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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 the repertory program of the Boenninghausen Working Group (BOWG).[8] Once you have understood the new principles of remedy determination, it is best to begin treating your own patients with **acute illness (module 1)**. 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 did in fact already find the most important remedies: it is rarely necessary to use additional homeopathic medicines.

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. 283.

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.

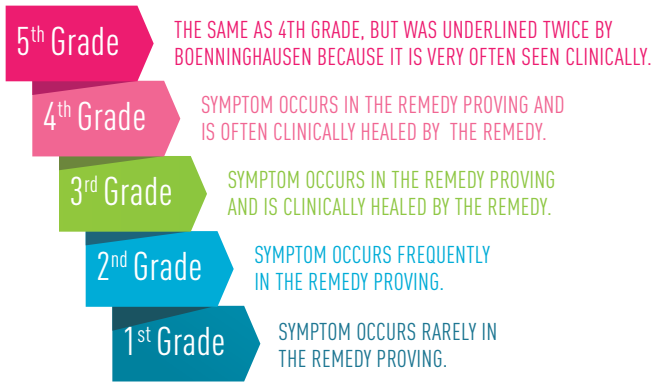

Table 3: Boenninghausen's Grading of Symptoms

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/m^2 (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 Acute Illness: Airways (see chapter 7.2) 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). In this case we used the English version of the software Boenninghausen's PB, edition 2000.[8]

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

** **P** = Polar symptoms

	Bry.	Calc.	Carb-v.	Iod.	Lach.	Lyc.	Puls.	Seneg.	Staph.	Sulph.	Acon.
Number of hits	6	6	6	6	6	6	6	6	6	6	5
Sum of grades	9	11	9	21	11	15	14	13	9	10	11
Polarity difference	**-1**	**1**	**4**	**21**	**4**	**8**	**8**	**11**	**2**	**-2**	**4**
< warmth, in general (p) [73]	1	1	1	4	1	2	4	3	1	2	1
air, desire for open air (p) [76]	1	1	1	3	1	3	4	2	1	1	1
heat, with inclination to uncover (p) [37]	1	3	1	3	1	3	2	2	2	2	4
pulse, quick (p) [80]	4	1	2	4	2	1	1	2	1	2	4
< pressure, external (p) [93]	1	3	3	4	3	4	1	1	3	1	1
external throat, neck, right (p) [66]	1	2	1	3	3	2	2	3	1	2	
> warmth, in general (p) [90]	*2*	*1*	*2*		*2*	*1*	*1*	*1*	*2*	*3/CI*	*3/CI*
air, aversion to open air (p) [86]	*3/CI*	*4/CI*	*1*		*2*	*3*	*1*	*1*	*2*	*3/CI*	
heat, with aversion to uncover (p) [55]	*1*				*2*		*2*		*1*		*1*
pulse, slow (p) [43]							*1*				
> pressure, external (p) [74]	*2*	*1*					*1*			*2*	*1*
external throat, neck, left (p) [66]	*2*	*4/CI*	*2*		*1*	*3/CI*			*2*	*4/CI*	*2*

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 number after the symptom in square brackets (for example, < *warmth in general* [73]) 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: *Iodum* 21-0=21 or *Lycopodium* 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 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 *Bryonia*, we find that the patient's symptom *desire for open air* is listed at the 1st grade whereas the opposite pole *aversion to open air* is listed for the remedy at the 3rd grade. In other words, dislike of fresh air is a genius symptom of *Bryonia*. Therefore *Bryonia* 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).

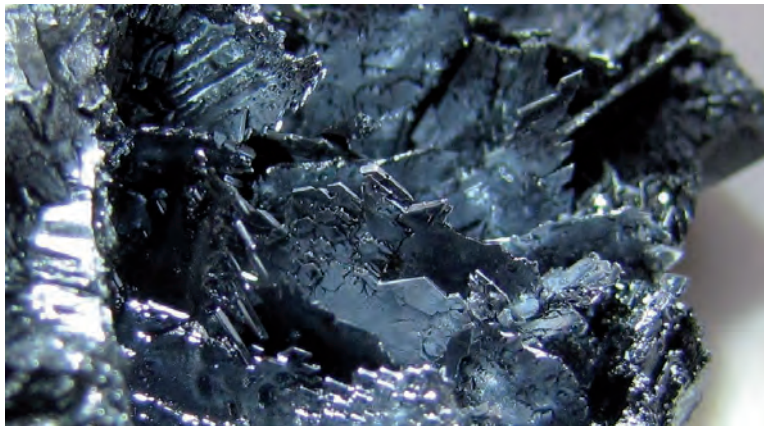
INTERPRETATION OF THE REPERTORISATION

All six symptoms are covered by ten remedies, four of which have contraindications (*Bry, Calc, Lyc*, and *Sulph* – all shaded grey); these remedies are therefore discarded. *Iodum* has an outstanding polarity difference (PD) of 21, followed by *Senega* as the second possible remedy (PD 11). The other four 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 acute illness we provide checklists; for chronic illness there are questionnaires available.

1.5.1 CHECKLISTS AND QUESTIONNAIRES

The *checklists for acute illness* consist of two parts: first there is space for the patients to freely describe their chief symptoms; then there is a list of polar modalities and symptoms, which the patients underline if they match their current illness.

The *questionnaires for chronic illness* also contain a free-format field at the beginning where patients can describe their chief symptoms, followed by a list of modalities and polar symptoms where patients underline those that match their illness. These are significantly more comprehensive than the checklists used for acute illness. In addition, important non-polar symptoms are listed. Along with the questionnaire for the *chief symptom*, the patients or children's parents also receive a questionnaire for additional complaints, with which to register concurrent complaints of lesser importance. We used only the symptom formulations from PB when creating the checklists and questionnaires. In other words, these are *repertory-specific*. This procedure was chosen so that patients themselves can translate their symptoms into the language of the repertory. It is a potential source of error if the homeopath performs this step. Symptoms (rubrics) with fewer than ten assigned remedies are not used since, as individual symptoms, they unnecessarily restrict the choice of remedies, which can also lead to incorrect prescriptions.

The lists of currently available checklists and questionnaires are shown in tables 5 and 6. The complete checklists and questionnaires 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 checklists for *acute illnesses* directly from our website, fill them out while observing the symptoms and then bring them to the consultation – or if they have not already been completed when the patient arrives, they are filled out in the practice during the consultation.

Table 5: Checklists for Acute Illness

AIRWAYS	INFANTS AND SMALL CHILDREN
MUSCULOSKELETAL SYSTEM	HEADACHE AND VERTIGO
INFLUENZA AND INFLUENZA-LIKE DISEASE	GASTROINTESTINAL TRACT
EAR-NOSE-THROAT AND EYE	URINARY TRACT

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 relevant questionnaires, which they prepare at home and bring back following an observation period lasting two to four weeks, so that the remedy can finally be chosen using all the information available.

When choosing the remedy, we evaluate the checklists and questionnaires, 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.

Table 6: Questionnaires for Chronic Illness


AIRWAYS


MUSCULOSKELETAL SYSTEM


GYNAECOLOGY


EAR-NOSE-THROAT AND EYE


CARDIOVASCULAR SYSTEM


GASTROINTESTINAL TRACT


NEUROLOGY


MIND


SLEEP DISTURBANCE


URINARY TRACT

DISTURBANCES OF PERCEPTION, ADHD/ADD


ADDITIONAL COMPLAINTS


BACKGROUND


[INSTRUCTIONS ON TAKING Q POTENCIES]

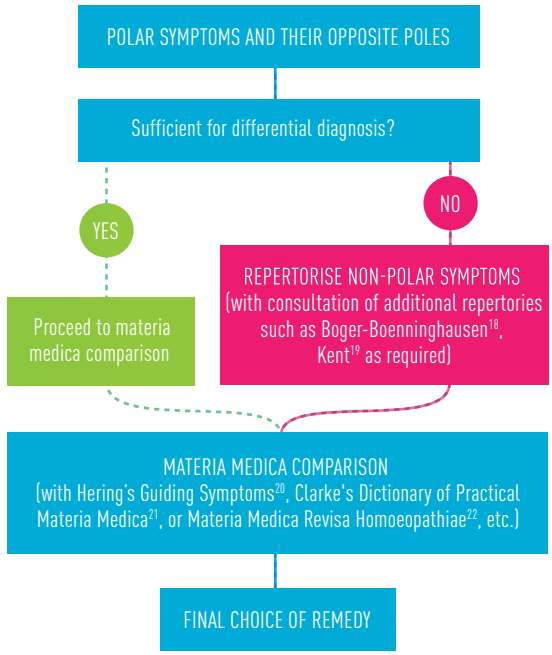
1.5.2 REPERTORISATION

Boenninghausen's PB is based on the idea that the valuable modalities, sensations, and findings of a remedy are capable of generalization. In other words, the modalities, sensations, or findings observed in clinical healing 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 a Kentian style of repertorisation in such cases, 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 7 shows the repertorisation scheme for polarity analysis. In theory repertorisation with PB could be performed manually using a corresponding table. Yet it is easier and faster to use computer software for this

purpose. There are now at least four German Boenninghausen software packages with integrated polarity analysis,[8,15,16,17] two of which are also available in English.[8,16] In this book we use and explicitly recommend the program version **V 2.6.0, 2012** of the Boenninghausen Arbeitsgemeinschaft.[8] This has proved to be a simple, straightforward, and very reliable tool.

Table 7: Repertorisation Procedure for Polarity Analysis

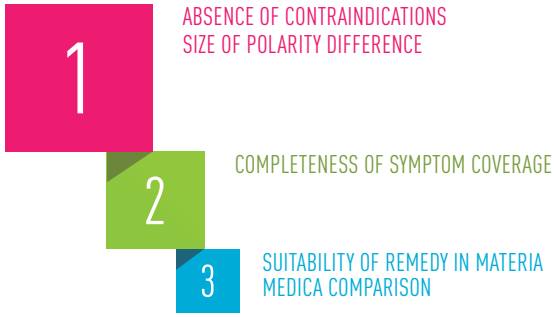


We prefer this software because it is the only one that uses the revised edition of Boenninghausen's PB[7], containing his final insights into the grading of symptoms as well as numerous entries by him. It has the advantage of being very clearly laid out and easy to use. The good results of polarity analysis show that it has a so-far-unmatched level of reliability.

The most important criteria for the *weighting of the repertorisation results* are the absence of contraindications and the size of the polarity difference, followed by the completeness with which symptoms are covered, and finally the match established during the materia medica comparison (table 8). The importance of the absence of contraindications and the size of the polarity difference are practically identical –

neither takes preference. 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 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 8: 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. 283/284