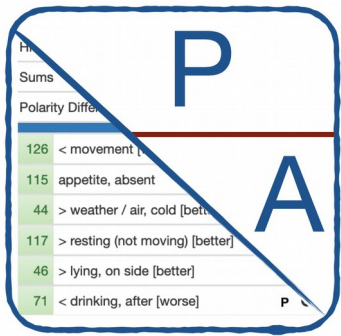


PA Session 13 of 17

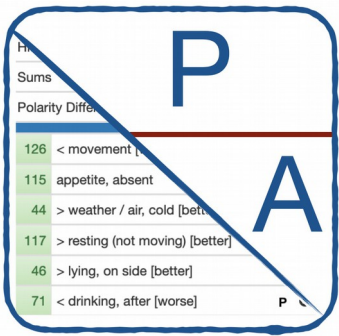
Text Review: Chapter 5

Polarity Analysis Training



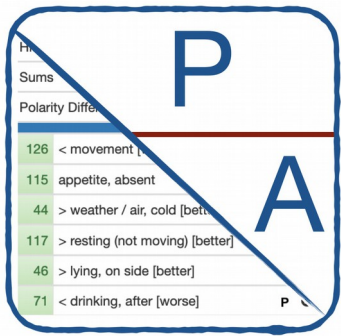
Plan for Today

- Wrapping up! How far has your understanding come?
- **Define Multimorbid:** Most of our practice?
- **Procedure:** difference from acute or single complaint
- **Example cases:** Heiner's cases demonstrating strategy
 - Criteria for choosing symptoms
 - Use of intermediate remedy
 - When there is no clear remedy with complete coverage
 - Heiner's view of Stress as a homeopathic antidoting factor
- **Materia medica differentials:** Heiner's considerations
- Your questions?



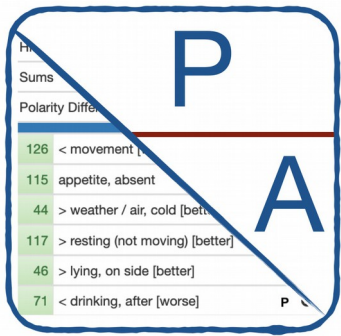
Let's define multimorbid

- **Three or more concurrent complaints**
- **Multiple** body systems affected **Chronic** by definition
- More common as age progresses, esp in **elders**
- Likely to be taking up to 10 **Rx pharma medications**
 - What were you taught about working with clients on Rx meds?
 - What are your medicolegal obligations re: client Rx meds?
 - What are the client management strategies re: client on Rx meds?
- Is this the majority of your clients in practice?
- What {unconscious} assumptions do we have with these clients?



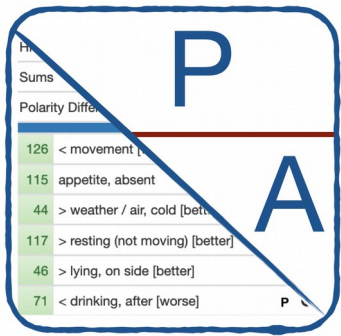
Review One More Time: Frei Procedure with Chronic Illness

- Frei Procedure for multimorbid chronic illness
 - In his clinic, 2 consults are set 2-4 weeks apart.
 - Preparatory Consult (20-45 min) How much time do YOU need?
 - Client report, exam, order labs
 - Review Rx medication and supplements
 - Create / review / confirm clinical diagnosis
 - Educate about the use of the questionnaire
 - Establish observation period 2-4 weeks (LONGER – WHY?)



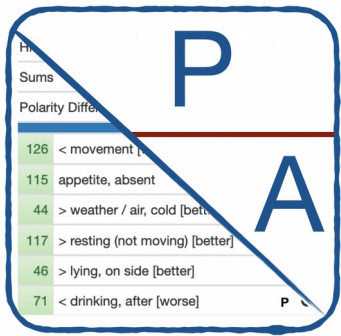
Instructing Clients: Questionnaires PER COMPLAINT

- We are accustomed to screening questions to help with questionnaires about ONE complaint
- Heiner's multimorbid clients get separate questionnaires per complaint
- Observe and document separately per complaint
- Are we ready to do this with our clients?
- This is illustrated in Ch 5 cases....



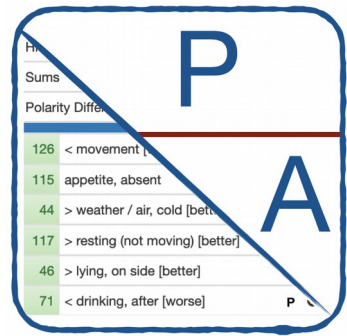
Frei Procedure with Chronic Illness Multimorbid Clients

- Step 2 after 2-4wk observation period
 - Main Consultation (30-60 min) How much time do YOU need?
 - Client reviews completed questionnaires
 - Discuss symptoms, clarify details PER COMPLAINT
 - Create Case Log (Collaborative Baseline)
 - Enter rubrics in software / Review PA chart
 - Differentiate with MatMed while client is present to confirm
 - Introducing the use of a Case Log (Collaborative Baseline)
 - Monthly follow ups



What is a Case Log

- AFTER the Prep Consult + Completed Questionnaire
- Create a graphic / trackable log at MAIN Consult
- For EACH complaint within the multimorbid array
 - First occurrence (year)
 - Frequency of complaints
 - Localizations, sensations and modalities
 - Rate avg intensity (1 to 10) of each complaint by client
- Use the case log to create the repertorization chart
- Let's look at one of these



Case Log Example: Symptom Details

Heiner Symptom Shorthand Screen before repertorizing!

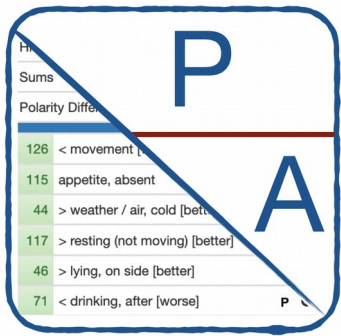
I: ever present / omit

II: polar mentals / ddx

III: instances / generalize

IV: equal opposites / only 1

CASE LOG G.G. 33 YEARS OLD			Consultation Dates DD/MM/YYYY							
DIAGNOSIS, START OF SYMPTOMS	FREQUENCY OF COMPLAINTS	CHARACTERISTIC SYMPTOMS	12.06.2009	02.07.2009	10.08.2009	14.09.2009	14.10.2009	28.11.2009	25.01.2010	25.05.2010
Mean Symptom Intensity (Scale 10-0)			6.8	2.0	1.0	0.5	1.0	0.8	0.3	0
Global Improvement (Scale 0-10)			0	7.0	8.5	8.8	9.0	9.3	9.8	10
Exhaustion 2 months	Always	Befuddled Tiredness Feeling of drunkenness Seriousness (always) Sleeps soundly, deeply Irritability P ^{II} Sadness P ^{II} < Anger > Movement P (always) ^I > In open air P (always) ^I	8	4	2	2	4	1	0	0
Headaches 12 months	Daily	Dull pain Dizziness < Worries / anger < after midday meal (= < after eating) P < Cold weather P ^{III} < Getting cold P < Physical effort P < Looking intensely P < Shaking head P > Closing eyes (= < light) P > Wrapping up head P > Rubbing (massaging) P > Rest P	9	0	0	0	0	0	0	0



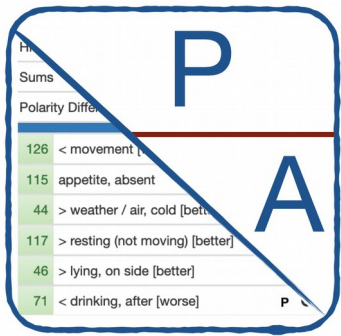
We Probably Learned in Our Homeopathic Training

- How is this different than what you do now?
 - We take the case as one total woven bolt of cloth
 - We take the case through client directed report (Aph 84)

“§ 84 The patient details the history of his sufferings; those about him tell what they heard him complain of, how he has behaved and what they have noticed in him; the physician sees, hears, and remarks by his other senses what there is of an altered or unusual character about him. He writes down accurately all that the patient and his friends have told him in the very expressions used by them. Keeping silence himself he allows them to say all they have to say, and refrains from interrupting them¹ unless they wander off to other matters. The physician advises them at the beginning of the examination to speak slowly, in order that he may take down in writing the important parts of what the speakers say.

(1) Every interruption breaks the train of thought of the narrators, and all they would have said at first does not again occur to them in precisely the same manner after that.

- Does this happen with the Prep or Main consult?



What is the Value of Concrete Quantification?

Peter Drucker:

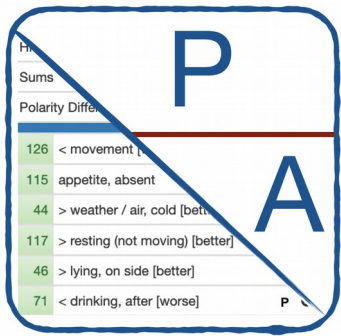
“What's measured improves.”

“You can't manage what you can't measure.”

If Heiner's meticulous approach of:

- Carefully documented details of each complaint
- Diagnostic congruence with client on what is to be healed
- Quantification / tracking with visible documentation for client

was using ANY analysis strategy, would outcomes improve?



Example Case: P 183: 48yo Female Anxiety Disorder

- “How to proceed when no remedy covers all symptoms”
 - Client has anxiety, musculoskeletal pain, menstrual pain
 - Heiner has prep consult, and then she is asked to complete:

She describes her symptoms with the help of the following questionnaires:

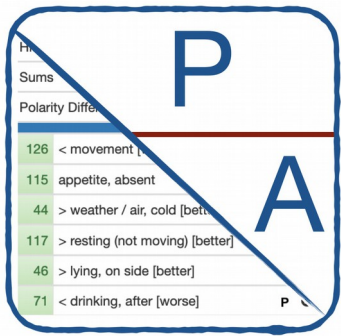
Musculoskeletal system — *disc hernia and joint complaints*

Gynaecology — *dysmenorrhoea*

Mind — *worries and fears*

Additional complaints — *further complaints*

Background — *psychosocial information*



Example Case: P 183: 48yo Female Anxiety Disorder

- Case log created for this client with 4 complaints
 - Details of each complaint are defined and tracked over time

CASE LOG E.C. 48 YEARS OLD			Consultation Dates DD/MM/YYYY								
DIAGNOSIS, START OF SYMPTOMS	FREQUENCY OF COMPLAINTS	CHARACTERISTIC SYMPTOMS	24.06.2009	18.09.2009	19.10.2009	23.11.2009	21.12.2009	25.01.2010	02.03.2010	03.05.2010	14.06.2010
		Mean Symptom Intensity (Scale 10-0)	8.3	4.8	4.0	2.3	1.5	1.3	1.3	1.0	0.8
		Global Improvement (Scale 0-10)	0	6.0	6.0	7.2	8.2	8.3	8.3	9.0	9.0
Disc hernia 2007	Daily	Cracking in neck vertebrae Clammy muscles Twitching muscles < After getting up from bed P < Initial movement	9	4	4	4	3	2	2	2	2

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

A

Case Log (continued)

Rheumatism 12 months	Daily	Stretching / stabbing / aching in knees and toes, right > left Reddening of joints < Cold weather P < Wet and cold weather < Winter / spring < Standing P < Before menstruation < Annoyance, insult, anger > Walking P > Lying (position) P > Wet compress P > In open air P > Rubbing P	6	5	3	2	0	0	0	0	0
Joint pains 6 weeks	Daily	Menses strong P Menses too early P Clots in menstrual blood Inner heat Excessive sweating < Standing P > Lying (position) P > Movement P	10	5	5	0	0	0	0	0	0
ENT infections 1999	Approx. 6 x per year	Weak nerves Tiredness < Anxiety, fear, shock < Worries / insults / anger < Thinking of complaints P < Being alone P < Before / at start of menstruation < After eating P > Lying (position) P	8	5	4	3	3	3	3	2	1

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

Rubric Selection Chart

Uses Polar Symptoms from ALL

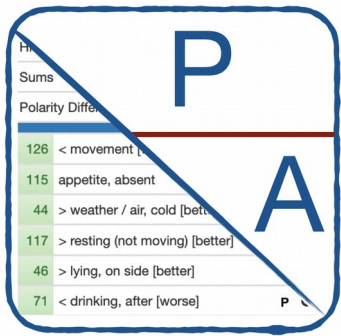
Client initially receives Am-m 200c.

60% >>
Then stalls.

Am-m 1M, 10M
Now 72% >>
Then stalls.

	Bry.	Caust.	Laur.	Mag-c.	Mur-ac.	Am-c.	Am-m.	Ars.	Bell.
Number of hits	12	12	12	12	12	11	11	11	11
Sum of grades	27	23	19	20	18	14	31	23	21
Polarity difference	6	5	7	1	5	-10	19	7	-3
< rising from bed, after getting up (p) [80]	2	1	1	2	1	1	4	2	1
< weather / air, cold (p) [88]	3	4	1	1	1	3		4	5*
< standing (p) [107]	2*	2	1	2	1	1	3	1	1
> walking, while (p) [102]	1	1	1	1	2	1	3	2	1
> lying position (p) [106]	4	2	1	1	1	1	3*	1	3
> wet compress on body (p) [23]	1	3	1	2	1		3	2	
> open air (p) [93]	2*	2	4*	4	1	1	1	1	1
> rubbing (p) [74]	2	1	2	2	3	1	2		1
menstruation, profuse (p) [80]	3	1	2	1	2	1	2	3	4
menstruation, too early (p) [84]	2	1	3	1	2	1	3	1	2
> movement, during (p) [102]	1	1	1	1	2	1	3	2	1
< eating, after (p) [121]	4	4	1	2	1	2	4*	4*	1
> rising from bed, after getting up (p) [124]	1	1	2	3/CI	2	3/CI	1	3/CI	3/CI
> weather / air, cold (p) [44]	2				2				
> standing (p) [71]	2					1		2	4/CI
< walking, while (p) [126]	4/CI	1	1	1	1	2	1	1	4/CI
< lying position (p) [125]	1	1	1	2	3/CI	2	3	4/CI	1
< wet compress on body (p) [40]	2		2	1	1	4/CI	1		3/CI
< open air (p) [110]	1	1	1	1	2	2	2	1	4/CI
< rubbing (p) [44]		3/CI		1	1		1	2	
menstruation, weak (p) [66]	1	3/CI	1	4/CI		4/CI			
menstruation, late (p) [69]	2	4/CI		4/CI					
< movement, during (p) [126]	4/CI	3/CI	1	1	1	2		1	1
> eating, after (p) [52]	1	1	3/CI	1		2	2	1	4/CI
						2	2	1	

Table 53: First Repertorisation - Case 35, E.C.



What Does This Suggest to Us?

- **Case moves forward with repeated engagement**
 - Client improves / plateaus / retake and further improved (etc)
 - Am-m → Sabina → Calc
 - *(Anyone wondering if it was Calc all along?)*
 - How useful was the Case Log for the Client? For the Practitioner?
- **Heiner advises this for repertorization**

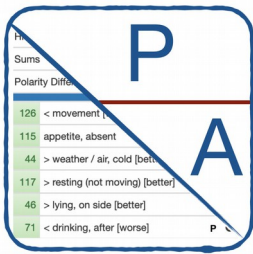
Table 46

BASIC PRINCIPLES OF REPERTORISATION IN MULTIMORBID PATIENTS

Conduct initial repertorisation only with polar symptoms, especially modalities.

If there are more than 20 relevant symptoms, consider using only the most recent symptoms for repertorisation (according to Hering's Law).

Consider particularly remedies with a large polarity difference and no or few contraindications and clarify any uncertainties in discussion with the patient.



Evolution of the Case in Multimorbid Clients

- **Initial repertorization**

- Include polar symptoms (especially modalities) across all complaints
- Watch for duplication / opposites / lesser details
- If LARGE set (over 20 rubrics) drop the older sx, focus on recent sx
- Any non-polar symptoms are considered in MatMed differential

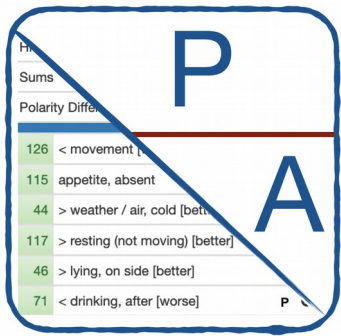
- **Selecting remedies to investigate**

- Prioritize high polarity score
- Do not investigate remedies with contraindications
- Identify any symptoms missing for a likely remedy / inquire the relevance of that symptom with the client

- **As client improves, continue remedy.**

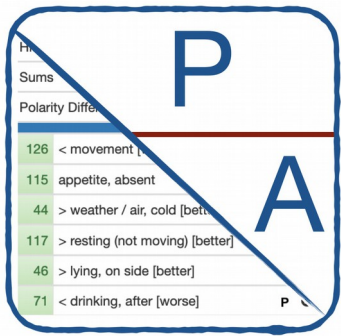
- **When client plateaus / retake.**

- Note in the example case: progressive remedies may follow reverse order of client's suffering over time.



Heiner's Guidance

“Correct homeopathic treatment means simply sticking to the currently presented symptoms, which point to the correct remedy with unerring precision. Homeopathy thus becomes much less complicated than it may appear in certain theories.”



Remember: This Can Feel Different than “Usual”

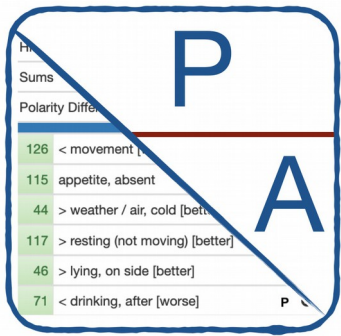
“The mind symptoms are excluded from the repertorization, except those which overlap with physical symptoms.”

“Contradictory symptoms such as < warmth and > warmth are omitted from the repertorization.”

“Symptoms with fewer than 10 remedies are unsafe because they too severely restrict the spectrum of available remedies.”

“Despite the unsatisfying materia medica comparison, the patient is now given....”

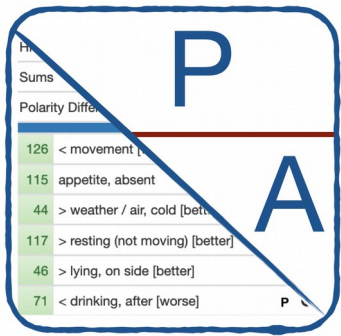
“Patients often ignore symptoms that have disappeared and emphasize what is still present.... The progress graphics help...”



YOUR Questions?

NEXT STEPS:

- Please review / review Chapter 1, 2, 3, 4
 - Remember that repetition helps you
 - Remember that we need to change our status quo
- Read Chapter 5, review each case a few times
- What would it take for YOU to implement a Case Log?
- Next session: Case Supervision Monday Apr 4

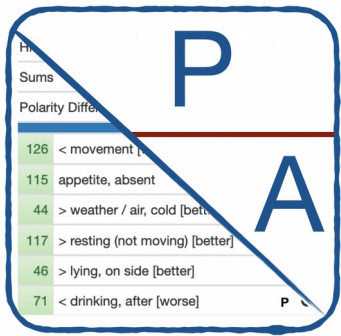


Summer 2022 series offers a bridge for clinical supervision and skills development between the formal PA course series in Spring and Autumn. Enrollment in the series is open to all practitioners who have completed at least one full 3 month series of the Polarity Analysis training.

Enroll in this series of 4 Thursday Evening (8pmET/5pmPT) 90 minute summer sessions (May 12 / Jun 9 / July 14 / August 11). The first half hour of each session is a topic presentation, followed by 1 hour for peer review and presentation of YOUR cases.

- May 11, 2022: Strategies for Peer Case Review
- June 9, 2022: Case Prep for Publication
- July 14, 2022: Case Prep for Presentation at Conference or Grand Rounds
- August 11, 2022: Setting Up Your Retrospective Case Review

Sessions are recorded, and review will be available to participants for one year.



PA Session 11 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!