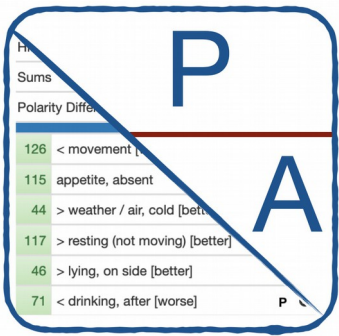


PA Session 3 of 17

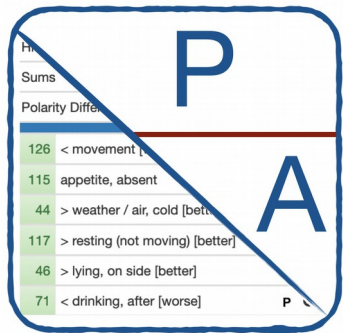
Text Review: Chapter 1

Polarity Analysis Training



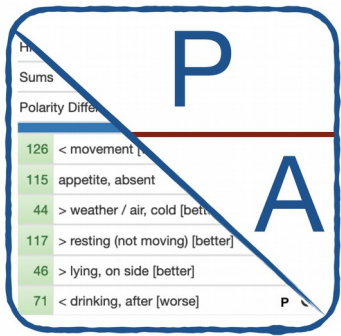
Plan for Today

- Check in: Everyone onboard with PA so far?
- Heiner's Text Ch1
 - Challenge to Contemporary Methodology / Our Bias / Disbelief
 - Pattern Matching FACTORS
 - Best Test Questions
 - Method of Case taking that builds in client observation
 - Guidance on dosing
- Review and Summary
- Q and A / Next steps



Differences w Contemporary Homeopathy

- **P1: Heiner frames OUR dilemma**
 - How to match between client pattern and remedy pattern
 - What will give us the most reliable good results???
 - Contemporary Dominance of Mentals / Sensation / Adaptation
 - Challenge: Data Priority (Mental / Physical, Recent / Historic)
- **Promises KEY Building Blocks**
 - What data actually matters (reliable) and how to elicit this pattern
 - What MM matches the pattern, and how to determine this



Guidance About Symptoms

- Ch1.2.1

- Symptoms NOT included:

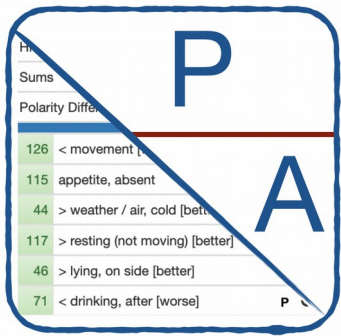
- Character traits / Characteristics (EVEN if MALADAPTED?)
- Anything unchanged from healthy state

- Best Test Question:

- Does this symptom belong to CURRENT case of illness?
- (Especially if current sx contradicts prior sx)

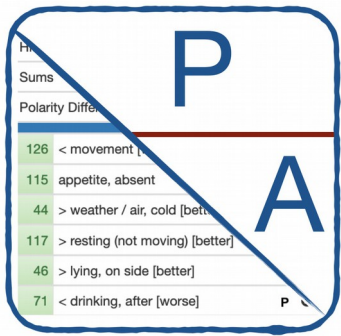
- Hering / Full symptom detail:

- Location / Sensation / Modalities / Concomitants/Extent
- Clinical findings



Hahnemann's Guidance on Symptoms

- Ch1.2.2: Org 153: SRPs / unusual / striking
 - Current interpretation – look for the unusual
 - Contemporary homeopathy tilts this to mental/emo/experiential
 - HF says ONLY DURING CURRENT ILLNESS
- Org 133: Importance of determining modalities
 - Specifically investigating through experiment
 - Not enough to rely on initial client statement (“I don't know...”)
- KEY BUILDING BLOCK
 - Client modalities are crucial in symptom match to remedy
 - Boenninghausen: **Modalities outweigh peculiarities** every time



Hierarchy of Symptoms

Ch1.2.3: Hierarchy of Symptoms helps prioritize accurately

- 1) Causation / Etiology – if identifiable
- 2) CHIEF symptom (as opposed to multi-morbid complex) with characteristics / modalities / sensation / clinical findings / modalities / concomitants and extent
- 3) Secondary symptoms (also changed since current illness)
- 4) Mental changes since current illness

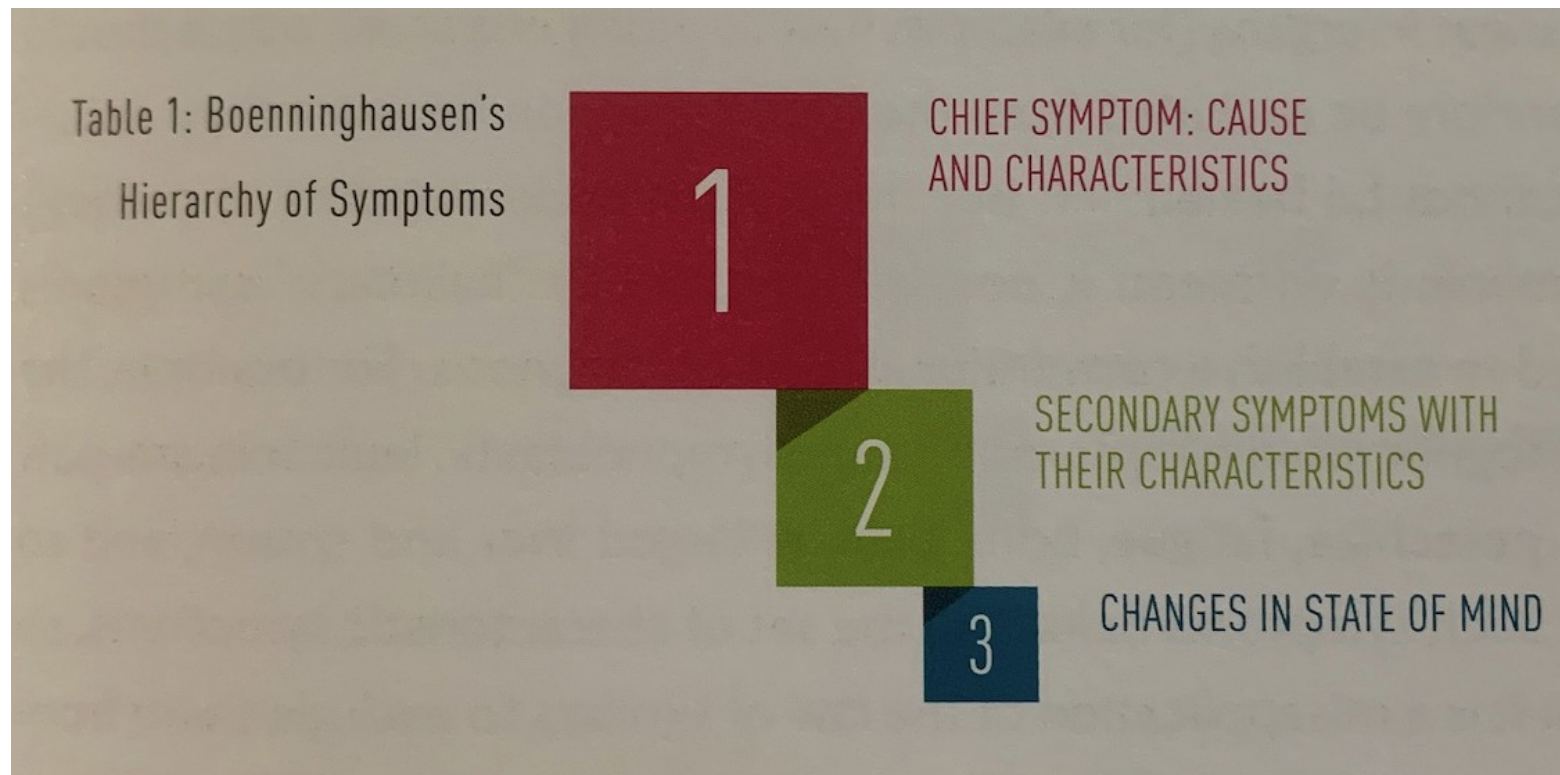
KEY: **NO contradictory modalities** in repertorization

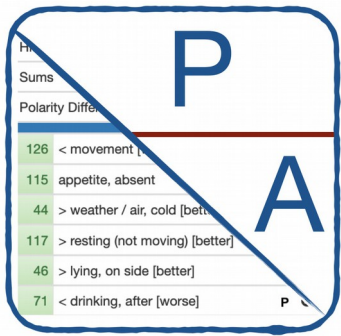
Examples? Experiences? How to watch for this?

| | | |
|-----------------|---------------------------------|---|
| Fr | | P |
| Sums | | |
| Polarity Differ | | |
| 126 | < movement [| |
| 115 | appetite, absent | A |
| 44 | > weather / air, cold [bett | |
| 117 | > resting (not moving) [better] | |
| 46 | > lying, on side [better] | |
| 71 | < drinking, after [worse] | P |

Hierarchy of Symptoms

- Ch1.2.3: Hierarchy of Symptoms helps prioritize accurately





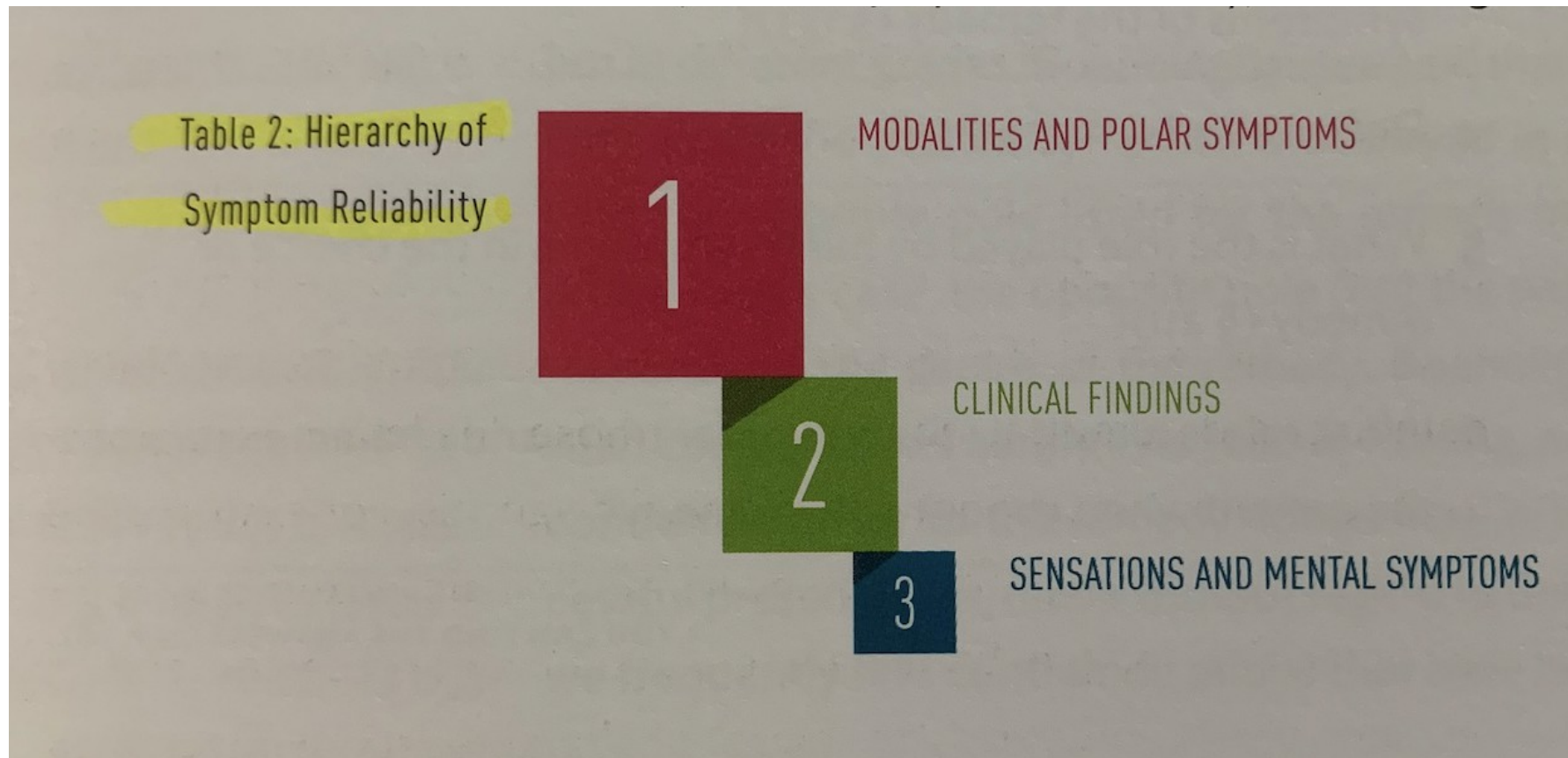
Reliability of Symptoms

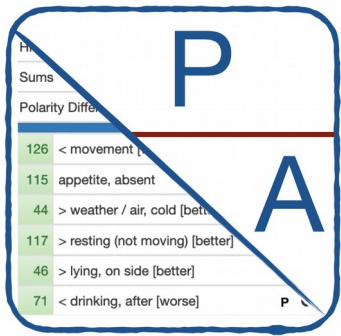
- Ch1.2.4: Reliability of Symptoms helps match accurately
 - We match **ONLY** as well as the symptoms identify a remedy
 - HF's Review / analysis identified **UNRELIABLE** indicators
 - Avoiding those left incomplete case patterns
 - **INCLUDE** with Modalities / **Pathognomonic symptoms**
 - Physical (common for diagnosis) pathology **usually SKIPPED**
 - Usually unambiguous, not lied about or avoided
- **KEY: Boenninghausen: Mentals are often CONSEQUENCES**
(repeat to self many times, then repeat again...)

| | | | |
|-----------------|---------------------------------|---|---|
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Reliability of Symptoms

- Ch1.2.4: Text illustration





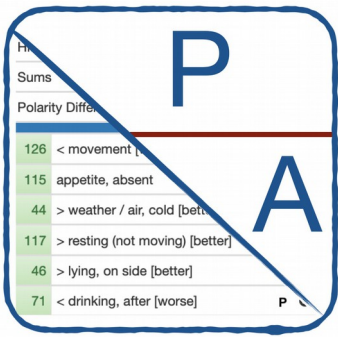
And Hering Adds....

- Ch1.2.5

- Order of Symptoms appearance is relevant for prioritization

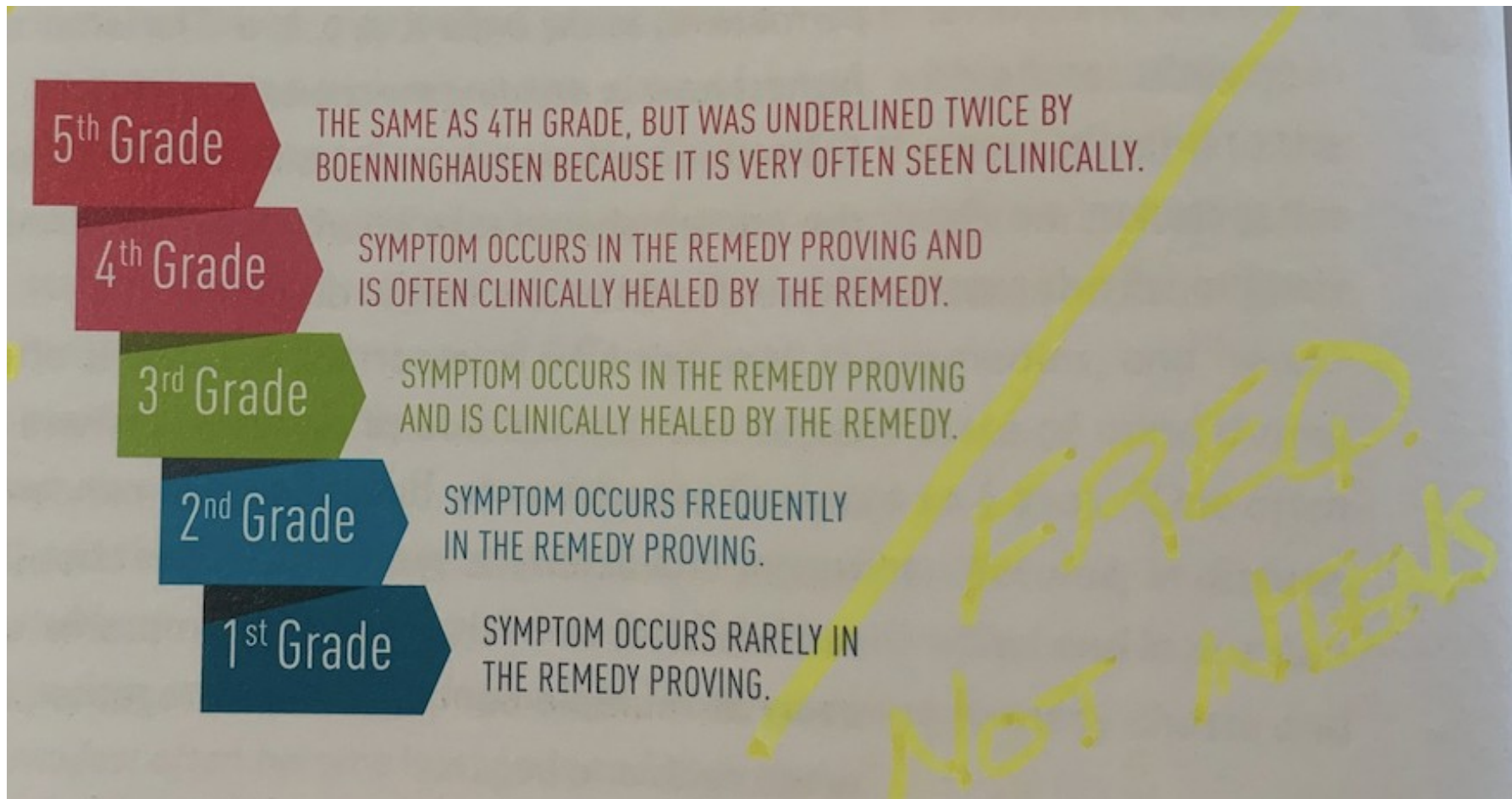
- **Most recently emerged symptoms** provide clearest match
- Concentrate our assessment on most recent symptoms
- **Create a chronology** to determine order of emergence
- (Practical realities.... Can't remember etc....)
 - Review history of medical records? Labs?
 - Additional Report of other family member / friend?

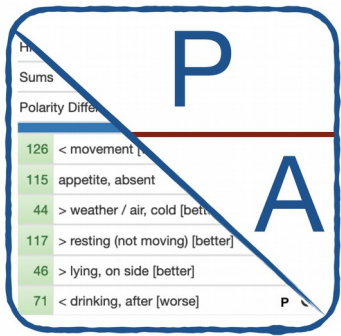
- **KEY: Narrow focus to recently emerged symptoms**



Confidence and Contraindications as Remedy Selection Drivers

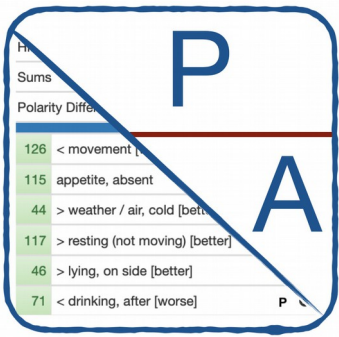
- Ch1.4.1: Text illustration of Symptom Grading





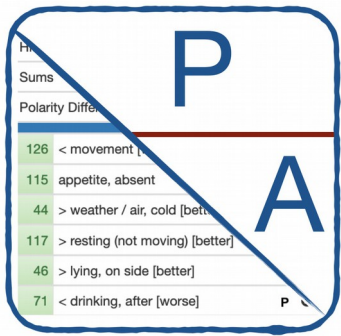
Heiner's Formalization

- Cases – Review these Chapter 1 examples
- Two stage case taking – engage client in the process
 - Invite participation
 - Client is equal partner / subject matter expert
 - Questionnaire prompts discovery
- Heiner's review – read and reflect
- ALL THIS will challenge what you have been doing, what you have come to see as “normal”. Get ready...



YOUR Questions?

- **NEXT STEPS:** Please review / read Chapter 1
 - Specifically investigate your disbeliefs / resistances
 - Create a reminder diagram or document to view in casetaking
 - Consider how to implement 2-stage intakes
- What help / support do you need to SUCCEED at PA?
- Read Chapter 2.....
- Get ready for SESSION 4 – time passes quickly!



PA Session 3 of 17

This Polarity Analysis training program and the PA team acknowledge our debt of gratitude to Boenninghausen, Dr. Heiner Frei and his colleagues for decades of meticulous and insightful work. We are fortunate to stand on the shoulders of giants. We extend their accomplishments and contributions into daily practice by training practitioners like you!