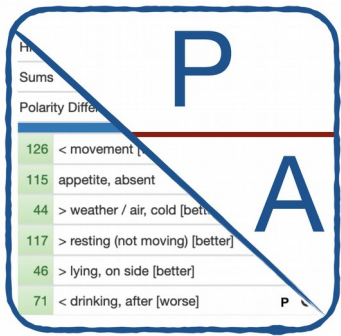


# PA Session 6 of 17

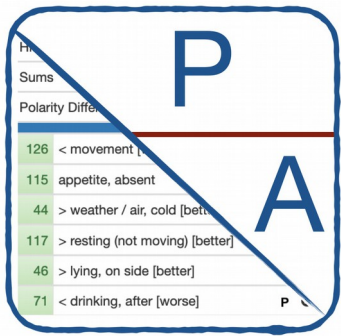
## Text Review: Chapter 2

# Polarity Analysis Training



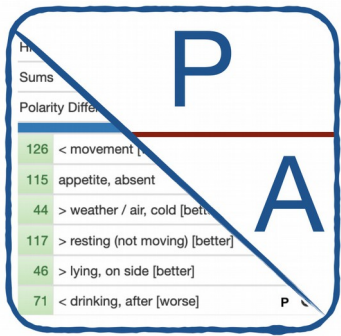
# Plan for Today

- PA Forum – subscribe for notifications
- Green rubrics: Studying the list??
- Heiner on Acutes (Ch 2): Review what matters
  - What is a Polar Symptom / Why it Matters
  - Contraindications / Why it Matters
  - Hierarchy of Symptoms / Why it Matters
  - Timeline of Symptoms / Why it Matters
  - Engaging Client with Questionnaire / Why it Matters



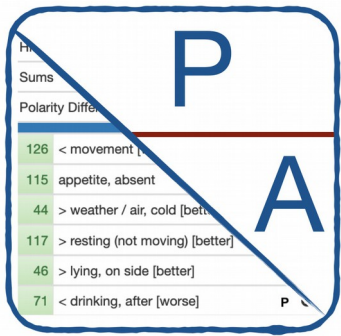
# Frei's Chapter 2: Acutes

- Heiner's Approach with Acute Illness
  - **Casetaking** + Remedy selection (Choice #1 and Reserve #2)
  - Recreating text cases using PA software (Some PA Changes)
  - Expanding the role of '**Small Remedies**'
  - **Refining when too few or too many POLAR symptoms**
  - Characteristics of **STATE** vs characteristics of **PERSON**
  - Whether ACUTE or CHRONIC, importance of **recent changes**
  - Using caution with **laterality** – **not as reliable as polar symptoms**



# What is a Polar Symptom: Why it Matters

- **Polar symptom:**
  - Symptoms that can have an opposite
  - Examples: Thirstless / Thirsty
  - Examples: Better from Movement / Worse from Movement
  - Marked with a **P** in the PA software
- **Materia medica OFTEN includes BOTH poles**
  - Both poles of a symptom may be present in materia medica
  - One will generally appear more strongly than the other
  - Most reliable remedy choices include **STRONGER** pole



# Value of Contraindications: Seeing Them for our Benefit

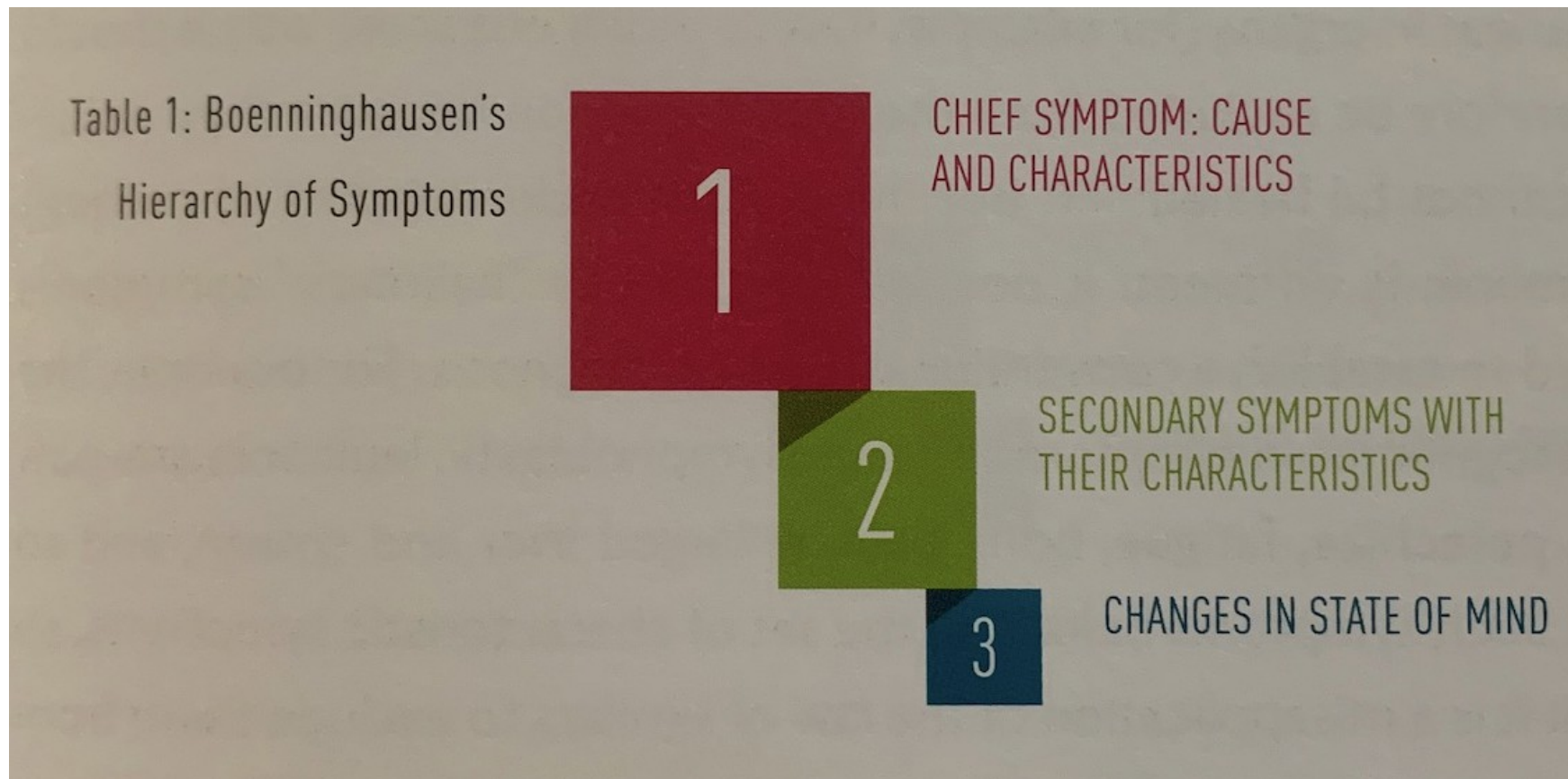
- Polar symptoms allow us to see:
  - Client symptoms on the axis of a polarity
  - Examples: Thirstless / Thirsty
  - Our client is THIRSTLESS
- Remedy with strong pole of THIRSTY is contraindicated
  - PA marks these with #/CI
  - The symptom does not correspond to genius of client's remedy
  - Contraindicated remedy column is “greyed out” - we ignore it
  - We can double check / verify the specific symptom that is #/CI

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

# Hierarchy of Symptoms

Maybe Upside Down from “Normal”?

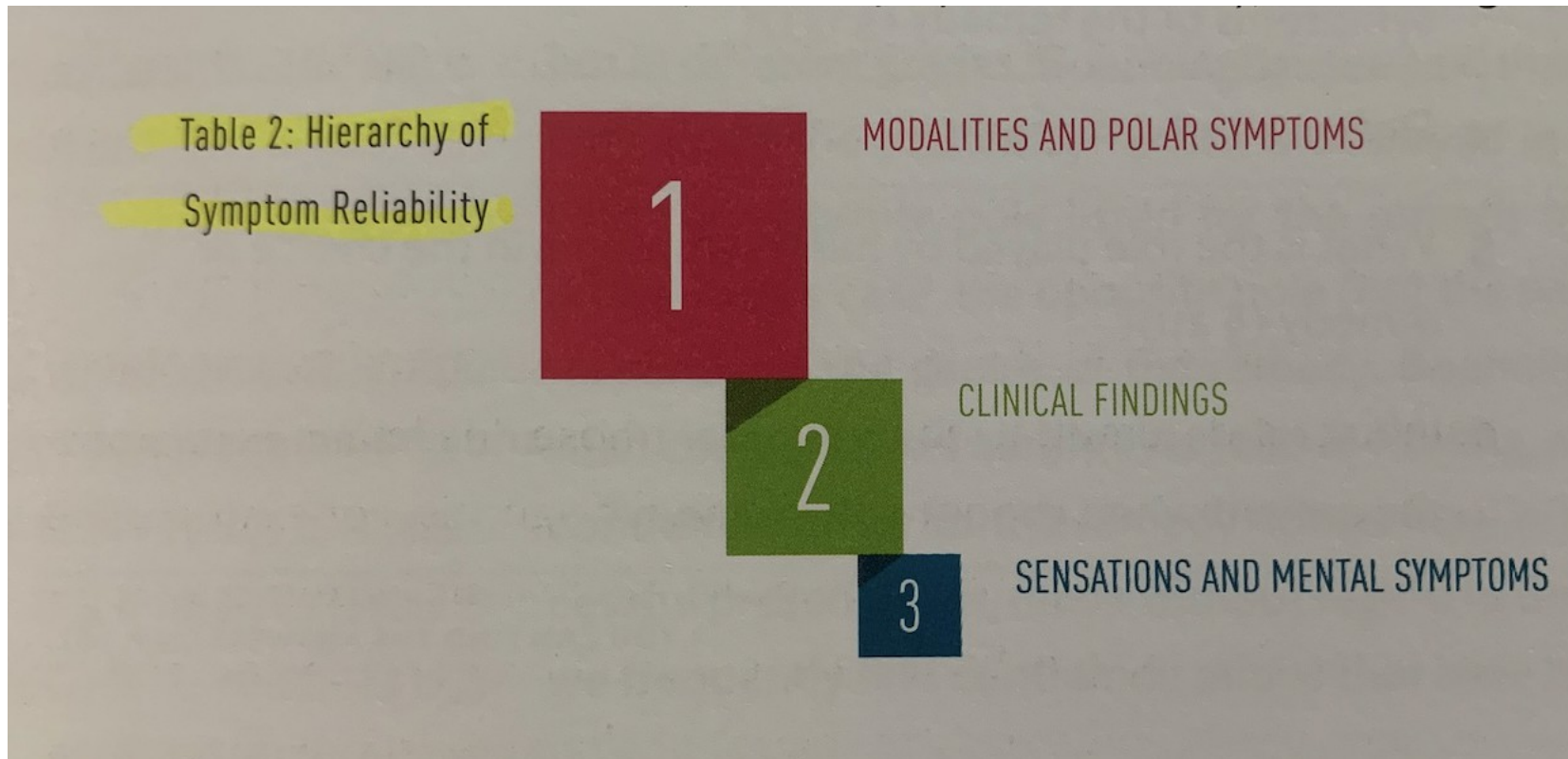
- Heiner emphasizes this PA approach to data priority

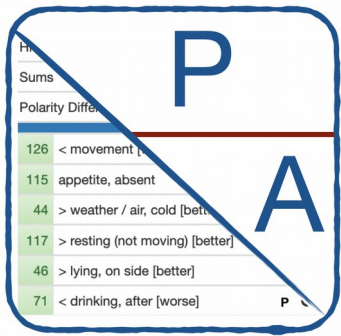


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# Hierarchy of Symptom Reliability

- Ch1.2.4 Reliable Symptoms improve accuracy

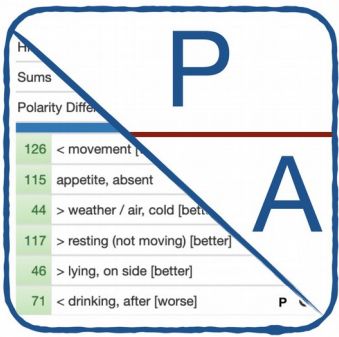




# Timeline of Symptoms

- Ch 2: Heiner outlines ACUTE timeline
  - Acute: symptoms in past 6 wks
  - ACUTE: Only changes since acute onset
  - No change with acute?? DO NOT include
  - If “persona”, not pathology?? DO NOT include
  - Most recently emerged symptoms = most relevant
- ACUTE illnesses unfolds in stages
  - Incubation / prodromal / illness / decline / convalescence
  - Inflammatory onset / Indicators of body response / Cleanup
  - Client may consult us at any point in this process – pay attention!



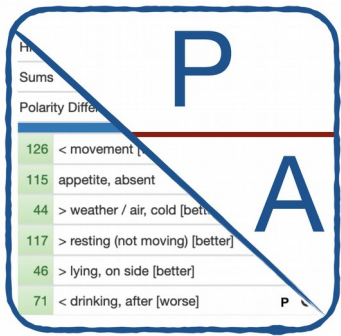


# Client Questionnaires

## Why it Matters

(Have you tried using the Q for You?)

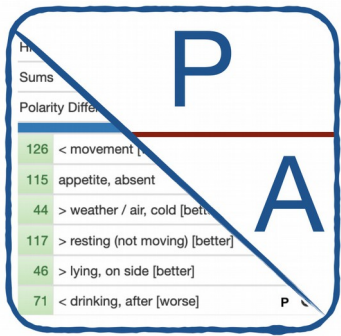
- We need accurate data from client
  - Symptoms may not be observed
  - Modalities not tested or evaluated
  - Concomitants present but unremarked
  - Questionnaire
    - Allows client to understand what is needed
    - Questionnaire details NOT necessarily obvious
  - Clients need: Time + Explanation
    - Heiner asks clients to complete during acute consult
    - Heiner asks clients to observe for 2 weeks for chronic care



# Acute Strategy

- Case taking
  - Limit to Symptoms changed in the acute!
    - Avoid inclusion of chronic complaints
    - Avoid mental symptoms unchanged since acute onset
  - PA Chart with minimum 5-8 polar symptoms
    - Start with only acute indicators
    - If too few, expand for other recent changes
    - If too many, review with client for MOST representative / combine





# Acute Dosing

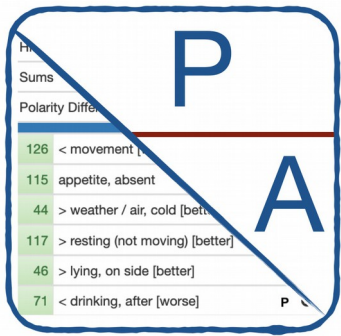
- **Remedy Selection**

- **Based on PA + MatMed confirmation**

- Select strongest option / give on site
- Select 'reserve' remedy to have as 2<sup>nd</sup> choice

- **Check in after 24-48 hours**

- TEST Question: 50%+ >> with Remedy #1? Continue
- Not improving? Move to Reserve #2 remedy

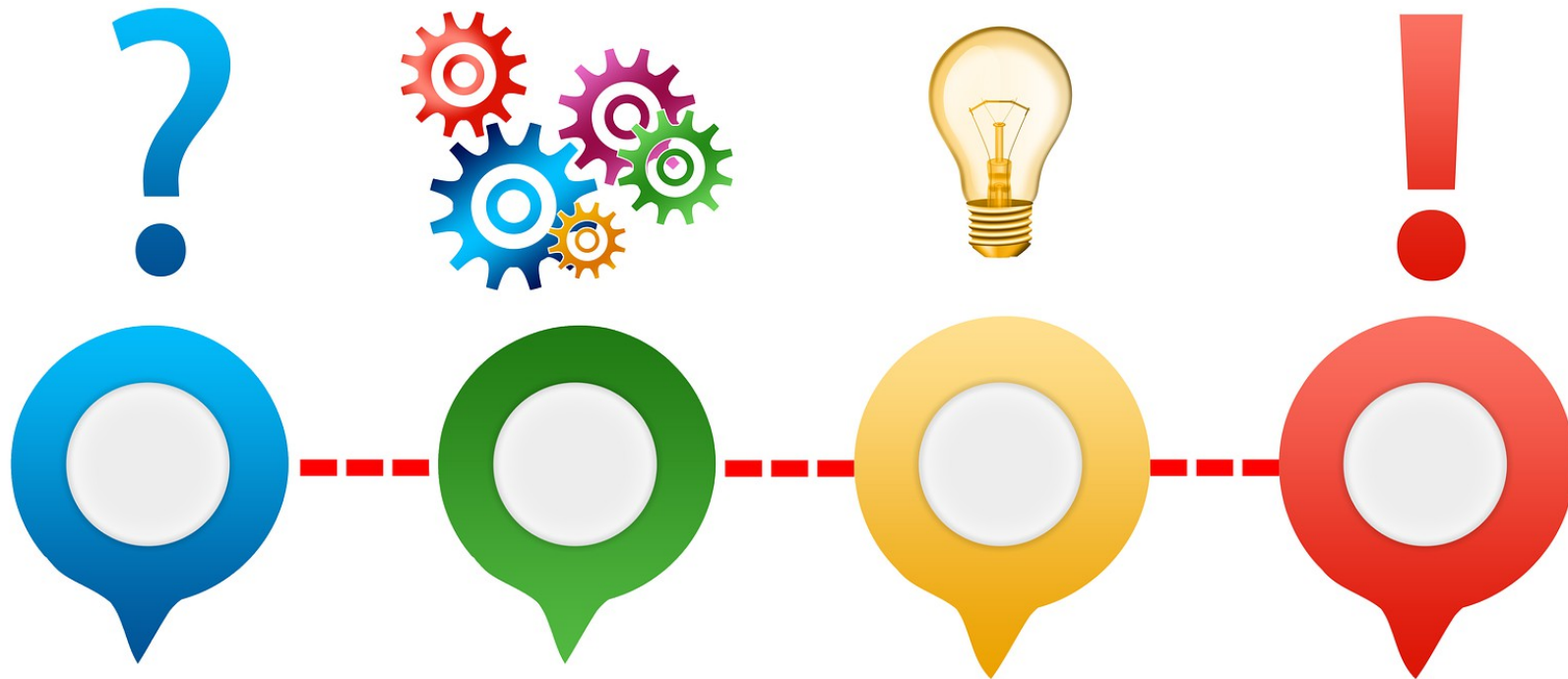


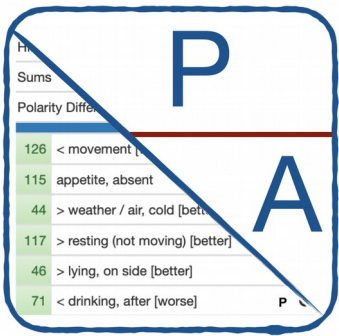
# Handy Tips

- Laterality SOUNDS good, but not reliable
- It's ALL ABOUT the illness = pathognomic symptoms
  - You may have been taught differently....
    - Symptoms of recent change since onset of illness are the target
    - Ignore characteristics of 'PERSONA' that are not the 'STATE'
- Contraindications
  - Save time – leave these out of differential
    - If REALLY doubtful, confirm the specific #CI w client

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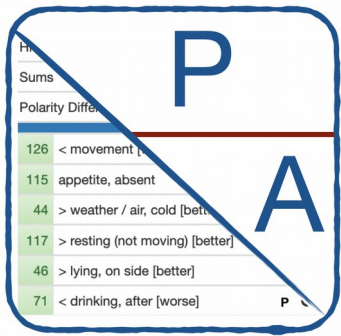
# Questions?





# YOUR Next Steps

- Repeating the restated: **Repetition is Your Ally**
- Please review / re-read Chapter 1 and 2
  - What will it take for you to take cases in this manner?
  - Reproduce the PA repertorizations for CH 2 cases
  - Practice with the questionnaires
- Read Chapter 3



# PA Session 6 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!