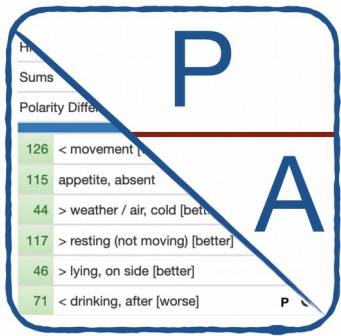


PA Session 8 of 17

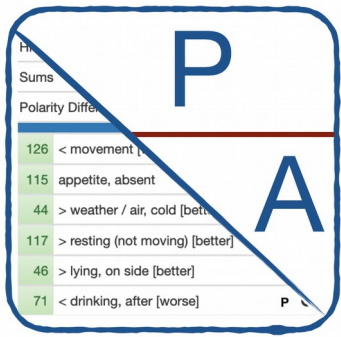
Text Review: Chapter 3

Polarity Analysis Training



Plan for Today

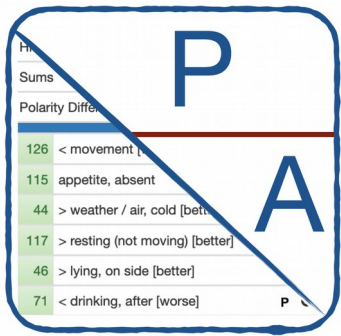
- Your Questions from class sessions so far
- Approach to Chronic Illness
- Active process of clarification
 - Importance of a clinical diagnosis
 - Client observation period (1-3 weeks)
 - **What are reliable criteria to select a remedy?**
 - Prioritization of Polar Symptoms
 - Learning through Heiner's success and failures
- Your questions?



Text Published in 2013 Method has been refined...

3.1 Procedure

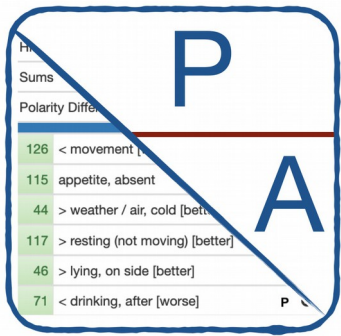
- Importance of a clinical diagnosis / know what you are working with
- In his clinic, 2 consults are set 1-3 weeks apart
 - Initial appointment (20 min)
 - Client report, exam, order labs
 - Educate about the use of the questionnaire
 - Establish observation period 1-3 weeks
 - Second appointment (30 min)
 - Client reviews completed questionnaire
 - Discuss symptoms and clarify details
 - Enter rubrics in software / Review PA chart
 - Differentiate with MatMed while client is present to confirm



This is Heiner's Strategy

Table 27: Casetaking in
Uncomplicated Chronic
Illness

PREPARATORY CONSULTATION	MAIN CONSULTATION
History	Discussion of symptoms
Examination	Additional questioning
Additional tests	Repertorisation
Diagnosis	Materia medica comparison
Explanation of questionnaires	Search for confirmatory symptoms
	Selection of remedy



This Assumes...

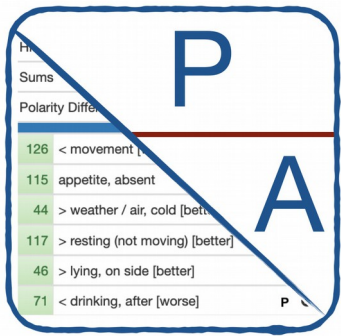
We are able to prioritize / focus the client report

- Clients with **multiple** conditions:
 - “What is the greatest suffering right now?”
 - “What has recently appeared/changed?”
 - Continue to verify that _____ applies to chief complaint

We acknowledge that we are likely to have a bias

- Importance of clinical diagnosis / know what you are working with
- We are less likely to include pathognomonic symptoms due to prior training to avoid what is common for the complaint

What do we need to modify in scheduling/ office mgmt?



Example Case:

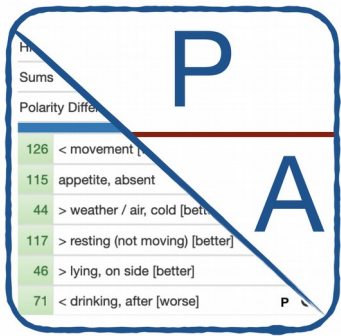
P 96: 54yo Male, MuscSkel Pain
Open your text!

“What are reliable criteria for choosing a remedy?”

- Case is taken, with emphasis on polar symptoms – review again

Polar symptoms have an opposite (most modalities)

- As in: Thirstless / Thirsty or Better Swallowing / Worse Swallowing
 - Marked with a **P** in the PA software
- Remedy materia medica OFTEN includes BOTH poles
- One pole **STRONGER** and one pole weaker
- Bng says: Only **STRONGER** pole leads to sustained success
 - Remedies with STRONGER pole are **Considered**
 - Remedies with WEAKER pole are **Contraindicated**



How Do We Manage Our Materia Medica “Knowledge”

In Heiner's case (P 96: 54yo Male, MuscSkel Pain):

- Strontium, Sepia, Arsenicum options in PA chart
- Materia medica review supports Arsenicum most clearly
- Client seemed 'typical remedy picture' for Arsenicum
- **First Ars 200c** given with no result (#@%\$**#)
- **Later Strontium** curative

Conclusion

- Strong Polarity is reliable, more than 'remedy pattern recognition'
- **EVEN WHEN** materia medica does NOT document the symptoms!
- Noted again in 3.2.2 Irritable Bladder / Cystitis (Rhododendron)

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

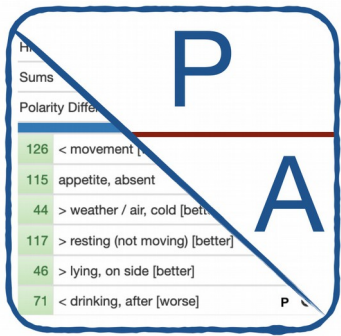
Frei Says: Sam Says...

Rely on Modalities

NOTE

CHARACTERISTIC SYMPTOMS
ARE ESPECIALLY MODALITIES,
WHICH ARE A RECURRENT
THEME IN THE REMEDY
PROVINGS AND THE CLINICAL
SUCCESS STORIES.

This case demonstrates impressively that Hahnemann, when referring to characteristic symptoms in § 153, did not only mean striking, rare, and maybe even peculiar symptoms. The key to correctly understanding characteristic symptoms is to be found, as already mentioned, in a correct appreciation of § 133: characteristic symptoms are especially modalities, which are a recurrent theme in the remedy provings and the clinical success stories.



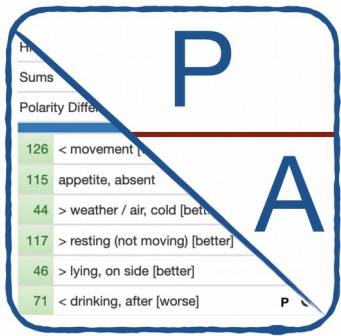
Modalities and Healing Remedy

NOTE

WE CAN STRONGLY EXPECT
A REMEDY TO HEAL EVEN IF
IT ONLY MATCHES THE
MODALITIES OF THE PA-
TIENT'S SYMPTOMS.

For day-to-day practice, we can draw a key conclusion from this case and very many others like it: We can strongly expect a remedy to heal even if it only matches the modalities of the patient's symptoms.

With many successfully healed cases, the materia medica comparison does not list the symptom quoted by the patient in the given localization, since the rubrics of the PB are based on generalization of several similar modalities, sensations and findings from various different organs or parts of the body.



Boenninghausen and Dissociation

A symptom has components

- Burning pain in abdominal lower R quadrant, worse during stool
 - Sensation (burning)
 - Location (abdomen LRQ)
 - Modality (< passing stool)

Synthetic repertorization

- Cumulative total of components is ONE symptom rubric

Dissociative repertorization

- Use components separately – several rubrics (**Legos!**)

Boenninghausen extrapolated characteristic components

Fr		P
Sums		
Polarity Differ		
126	< movement	
115	appetite, absent	A
44	> weather / air, cold [better]	
117	> resting (not moving) [better]	
46	> lying, on side [better]	
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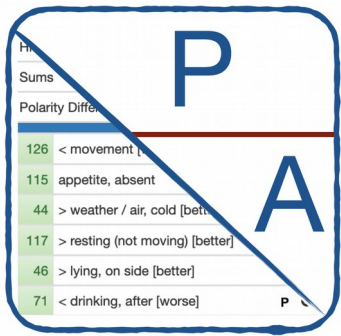
Clarifying Conditions Example Hayfever Case

The effect of *wind/draught* is that the patient is exposed to a larger amount of pollen, which itself will aggravate the symptoms. The aggravation from wind is a natural phenomenon and should not therefore be regarded as a symptom of the patient.

According to Boenninghausen's notion of hierarchy, we only use the chief complaint in the repertorisation if there are enough symptoms of it available.

COMMENTS

With pollen allergy I have found from experience that it is best not to repertorise using conditions of nature, which determine the concentration of pollen in the air. Examples are < *in open air* / > *in room*, < *warm weather* / > *cold/damp weather*, < *wind / draught*.



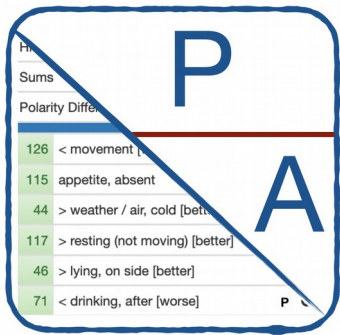
Observation “Initial Reaction” to a Remedy Dose

3.2.4 Chronic Whiplash 33yo Female

- She is given Zincum
- Her symptoms disappear after the dose
- They reappear in a different form

Heiner does not call it an aggravation

- May not look like an intensification of existing symptom
- Generally milder than initial symptom presentation
- See his notes on P 110



“Psychodynamic” Aspect

P 110: 14yo Male, Orthostatic Hypotension

113

COMMENTS This case shows how, using apparently common symptoms, we can narrow the choice down to the precise remedy corresponding to the psychodynamic core of the patient's suffering – although, at the beginning of the case, there is no need to explore the psychological issues. The boy's grief at the loss of his grandfather is the superficial trigger of his symptoms. The heart of the matter may be that Nino's stark realization that life on earth is not endless makes him truly “dizzy”.

NOTE

VIA THE PSYCHODYNAMIC BACKGROUND OF THE REMEDY, POLARITY ANALYSIS OFTEN PROVIDES AN INDIRECT ACCESS TO A BETTER UNDERSTANDING OF THE PATIENT.

Via the psychodynamic background of the *remedy*, polarity analysis thus provides us indirect access to a better understanding of the patient. This is of great importance because it is easier to accurately identify the remedy through the modalities of the physical symptoms than through the difficult-to-interpret symptoms and sensations of mind (see chapter 4).

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

Intercurrent Illness EARLY in Recovery: Avoid disturbing with New Remedy

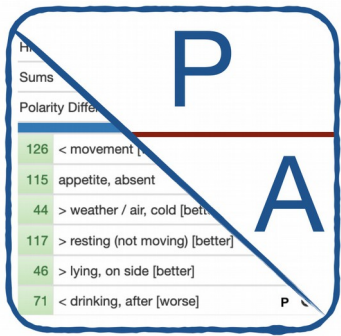
P 117: 3yo Female, Epilepsy

COMMENTS

When an intercurrent illness occurs in the early stages of an apparently successful homeopathic treatment, it is important to avoid disturbing the recovery process if at all possible. Since a new homeopathic remedy generally antidotes the previous one, it is only advisable to administer a different remedy if absolutely necessary. Medicinal herbs are one way to treat the illness without interfering with the progress of the homeopathic recovery.

Adjuncts

This case shows impressively how near our current understand



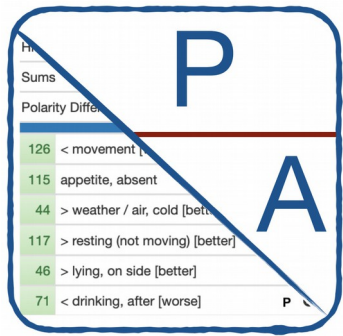
Guidance on Retaking the Case

P 122: 43yo Female, Hayfever

- “Changes ... indicated when new symptoms emerge”

COMMENTS

The decision to retake the case was the key to success here. If there are very many symptoms when starting to treat a chronic illness, a major remedy is not infrequently required. As the improvement progresses, more minor remedies can be considered to complete the healing. Changes of remedy are indicated when new symptoms emerge, as when this patient developed a tendency to tonsillitis, or when the improvement with an initially correct remedy stalls.



YOUR Experience So Far?

Getting accurate information from client?

- Prioritizing data
- Entering symptoms in the PA software
- Evaluating PA Chart options / indications / contraindications

Materia Medica Investigations

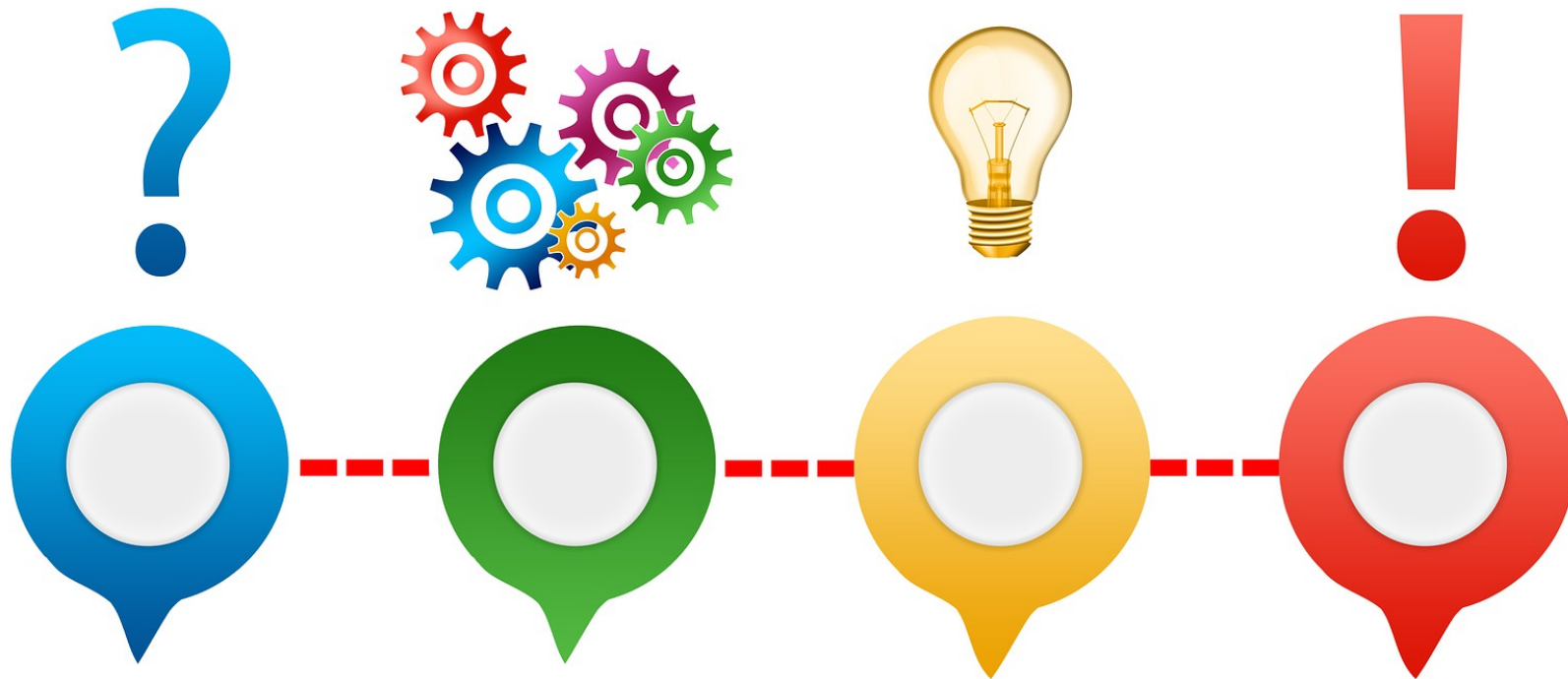
- Using less familiar materia medica references
- Working with granular data rather than “themes”
- Gaps in materia medica about symptoms

Temptations to “mix methods”

Decision Points / Evaluating client response

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?



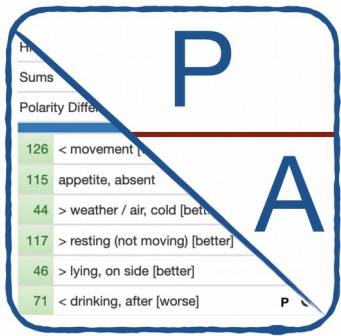
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117	> resting (not moving) [better]	
46	> lying, on side [better]	
71	< drinking, after [worse]	

Next Steps

NEXT STEPS:

- Please review / re-read Chapter 1, 2, 3
- Repetition helps you absorb a different paradigm
 - What supports you as you take cases using PA?
 - Reproduce the PA repertorizations for CH 3 cases
 - Practice explaining the questionnaires to clients

NEXT SESSION Monday March 7 1:30pmET/10:30amPT



PA Session 8 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!