

Homeopathy and Polarity Analysis Basics

Module 4 Differences between the Methods

Heiner Frei



The Methods

This presentation describes the author's experience gathered in his homeopathic practice. It is a subjective evaluation, without any particular claim to objectivity, comparing and contrasting the different homeopathic methods. After all, each homeopath selects the method that best fits his or her practical requirements. The methods are described chronologically, as they "came and went".

1.1 French Pluralism¹

This approach treats *acute* illness with a fixed combination of homeopathic remedies, similar to anthroposophy. *Chronic* illness is treated according to Organon VI.

Practical results: The pluralist treatment of *acute illness* is not bad but with recurrent illness the patient's responsiveness declines. *Advantage:* The method can be practiced immediately and captures the attention of students. Classical treatment of *chronic illness according to Hahnemann* is good.²

1.2 Kent (Kent's Repertory)^{3,4,5}

Many people do not realise that the Kentian method differs in several crucial aspects from Hahnemann's teachings. In practice it is often used in a non-rigorous way, mixed with a Hahnemannian approach. The differences shown below are based on the writings of Hahnemann, Boenninghausen and Stapf as well as Kent's Minor Writings and Kent's Materia Medica (Table 1).

Table 1: Differences between Hahnemann and Kent

(Co-author: Dominik Müller, Eichstädt)

Hahnemann	Kent
<i>That which is to be healed</i>	
The totality of the symptoms concerns the current complaint. “The totality of symptoms must be the most important, indeed the only thing, in every case of disease, that the medical-art practitioner has to discern or clear away” (Org. § 7).	The totality of the symptoms concerns all complaints of the patient’s life so far: “Cure the patient, not the disease.”
<i>Characteristic symptoms</i>	
Symptoms: striking, unusual, characteristic [Modalities, sensations]	Symptoms: striking, rare, peculiar [Rarely observed, keynotes, symptoms as if]
<i>Repertorisation</i>	
Leitmotif running through a remedy, never just a single symptom. Boenninghausen: dissociated repertorisation	Possibly just a single symptom (e.g. “taste of banana in the mouth”): Synthetic repertorisation
<i>Mind symptoms</i>	
Mind symptoms tip the scale after a differential diagnosis of the remedy based on modalities and sensations.	Mind symptoms are central to remedy selection (“central delusion”, striking, strange symptoms, rarely observed, inexplicable, essence, nature, temperament): “The mind is the key to man.”
<i>The nature of the patient</i>	
The patient’s disposition does not influence the remedy selection	Disposition has an influence on remedy selection (ambivalent)
<i>Scope for interpretation</i>	
No arbitrary evaluation. It is important to stick to symptoms.	The remedy and essences can include an assessment of the patient. Examples:

	Sulfur: "The man with the shabby hat", Lycopodium: "Cowardice".
<i>Change of remedy</i>	
Simile: change of remedy when new symptoms appear	Simillimum: a remedy for life
<i>Teachability and learnability, reproducibility of remedy selection</i>	
Simple, structured, clear, efficient Can be learnt quickly Reproducible selection	Getting started is far more difficult Remedy selection strongly influenced by the genius of the homeopath Only limited reproducibility
<i>Reliability of sources</i>	
RA, CK, Stapfsches archive and BTB 1846 very reliable (including grading).	Kent's Repertory has various sources (errors?, grading?).

Practical results: The method often works but it is too time-consuming for a primary care practice. Kent's paradigms are unclear to me and I find the typology unreliable. Borland's children's types are only a crutch. Acute illness must be treated in a different way. I have to make do with two paediatric homeopathy books.

1.3 Boger (Synoptic Key and Lieth's Card Index)^{6,7}

The Synoptic Key is a repertory of the characteristic symptoms of a remedy, originating in the practice of C. M. Boger. In theory it only contains high-grade symptoms. It builds on Boenninghausen and Hering's requirement that remedy selection should be based on the characteristic symptoms.

Procedure: Casetaking and clinical condition are used to derive symptoms that are typical of the entire illness state. Weighting of the repertorisation: affected organ, sensations, modalities, concomitant symptoms, changes in mind.

Practical results: The method is efficient, rapidly generates good results, and is well-suited to practices with a heavy workload. As time goes by, I find the constant leafing through the card index increasingly irksome and anachronistic in the digital age. It

also disturbs me somewhat that the remedies do not always seem logical to me, even though they are effective.

1.4 Boenninghausen (Therapeutic Pocket Book 1887, Amokoor - software)^{8,9}

The Boger and Boenninghausen methods are very similar. The crucial difference between the two methods is that Boenninghausen adds contraindications, which increase the precision of the prescriptions.

Practical results: Good and rapid results. The method is very well-suited to a primary care practice. Amokoor, however, is time-consuming, complex and unclear. Despite good results, the choice of remedy with Amokoor's software does not always seem plausible to me

1.5 Polarity Analysis and Boenninghausen's Therapeutic Pocket Book 1846 (revised edition 2000)^{10,11}

Polarity analysis is based on the revised 2000 edition of Boenninghausen's Therapeutic Pocket Book 1846 and it uses Boenninghausen's method. The new feature of polarity difference is the calculation of the *polarity difference*, which enables very precise prescriptions. Polarity analysis differs, however, in several key respects from Boenninghausen's procedure (table 2).

Table 2: Polarity Analysis vs. Boenninghausen's Method

	Polarity Analysis	Boenninghausen
Goal of casetaking	Comprehensive symptoms	Comprehensive symptoms
Additional checklists / questionnaires	Always	Sporadically
Highest weighting in the repertorisation	Polar symptoms	Cause, modalities, sensations and clinical findings
Repertory	BTB 2000	BTB 1846
Polarity difference	Most important criterion	Not known
Contraindications	Systematically considered	Probably considered selectively

Practical experience with polarity analysis: Very precise, reproducible remedy selection with minimal expenditure of time. Method is well-suited to primary care

practice. The remedy selections are also frequently plausible – the recommended remedy is what one might expect in the circumstances. The effects are often deep-acting even in acute illness. *Weakness of the method*: the symptoms must fit precisely (→ checklists and questionnaires, verify symptoms).

Cases Using the Various Methods

Here we will look in detail at the case histories shown in the Powerpoint presentation.

2.1 The Pluralist Case of Coughing

Simon K., a blond 6-year-old boy, has been coughing for the last three months and he has a blocked nose. The clinical examination produces no obvious findings. There has been no improvement with all manner of conventional medical treatment. We can reconstruct the following details of the case, which is now 26 years ago:

- *Dry cough*
- On coughing, *stabbing* in the right side of the thorax (*< coughing, chest right – P*).
- He then presses his hand over the painful spot, which brings him some relief (*> external pressure – P*).
- Time of aggravation *at night*: coughs also during sleep (*< during sleep – P*).
- His *nose is chronically blocked*, feeling of pressure at the base of the nose.

Case analysis

- Localisation
- Sensations, clinical findings
- Modalities
- Concomitant symptoms

Repertorisation¹²

S. K.

Chronic Cough

	Con.	Graph.	Bry.	Bell.	Sulph.	Ars.	Nat-c.	Ph-ac.	Mur-ac.	Puls.	Ign.	Caust.
Hits	10	10	10	10	10	10	10	10	10	10	10	10
Sums	27	25	33	31	30	26	20	19	19	31	25	25
Polarity Difference	7	6	5	5	5	5	5	5	5	4	4	4
134 chest in general	2	2	4	3	4	3	1	2	2	4	2	2
85 nose, internal	2	4	3	3	2	1	1	1	1	3	3	2
113 cough, without expectoration (dry)	2	1	3	3	3	3	1	1	2	3	3	3
97 coryza, blocked nose	3	3	4	2	3	1	2	1	2	3	1	2
122 stabbing, pricking pain in internal parts	2	1	4	3	3	1	3	3	2	4	4	3
123 pressure in internal parts	3	3	2	4	3	4	2	2	2	2	3	3
109 < coughing, while [worse]	2	1	4	4	3	3	2	2	1	4	1	2
119 < night [worse]	4	4	3	3	3	4	2	1	1	3	3	3
111 < sleep, during [worse]	P 3	3	4	4	4	4	2	3	3	4	3	2
74 > pressure, external [better]	P 4	3	2	2	2	2	4	3	3	1	2	3
8 > sleep, during [better]												
93 < pressure, external [worse]			1	1	1	1	1	1	1	1	1	1

Here we can see the remedies arranged in order of polarity difference. 44 remedies cover everything, of which 23 have contraindications. The highest polarity difference is found with *Con*, *Graph*, *Bry*, *Bell*, *Sulph*, *Ars*, *Nat-c*, *Ph-ac* and *Mur-ac*. The highest total of grades is found with *Bryonia* and *Belladonna*. *Sticta* is missing in Boenninghausen's Therapeutic Pocket Book 1846.

Based on the polarity difference of only two polar symptoms *Bryonia* is among the best remedies. *Sticta pulmonaria* is not in the BTB 1846.

2.2 Migraine with Aura According to Kent

Actual Disease: Mr M. is a 53-year-old father of three children, for whom I am the paediatrician. After becoming convinced of the efficacy of homeopathy, he himself comes to the practice for treatment of a "visual disturbance". This occurs suddenly in the left eye in the form of a stripe or crack in his field of vision, lasts several hours and is associated with a feeling of pressure in the eye. Then he has a headache on the left side, which is aggravated during the night and is worst of all on waking. Wet compresses and the warmth of the bed also aggravate it. Medical diagnosis: *migraine with aura*.

PA: For years coryza with fluent yellow discharge from nose. Recurrent episodes of polyarthritis, treated with NSAIDs by the family doctor. Arterial hypertonia, also

treated conventionally for years. Recurrent sleep disorder following intensive intellectual work, with sleeplessness lasting several hours after midnight. Body odour. I have summarized this information below according to the schema of the comprehensive symptomatology.

Localisation

- Eye, left – P
- Inner head, left – P

Sensations, findings

- Vision, stripes
- Feeling of pressure in eye
- Headache, left – P

Modalities

- < Nights
- < Waking up, after – P
- < Wet applications – P
- < Getting warm in bed – P

(P = polar symptoms)

1st Repertorisation¹¹

A. M.

Migraine with Aura

		Sulph.	Merc.	Nit-ac.	Cham.	Ant-c.	Carb-v.	Clem.	Spig.	Calc.	Rhus.	Mur-ac.	Phos.	Kali-c.	
Hits		5	5	5	5	5	5	5	5	5	5	5	5	5	
Sums		21	20	17	17	14	13	10	14	14	14	8	14	11	
Polarity Difference		16	15	10	10	10	10	7	6	6	5	5	4	4	
130	side, left in general	P	5	5	5	3	3	1	2	5	1	1	3	3	1
111	< sleep, after waking up [worse]	P	5	4	5	3	3	4	1	2	4	4	2	4	3
40	< wet compress on body [worse]	P	4	3	2	3	4	3	4	3	4	4	1	2	2
67	< warm, becoming heated in bed [wors]	P	4	4	1	4	1	3	1	1	2	2	1	2	2
115	< night [worse]		3	4	4	4	3	2	2	3	3	3	1	3	3
130	side, right in general		1	1	1	1	1	1	1	1	4/Cl	4/Cl	1	2	1
28	> sleep, after; while waking up [better]				1				1	1				4	
23	> wet compress on body [better]				1				3			1			
38	> warm, becoming heated in bed [better]		1		2						2		1	3/Cl	

23 remedies cover all symptoms, 13 of which have contraindications. *Sulfur*, with a polarity difference (PD) of 16, has the greatest specificity to the symptoms, *Merc-sol* is second choice.

Prescription and Progress

Sulfur 200 C, M and XM ameliorate the symptoms by around 70%, and the patient is content with this.

Second Phase of Illness: Global Transitory Amnesia

Years later, at a congress in Greece, Mr M. loses his memory in front of a gathering of international experts in his field after giving his talk. He no longer knows where or who is, and is rather confused. Colleagues take him to a hospital in Athens where – after excluding a cerebrovascular insult (CVI) – he is diagnosed with global amnesia. On the same day I receive a concerned phone call from his wife, asking me what can be done for him... I recommend that he be brought back to Switzerland as quickly as possible. Mr M. is flown home straight to the Neurological University Hospital. His memory gradually returns. The hospital diagnoses *global transitory amnesia* (GTA). A few days later at home he has another episode. His wife remembers that previously, at times of stress, he experienced short periods of confusion and amnesia, lasting no more than a few minutes. I now try with her help to take the case as it currently appears.

Along with the memory loss, the following general symptoms and modalities are found:

- > Wrapping up warmly – P
- > Warmth – P
- Hunger without appetite
- Urination, frequent – P
- Urination, profuse – P

2nd Repertorisation¹¹

A. M.

Global Amnesia

		Rhus.	Bell.	Nat-m.	Bry.	Staph.	Hell.	Puls.	Arg.	Sil.
Hits		6	6	6	6	6	6	6	5	5
Sums		21	15	13	12	11	11	8	13	14
Polarity Difference		13	3	3	2	1	1	-8	12	7
24	memory, lost	1	4	3	1	1	1	2		2
56	> warmly, from wrapping up [better] P	4	2	2	1	2	1	1	2	4
90	> warmth, in general [better] P	4	3	1	2	2	3	1	2	3
90	urination, frequent P	4	2	2	3	4	2	1	4	2
99	urination, profuse P	4	2	1	2	1	1	1	4	
58	hunger, without appetite	4	2	4	3	1	3	2	1	3
37	< warmly, from wrapping up [worse]	1			1	2		2		
73	< warmth, in general [worse]	1	1	2	1	1	1	4/CI		1
68	urination, infrequent		2		1	1	1	3/CI		
91	urination, scanty	1	3/CI	1	3/CI	4/CI	4/CI	3/CI		1

Seven remedies cover everything, only two of which have no contraindications.

Rhus tox. is the first choice. *Sulfur* does not appear in the shortlist.

Materia Medica Comparison for Rhus Toxicodendron (GS)^{13,14}

Absence of mind; forgetfulness ... cannot remember recent events; recalls with difficulty things and names. Languor of the mind, is unable to hold an idea. Stupefaction [almost like stupid; thinking is difficult and talking becomes sulky or contrary; very slow train of ideas]. Incoherent talking; answers hastily or reluctantly, thought seems difficult.

Prescription and Progress

Mr M. is given *Rhus toxicodendron 200 C*, and the amnesia disappears after a few hours. Since this time there have been no more episodes of GTA but the *migraine with aura returns*, although this time the visual disturbance affects the right eye and he sees bright colours.

Fresh casetaking produces the following:

- Seeing bright colours

- < Light – P
- < Looking at something close-up – P
- < Reading – P
- > Lying – P
- > Darkness – P
- > Cold – P

3rd Repertorisation¹¹

A. M.

Migraine with Aura, recurrent

		Croc.	Graph.	Nat.-m.	Bell.	Seseg.	Nux-v.	Dros.	Lyc.	Iry.	Ign.	Caust.	Kali-c.	Iber-c.	Ph-ac.	Borx.	Mnz.	Cina.	
Hits		7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	6	
Sums		18	19	16	18	15	18	14	17	13	13	13	14	14	11	12	8	14	
Polarity Difference		15	14	12	11	11	10	9	8	8	7	7	5	5	5	4	4	13	
80	< light in general [worse]	P	3	4	1	3	2	3	3	3	2	3	2	1	3	3	2	1	2
83	< looking, at something close-up, strain	P	4	3	4	2	4	1	2	4	1	2	3	4	2	1	2	1	4
89	< reading [worse]	P	2	3	4	3	2	3	1	3	2	2	2	3	2	1	1	2	3
108	> lying position [better]	P	2	2	3	3	1	4	1	1	4	1	2	1	1	1	1	1	1
74	> darkness [better]	P	3	4	1	3	2	3	3	3	1	3	2	1	3	3	2	1	2
73	> cold in general [better]	P	2	1	2	1	3	1	3	2	1	1	1	1	1	1	1	1	2
62	vision, illusion of colour, bright		2	2	1	3	1	3	1	1	2	1	1	3	2	1	3	1	
13	> light in general [better]													1					
3	> looking, at something close-up, strained vision [better]														1				
2	> reading [better]																		
125	< lying position [worse]		1	1	1	1	2	1	4/C	4/C	1	2	1	2	1	3/C	2	1	1
20	< darkness [worse]				1				3					2					
80	< cold in general [worse]			2	1	3/C	1	4/C		1	2	3/C	4/C	4/C	3/C	1	3/C	2	

15 remedies cover everything, only six of which have no contraindications. Crocus and Graphites are the favorites.

Materia Medica Comparison for Crocus (GS)

On reading, the paper looks pale red or rose color, shines. The light seems dim, as if obscured by a veil [especially in the evening when reading by lamplight]. Acute tearing pain in head and right eye, with dimness of vision, and a sensation as if cold air was rushing through eye.

Materia Medica Comparison for Graphites (GS)

Photophobia; great sensitiveness of eyes to day-light; [lasting several days]. Light blinds or dazzles the eyes. Eyes very sensitive to sun-light; it causes lachrymation. From overexertion of eyes by reading, sewing, etc. Sees fiery zigzags around outside of field of vision, in evening, with open eyes.

Materia Medica Comparison for Natrium muriaticum (GS)

Fiery, zigzag appearance around all objects; black spots and streaks of light. Dim sight, as if looking through gauze or feathers; objects seem covered with a thin veil.

Materia Medica Comparison for Senega (GS)

On walking toward setting sun, another small sun seemed to float beneath it, on turning eyes outward it changed into a compressed oval, disappeared on bending head and closing eyes. Sensitiveness of eyes to light.

Prescription and Progress

After *Crocus 200 C* the migraine with aura and the visual disturbances disappeared completely and permanently.

2.3 Measles – Pneumonia According to Boger

6-year-old Lara S. has so far always been healthy. Now she falls acutely ill with measles, with high fever and a haemorrhagic rash all over her body. On the second day of the illness she has a dry cough with breathlessness. The parents refuse the antibiotic treatment offered by the emergency doctor.

I see her on the fourth day of the illness: she is apathetic, with 38° C fever, is shivering, breathing stertorously and coughing incessantly. She is suffering respiratory distress syndrome with retraction of the intercostal musculature.

Clinical condition: haemorrhagic measles rash, buccal mucous membrane raw, loose, tongue coated white with small ulcers. Auscultation: moist rattling noises in both lungs, basal left stronger than right. No cyanosis. Otherwise condition is normal. The clinical picture is *measles with pneumonia*, confirmed by the X-ray.

Case analysis

Localisation

- Chest, left – P

Sensations and findings

- Measles – exanthem
- Cough, dry
- Breathing, rattling

Modalities

- < Cold – P
- > Wrapping up warmly – P

Concomitant symptoms

- Ulcers in mucous membrane of mouth
- Breathing, difficult

Repertorisation¹¹

L. S.

Measels Pneumonia

	Ars.	Nux.v.	Bell.	Stram.	Hyos.	Bry.	Chin.	Ign.	Acon.	Phos.	Puls.	Cham.	Rhus.	
Hits	8	8	8	8	8	8	8	8	8	8	8	8	7	
Sums	21	21	23	12	17	22	18	16	25	21	22	15	23	
Polarity Difference	7	5	4	4	2	1	1	1	0	0	-4	-1	6	
19	skin, eruption measles	1	1	3	1	1	3	1	1	4	2	4	1	3
19	< measles, during [worse]	1	1	3	1	1	3	1	1	4	2	4	1	3
124	chest in general	3	3	3	1	2	4	3	2	3	4	4	2	3
113	cough, without expectoration (dry)	3	3	3	1	3	3	3	3	4	4	3	2	3
50	breathing, rattling of mucus	2	2	2	3	3	2	3	1	2	2	1	3	
122	breathing, difficult, shortness of breath	4	4	4	1	2	4	3	4	4	4	4	3	3
90	< cold in general [worse] P	4	4	3	2	3	2	2	3	3	2	1	1	4
58	> warmly, from wrapping up [better] P	3	3	2	2	2	1	2	1	1	1	1	2	4
73	> cold in general [better]		1	1		3	1	1	1	1	1	4/C	2	1
37	< warmly, from wrapping up [worse]		1				1	2	2	1/C	2	2	2	1

Twelve remedies cover everything and ten have no contraindications. According to the polarity difference Arsenicum album would be first choice.

Why not Antimonium tartaricum, as indicated by Lieth's card index?

Ant-t covers the respiratory tract symptoms but it is not listed in BTB 1846 for measles.

2.4 Recurrent Tonsillitis and Tonsillar Hyperplasia according to Boenninghausen

Niklaus is a 10-year-old boy, pale and slightly overweight, who comes to the practice requiring a basic remedy for tonsillar hyperplasia and frequent episodes of tonsillitis. The flare-ups are triggered by wet and cold weather, when he quickly succumbs to pain on swallowing, aggravated by sweet things and drinking milk, whereas cold water tends to ameliorate. Unusual dislike of sweet things. Concomitant complaint is

headache without an obvious trigger. He tolerates neither noise nor light, whereas cold compresses somewhat soothe the complaints. He frequently has nosebleeds (bright-red blood). He complains of a feeling of coldness in the teeth. It is very striking how he moans non-stop when he is ill.

Clinical condition: tonsil size in upper normal range, otherwise normal.

Case Analysis

Localisation

- Throat

Sensations and findings

- Pain on swallowing – P
- Dislike of sweet things – P

Modalities

- < Wet and cold weather
- < Swallowing – P
- < Food and drink, sweet
- < Food and drink, milk – P
- > Food and drink, water, cold – P

Concomitant symptoms

- Headaches
- < Noise
- < Light – P
- > Wet compress – P
- Nosebleed, bright blood – P
- Feeling of cold in teeth
- Moaning

Repertorisation¹¹

N. A.

Recurrent Tonsillitis and Tonsillar Hyperplasia

	Zinc.	Bry.	Sep.	Puls.	Calc.	Cham.	Nat-c.	Borx.	Phos.	Ars.	Chin.
Hits	9	8	8	8	8	8	7	7	6	6	6
Sums	14	18	20	20	22	16	15	10	18	11	14
Polarity Difference	4	11	9	7	4	2	3	3	13	7	4
55	< weather / air, cold and wet [worse]	2	1	1	2	4	1	2	2	1	2
93	< swallowing [worse] P	1	4	3	3	2	2	1	1	3	2
21	> food and drink, cold water [better] P	2	3	4	3	1	1	1	4	1	
80	< light in general [worse] P	1	2	3	3	4	2	3	2	4	2
23	> wet compress on body [better] P	1	1	1	4		1	1		2	
10	< food and drink, sweets [worse]	2				2	3	2			
36	< food and drink, milk [worse] P	1	3	4	2	4	3	3	3	3	4
43	< noises [worse]	2	2	3	1	3	3	3	2		2
39	nose, bleeding, bright red blood P	2	2	1	2	2		1	1	3	1
47	> swallowing [better]	2			3			1		1	1
40	< food and drink, cold water [worse]			1	3	3/CI	1	3/CI	1	3/CI	3/CI
13	> light in general [better]					2				1	
40	< wet compress on body [worse]	2	2	3/CI	1	4/CI	3/CI	1	2	2	
1	> food and drink, milk [better]										
41	nose, bleeding, dark blood		2	3/CI	3/CI		3/CI			1	2

Only *Zincum* covers everything without any contraindications. His bearing suggests he might benefit from *Calcium carbonicum*. But a patient's bearing is not a symptom.

Prescription and Progress

All symptoms disappear with *Zincum* 200 C. Two months after taking the remedy, he has a skiing accident with heavily bleeding scalp and is flown to hospital by helicopter – without falling unconscious at the sight of blood and without moaning or complaining.

Further Paediatric Illness, Polarity Analysis

3.1 Nils M., 4 yrs old, Limping on the Left Side

Nils is a blond, fair-skinned, slightly overweight toddler, who has so far had no particular illnesses. Actual Disease: After bathing in cold water two days earlier, he

comes down with a cold and complains the next day of hip pain on the left. He is limping, will not stand on his left leg anymore and prefers to keep still.

Condition: Limping on the left leg and pain when rotating the left leg inwards. Pressure on the left hip joint is painful. Normal apart from a runny cold. Blood test normal. *Diagnosis*

On the *Checklist for Acute Illness: Musculoskeletal System* the parents write the following symptoms:

- Hip joint
- Side in general, left – P
- < Getting cold – P
- < Movement – P
- < Walking – P
- < Standing – P
- > Lying – P
- < Stretching affected limb – P
- < Turning affected parts – P
- < External pressure – P

Repertorisation¹¹

N. M.

Coxitis fugax

		Arn.	Bry.	Bar-c.	Sulph.	Nux-v.	Nat-m.	Chin.	Calc.	Staph.	Sep.
Hits		10	10	10	10	10	10	10	10	10	10
Sums		24	29	19	24	25	22	22	26	19	23
Polarity Difference		14	12	12	11	9	9	9	9	8	8
74	hip joint	2	4	1	3	2	3	2	4	1	3
130	side, left in general	P 4	1	2	5	1	1	5	1	1	1
78	< cold, when getting cold [worse]	P 3	3	2	2	4	1	2	2	1	3
126	< movement, during [worse]	P 3	4	2	2	4	3	3	2	3	1
126	< walking, while [worse]	P 3	4	2	1	4	3	1	2	3	1
107	< standing [worse]	P 1	2	1	3	1	1	1	1	1	3
106	> lying position [better]	P 3	4	1	1	4	3	1	3	2	1
65	< stretching out affected limb [worse]	P 1	3	2	4	1	1	3	4	3	4
93	< pressure, external [worse]	P 1	1	4	1	1	3	1	3	3	3
84	< bending or turning, affected parts [worse]	P 3	3	2	2	3	3	3	4	1	3
130	side, right in general	1	3/CI	1	1	4/CI	1	1	4/CI	3/CI	1
74	> cold, when getting cold [better]	1	3	1	3/CI	1	1	1	1	1	1
102	> movement, during [better]	1	1	1	1		1	1	1	1	3/CI
102	> walking, while [better]	1	1	1	1		1	1	1	1	3/CI
71	> standing [better]	2	2	1		3/CI	2	1	2	2	
125	< lying position [worse]	1	1	1	2	1	1	1	1	1	3/CI
44	> stretching out affected limb [better]					2	2	1		1	
74	> pressure, external [better]	1	2		2	2	1	1	1		1
29	> turning affected part [better]					1		3	2		

23 remedies cover everything, 18 of which have no contraindications. The two remedies with the highest polarity difference are *Arnica* and *Barium carbonicum*.

Materia Medica Comparison for Arnica (GS)

Drawing pressing pains in left hip joint, thigh being extended, when sitting.

Materia Medica Comparison for Barium carbonicum (GS)

Nothing relevant.

Prescription and Progress

Nils is given a dose of *Arnica 200 C*.

Four days later his mother calls to say that the hip pain completely disappeared the next day (usual duration of transient synovitis: 1 week to 10 days)

3.2 Nina D., 10 yrs old, Status Febrilis

Nina is a pretty, blond girl, who suffered frequent respiratory infections and episodes of tonsillitis. With Nux vomica and later Nitricum acidum, these completely disappeared. IL: Now she comes to the practice during a heat wave in summer with 39° C fever and a "sore throat", which started two days ago.

Clinical condition: a highly febrile child in generally poor health. Locally she has inflammation of the mucous membrane in the mouth with multiple aphthous ulcers, especially on the palatal arch and on the tongue, as well as bad breath. The cervical lymph nodes are swollen and sensitive to touch. *Blood test:* neutropaenia (WBC 3.6) mild lymphocytosis (42% LYM). *Diagnosis.....?*

On the *Checklist for Acute Illness: Ear-Nose-Throat and Eye* the mother writes the following symptoms:

- Sore throat and fever
- Mouth, bad breath
- Saliva, increased – P
- Thirst – P
- Glands, swelling, inflammatory
- < Swallowing – P
- > Food, cold – P
- < Touch – P
- < Talking – P
- < While waking up – P
- Irritability – P
- < Yawning (= < mouth, opening)

Repertorisation¹¹

N. D.

Stomatitis aphtosa

		Bry.	Merc.	Phos.	Caust.	Puls.	Hep.	Cham.	Carb-v.	Acon.	Bell.
Hits		11	11	11	11	11	10	10	10	10	10
Sums		33	33	30	22	32	31	29	24	23	30
Polarity Difference		18	14	9	9	8	21	21	17	15	14
47	ulcerative pain, in internal parts	3	3	1	3	4	2	2	1	3	2
117	saliva, increased P	3	4	4	3	4	2	3	2	1	4
32	glands, swelling inflammatory	3	4	3	1	2	3		2	3	3
99	thirst P	4	4	1	2	2	3	4	3	4	3
93	< swallowing [worse] P	4	3	3	1	3	4	2	1	2	2
53	> food and drink, cold things [better] P	4	2	4	2	4		3	3	1	3
121	< touch [worse] P	3	2	1	1	3	4	4	3	3	4
77	< talking, speaking [worse] P	3	1	3	2	1	3	3	3	1	3
111	< sleep, after waking up [worse] P	2	4	4	4	5	4	3	4	1	3
64	irritability (anger, aggression) P	3	2	3	1	3	4	4	2	4	3
22	< mouth, opening [worse]	1	4	3	2	1	2	1			
111	saliva, diminished	3	3	4	2	3	1	3	1	2	4
86	thirst, absent	1	1	2	1	4/CI	1		1		2
47	> swallowing [better]		2	1		3			1		1
47	< food and drink, cold things [worse]	1	2		1	1		1	1		3
42	> touch [better]	2		3/CI	2		1				1
1	> talking, speaking [better]										
28	> sleep, after; while waking up [better]	1		4		2		1			
37	mildness				1	4(CI)					

Differentiate Bryonia from Mercurius solubilis with the help of the basic modalities that were elicited in casetaking:

.....

Answers

- > Cold – P
- > Movement – P
- < Lying – P

Supplementary Repertorisation¹¹

N. D.

Stomatitis aphtosa

		Puls.	Merc.	Bry.	Phos.	Caust.	Cham.	Hep.	Carb-v.	Rhus.	Sulph.	Acon.	Verat.
Hits		14	14	14	14	14	13	13	13	13	13	13	13
Sums		44	38	36	33	25	37	36	28	39	37	26	28
Polarity Difference		18	13	11	6	3	26	17	17	15	14	13	12
47	ulcerative pain, in internal parts	4	3	3	1	3	2	2	1	3	2	3	2
117	saliva, increased P	4	4	3	4	3	3	2	2	4	3	1	3
32	glands, swelling inflammatory	2	4	3	3	1		3	2	3	2	3	
99	thirst P	2	4	4	1	2	4	3	3	3	4	4	3
93	<swallowing [worse] P	3	3	4	3	1	2	4	1	3	4	2	2
53	>food and drink, cold things [better] P	4	2	4	4	2	3		3	1	1	1	1
121	<touch [worse] P	3	2	3	1	1	4	4	3	3	4	3	3
77	<talking, speaking [worse] P	1	1	3	3	2	3	3	3	4	4	1	3
111	<sleep, after waking up [worse] P	5	4	2	4	4	3	4	4	4	5	1	2
64	irritability (anger, aggression) P	3	2	3	3	1	4	4	2		3	4	3
22	<mouth, opening [worse]	1	4	1	3	2	1	2		2			1
73	> cold in general [better] P	4	1	1	1	1	2	1	1	1	2	1	1
102	> movement, during [better] P	4	3	1	1	1	2	1	1	4	1	1	2
125	< lying position [worse] P	4	1	1	1	1	4	3	2	4	2	1	2
111	saliva, diminished	3	3	3	4	2	3	1	1	2	4(CI)	2	4(CI)
86	thirst, absent	4(CI)	1	1	2	1		1	1	2	2		2
47	>swallowing [better]	3	2		1				1	1	1		
47	<food and drink, cold things [worse]	1	2	1		1	1		1	4(CI)	3(CI)		3(CI)
42	>touch [better]			2	3(CI)	2		1			2		
1	>talking, speaking [better]												
28	>sleep, after; while waking up [better]	2		1	4		1						
37	mildness	4(CI)				1				1	3		1
90	< cold in general [worse]	1	1	2	2	4(CI)	1	4(CI)	2	4(CI)	1	3(CI)	1
126	< movement, during [worse]	1	3	4(CI)	3(CI)	3(CI)	1	3(CI)	1	1	2	1	1
106	> lying position [better]		2	4(CI)	1	2	1	2	1	1	1	1	1

So *Mercurius solubilis* is the best-fitting remedy.

Prescription and Progress

The patient receives *Merc sol 200 C* (and *Bryonia* as reserve remedy).

After 24 hours she can again eat chips. Two days later, all symptoms have disappeared. The blood test after four weeks shows that the neutrophil count has normalised. (Normal duration of stomatitis aphtosa: 10 days).

3.3 Silvia S., 9 yrs old, Gastroenteritis

Silvia is a lean, fair-skinned, shy girl with a sensitive disposition, expressed not infrequently as psychosomatic stomach ache. The latest episode began two days before the consultation with an episode of abdominal pain and flatulence, which turned into severe diarrhoea with tenesmus and frequent small stools. She is extremely weak, lies in bed all the time without wanting to move, and she is chilly. Her desire for warmth is striking since she is otherwise known for being “warm-blooded”.

Clinical condition: She is an apathetic, suffering child with shrunken abdomen, increased bowel sounds, meteorism as well as dry mucous membranes – that is, signs of dehydration. Her skin feels cold to the touch. Otherwise normal.

With help of the *Checklist for Acute Illness: Gastrointestinal Tract* her mother selects the following symptoms:

- Diarrhoea general
- Stool too little
- Flatulence
- > Eructations (burping) – P
- > Warmth – P
- > Wrapping up warmly – P
- > In a room – P
- > Resting – P
- > Lying – P
- > Sitting – P
- < Standing – P
- < Movement – P
- > Pressure – P
- > Warm, becoming heated in bed – P
- Thirst, absent – P
- < Being alone – P
- < Company – P
- Sadness – P
- Mildness – P

Once again repertorisation only includes the polar physical symptoms. The mind symptoms are considered, if at all, only during the materia medica comparison. *Being alone aggravates* and *company aggravates* are omitted since they are contradictory.

Repertorisation¹¹

S. S.

Gastroenteritis

			Nux-v.	Camph.	Canth.	Cocc.	Bry.	Sabad.	Phos.	Nux-m.	Bell.
Hits			12	12	12	12	12	12	12	11	11
Sums			39	27	24	30	32	23	20	26	26
Polarity Difference			24	21	17	16	13	3	-3	16	11
90	> warmth, in general [better]	P	4	4	2	3	2	4	2	3	3
56	> warmly, from wrapping up [better]	P	3	2	2	3	1	2	1	3	2
107	> room [better]	P	4	3	2	4	1	2	1	4	2
117	> resting (not moving) [better]	P	4	3	2	3	4	1	3	2	4
106	> lying position [better]	P	4	2	3	2	4	1	1	2	3
101	> sitting [better]	P	4	2	1	1	4	1	2	2	2
107	< standing [worse]	P	1	1	1	1	2	3	1	1	1
126	< movement, during [worse]	P	4	3	2	3	4	1	3	2	4
74	> pressure, external [better]	P	2	1	2	3	2	1	1	1	2
38	> warm, becoming heated in bed [bett	P	4	2	2	2	4	3	1	2	1
86	thirst, absent	P	2	3	2	2	1	3	2	4	2
44	> eructations (burping) [better]	P	3	1	3	3	3	1	2		
73	< warmth, in general [worse]		1			1	1	1	1	1	1
37	< warmly, from wrapping up [worse]		1				1		2		
93	< room [worse]		1	1	1		3/CI		4/CI		1
102	< resting, while [worse]					1	1	4/CI	1	1	1
125	< lying position [worse]		1	1	1	1	1	3/CI	1	1	1
126	< sitting [worse]		1	1	1	1	1	3/CI	1	1	1
71	> standing [better]		3/CI	2	2	2	2		4/CI	1	4/CI
102	> movement, during [better]					1	1	4/CI	1	1	1
93	< pressure, external [worse]		1	1			1	2	2	1	1
67	< warm, becoming heated in bed [worse]		2			3/CI	1	1	2	3/CI	
99	thirst		3/CI		2	1	4/CI	2	1		3/CI
34	< eructations (burping) [worse]		1			3	2		3/CI		1

Seven remedies cover all symptoms but only two have no contraindications, *Camphora* and *Cantharis*. The non-polar symptom *Stool too little*, which is unusual with diarrhoea, is not repertorised. It is, however, considered during the materia medica comparison.

Materia Medica Comparison for Camphora [GS]

Difficult passage of feces, ... coldness of body, ... with icy cold feet ... Diarrhoea with colicky pain, particularly when caused by cold ... frequently chilly ... great sinking and collapse. After taking cold, cutting with involuntary loose discharge of dark brown feces Urging to stool and insufficient discharge. Feces passed with difficulty, not without exertion of abdominal muscles.

Materia Medica Comparison for Cantharis [GS]

Frequent small, corrosive stools, with colic and pinching. Diarrhoea of blood and mucus. Passage of pure blood from anus and urethra. Before stool: straining; urging; colic. During stool: cutting, colicky pains; burning in anus; prolapse of rectum; pressing and urging, extorting cries. Chilliness as though water was poured over one, with internal warmth.

Prescription and Progress

With its extreme sensitivity to cold and weakness, *Camphora* fits the symptoms noticeably better than *Cantharis*, which is striking above all for its bloody stools and extreme irritation of the gut.

After *Camphora 200 C* the fearfulness and sadness of the child disappear on the same day. The abdomen calms down overnight. By the next day the complaints have disappeared.

Comments

The unusual aspect of this case is the nature of the stool with concurrent diarrhoea, hence the amelioration from pressure ("*Feces passed with difficulty, not without exertion of abdominal muscles*"). This symptom is characteristic for *Camphora*. Without a materia medica comparison, it would have been difficult to differentiate the two remedies.

Additional Reading

Heiner Frei: *Polarity Analysis in Homeopathy – A Precise Path to the Simillimum*. Narayana Publishers, Kandern, 2014.

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