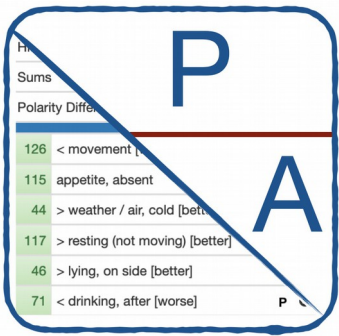


PA Session 11 of 17

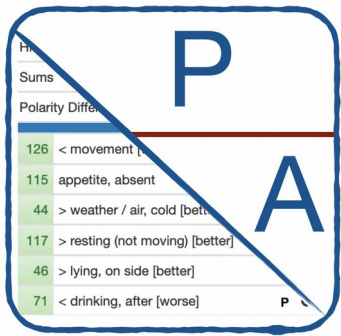
Text Review: Chapter 4

Polarity Analysis Training



Plan for Today

- **Summer** is coming.... Program on tap
- 🤔 **WHAT YOU HAVE BEEN ASKING ABOUT!!** 🤔
- **Approach to Mental Illness**
- **Unreliability** of “vaguely formulated mind symptoms”
- **Boenninghausen's Generalizations** not in Mind Sx
- **Mentals Later:** ONLY as factor in materia medica ddx
- **Facing our biases** and using Critical Thinking skills
- Your questions?

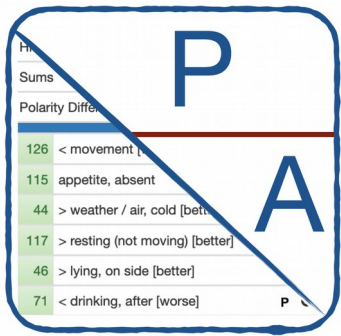


Summer 2022 series offers a bridge for clinical supervision and skills development between the formal PA course series in Spring and Autumn. Enrollment in the series is open to all practitioners who have completed at least one full 3 month series of the Polarity Analysis training.

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.

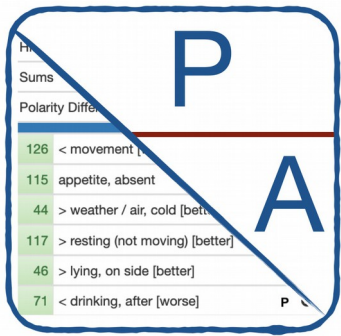
- May 11, 2022: Strategies for Peer Case Review
- June 9, 2022: Case Prep for Publication
- July 14, 2022: Case Prep for Presentation at Conference or Grand Rounds
- August 11, 2022: Setting Up Your Retrospective Case Review

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



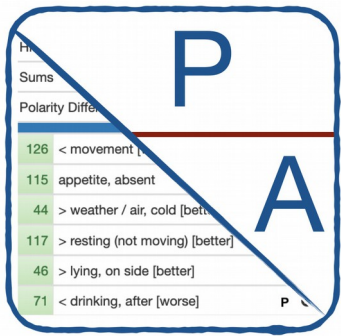
We Probably Learned in Our Homeopathic Training

- Most important aspect of the case is the mental/emo state
- We are accustomed to a Post-Freudian emphasis on Psyche
 - As a practitioner, we can get drawn into “story” (“It's interesting!”)
 - As a practitioner, we may SEEK OUT / Over-emphasize Psyche
 - Clients often present with Mental/Emotional/Experiential
 - Case emphasis: Quality of life / adaptation
 - NBWS Upset or Trauma
 - Expression of opinion, Spontaneous expression
 - No observation / research / quantification required
 - Clients may not follow if we direct them to “symptoms”
 - Example case: “I don't want to live any more (sobbing)...”



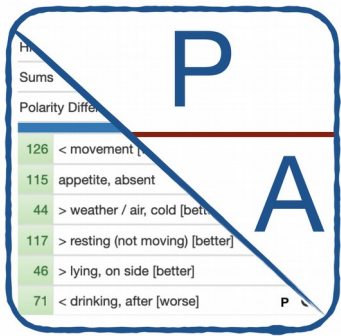
Heiner Says Sam Says...

- **Aph 215:** Mental illness as a one-sided disease
- Mind symptoms very individual / cultural / familial / unreliable
- Client may find it difficult to articulate in clear way
- Client may report only a very few symptoms / tough to match
- Hahnemann says (**Aph 216/218**) to precisely record
 - *“all the befallments of the former so-called somatic disease, the presence of which can only be discerned by the subtly observing physician.”*
- Hahnemann says (**Aph 175**) lack of symptoms is often due to the *inattentiveness of the medical observer*
- Heiner's Eternal Question: **What data is the MOST reliable in selecting an effective remedy?**



What Was Boenninghausen's Approach to Mind?

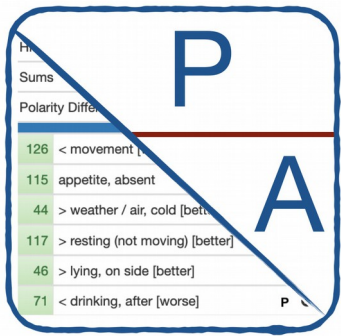
- Remember the term: **Dissociative Repertorization?**
- He noted that a symptom has components that he SPLIT
 - Hypersensitive to smell on waking in the morning
 - Sensation (acute loud sound)
 - Location (right ear)
 - Modality (< on waking)
- Not Like Kent: Synthetic repertorization
 - The cumulative total of the components is the symptom repertorized
- Boenninghausen extrapolated characteristic components
- This is great for physicals / generals! Mind? Not so much...



Heiner Says...

“...In this chapter, we look at the use of polar symptoms for the treatment of mental illness in exactly the way recommended by Hahnemann, avoiding currently fashionable speculation about the patient's mental state.”

“Since mind symptoms, due to the wide variability in their formulation, are more difficult to generalize, they are only included in a 'rough' way in Boenninghausen's PB and they are only used in the final stage of the procedure, the materia medica comparison.”



Heiner's ADHD Questionnaire... “Perceptual”

- Includes symptoms arising from perceptual experience
- Interaction of the sensorium with the environment
- Primary tool for mental illness / impairment / disorder
- Parents complete the form for children
- Let's Review the form... (Right hand column in Software)
- Compare to the Standard Questionnaire... (Center column)

Checklist for Perception Disorders

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<i>Name of Patient</i>	<i>Date</i>
<i>For a homeopathic remedy determination we need to know exact symptoms. Please note in the field below what you find most striking.</i>	

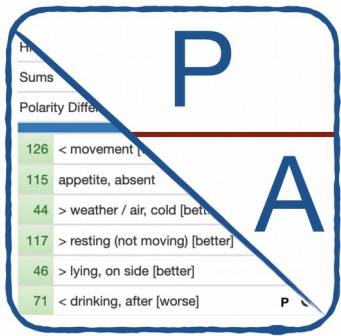
Mainsymptoms

3. The following symptoms are common in disturbances of perception and ADD/ADHD but **have proved to be unreliable when choosing a homeopathic remedy**. They still may play a certain role in the fine tuning of the remedy determination. Therefore underline only symptoms here which are very pronounced.

Now mark on this side **between 8 and 16 important symptoms** that pertain to the perception disorders. Symptoms are changes when the patient is not well. They differ from the healthy state.

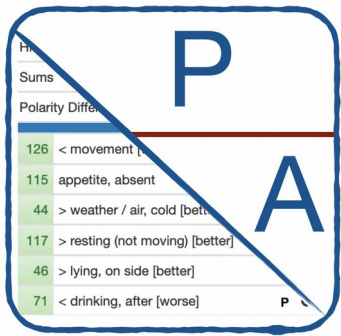
High Reliability	Interpretation
Light (bright) aggravates	Over-sensitivity to bright light
Looking, eyes strained, aggravates	Irritability after media consumption (TV/PC)
Reading aggravates	Dislikes reading, tires quickly
Talking aggravates	Slow speech development, speech disturba.
Touch aggravates	Dislikes touch
Warmth in general aggravates	Irritability in warm environment
Warmth of Room/Stove aggravates	Irritability in overheated room
Uncovering ameliorates	Uncovers or takes off clothes often
Cold in general aggravates	Feels cold easily
Uncovering aggravates	Covers himself or wraps up warmly
Aversion against movement	Laziness
Writing aggravates	Writes/draws in cramped way, tires easily
After waking up, aggravates	Irritability after waking up
Before falling asleep, aggravates	Irritability in the evening, before sleep
Understanding difficult	Grasps complex issues only slowly
Sadness	Downcast, weepy
Irritability	Aggressive, fits of rage
Intermediate Reliability	
Noise aggravates	Irritated by noise of others
Smell sensitive	Intolerant of smells
Taste diminished	Adds spice to everything
Travelling in car aggravates	Nausea/headaches while being driven in a car
Movement ameliorates	Restlessness/irritability improved by sports
Memory weak	Easily forgets things just learned
Muscles tense (must be confirmed by physician)	Basic muscle tone high
Muscles flabby (must be confirmed by physician)	Basic muscle tone low

Mind	Performance	Hunger aggravates
Mood swings	Mistakes in arithmetic	Sweet things aggravate
Sulky	Slowness	Milk aggravates
Serious	Fresh Air/Movement	After eating ameliorates
Fearful	Desire for fresh air	After drinking ameliorates
Compulsive ideas	Aversion to fresh air	
Proud, arrogant	Fresh air ameliorates	
Nasty	Walking in fresh air ameliorates	
Jealous	Physical effort ameliorates	
Greedy, stingy	Involuntary movements (tics)	
Brash, cheeky, rude	Touch	
Dictatorial	Pressure of clothes aggravates	
Dislikes washing himself	Combing hair aggravates	
Modalities of Mind	Touch ameliorates	
Mental effort aggravates	Rubbing, massaging ameliorates	
Being alone aggravates	Weather/Phases of Moon	
Being with people aggravates	Cold weather aggravates	
Darkness aggravates	Autum aggravates	
Room full of people aggravates	Winter aggravates	
Strangers aggravate	Windy weather aggravates	
Being consoled aggravates	Change of weather aggravates	
Fear aggravates	Full moon aggravates	
Upset aggravates	New moon aggravates	
Annoyed aggravates	Eating/Drinking	
Anger aggravates	Disgust	
Lack of sleep aggravates	Desires sweet things	
Motor phenomena	Desires salty things	
Stammering	Desires milk	
Grinding teeth	Midday aggravates	



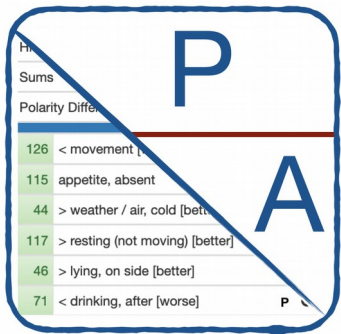
Example Case: P 126: 12yo Male, ADHD Aggressive / Fearful / On Ritalin

- “What are reliable criteria for choosing a remedy?”
 - Case is taken, with emphasis on polar symptoms
 - With ADHD... concentrate on Perceptual Symptoms (... Parents..)
 - **First selections:** symptoms of perception and their effects
 - **Second selections:** modalities of other symptoms (non-ADHD)
- Remember Polar symptoms have an opposite / most modalities
 - Mind Polars: Hypersensitive to (smell / light / sound)
 - Marked with a **P** in the PA software
- Remedy materia medica OFTEN includes BOTH poles, one stronger
 - Remedies with STRONGER pole are **Considered**
 - Remedies with WEAKER pole are **ContraIndicated**



Example Case: P 126: 12yo Male, ADHD Aggressive / Fearful / On Ritalin

- This is an excellent teaching example
 - Observe how Heiner translates client report into rubrics
 - Observe how the ORGANISM is holding the state, not the MIND
- With a client who is violent / in fear / suicidal thoughts
 - Heiner notes NOTHING FROM THE PLOT LINE
 - Let's Notice: These are not even IN Boenninghausen's rubrics
 - He focuses on the symptoms of perception and their effects

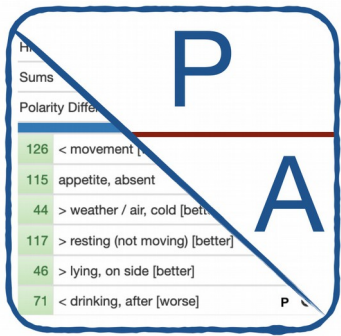


Rubric Selection Chart

The available set of symptoms – possibly due to the language barrier – is rather limited, with only four polar symptoms. To arrive at an adequate differentiation of remedies, the weather modalities and the sleep disturbance have to be included in the repertorisation.

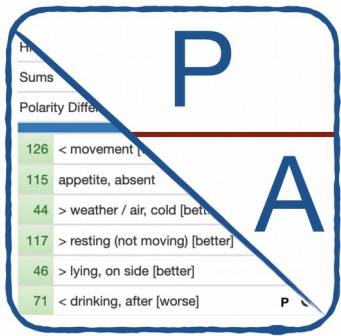
	Ars.	Aur.	Bell.	Bry.	Lyc.	Phos.	Puls.	Sulph.	Bar-c.
Number of hits	8	8	8	8	8	8	8	8	7
Sum of grades	18	19	20	16	27	18	21	20	13
Polarity difference	6	10	2	0	7	2	1	1	5
smell, hypersensitive (p) [49]	1	4	4	1	4	4	2	3	2
> movement, during (p) [102]	2	4	1	1	4	1	4	1	1
understanding, difficult (p) [74]	2	2	2	1	4	1	1	2	2
memory, poor, weak (eP) [60]	2	1	4	3	4	1	2	3	2
< weather / air, cold and wet [59]	3*	2	1	1	3	1	2	3	1
< weather / air, windy, stormy [27]	2	1	2	2*	2	3	3	2	
falling asleep, late [106]	4	1	3	4	3	4	4	3	2
irritability (anger, aggression) (p) [64]	2	4	3	3	3	3	3	3	3
<i>smell, lost, weak, diminished (p) [46]</i>		2	4	2	3	3	4/CI	2	
< movement, during (p) [126]	1	1	4/CI	4/CI	1	3/CI	1	2	2
understanding, easy (p) [17]					1	1		1	1
mildness (p) [37]		1			3		4(CI)	3	

Table 37: Repertorisation – Case 25, B.I.



Life Stage Crisis

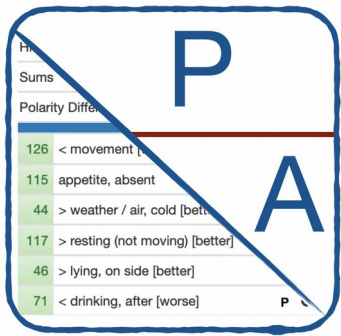
- 4.2.2 16 yo Male, has been on Lycopodium 5 years
 - Recent onset of nose bleeds
 - No other changes
 - Lycopodium does not resolve
- Heiner retakes the case (the pattern has changed)
 - Identifies Polar symptoms for chief complaint
 - Identifies physical general indicators “flabby muscle tone”
 - Remedy selection: Cantharis stops the nosebleeds
- Client in new life stage – out of school, beginning work
 - Work environment is unaccustomed, difficult to navigate
 - Again the symptoms change / Again a retake of the case
 - Look at the way Heiner stays out of the “Plot line”



Life Transitions: Where Is This in YOUR client base?

COMMENTS

Transition phases in life quite often lead to physical and mental problems, necessitating a new choice of remedy. The signal in this case was the sudden nosebleeds. To continue doggedly pursuing the initial prescription of *Lycopodium* would have been fruitless. We are dynamic beings, in a constant process of development, and the choice of homeopathic remedy must adapt to these developmental changes.



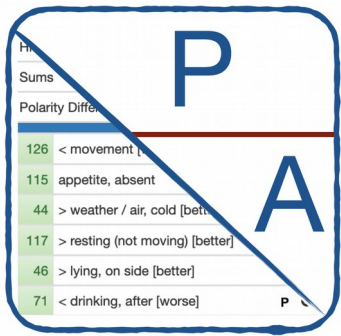
We Don't Have to Get “The Story”

P 145: 15yo Female

Recent Onset Cutting / Unstable / Borderline
Let's Review... Heiner's Approach

COMMENTS

The significance of this case is that the required remedy *Belladonna* emerged as one of the best remedies after repertorisation although the actual chief symptom – self-injuring behaviour – could not be directly included. Another patient with self-injuring behaviour was successfully healed in our practice with *Calcium carb.*. This remedy also has no reference to self-injuring behaviour in the materia medica. To emphasize once again: more crucial for the efficacy of the remedy is that it adequately covers all the modalities, without any contraindications.

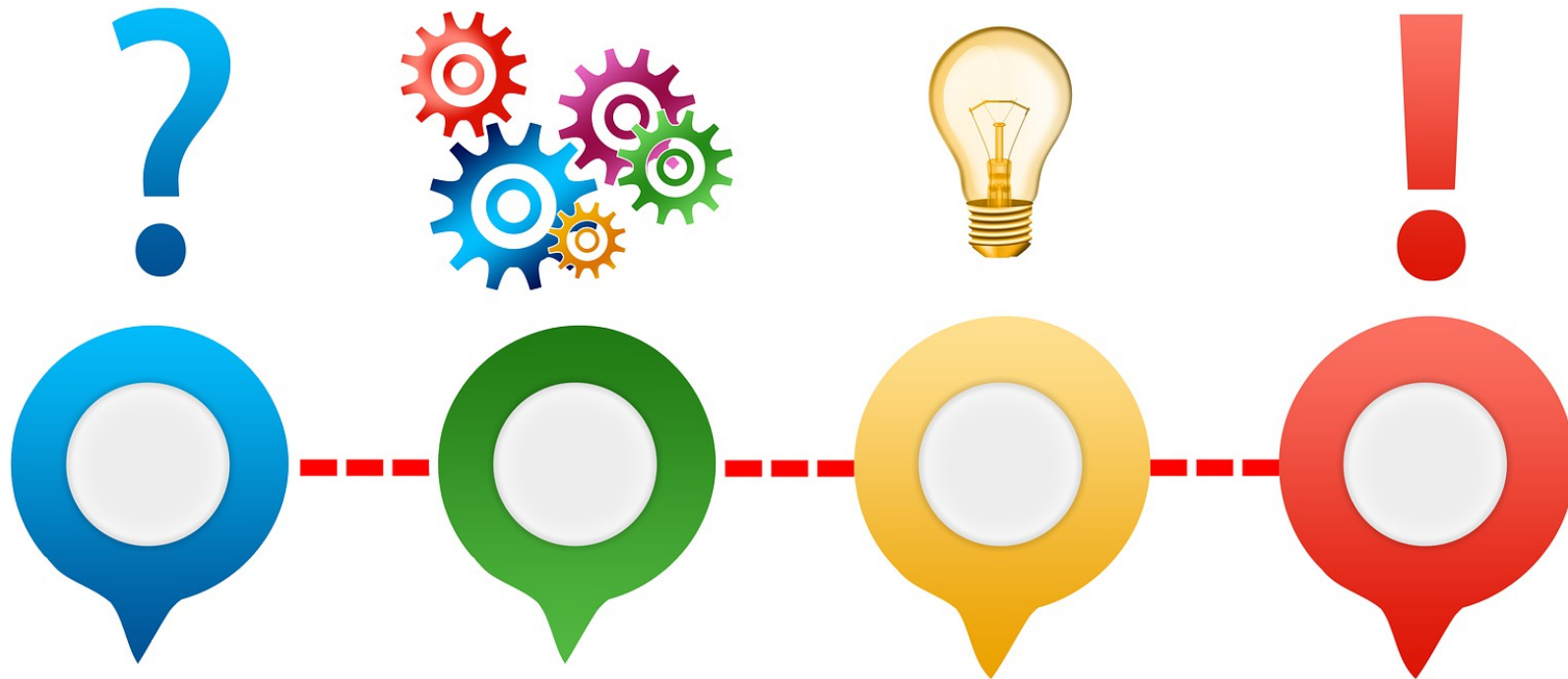


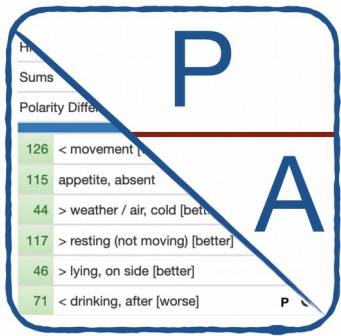
What is YOUR “Style” with Mind?

- What was your training regarding disease in the mind/psyche?
- Starting with Psyche report / inquiry?
- Looking for experiential etiology, NBWS, experiential adaptations?
- Have you noticed how Tim engages this in clinic?
- Can you shift to 'Pre-Freudian' focus on the Organism's distress?
- What do you need to CHANGE in your approach?
- Do you feel able to move from PLOT LINE to “Symptoms of Perception and their effects”?

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	

Questions?



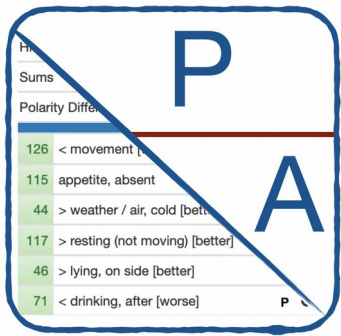


Next Steps

NEXT STEPS:

- Please review / re-read Chapter 1, 2, 3
- Read Chapter 4, reread each case a few times
- Repetition helps you absorb a different paradigm
- *What will it take for you to "ReTool" for Psyche?*

NEXT SESSION Saturday March 26, 11amET/8amPT



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!