



Self Injury in Borderline Personality Disorder

A Case Resolved with Boenninghausen Method and Polarity Analysis

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Introduction

Borderline Personality Disorder (BPD) had previously been classified somewhere between neurotic and psychotic disorders, leading to the term “borderline”. Since 1980, this condition is considered an independent syndrome, listed and defined in the Diagnostic and Statistical Manual III (DSM-III) by the “American Psychiatric Association”. A diagnosis with BPD currently (in DSM-IV) [1] requires the concomitance of at least 5 out of the following 9 items:

1. Severe efforts to avoid presumed or actual abandonment.
2. A pattern of unstable but intense interpersonal relationships parallel to (or in conjunction with) rapid changes between the extremes of “idealization” and “devaluation”.
3. A divided personality with distinct and pursuing instability of self-perception.
4. Impulsiveness in at least two potentially self-destructive scopes (e.g. sexuality, substance abuse, reckless driving).
5. Repeated suicidal acts, suicide threats or self-harming demeanour (SHD).
6. An affective instability together with profound dysphoria (a state of feeling acutely hopeless, uncomfortable and unhappy), irritability or anxiety.
7. A chronic feeling of emptiness.
8. An unreasonable amount of rage, and/or of difficulties in controlling rage.
9. Preliminary stress-triggered paranoid ideas or profound dissociative symptoms.

Reportedly, the incidence of BPD is about 1 to 2% of the population, with approximately 70% of all patients being women.

Potential explanations for self-harming demeanour may include the following: Attempts to respond to or relieve internal tensions, self-punishment, efforts “to feel oneself” again, and to seek attention. In many patients, the cause for this disorder seems to be psychic or physical trauma: 75 to 90% of all patients disclose having experienced severe sexual and/or physical abuse during childhood [2]. Psychotherapy is considered to be the prevailing conventional therapy. Drugs can be administered as adjunct, especially selective serotonin reuptake inhibitors in cases where symptoms of depression, anxiety and SHD are present. However, in such cases poor compliance is frequently observed (discontinuation of treatment in 30 to 70% of all cases).

SUMMARY

Borderline Personality Disorder (BPD) is a prevalent mental-health problem among adolescents and young adults, predominantly affecting women. Frequently this disorder is accompanied by self-injuring or auto-aggressive behaviour. In the majority of cases, psychic or physical trauma is determined as being the aetiological factors. This condition is illustrated in the case study of a fifteen-year-old female patient suffering from BPD; a single dose of Belladonna C200 helped her substantially. Trying to find a remedy for the patient in this case, the method of Polarity Analysis was implemented. Polarity Analysis is an advancement of Boenninghausen’s concept of contraindications. It includes the calculation of a probability of healing for any remedy that has to be evaluated by differential diagnosis, with the help of polar symptoms (i.e. symptoms which may be contradictory, e.g. worse cold/better cold). This method can enhance the accuracy of homeopathic prescribing considerably. In this case, which otherwise would typically require a long lasting psychotherapy, diffusion of the deep psychic crisis was achieved by means of implementing this unconventional approach.

KEYWORDS Borderline Personality Disorder, Self mutilation, Polarity analysis, Boenninghausen method, Belladonna

Case Study

The mother of fifteen-year-old Linda calls for a consultation at the homeopathic paediatric practice. She comes without her daughter since Linda refuses any attempts to discuss possible therapies. Her daughter has been cutting her forearms with razor-blades repeatedly over the last three months. Subsequently, she has undergone massive psychological changes: once having been cheerful and open in the past, her behaviour suddenly shifted to being very serious and withdrawn, and, she preferred not to see anybody. She refuses even to talk with her parents, who are encouraging therapy. When her mother proposes that she see at least the paediatrician, she responds by saying the following: “if you tell Dr. Frei one single word, I will never go to see him again”. The following information is gathered from the initial consultation: During the last couple of months Linda is suffering from severe mood swings, her self-confidence seems to be blown away, sometimes she is completely disgruntled and deranged. Fierce outbursts of rage are now triggered by things, which, in the past, she had always been able to tolerate well. She expresses self-doubt and a feeling of emptiness (“why am I here, I’m not needed here”). In addition, her attitude is impulsive and excessive. This state is alternating with episodes of an almost childish-appearing light-heartedness.

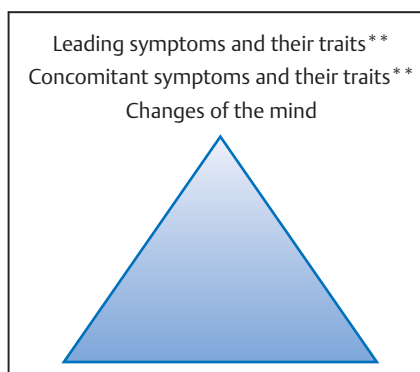


Fig. 1 Boenninghausen's ranking of symptoms (* top of pyramid: most important symptoms, bottom of pyramid: least important symptoms; ** traits = localization, sensations and findings, modalities).

By displaying these symptoms, Linda meets six diagnostic criteria for a Borderline Personality Disorder, according to DSM-IV: Instability of self-perception, impulsiveness, self-harming demeanour, emotional unstableness, dysphoria, feeling of emptiness and fits of rage. Due to the fact that she refuses treatment for her emotional symptoms, she is offered a therapy for her present somatic complaints: Menstrual discomfort and plantar warts. When considering the holistic approach of homeopathy, the underlying main ailment can be incorporated without any problem.

Boenninghausen's Method of Finding the Remedy

The primary task of any homeopathic physician is to establish a maximum of analogies between the *characteristic symptoms of the patient* and the *genius of the remedy* [3]. The genius is mainly expressed through the symptoms of grades 3 to 5. Boenninghausen used to arrange the symptoms of his patients according to their significance for determining the remedy(ies) (Fig. 1) [4]. Thereby, he attached great importance to the *modalities*, in which "... the particular and characteristic of each symptom is shown" (Organon § 133) [5].

Repertorization and working on the first differential diagnosis were performed with the aid of his "Therapeutic Pocketbook" [2]. Afterwards, he reassessed the polar symptoms – signs which can possess an opposite feature (e.g. thirst/thirstlessness, worse coldness/better coldness, desire for fresh

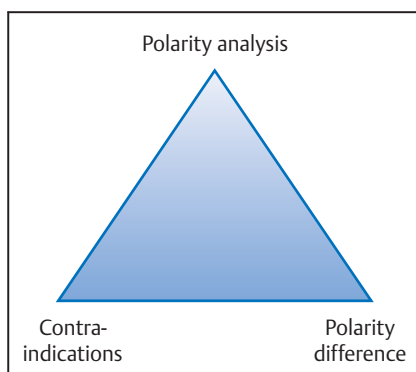


Fig. 2 The elements of polarity analysis.

air/aversion to fresh air). The patient's symptoms should truly match the characteristic traits of a particular remedy (meaning they should be mentioned in grades 3 to 5). If the symptom itself ranked low and its opposite pole ranked high he considered the remedy to be contraindicated due to the fact the genius did not comply with the patient's symptoms. Drawn from his own experience such a constellation rarely ever resulted in healing of symptoms. The final choice of a remedy was determined based on mood changes and with the assistance of a materia medica-comparison.

Polarity Analysis

Polarity Analysis is a further development of Boenninghausen's concept of contraindications. This method was introduced by the author during the Swiss ADHS double-blind-study in order to enhance the precision of remedy determination [6–9]. In order to achieve this goal, Boenninghausen's findings are implemented *systemically* with *all* polar symptoms – both by elimination of all those remedies which show contraindications, and furthermore, by calculating a polarity difference (Fig. 2), which expresses the probability of healing for any remedy within a particular constellation of symptoms: for any remedy in question, the grade values of the patient's polar symptoms have to be added together. The grade values of respective symptoms of the opposite pole then have to be subtracted from this sum. *The higher the resulting polarity difference, the more likely the remedy meets the characteristic properties of the patient, provided there are no given contraindications.*

A polarity difference of 0 or less (i.e. negative values) indicates remedies, which cover all of the patient's symptoms, but not with their genius. These remedies, there-

fore, are unlikely to heal the case. For the purpose of polarity analysis it is advisable, when possible, to utilise at least five polar symptoms. In order to gather the polar symptoms, conventional homeopathic anamnesis has to be supplemented by using a questionnaire where the patients may underline particular symptoms they had the opportunity to witness in themselves. Accordingly, the questionnaires emphasise polar symptoms. Until now, eleven questionnaires for critical areas have been developed, such as neurology, gynaecology, otorhinolaryngology (ENT), allergies, psychosomatic medicine etc. [6,7]. The following demonstrates the practice of polarity analysis using the aforementioned case as an example.

Linda's mother received both the *Questionnaire for Psychosomatic Medicine* and the *General Questionnaire* (in order to record concomitant symptoms) to fill out at home and return at the following consultation. Between the time of the initial consultation and actual adopting of the case, patients or their parents are given the opportunity to meticulously observe and report relevant symptoms – thus being able to avoid providing only vague or incorrect information, which would ultimately lead to an erroneous remedy selection.

The following taking of the case was, given under the special circumstances outlined above, performed by the mother alone. She had underlined the following symptoms in her questionnaires:

Questionnaire for Psychosomatic Medicine:

- "Cause of the disorder": Harms herself
- Nervous instability
- Mood swings
- Feelings of hopelessness (suicidal thoughts)
- Absent-mindedness
- Aggravated by anxiety
- Aggravation from comfort seeking (avoidance of seeking comfort, when sad)
- Aggravation from social contact (withdraws socially when sad)
- Aggravation at falling asleep, late falling asleep
- Aggravation upon awakening

General Questionnaire:

- Menstruation, heavy
- Menstruation, prolonged
- Menstruation, premature
- Menstrual blood, clotted
- Aggravation before Menstruation



Table 1 Repertorisation (remedies sorted by completeness of the covering of symptoms).

Remedies	Ign	Sep	Bell	Plat	Puls	Lyc	Rhus	Nux-v
Number of hits	15	15	15	14	13	13	13	13
Polarity difference	13	12	17	14	-1	8	20	15
Nonpolar symptoms of patient								
Nervous instability	3	2	3	3	4	2	2	4
Mood swings	4	1	2	4	2	2	0	0
Hopelessness	4	2	2	0	3	3	3	1
Absent-mindedness	3	4	2	1	4	3	1	3
Menstrual blood clotted	3	1	3	4	3	0	4	1
< Anxiety	4	1	3	1	3	2	1	2
< Comforting	4	3	4	4	0	0	0	1
< Before Menstruation	1	4	1	3	4	4	1	1
Polar symptoms of patient								
< Social contact	2	4	3	2	2	4	2	0
< At falling asleep	3	4	4	1	4	5	5	2
< Upon awakening	4	4	3	1	5	4	4	4
Menstruation, heavy	1	3	4	4	2	2	2	4
Menstruation prolonged	3	3	2	4	0	4	3	4
Menstruation premature	3	3	2	3	1	1	4	4
Loss of appetite	3	4	3	3	3	3	4	4
Opposite symptoms								
> Social contact	0	0	0	0	0	4	0	0
> At falling asleep	0	0	0	0	0	0	0	0
> Upon awakening	1	4	0	0	2	0	0	3
Menstruation weak	2	2	0	1	4CI*	3CI	1	1
Menstruation short	0	0	0	1	4CI	1	0	0
Menstruation too late	1	4(CI)**	1	0	4CI	4	1	1
Hunger	2	3	3	2	4(CI)	3	2	2

* CI = absolute contraindication, ** (CI) = relative contraindication

- Loss of appetite
- Warts

Further exploration and completion of the anamnesis did not result in any additional relevant information. Regarding the main complaint, anamnesis in fact is rather limited in displayed symptoms. Oppositely, the polar symptoms describing menstruation problems are very significant. Repertorisation was performed with the help of the software that is part of the revised edition of “Boenninghausen’s Therapeutic Pocketbook, Ed. 2000” [10] (Table 1).

The software of the revised edition of “Boenninghausen’s Therapeutic Pocketbook” automatically displays the opposite pole to every polar symptom and calculates the polarity difference. In *high-grade opposite poles* the value of the patient’s pole must be controlled. If that value is low, as in *menstruation heavy/long/premature*, *Pulsatilla* is contraindicated. Therefore this remedy should not be prescribed, since the

probability for a successful treatment using *Pulsatilla* is poor, even if all of the symptoms are covered by the remedy. Given the case the patient’s pole equals the value of the opposite pole, the symptom has to be regarded as indifferent, as in *worse after waking up in Sepia*.

In this case, all of the symptoms are covered by *Ignatia*, *Sepia* and *Belladonna*. *Sepia* shows a relative contraindication; therefore its probability of healing, compared to the other two remedies, is smaller. *Belladonna*, with a polarity difference of 17, has the highest probability of healing. Remedies that show a great polarity difference but which, however, do not cover all of the symptoms (like *Platinum*, *Rhus toxicodendron*, *Nux vomica*) would only have to be considered if contraindications are found in all remedies covering the totality of symptoms – a constellation which cannot be applied here.

The key symptom “*injures herself*” is not included in “Boenninghausen’s Therapeutic Pocketbook”. The symptom “*mutilates his body*” is indicated in Kent’s Repertory (Vol. 1, p. 115) [15], with *Arsenicum album* mentioned as being the only correlation; within “Boger-Boenninghausen’s Characteristics and Repertory” [16] not a single rubric matches exactly this kind of self-harming demeanour. Thus, by working with repertories the symptom seems to be unattainable. In J.H. Clarke’s “Encyclopedia” [11] the mood section of *Belladonna* contains the symptom “*injures himself and others*”. In *Ignatia* and *Sepia* nothing of the like may be found. As a result, *Belladonna* is of greatest potential interest because it entirely covers the self-harming demeanour (main symptom) as well as concomitants and mind symptoms – and, even the warts which, due to their banality, had not been included into repertorisation.

In case of a repertorisation where the results may indicate a number of potential remedies each covering equally all of the patient’s symptoms, polarity difference can assist in identifying the suiting remedy. This is the case even when there is no key symptom available promoting a particular remedy. Automatic calculation of polarity difference is already integrated in a number of repertorisation software products containing “Boenninghausen’s Therapeutic Pocketbook” [10, 12 – 14]. A thorough comparison of materia medica where particularly significant, however not yet included symptoms may be added, helps to form the final element of this chain, leading ultimately to the selection of the most appropriate remedy.

Course Following Administration of the Remedy

The patient was given a dose of *Belladonna* C200.

Six weeks later, her mother reports that the entire symptomatology vanished within a couple of days, without producing an initial worsening of symptoms. Since then, Linda never again cut herself. She is, once again, more socially open, relaxed and displays a positive attitude towards life. Also, she is more reasonable and states that she cannot understand what had happened to her before and how she could have demonstrated such “foolish” behaviour. This natural mood remains stable during the next few follow-



ups. Fifteen months following the initial treatment, the patient burst into tears and tells her mother that, prior to the manifestation of BPD, she had been at a party where she became drugged through an unknown substance and afterwards was sexually abused. This was the cause for the development of her psychological disorder. Even at present, she still refuses to file charges against the offenders, claiming that due to the "... long time she needed to get over it, and not wanting to rehash that story."

Observation period: 1½ years.

Discussion

Before the patient's mother reported to me about the grave incident at the teenager party, I assumed a sibling rivalry was the cause for her self-harming demeanour. The patient's charming younger brother outshone her within the family and "stole" attention (mainly the mother's attention) away from her. As a result she obviously suffered a form of attention deprivation. Presumably, this constellation also laid the ground for Borderline Personality Disorder and the sexual abuse incident was ultimately the triggering factor for the manifestation of her self-harming demeanour.

When considering the scale of this traumatizing incident, the rate of the normalization process is amazing. It demonstrates that homeopathy is potentially able to ameliorate conditions, which can usually only be achieved with long-term psychotherapy. With the use of conventional treatment, relapse rates increase in direct relation to the duration of the disorder, prior to initiating treatment. It only remains to hope that in this case amelioration will be permanent (a positive prognostic factor is the short period of time between trauma and beginning of treatment), and that she subsequently will not suffer a relapse because of psychological repression.

In this case it is impressive to see that reparation, with the assistance of polarity

analysis, clearly showed Belladonna as the indicated remedy, although the real main symptom, i.e. the self-injuring demeanour, could not be directly included. Another patient of our practice, equally suffering from SHD, could be healed with Calcium carbonicum. With this remedy, too, repertories and materia medica do not contain a reference to the symptom SHD. Relating to the effect of a remedy, it is obviously more crucial that all modalities are properly covered and that there are no contraindications.

With the help of polarity analysis it is, even in difficult situations, often possible to release, out of a group of remedies, the best-matching one. For the practitioner it is beneficial to concentrate the process of reparation on really reliable information (i.e. again: modalities and polar symptoms).

With the introduction of this concept, retrospective analyses of previously unsuccessfully treated cases showed that often contraindications had been existent, which could have indicated that a particularly ineffective remedy actually was the wrong one. Therefore consideration of these contraindications is an absolute necessity. Combination of polarity analysis together with repertory-specific checklists and questionnaires, as a completion to anamnesis, could significantly enhance the accuracy of prescriptions, in acute as well as chronic and complicated cases [6, 7].

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