Stimulating Hormone) level was determined, and was found to be massively lower than normal at 0.01 mU/l (normal: between 0.27 – 4.50), indicating a case of hyperthyroidism.

NOTE

THE HIGHER THE POLARITY DIFFERENCE, THE MORE LIKELY IT IS THAT THE REMEDY CORRESPONDS TO THE PATIENT'S CHARACTERISTIC SYMPTOMS, ASSUMING THERE ARE NO CONTRAINDICATIONS.

Iodine crystals



PRESCRIPTION AND PROGRESS

The patient was given a dose of *Iodum* 200c and referred to the endocrinologist. There was an instant improvement in the patient's condition following the *Iodum*, and the cough disappeared. The general state and the ability to exercise returned to normal. Ten days later, the endocrinologist performed a sonographic examination and found a small adenoma of 7mm diameter in the lower right lobe of the thyroid. The metabolism typical of hyperthroidism had already returned to normal (TSH now 0.29 mU/l), and the free thyroxine (fT4) was slightly diminished at 8.1 pmol/l (normal: 9.1 - 23.8). He diagnosed *subacute granulomatous thyroiditis de Quervain*. The slightly depressed thyroid function persisted, so the patient has since been taking a low dose of thyroxine as a substitution therapy.

REMARKS

This case is interesting from the homeopathic point of view because it demonstrates how polarity analysis can make good use of simple polar symptoms to precisely capture the illness and even help us to identify the malfunctioning organ. If the patient had come for homeopathic treatment sooner, the substitution therapy would probably not have become necessary. In contrast to the contraindications, in which only symptoms with high-grade opposite poles are used, the polarity difference makes use of *all* the polar symptoms. It thereby establishes as accurately as possible which remedy is the most similar to the patient's symptom set. This eliminates differences in the grading of the *major* and *minor* remedies. The major remedies, the polychrests, are well-known and have very many symptoms, which is why the grading of these remedies' symptoms is generally higher than those of the symptoms of the less-well-known minor remedies. The calculation of the polarity difference based on the *difference* in grading between the patient symptom and the opposite pole, largely compensates this disadvantage of the minor remedies. The result is that polarity analysis often indicates surprisingly minor remedies as the best choice, leading to good healing results.

1.5 CASETAKING AND CHOICE OF REMEDY

The usual *casetaking* is shorter for acute illness, comprehensive for chronic illness, and even more comprehensive for multimorbid patients (those with three or more illnesses). This is followed by an examination of the patient. If necessary, additional *diagnostic procedures* are initiated, such as the TSH assay for the patient discussed above in 1.4.2.1. It is fundamentally a good idea, before every homeopathic treatment, to make a *precise conventional medical diagnosis*, to avoid being surprised halfway through treatment by a complaint that was not included in the initial assessment of the case. (If the homeopath is not a physician, the patient's physician should order all the appropriate tests and make the diagnosis before homeopathic treatment starts.) Only when the diagnosis has been clarified and it is clear that homeopathy is a suitable treatment for the patient can the actual treatment begin. In the next step the casetaking is *supplemented with modalities and polar symptoms*, elicited as comprehensively as possible. For this purpose we use the checklists and a special questionnaire for diagnosis and main symptoms.

1.5.1 CHECKLISTS AND QUESTIONNAIRES

As already mentioned under 1.4.2.1 the polarity-analysis software divides the symptoms into three reliability levels, high, intermediate and low. Their definition was the result of several outcome studies, first with ADD/ADHD patients, later with acute and with chronic disease (see *www.heinerfrei.ch*, publications). We made the finding, that the precision of the prescriptions increases if we use only highly reliable symptoms for repertorisation. Therefore, a *Checklist for reliable symptoms* was created, that has space for a description of the main symptom and contains 160 symptoms and modalities, which have proved to be the most reliable and useful for remedy determination. The patients are asked to identify at least eight and not more than sixteen symptoms which are important changes during their actual illness.

In *acute disease* we only use this checklist, while in *chronic disease* the patient also has to complete a questionnaire for *Diagnoses and mainsymptoms* to provide a comprehensive picture of his state

of health. This is a head-to-toe list containing the most important complaints and leaving space for additional descriptions. *Multimorbid patients* do the same but receive a checklist for every one of their diagnoses.

Since ADD/ADHD and autism spectrum disorders (ASD) are a difficult field in homeopathy we developed an additional *Checklist for perception disorders*, which is used along with to the questionnaire for diagnoses and main symptoms and the checklist for reliable symptoms.

The checklists and the questionnaire can be found in chapter 7, *Tools*. You can also download them from the author's website (*www.heinerfrei.ch*). Chapters 2 to 5 describe in detail how to use them, and include many cases to clarify the method and to offer a sound practical grounding.

Patients – or the patient's parents for children – download the Checklist reliable symptoms directly from our website, fill it out while observing the symptoms and then bring it to the consultation – or if it has not already been completed when the patient arrives, it is filled out in the practice during the consultation.

For chronic and multimorbid patients, the entire process of casetaking takes place on two separate dates. The first consultation includes the initial casetaking plus physical examination, with further tests scheduled as necessary, and finally a conventional medical diagnosis is made. Then the patients or parents receive the Questionnaire and the Checklists for reliable symptoms, which they prepare at home and bring back following an observation period lasting one to two weeks, so that the remedy can finally be chosen using all the information available.

When choosing the remedy, we evaluate questionnaire and checklist, then discuss the symptoms given by the patients so that we can be sure that we have correctly understood the patient's complaints, and what has been written down or underlined. We finish the casetaking by asking some supplementary questions.

1.5.2 REPERTORISATION

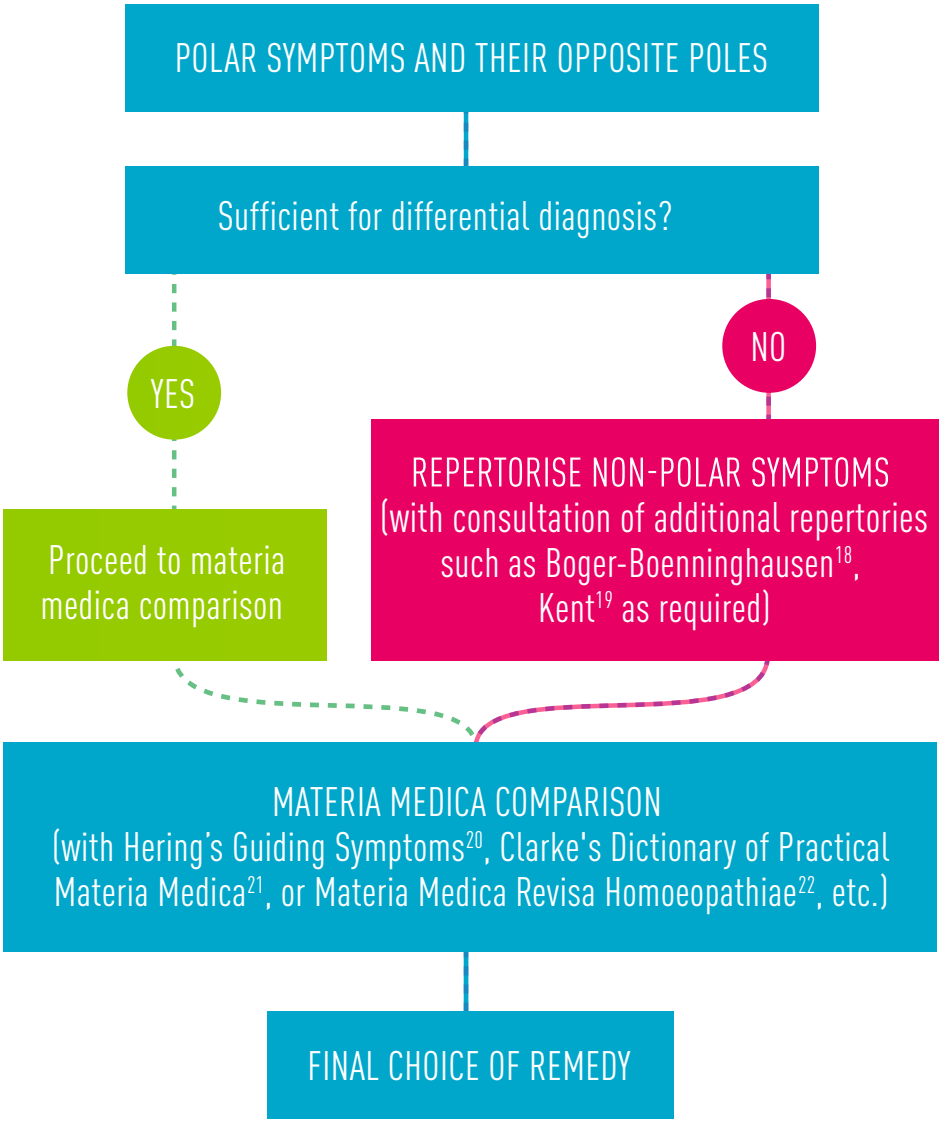
Boenninghausen's PB is based on the idea that the valuable modalities, sensations, and findings of a remedy are capable of generalisation. In other words, the modalities, sensations or findings observed in the proving process in various locations can be successfully transferred to other locations – that is, they can be generalised. This is the principle underlying the *dissociated repertorisation*, in which a complete symptom can be broken down into its elements and these can be repertorised individually. This means that a particular symptom restricts the choice of remedy less than with a *synthetic repertorisation*, in which the symptom is repertorised as a whole with all its elements. Synthetic repertorisation carries the risk that a case is restricted to one or a small number of remedies due to particular symptoms. When using this style of repertorisation, we often face the problem that not all symptoms can be assigned to a single remedy. The requirement that the remedy reflects the totality of symptoms is then no longer possible.

For our repertorisation, as already mentioned, at *least five polar symptoms* should be used if possible. If this number cannot be reached or if the polarity analysis is not sufficiently clear, further *non-polar* symptoms are used to differentiate the remedy. Table 5 shows the repertorisation scheme for polarity analysis. We use in our clinic exclusively the Polarity Analsis Software, edited by Frei and Hubele, a new computer program that is especially tailored to all the needs of polarity analysis.[8] It has proved to be a simple, straightforward, and very reliable tool (https://polarity-analysis.com).

The most important criteria for the *weighting of the repertorisation results* is the size of the polarity difference, second the absence of contraindications, followed by the completeness with which symptoms are covered, and finally the match established during the materia medica comparison (table 6). If we receive very many polar symptoms, as usually occurs for multimorbid cases, the completeness of the symptom

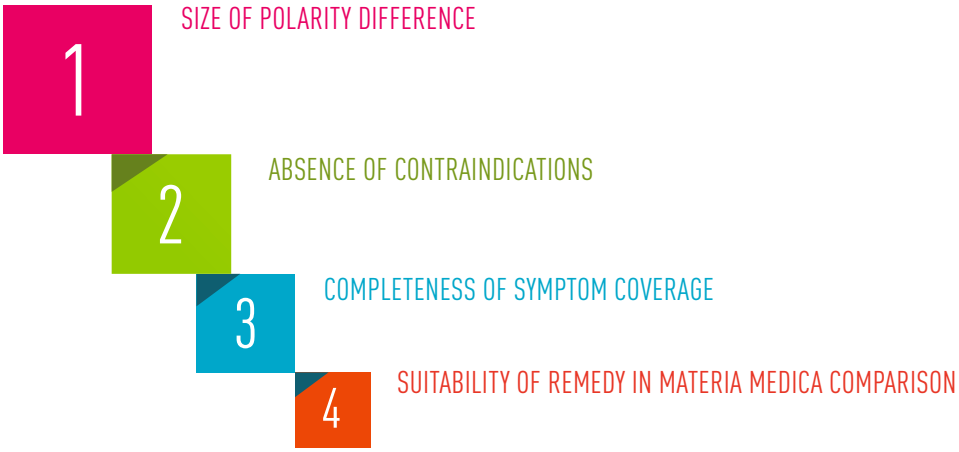
coverage has a significantly lower weight than the polarity difference. If we receive very many polar symptoms, as usually occurs for multimorbid cases, the completeness of the symptom coverage has a significantly lower weight than polarity difference and contraindications. With rather symptom-poor acute illnesses, however, this criterion of symptom coverage becomes more important. In the recommended software, the result of the repertorisation can be sorted

Table 5: Repertorisation Procedure for Polarity Analysis



by *number of hits* (click top left on screen, second row) – which corresponds to the *completeness of the symptom coverage* – or by *polarity difference* (click top left on screen, fourth row). We recommend using both sort criteria to achieve a good overview of the likely remedies.

Table 6: Weighting of the Repertorisation Results



1.6 QUIZ 2: THE BOENNINGHAUSEN METHOD

7 List Boenninghausen's hierarchy of symptoms (1st, 2nd, 3rd, 4th)!

8 What are the characteristics of a symptom?

9 Make a hierarchy of the reliability of the symptoms!

10 What do we today understand by pathognomonic symptoms? How was this term understood in the nineteenth century?

11 Define the *genius* of a remedy!

12 Define Boenninghausen's grading of symptoms (1st, 2nd, 3rd, 4th, 5th grade)!

13 What did Boenninghausen mean by the term "contraindication"?

14 What is the essence of Hering's Law and what role does this play when the patient has conflicting symptoms?

15 At what stage are the mind symptoms taken into account in the process of choosing a remedy?

> YOU CAN FIND THE ANSWERS ON P. 257

7.4 CHECKLIST FOR PERCEPTION DISORDERS

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Last name, First Name: _____ Date: _____

For a homeopathic remedy determination we need to know exact symptoms. Please note in the field below what you find most striking

MAIN SYMPTOMS (e.g. restlessness, impulsiveness, poor concentration, speech difficulties)

Now mark on this side **BETWEEN 8 AND 16 IMPORTANT SYMPTOMS** that pertain to the perception disorder. Symptoms are changes when the patient is not well. They differ from the healthy state.

HIGH RELIABLILITY

	INTERPRETATION
Light (bright) aggravates	Over-sensitivity to bright light
Looking, eyes strained, aggravates	Irritability after media consumption (TV/PC)
Reading aggravates	Dislikes reading, tires quickly
Talking aggravates	Slow speech development, speech disturbances
Touch aggravates	Dislikes touch
Warmth in general aggravates	Irritability in warm environment
Warmth of Room/Stove aggravates	Irritability in overheated room
Uncovering ameliorates	Uncovers or takes off clothes often
Cold in general aggravates	Feels cold easily
Uncovering aggravates	Covers himself or wraps up warmly
Aversion against movement	Laziness
Writing aggravates	Writes/draws in cramped way, tires easily
After waking up, aggravates	Irritability after waking up
Before falling asleep, aggravates	Irritability in the evening, before sleep
Understanding difficult	Grasps complex issues only slowly
Sadness	Downcast, weepy
Irritability	Aggressive, fits of rage

INTERMEDIATE RELIABILITY

Noise aggravates	Irritated by noise of others
Smell sensitive	Intolerant of smells
Taste diminished	Adds spice to everything
Travelling in car aggravates	Nausea/headaches while being driven in a car
Movement ameliorates	Restlessness/irritability improved by sports
Memory weak	Easily forgets things just learned
Muscles tense (must be confirmed by physician)	Basic muscle tone high
Muscles flabby (must be confirmed by physician)	Basic muscle tone low

3) The following symptoms are common in disturbances of perception and ADD/ADHD but *have proved to be unreliable when choosing a homeopathic remedy.* They still may play a certain role in the fine tuning of the remedy determination. Therefore underline only symptoms here which are very pronounced..

MIND

- Mood swings
- Sulky
- Serious
- Fearful
- Compulsive ideas
- Proud, arrogant
- Nasty
- Jealous
- Greedy, stingy
- Brash, cheeky, rude
- Dictatorial
- Dislikes washing himself

Modalities of mind

- Mental effort aggravates
- Being alone aggravates
- Being with people aggravates
- Darkness aggravates
- Room full of people aggravates
- Strangers aggravate
- Being consoled aggravates
- Fear aggravates
- Upset aggravates
- Annoyed aggravates
- Anger aggravates
- Lack of sleep aggravates

Motor phenomena

- Stammering
- Grinding teeth

PERFORMANCE

- Mistakes in arithmetic
- Slowness

FRESH AIR / MOVEMENT

- Desire for fresh air
- Aversion to fresh air
- Fresh air ameliorates
- Walking in fresh air ameliorates
- Physical effort ameliorates
- Involuntary movements (tics)

TOUCH

- Pressure of clothes aggravates
- Combing hair aggravates
- Touch ameliorates
- Rubbing, massaging ameliorates

WEATHER / PHASES OF MOON

- Cold weather aggravates
- Autunm aggravates
- Winter aggravates
- Windy weather aggravates
- Change of weather aggravates
- Full moon aggravates
- New moon aggravates

EATING / DRINKING

- Disgust
- Desires sweet things
- Desires salty things
- Desires milk
- Midday aggravates
- Hunger aggravates
- Sweet things aggravate
- Milk aggravates
- After eating ameliorates
- After drinking ameliorates

Please note here further specific symptoms not mentioned on this checklist:

7.3 CHECKLIST FOR RELIABLE SYMPTOMS Copyright Dr. H. Frei, 2018

Last name, First Name: _____ Date: _____

DIAGNOSIS, PRIMARY AND SECONDARY SYMPTOMS (description):

Mark between **8 AND 16 IMPORTANT SYMPTOMS** that pertain to the current disease.
Symptoms are changes during a disease that differ from the healthy state.

AIR/WEATHER/TEMPERATURE/WRAPPING

Desire for open air	increased	diminished
Open air	improves	aggravates
Room	improves	aggravates
Weather / air, wet,	improves	aggravates
Weather / air, dry	improves	aggravates
Weather / air, cold	improves	aggravates
Weather / air, warm	improves	aggravates
Weather / air, wet-cold		aggravates
Cold in general	improves	aggravates
Cold, when getting cold	improves	aggravates
Warmth, in general	improves	aggravates
Warmly, wrapping up	improves	aggravates
Uncovering	improves	aggravates
Raising affected limb	improves	aggravates
Stretching out affected limb	improves	aggravates
Bending over, while	improves	aggravates
Sitting down, while	improves	aggravates
Rising from bed, while	improves	aggravates
Rising from seat, while	improves	aggravates
Writing		aggravates
Traveling (bouncing) in a car		aggravates

POSITION

Lying position	improves	aggravates
Lying, on back	improves	aggravates
Lying, on side	improves	aggravates
Lying, on right side	improves	aggravates
Lying, on left side	improves	aggravates
Lying, on painful side	improves	aggravates
Lying, on pain-free side	improves	aggravates
Sitting	improves	aggravates
Sitting, bent over	improves	aggravates
Standing	improves	aggravates
Lying down, after	improves	aggravates
Rising from bed, after	improves	aggravates
Rising from seat, after	improves	
Hang down, arm/leg	improves	aggravates

MOVEMENT

Resting (not moving)	improves	aggravates
Movement	desire	aversion
Movement	improves	aggravates
Movem. affected parts	improves	aggravates
Walking	improves	aggravates
Running, jogging		aggravates
Stepping hard		aggravates
Physical effort		aggravates

BREATHING

Breathing		quickened
Breathing, in		aggravates
Breathing, out		aggravates

HEART-CIRCULATION

Pulse	too fast	too slow
Pulse	hard	

DIGESTIVE TRACT

Eructations (burping)	improves	aggravates
Stool, before		aggravates
Stool, during		aggravates
Stool, after	improves	aggravates
Flatus, discharge of	improves	

GYNECOLOGY/UROLOGY

Menstruation	too short	too long
Menstruation	profuse	too weak
Menstruation	too often	too rare
Menstruation, blood, clotted (lumpy)		
Menstruation worse	before	at start
Menstruation worse	during	after
Sexual instinct	strong	weak
Leucorrhea, acrid		
Urination	profuse	scanty
Urination	frequent	infrequent

PERCEPTION

Light (bright)		aggravates
Looking, eyes strained		aggravates
Reading		aggravates
Touch		aggravates
Pressure, external	improves	aggravates
Rubbing	improves	aggravates

HEAD

Warmly, wrapping up head	improves	aggravates
Shaking head		aggravates
Sneezing		aggravates
Teething, during, in Children		aggravates
Talking, speaking		aggravates
Mental effort		aggravates

EATING/DRINKING

Swallowing	improves	aggravates
Chewing		aggravates
Eating, before		aggravates
Eating, during	improves	aggravates
Eating, after	improves	aggravates
Change of appetite	hunger	no appetite
Desire to drink	thirst	no thirst
Before breakfast, fasting	improves	aggravates
After breakfast	improves	aggravates
Food and drink, cold things	improves	aggravates
Food and drink, warm things	improves	aggravates
Drinking while		aggravates
Drinking, after		aggravates
Alcohol		aggravates
Milk		aggravates
Coffee		aggravates
Saliva	increased	diminished

SLEEP

While falling asleep		aggravates
Sleep, during		aggravates
While/after waking up		aggravates

MIND AND INTELLECT

Irritability (anger, aggression) unusual		
Sadness (dejection, inclined to weep) unusual		
Solitude, being alone	improves	
Company of people		aggravates
Consolation		aggravates
Grinding teeth		
Understanding difficult		

7.2 DIAGNOSES AND MAIN SYMPTOMS Copyright Dr. H. Frei, 2018

Patient name: _____ Date: _____

To treat you in a holistic way, we need a complete description of your complaints. Please complete the following head-to-toe questions, underlining whatever applies to you, and make notes if you feel this is necessary. The list is not complete so feel free to add any extra comments in the appropriate box.

HEAD

- Headache
- Eye complaints
- Cold / sinus complaints
- Inflamed throat
- Ear inflammation / infection

CHEST

- Heart: disturbances to heart rhythm / weakness / pain
- Lung: cough / bronchitis / asthma

ABDOMEN

- Stomach: heartburn / burning / cramps
- Intestines: digestive problems / diarrhoea / constipation

KIDNEYS AND URINARY TRACT

- Inflammation / infection of kidney and bladder
- Urinary incontinence

GENITALS

- Menstrual complaints
- Painful sexual intercourse

MUSCULOSKELETAL SYSTEM

- Soft-tissue rheumatism
- Joint complaints

SKIN

- Skin rash / inflammation / infection / warts
- Sweat

SLEEP

- Problems getting to sleep and sleeping through the night
- Nightmares

MOOD

- Anxiety / fears
- Depression

Describe any symptoms not listed above

As a next step you must mark in the **CHECKLIST OF RELIABLE SYMPTOMS** those important modalities that apply to your complaints. Try to find at least 8 and maximally 16 symptoms.

7.5 TREATMENT ASSESSMENT SHEET FOR PERCEPTION DISORDERS

Conners Global Index*

Name: _____ Rating by Mother / Father / Teacher

1. Make your judgement according to your own observations. Always apply the same level of strictness. Ratings of different assessors do not need be identical.

2. Make an overall rating for the last two weeks. Do not base your assessment on the basis on individual events.

Rating scale: 0 = never, 1 = a little, 2 = quite strong, 3 = very strong

	0	1	2	3	4	5	6
EXCITABLE AND IMPULSIVE							
CRIES EASILY AND OFTEN							
RESTLESS, FIDGETY							
ALWAYS ON THE GO							
DESTRUCTIVE							
LACK OF STAMINA							
POOR CONCENTRATION							
RAPID MOOD CHANGES							
EASILY FRUSTRATED							
DISTURBS OTHER CHILDREN							
TOTAL							
DATE							
MEDIATION	NONE						

*C. Keith Connors, Connors' Rating Scales-Revised, Multi-Health Systems, Toronto, 1997

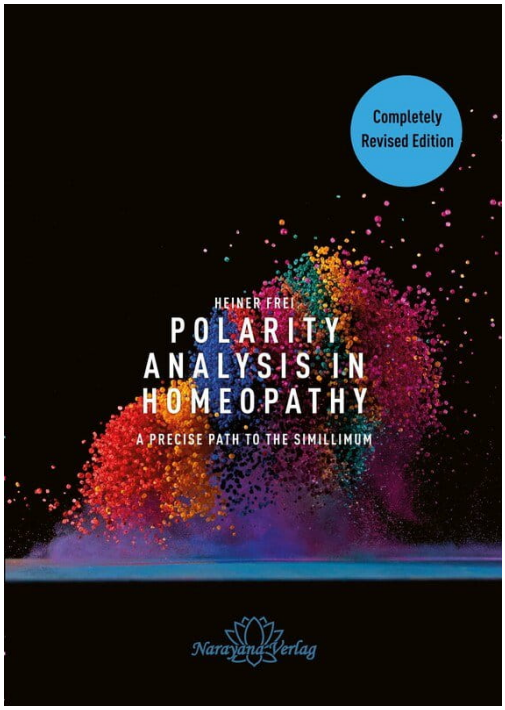
Heiner Frei

Polarity Analysis in Homeopathy

A Precise Path to the Simillimum

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