

# Polarity Analysis, A Critical Examination

Jamie Oskin, ND

**Abstract:** An examination is made of Dr. Heiner Frei's *Polarity Analysis*<sup>1</sup> (PA) method of using Bönninghausen's *Therapeutic Pocketbook*. Comparison is made between the PA method of Frei and the original *Therapeutic Pocketbook* reertorial method of Bönninghausen, using George Dimitriadis's most accurate English translation of the Pocketbook [TBR2].<sup>36</sup> The critical analysis of PA includes reference to homœopathic primary text sources with specific critique of repertory grading criteria and contraindications. Cases included draw from the author's Arizona practice that suggests advantages of Bönninghausen's original reprtorial method.

**Keywords:** Polarity Analysis, Bönninghausen, *Therapeutic Pocketbook*, Grading, Contraindications, Modalities.

## Introduction

Dr. Heiner Frei's development of the Polarity Analysis (PA) methodology<sup>1</sup> is based on an *extension* of Bönninghausen's *Therapeutic Pocketbook* with an attempt to modernize the repertorisation process to increase the consistency and reliability of homœopathic prescriptions. His recently published book<sup>2</sup> summarizes the work that led to the rigorously designed, double-blind, randomized control trial of ADHD,<sup>3</sup> which demonstrated that individualized homœopathic treatment was superior to placebo.

The homœopathic community is indebted to Frei for his tireless work improving the methodical precision of homœopathic prescribing and documenting homœopathy's efficacy in rigorous trials that have been presented in the literature to advance homœopathy within the scientific community at large. He has done much to revitalize Bönninghausen's *Therapeutic Pocketbook*. I was inspired to study Bönninghausen's *Therapeutic Pocketbook* in-depth after reading Frei's rigorous research demonstrating the efficacy of homœopathy in the treatment of ADHD.<sup>3</sup> While trained primarily in post-Kentian repertorisation, I have been utilizing George Dimitriadis' English translation of Bönninghausen's *Therapeutic Pocketbook* [TBR2]<sup>36</sup> almost exclusively for the past year and have seen significant improvements in the accuracy of homœopathic prescriptions and clinical results.

The strength of Frei's work is the highly consistent and reliable results using homœopathy to treat a very wide range of serious acute and chronic conditions. His publications present data to support that he truly achieves the goal Hahnemann espouses to in the *Organon of Medicine* in the first two aphorisms.<sup>4</sup> The PA analysis method has allowed Frei to successfully treat over forty patients per day in his busy private practice in Laupen, Switzerland with reported results of over 80% prescription success – the outcomes of an excellent clinician. Frei has documented his impres-

sive results with PA in many published papers wherein he further illustrates that homœopathic treatment can be more cost effective than conventional care.<sup>1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15</sup>

The PA methodology is critically analyzed in this article with constructive feedback concerning the internal methodological design of PA, with reference to homœopathic primary text sources. Significant critique is given in regards to repertory grading criteria and contraindications.

## The Polarity Analysis Methodology

Frei describes on page 21 of his book<sup>2</sup> that the PA methodology of repertorisation is:

"...calculated for each remedy by adding the grades of the patient's polar symptoms. From the resulting value, the grades of the corresponding opposite polar symptoms are subtracted. The higher the polarity difference calculated in this way, the more the remedy corresponds to the patient's characteristic symptoms, assuming there are no contraindications."

Polar symptoms (e.g. thirst/thirstlessness, cold aggravates/cold ameliorates, desire for open air/aversion to open air) are thoroughly defined in the endnotes.<sup>33d</sup> Frei recommends, on pages 22 and 28 of his book, using at least 5 or more polar symptoms in the repertory analysis to improve the odds of an accurate prescription. The PA methodology is an attempt to live up to Hahnemann's aspirations that medicine can be practiced "if we may use the expression, with mathematical certainty."<sup>16</sup>

Frei uses a computerized version of the repertory,<sup>17</sup> which allows for very rapid repertory analysis with PA because the software calculates the polarity difference. He then checks the materia medica, Hering's *The Guiding Symptoms of our Materia Medica*,<sup>18</sup> to compare the top two or three ranked remedies from the PA repertorisation to make the

homœopathic prescription via a Hahnemannian<sup>19</sup> match to a remedy according to the law of similars. In his book, Frei gives supporting evidence for his prescriptions by quoting Hering's Guiding Symptoms, yet he also suggests that other materia medicæ<sup>20,21</sup> may be used. Because PA is being used in research models, I think that for all serious practitioners of homœopathy, materia medicæ based on primary provings<sup>7</sup> data should be added to the list of recommended texts.<sup>22,23,24</sup>

## Critical Examination of the Polarity Analysis Methodology

### *Polarity Analysis (PA) versus "conventional homœopathic prescribing" (CHP)*

Frei proposes the PA methodology of repertorisation results in a "mathematical procedure" that leads to higher rates of successful prescriptions when compared with "conventional homeopathic methods." Frei bases this claim on prospective outcomes studies<sup>25</sup> where he has compared his results to a control group consisting of patients from previous cohorts of patients he treated with a "conventional homeopathic approach to symptom selection and repertorisation" (CHP) that utilized the *Boger-Bönninghausen's Characteristics, Materia Medica and Repertory*,<sup>26</sup> prior to his development of the PA methodology.<sup>27</sup> Throughout the last decade, Frei has refined the PA procedure with the addition of checklists<sup>28</sup> of polar symptoms and modalities for the patient to fill out to aid in case taking. For example, he presents a prospective outcomes study<sup>29</sup> for the homœopathic treatment of acute cough with PA with the aid of a checklist (CL) (n=48) that was compared to the results with retrospective cohorts of his own prescriptions using PA without a CL (n=100) as well as his own previous prescriptions with CHP as a control group (n=103). In this study, the group that was treated with PA plus the aid of a CL had successful prescriptions of 83%, PA without a CL 81% successful prescriptions, and the CHP control group 75% successful prescriptions, illustrating Frei's *accuracy* of homœopathic prescriptions has improved with the PA methodology.

This type of rational, self-reflective research is much welcomed in homœopathy. However, because this analysis only reviewed the results of one homœopathic prescriber, it cannot yet be generalized that PA alone is more effective than CHP until the research is expanded to include a larger number of prescribers. Frei's goal of PA is to develop a rational methodology that is easy to teach and learn.<sup>15a</sup> Because of the difficulty with individualized homœopathic prescriptions, and the wide variety of training in the current state of homœopathy, there is a great variability of prescribing accuracy upon which Frei's PA attempts to improve.<sup>30</sup>

However, Frei's term, "conventional homœopathic prescribing" (CHP), needs to be specifically defined, and examples for comparison clearly detailed. As Frei so clearly points out, there is a wide variability of practitioner training in modern homœopathy. Because he is comparing PA

with his own previous work, it would be helpful to define his earlier prescription methodology with a more specific definition. Critics may argue that he simply improved his own prescription accuracy with greater experience, and therefore, a comparison to his own previous work cannot be generalized to all prescribers with a generic term such as CHP. A next step for PA is to expand its outcomes studies to include a larger sample size of homœopathic practitioners and compare the results of PA to other specifically defined methods of homœopathic prescribing. This will help to more fully answer the question if PA is a more reliable methodology than other methods of homœopathic prescribing. This type of comparison research would be valuable internally to the homœopathic community.

### *Grading Criteria & Contraindications in Polarity Analysis*

Frei is quite humble and transparent in admitting on page 38 of his book that "Since polarity analysis varies decisively from Bönninghausen's original procedure.... this method is not 'according to Bönninghausen' but it is also not 'according to Frei:' without the contributions made by others, this new development would not have been possible." More specifically, PA methodology hinges on interpretations by Klaus-Henning Gypser in his own revised edition of the Pocketbook from 2000 [GTT]<sup>31</sup> on how to utilize Bönninghausen's *Therapeutic Pocketbook* [TT]<sup>32</sup> with respect to the "genius of a remedy," remedy grading, "contradictory modalities," and "polarities."<sup>33</sup>

Gypser's interpretations have been disputed with documentation from primary text sources by another Bönninghausen scholar, George Dimitriadis.<sup>34, 35, 36, 37</sup> With regards to the grading schema within the repertory, it should be noted that Bönninghausen remained completely consistent in his 4-tier remedy grading schema from all precursor repertories (*Systematic Alphabetical Repertory of Antipsoric Remedies* in 1832, *Systematic Alphabetical Repertory of Homœopathic Remedies, part one, containing the Antipsoric, Antisyphilitic and Antisyctic remedies* in 1833, and *Systematic Alphabetical Repertory of Homœopathic Remedies, part two, containing the (so-called) non-antipsoric Remedies* in 1835) as well as all future publications after the 1846 publication of the TT.<sup>38</sup> This is evidenced by Bönninghausen's introductory comments in his publication from 1853 on *Die Körperseiten* (the sides of the body) und *Verwandtschaften* (relationships), which has been republished in the 1908 Tafel translation of *The Lesser Writings of C.M.F. von Bönninghausen* in the B. Jain 2005 reprint edition on page 322.<sup>39</sup> This discussion may, on the surface, appear superfluous and excessive, yet it is important because in Frei's book he discusses the 5 grades within the repertory,<sup>40</sup> which is based on the conclusions of Gypser in GTT.

GTT altered Bönninghausen's original 1846 edition TT to include around 1700 changes to the repertory in nearly 600 rubrics, taken both from hand written annotations to

an 1847 Hempel edition (English re-translation), and others from Bönninghausen’s later publications.<sup>36</sup> GTT thus includes additions of new remedies and new rubrics that were not in the TT original, as well as supernumerary gradings (grade 5) of remedies, which had never been given in any of Bönninghausen’s published works. This annotated Hempel edition was thought by Gypser to be Carroll Dunham’s own copy into which he transcribed all additions from Bönninghausen’s personal working copy of the Pocketbook during his second visit with Bönninghausen in 1855, but significant concerns have been raised about this *Innominate copy* (I-copy) of the Pocketbook with regards to the accuracy of its authorship and the reliability of its entries.<sup>34, 35, 36</sup>

Because Frei is using PA in research models to document the efficacy of homœopathy in prospective outcome studies and placebo controlled trials (and PA methodology depends intimately upon the accuracy and reliability of grading within the Pocketbook), it would be prudent to do comparative studies of PA utilizing a copy of the repertory that is more accurate and faithful to Bönninghausen’s original publication from 1846 without any additions from the I-copy or from Bönninghausen’s later works.<sup>41</sup> Frei’s published efficacy utilizing the PA method is impressive and as Hahnemann stated in aphorism 1 of the *Organon*, the most important objective in medicine is to restore the sick to health. However, it should be noted that there remain concerns about the PA methodology based on a *disputed* interpretation regarding the grading system within the Pocketbook.<sup>34, 35, 36, 37, 38, 39, 41</sup>

Clarifying the grading schema within the Pocketbook is contextually vital to interpreting contraindications. Hahnemann was the first to propose that for an accurate homœopathic prescription, the characteristic of a remedy should not be contraindicated by a strong opposite in the patient in the footnote of aphorism 213 in the *Organon*.<sup>42</sup> On page 21 of his book Frei writes:

“Bönninghausen said that a contradiction occurs when the patient symptom is observed in the 1<sup>st</sup> or 2<sup>nd</sup> grade with the opposite pole listed for the remedy in the 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> grade. In this case, the opposite pole (not the patient symptom) corresponds to the genius of the remedy.”

This appears to be a misquotation of Bönninghausen, which should instead be cited to Gypser.<sup>33c</sup> Bönninghausen did present the concept of contradictions in his original preface to TT,<sup>43</sup> as well as several times within essays that have been compiled in his lesser writings.<sup>44</sup> However, we are unable to find mention from Bönninghausen stipulating that such specific grading criteria within his repertory represented *contraindications*, either in the Pocketbook or in any of his lesser writings [BLW]. Grades 1 and 2 in the Pocketbook thus represent *characteristics* of a remedy from the *provings*, yet they were not verified (confirmed) by Bönninghausen’s clinical experience. But in truth, the limits of Bönninghausen’s own practice cannot be a limitation on the *characteristicity* of symptoms within the prov-

ings, as has been very clearly presented with the example of “tooth” pains for *Clematis* in another article.<sup>45</sup>

To illustrate the importance of this point, I will use a case example from Frei’s book, wherein, on page 50, he shows a PA repertorisation (recreated below using the PA software<sup>17</sup>) that led to the prescription of *Mezereum* in the very successful treatment of a case of infectious mononucleosis. In this case, 10 out of 14 polar (p) symptoms used in the PA repertorisation were grades 1 and 2. You can see by the repertorisation (Figure 1) that only three remedies (*Bryonia*, *Causticum*, *Mezereum*) contained all 14 polar symptoms used in the repertorisation, which summed to a total polarity difference of 15 for *Mezereum*. Two of these three remedies were excluded (in grey) due to PA contraindications according to the software analysis. However, what should be noticed is that in this case over 70% of the symptoms utilized in the PA were in low grades (1 and 2), yet their inclusion in the repertorisation still led to a successful prescription *because of the inherent accuracy of the Pocketbook*, wherein all entries represent provings-based characteristics of a remedy.

	Bry.	Caust.	Mez.	Alum.	Ars.	Bell.	Kali-c.	Lyc.	Nux-v.	Sep.
Number of hits	14	14	14	13	13	13	13	13	13	13
Sum of grade	32	29	25	27	27	34	25	32	36	31
Difference of polar rubrics	11	17	15	12	3	9	11	8	8	3
< swallowing (p) [93]	4	1	1	1	2	2	2	2	3	3
< talking, speaking (p) [77]	3	2	1	3*	2	3	1	2	2	3
saliva, increased (p) [117]	3	3	1	3	1	4	3	3	4	3
> warmth, in general (p) [90]	2	4	2	1	4	3	4	1	4	2
air, desire for open air (p) [76]	1	2	3	3	2	1	1	3		1
motion, aversion to (p) [68]	2	1	3	2	4	2	1	3	4	2
> resting, while (p) [117]	4	1	2	1	1	4	1	1	4	1
> lying (p) [106]	4	2	1	1	1	3	1	1	4	1
> sitting, bent over (p) [43]	1	1	3		1	3	4	3	1	
< standing (p) [107]	2*	2	1	2	1	1	1	2	1	3
< pressure, external (p) [93]	1	1	2	1	1	1	1	4	1	3
> wet applications, compresses (p) [23]	1	3	1	2	2				2	1
smell, lost, weak, diminished (p) [46]	2	2	3	3		4	2	3	2	4
< sleep, after; while waking up (p) [111]	2	4	1	4*	5*	3*	3	4*	4*	4
> swallowing (p) [47]			2	3/C		1			3	
> talking, speaking (p) [1]										
saliva, diminished (p) [111]	3	2	1	1	3/C	4	2	3	3	3
< warmth, in general (p) [73]	1	1	1	1		1	1	2	1	1
air, aversion to open air (p) [86]	3/C	3/C		1	2	3...	4/C	3	4/C	3/C
motion, desire for (p) [58]	2			1	2	1		1	1	1
< resting, while (p) [102]	1	1	1	2	2	1	1	4...		3/C
< lying (p) [125]	1	1	1	2	4/C	1	2	4...	1	3/C
< sitting, bent over (p) [42]	2	1		2	3/C				2	2
> standing (p) [71]	2		1		2	4...			3/C	
> pressure, external (p) [74]	2	3/C	1	2	2	2	1		2	1
< wet applications, compresses (p) [40]	2		2			3...	2	3...	1	3/C
smell, hypersensitive (p) [49]	1				1	4	1	4/...	4/C	4
> sleep, after; while waking up (p) [28]	1				3				3	4

Figure 1

In my own cases, I have sometimes given a remedy that the PA software considered contraindicated, yet rapidly cured the case. My prescriptions were made based on a

careful comparison of the symptoms of the case with those of the provings in the primary materia medicæ, not solely on the contraindication analysis given by the PA repertory software. Here is an example from my own practice:

MC, 31-year-old male, presented with acute *Influenza A* confirmed by laboratory analysis in a local emergency department the previous night. The patient's wife is a homœopath and she had tried *Phosphorus*, *Belladonna*, and *Sulfur* on the previous day without significant relief. This patient presented at 4 p.m. with symptoms including an initial fever of 102.5°F (39.2° C) with intense chill that caused goosebumps and shivering, together with a dry cough – all worse by uncovering. The chill would be followed by heat without perspiration. The chill and goosebumps were worse upon first changing position and upon waking from a nap. The chill was throughout the body, yet he had a sensation of heat in the face. He had moderate thirst for cool water with the chill. There was a concomitant headache with an outward pressure that was worse only during the cough. He experienced aching pain in the muscles of the eyes when looking upwards or laterally, and a profuse, watery, fluid coryza accompanied by violent paroxysmal sneezes.

The patient was prescribed *Sabadilla* 30C, 3 pellets, dissolved in the mouth, 3 to 4 times per day. This prescription was based on the repertorisation (Figure 2) using the computerized *Programme* version of TBR2,<sup>36</sup> with reference to the symptoms in the materia medicæ listed below:

ID	Symptom name (Desktop 1)	Sabad.	Bry.	Chin.	Bell.	Nux-v.	Rhus.
1732	Modalities, Temperature, Seasons, Weather, Warm (& warmth), Covering (warm covers) from, amel. (+ aggr. Uncovering) [56]	2	1	2	2	4	4
694	Heat, Single parts [125]	3	4	2	4	3	2
683	Chill, Goose-flesh (goose-bumps; cutis anserina), with [33]	3	3	2	3	3	
682	Chill, Shaking (violent shaking, rigor), with [48]	3	4	4	2	3	3
747	Compound fevers, Chill, then (followed by), Heat (C->H) [61]	1	1	2	3	3	3
679	Chill, Thirst, with [60]	1	4	2	1	4	3
1929	Modalities, From Situation & Circumstance, Eyes, looking, upwards (high) (+ raising the eyes) [24]	3	3	3	1		
577	Coryza (catarrhus narium, head-cold), Coryza, fluent (with mucus discharge) [100]	2	1	1	1	3	4
579	Coryza (catarrhus narium, head-cold), Sneezing [97]	4	3	3	3	2	4
2046	Modalities, From Situation & Circumstance, Movement (moving, motion), on beginning [36]	3	2	1			3
1297	Generals, Musculoskeletal, Muscles in general, Pressing (& aching) [85]	3	1	1	2	2	1
2156	Modalities, From Situation & Circumstance, Sleep, after (on or after waking) (+ concom. Awakening) [112]	3	2	3	2	3	3
	Symptom count [12]	12	12	12	11	10	10

Figure 2: *Sabadilla* case using the computerized *Programme* version of TBR2

*Sabadilla* – Allen's *Encyclopædia of Pure Materia Medica*:<sup>24</sup>

- Fever; chilliness, at 9.30 P.M., so that he goes to bed; followed by shaking chill, so that the feather bed which was usually too much for him, did not suffice... [a10].
- Chilliness, with goose skin and moderate thirst, [a6].<sup>1</sup>
- Chilliness, all day, [a10].
- He is shaken and waked from sleep by a momentary chill, at 1 P.M.; he feels warm without sweating, with fine pricklings in the forehead (second day), [a10].
- Shuddering over the whole body, for ten minutes (immediately), [a4].
- Shuddering over the whole back; he feels chilly

through the whole body (after three hours), [a8].

- Febrile shivering through the whole body (after half an hour), [a5].
- Heat in the head, which is not felt externally, with internal chilliness, [a13].
- Burning heat in the face, with chilliness over the body, especially in the extremities (after two hours), [a3].
- Copious, thin, and thickish, whitish, transparent, nasal mucus, sometimes coming out in large lumps, on blowing slightly, without catarrh, for several days; afterwards he has to blow his nose frequently, because it is filled with viscid, yellowish-grayish mucus, [a10].
- Violent sneezing from time to time, shaking the abdomen; followed by lachrymation (after three hours), [a10].
- cough (immediately), [a8].
- Short dry cough, produced by a scraping in the throat, [a8].
- A few light paroxysms of short cough, with lachrymation, [a10].
- Painful pressure in the whole head, as if it were forced asunder, lasting three-quarters of an hour (after half an hour), [a4].
- Pressure upon the eyeballs, especially when looking upward; less when looking down, [a2].

*Sabadilla* – Hering's *The Guiding Symptoms of Our Materia Medica*:<sup>18</sup>

- | Epidemic influenza: great sleepiness during day; chilliness, shivering and horripilations, pressure in eyes, particularly when moving them and when looking upward; pressing headache, particularly in forehead; hoarse cough, all the symptoms agg from cold; heat of face with chilliness and coldness of limbs or chilliness running up back, returning every ten minutes; cough immediately on lying down.
- Warm stove: chilliness amel.
- Chilliness and sensitiveness to cold.
- | Dry spasmodic cough with pain in ribs and tearing in all bones, during chill.
- | Chill: afternoon or evening, returning at same hour; often without subsequent heat; predominates par-

<sup>1</sup> Note: this symptom from Allen's *Encyclopædia* is the symptom that the PA software considered contraindicated due to its prominence in the opposite pole rubric.

ticularly on extremities, with heat of face; runs from below upward.

- Heat in head not felt externally; internal chilliness.
- | Spasmodic sneezing.  $\theta$  Influenza.
- | Fluent coryza.  $\theta$  Influenza.
- Violent sneezing from time to time, shaking abdomen; followed by lachrymation.
- | Coryza with severe frontal pains and redness of eyelids; violent sneezing; copious watery discharge from nose.
- | Cough: dry, from scratching or roughness in throat; during chill; with stitch in vertex.
- | Cough agg: from cold, or becoming cold;
- Cold: agg all symptoms; cough agg; sensitive to.

MC was significantly better by the next morning. He slept through the whole night, his fever reduced to 99.7°F (37.6° C) by 10:30a.m. when I called to check in on him the

next morning. His chills resolved and he could uncover. The violent sneezing was better and coryza was significantly better. He had much more energy and overall felt better. His symptoms were almost completely resolved within two days of starting the remedy and he went on to recover from his Influenza A uneventfully within in a shortened course.<sup>55</sup>

I present this case because it illustrates the point that all grades within Bönninghausen’s *Therapeutic Pocketbook* indicate *primary action*<sup>46, 47</sup> provings-based characteristics of a remedy. Note the highlighted symptom 679, “Chill, Thirst, with,” in the TBR2 repertorisation (Figure 2). Had I solely relied on the PA methodology, *Sabadilla* would have been contraindicated in this case by the PA software because *Sabadilla* is graded a 4 in the opposite pole rubric for “Chill, without thirst (p)” (see Figures 3 and 4). To be fully transparent, I did not completely follow Frei’s PA recommendations to preferentially only use polar (p) symptoms in the repertorisation and use at least 5 polar symptoms in

	Stann.	Staph.	Sulph.	Val.	Viol-t.	Zinc.	Bism.	Chel.	Dros.	Euphr.	Ip.	Kall-n.	Kreos.	Lach.	Led.	M-arc.	Meny.	Mur-ac.	Par.	Ph-ac.	Pib.	Ran-s.	Sabad.
Number of hits	7	9	8	7	3	5	3	6	8	5	5	6	7	7	8	6	6	8	6	6	6	5	11
Sum of grade	12	18	24	10	4	9	3	7	12	7	8	8	10	13	10	11	7	11	12	14	8	6	26
Difference of polar rubrics	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
< uncovering (p) [56]		2											2	1	1		1	1		1			2
heat, of single parts [125]	3	2	4	1	1	2	1	1	1	1	1	1	2	2	1	2	1	2	2	4	2	1	3
chill, with goose flesh [33]	1	1						1										1	2				3
chill, shivering (shuddering), with trembling [30]			3											1					2				2
fever, chill -> heat [61]		1	3	1					2		1	2	1				1			2			1
chill, with thirst (p) [60]	1	1	2	1					1		2	2	1	1	1	2		2			1		1
coryza, fluent, runny [103]	1	2	3			1		1	2	3			1	3	1	2	1	1	3	1	2	2	2
nose, sneezing [97]	2	3	2	1		2		1	1	1	1	1	2	2		1		1	2		1	1	4
< motion, beginning [37]				2					1					2	1						1		3
muscles, pressure [85]	3	3	2	3	1	1	1	2	2	1		1			3	1	2	1		3	1	1	3
< sleep, after; while waking up (p) [111]	1*	3	5*	1	2	3*	1	1	2	1	3	1	1	2	1	3	1	2	1*	3*		1	2
> uncovering (p) [37]		2	2											1	1	3/C		1					
chill, without thirst (p) [73]		2	3/C			1			2		2	2	1	1	1		1	3/C		2			4/C
> sleep, after; while waking up (p) [28]											2		2	1		1				1			

Figure 3: *Sabadilla* case using the PA software17, sorted by “Difference of polar rubrics”

	Bry.	Chin.	Phos.	Sabad.	Bell.	Nux-v.	Puls.	Rhus.	Cina.	Merc.	Nat-m.	Staph.	Thu.j.	Acon.	Arn.	Asar.	Borx.	Calc.
Number of hits	11	11	11	11	10	10	10	10	9	9	9	9	9	8	8	8	8	8
Sum of grade	25	23	25	26	23	29	30	31	18	21	20	18	14	18	17	12	13	19
Difference of polar rubrics	3	2	-2	1	3	4	-1	7	3	6	9	2	-2	3	8	-3	0	2
< uncovering (p) [56]	1	2	1	2	2	3	1	4		1	2	2	1	1	2	1	1	
heat, of single parts [125]	4	2	4	3	4	3	3	2	1	4	1	2	2	3	3	2	2	3
chill, with goose flesh [33]	3	2	1	3	3	3					2	1	2			2	2	
chill, shivering (shuddering), with trembling [30]	3	2	1	2	1	2	3	3	2	2				3	1			2
fever, chill -> heat [61]	1	2	2	1	3	3	4	3	2	1	2	1		4	2	1	2	
chill, with thirst (p) [60]	4	2	1	1	1	4	1	3	4	2	4	1	1	4	3		2	3
coryza, fluent, runny [103]	1	1	3	2	1	3	4	4	2	3	1	2	2	1		1	2	3
nose, sneezing [97]	3	3	2	4	3	2	3	4	4	3	2	3	1	1	2	1	1	2
< motion, beginning [37]	2	1	3	3			4	3	1				2			1		1
muscles, pressure [85]	1	1	3	3	2	2	2	1	1	1	2	3	2		1	3		1
< sleep, after; while waking up (p) [111]	2	5*	4	2	3*	4*	5*	4*	1	4*	4*	3	1	1	3		1	4
> uncovering (p) [37]	1	2	2			1	2	1		1		2	2	3/C		2	3/C	3/C
chill, without thirst (p) [73]	2	3/C	2	4/C	3/C	3	4/C	3	2		1	2	2			2	1	1
> sleep, after; while waking up (p) [28]	1	2	4			3	2					1						1

Figure 4: *Sabadilla* case using the PA software17, sorted by “Number of hits.”

the analysis. Despite that, one of the main polar symptoms I did use in the repertorisation would have contraindicated the remedy that cured the case.

The reference to the symptom “Chill, Thirst, with” in the primary, provings-based materia medica, and subsequent clinical confirmation in this case, supports the argument that all 4 grades within Bönninghausen’s *Therapeutic Pocketbook* represent *characteristics* of a remedy, even if the opposite pole symptom (chill without thirst) more frequently appears in the materia medicæ and clinically verified symptoms in Bönninghausen’s *Pocketbook* and Hering’s *Guiding Symptoms*. The symptom “Chilliness, with goose skin and moderate thirst, [a6]” that is listed in Allen’s *Encyclopædia* was a proving symptom of Rückert that was taken from the original proving published in Stapf’s *Archiv*.<sup>48</sup> Therefore, despite this symptom not occurring as frequently in the proving as the opposite pole symptom, this symptom was still included by Stapf in the proving record for *Sabadilla* because it was thought to be a *primary action* effect of *Sabadilla*.

In addition to understanding that all four grades in Bönninghausen’s *Pocketbook* are significant and valuable remedy effects, it is the homœopath’s task to match the *most characteristic* symptoms in the case of disease to the symptoms produced by a remedy via similarity, even if “less important and minor” symptoms in the case are opposite of those produced by the remedy. Hahnemann gives the following instructions on this subject in the footnote of aphorism 67 in the *Organon*:

“It does not follow that a homœopathic medicine has been ill selected for a case of disease because some of the medicinal symptoms are only antipathic to some of the less important and minor symptoms of the disease; if only the others, the stronger, well-marked (characteristic), and peculiar symptoms of the disease are covered and matched by the same medicine with similarity of symptoms – that is to say, overpowered, destroyed and extinguished; the few opposite symptoms also disappear of themselves after the expiry of the term of action of the medicament, without retarding the cure in the least.”

Therefore, I would like to suggest that in the future development of PA, there be no absolute contraindications in the software, but only relative contraindications, which should then stimulate the homœopath to carefully investigate the materia medica to find the best matching remedy for the case. This slight modification in the PA methodology can be tested in research models and may help continue to improve the accuracy of prescriptions in the research by forcing the prescribing homœopath to very closely double check remedies in the materia medica without immediately dismissing them based on contraindications in the PA repertorisation. Ultimately, any repertory is only a tool to guide the homœopath to further study and for the confirmation in the materia medica, which is the final arbiter to decide the prescription.<sup>37b, 37c</sup>

### **Modalities are important polar symptoms**

One of the most important aspects to Frei’s work in the development of PA is the critical examination of which symptoms are most reliable to use in the match via similars when selecting a homœopathic remedy. This has been vital to his ability to critically and self-reflectively examine his unsuccessful prescriptions in order to advance his skills as a homœopathic prescriber. This rigorous critical analysis of his inaccurate prescriptions led to the increased accuracy requisite to achieve positive results in the ADHD placebo controlled trial.<sup>3</sup> As such, he has very well understood that very frequently amongst the most important polar symptoms are the modalities. This stems from a solid foundation in Hahnemann’s and Bönninghausen’s writings.<sup>49, 50</sup>

### **Only use symptoms that are deviations from the healthy state**

Frei rightly proposes that only symptoms that are deviations from the healthy state be included in the case analysis with the PA repertorisation. He illustrates that he is a well-studied student of Hahnemann when he teaches on page 14 of his book, as well as repeatedly throughout the book, that the symptoms that point to the remedy are only deviations from the former healthy state of the patient in the now sick patient. Frei very strongly, and accurately, argues that normal traits (personality, etc.) found in the patient during their healthy state should be completely ignored because they often lead to incorrect homœopathic prescriptions. It is refreshing to read an author so clearly describe this concept, and document its efficacy in clinical research trials, because it has largely been lost in modern schools of homœopathy that have strayed from the strict phenomenological inductive scientific method proposed by Hahnemann that was well understood by Bönninghausen.<sup>51, 52</sup>

### **Mental/Emotional Symptoms and Small Rubrics**

Because Frei puts such a strong emphasis on polar symptoms in the repertory analysis, he recommends avoiding rubrics with less than 10 remedies and also recommends against using mental/emotional symptoms in the primary repertory analysis. On page 18 of the book, Frei discusses his view that mental symptoms can be misleading and are not as reliable as modalities, which are more “unambiguous.” Although I agree with Frei that only deviations from a former healthy state must be used, and not normal personality traits, I think it is still possible to effectively and reliably use the *Pocketbook* with both small rubrics and mental/emotional symptoms if they are sufficiently comprehended by the homœopath. If the symptoms are not sufficiently understood by the case taker, then I agree that mental rubrics should not be used because they can be misleading. I will offer the following example from my private practice.

ED is an 8-year-old female who was brought by her parents for treatment of angry rages that have been occurring almost every day for the past couple of years. She is very well behaved at school and her teacher reportedly loves

her, however at home she has lots of behavioral problems. Her tantrums can last up to one to two hours per day. She can hit, throw things, and will be thrashing about as her parents put her in “time-out.” Specifically, triggers for the main complaint are when she has a perception that she gets punished unfairly when her siblings should be punished. She frequently says, “It’s not fair!” and will yell things like, “You’re the meanest Mom in the world. It’s not fair! I don’t know what I did. You are not the boss of me.” In addition to her anger outbursts she has a history of fairly regular reflux esophagitis. This case was solved expediently with the aid of George Dimitriadis’ English translation of Bönninghausen’s *Therapeutic Pocketbook* [TBR2],<sup>36</sup> with three rubrics that included two modality symptoms from the mind subchapter, and the heartburn. Two of the three rubrics used each listed only five medicines, and were mental symptoms, both of which Frei recommends against. The patient was prescribed *Staphisagria* 30C, 3 pellets dissolved in the mouth per day (TBR2 repertorisation Figure 5), again with specific reference to the materia medica symptoms listed below:<sup>36</sup>

*Staphisagria* - Allen’s *Encyclopædia of Pure Materia*

ID	Symptom name (Desktop 1)	Staph.	Nux-v.	Coloc.	Ign.
1766	Modalities, Mind, Vexation (disturbed, put-out, troubled), from, indignation, with [5]	4	3	4	
1761	Modalities, Mind, Reproaches (accusation, criticism), from [5]	3		2	3
380	Digestive Dysfunctions, Eructation, Heartburn (cardialgia, pyrosis) [71]	2	4		2
	<b>Symptom count [3]</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>

Figure 5

*Medica:*<sup>24</sup>

- Quiet fretfulness; he is vexed at everything which even does not concern him, [a8].
- Every word vexes her; she cries even if one only speaks to her, [\_a1].
- Very peevish (in the morning); he wishes to throw from him everything which he takes in his hand, [\_a1].
- Scraping eructations that affect the larynx and cause cough (scraping heartburn), [\_a1].
- Heartburn

*Staphisagria* – Hering’s *The Guiding Symptoms of Our Materia Medica:*<sup>18</sup>

- || Very sensitive to least impression; least word that seems wrong hurts her very much.
- || Children are ill-humored, and cry for things, which, after getting, they petulantly push or throw away.
- || Great indignation about things done by others or by himself; grieves about consequences.
- || Ailments from indignation and vexation, or reserved displeasure.

At a one-month follow up, the family was very happy to report that ED had no emotional outbursts within the past month and was doing dramatically better. This is a

straightforward case with a rapid and marked improvement, which is commonly experienced in practice.

Although Frei presents evidence that PA is a very reliable and useful methodology, even in mental emotional cases, I do not think we should completely abandon well defined symptoms in the *Therapeutic Pocketbook* based on a pre-contrived, mechanical process of repertorisation. Hahnemann described in the *Organon* that mental/emotional symptoms are often highly significant to the homœopathic prescription.<sup>53</sup> Mental/emotional symptoms are reliable when the symptom of the patient is sufficiently understood in order to be accurately translated into the language of the repertory and matched to a remedy via *similars* by comparison to the symptoms in the materia medica. In the case I presented, the chief complaint of the patient was a mental/emotional concern. I was able to utilize reliable modalities (triggering factors to the anger outbursts) with rubrics containing a small number of remedies. Because the patient’s symptoms were sufficiently understood, focusing intently on the *chief symptoms*<sup>54</sup> in the case reliably led to an accurate homœopathic prescription, without necessitating the application of the PA methodology to effectively solve

the case. We may even go so far as to say that to an experienced homœopath, with a vast knowledge of materia medica, a repertory

is not always necessary to solve straightforward cases.<sup>37d</sup>

**Giving medicines routinely**

A deviation from Hahnemann’s method<sup>55</sup> is that, due to the high number of patients, Frei often gives two remedies to an acutely ill patient with instructions for when and how to take the second remedy if the patient fails to respond to the first remedy. In his research, the patient most often responds to one of the first two remedies prescribed, although not always. On pages 219 to 224 of his book Frei discusses an impressive influenza study in which thirty-two patients (62%) achieved symptomatic improvement of 50% or more within two days of taking the first choice remedy prescription.<sup>9</sup> Thirteen patients (25%) reached the same level of improvement after taking the second choice remedy prescription. Six patients (11.5%) did not respond to either of the first two prescriptions and therefore he then had them return for a follow-up visit. One patient later relapsed; so, in total, 13% of patients in this study were resistant to homœopathic treatment of influenza. By all standards, Frei’s 87% successful prescriptions in the influenza study is highly admirable in the state of modern homœopathy and documents that effective homœopathic treatment can resolve an influenza infection faster than both the typical rate of spontaneous recovery and conventional medicine care.<sup>56</sup> Here I will pose some possible hypotheses for techniques

to further improve the percentage of accurate prescriptions in future research studies:

- 1) Avoid giving a routine second prescription without re-evaluating the case, as per Hahnemann's instructions in *Organon* §169.
- 2) Consider the possibility for the need to prescribe remedies not included within the list of remedies contained in the *Therapeutic Pocketbook*.
- 3) Consider the possibility that the PA methodology has some inherent limitations due to inaccuracies in the understanding of the grading schema within the Pocketbook, which can affect the PA mathematical calculations and supposed "contraindications" as demonstrated above.

## Conclusion

Because in Heiner Frei's words "polarity analysis varies decisively from Bönninghausen's original procedure" and his published results have thus far yielded impressive results, PA should be examined carefully and critically by the homœopathic profession. The PA methodology of calculated contraindications may statistically improve the odds for successful prescriptions in large studies, especially with less experienced prescribers. However, it may mislead prescribers into thinking that low graded (1 and 2) symptoms are insignificant when a remedy has produced high graded (3 and 4) symptoms opposite to them, when in fact all symptoms in the Pocketbook are primary actions of substances. This will occasionally lead to wrongly discounting symptoms which are contraindicated by the software due to the PA calculation. There is a risk of under-valuing and even misunderstanding the worth of low-graded symptoms in Bönninghausen, which are all positive remedy effects. Correcting this error may be critical to improving the accuracy of PA prescriptions above the 80% mark that Frei has reported. Careful inclusion of mental symptoms may also improve this percentage.

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TBR2...Dimitriadis, George, *The Bönninghausen Repertory, Therapeutic Pocketbook Method, Second Edition, The most accurate English re-translation of Bönninghausen's Therapeutisches Taschenbuch carefully corrected with reference to his original manuscript*, Sydney: Hahnemann Institute, 2010.

## Endnotes

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- 4 Hahnemann, Samuel, *Organon of Medicine, Fifth Edition*, 1833, Translated by R.E. Dudgeon.
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- 18 Hering, Constantine [1879]. *The Guiding Symptoms of our Materia Medica* (reprint), New Delhi: B. Jain Publishers, 1991.
- 19 By "Hahnemannian" prescription it is meant that the homœopath applies the *law of similars* when selecting a prescription according to the instructions Hahnemann gave in the *Organon of Medicine* (see aphorisms below) by intentionally attempting to distinguish the remedy that is most similar (according to proving experiments of substances on healthy individuals) to the symptoms of the patient's presenting case of disease, which is void of all speculative reasoning. Hahnemannian prescribing differs from modern techniques, which incorrectly call themselves homœopathy, that utilize speculative theories, such as the *doctrine of signatures*, in order to select a medicinal substance.
- Hahnemann, Samuel, *Organon of Medicine, Fifth Edition*, 1833, Translated by R.E. Dudgeon.
- a) §6. "The unprejudiced observer-well aware of the futility of transcendental speculations which can receive no confirmation from experience..."
- b) §110. "...the only possible way to ascertain their medicinal powers is to observe those changes of health are capable of producing in the healthy organism; for the pure, peculiar powers of medicines available for the cure of disease are to be learned neither by any ingenious *a priori* speculations, nor by the smell, taste, or appearance of the drugs, nor by their chemical analysis, nor yet by the employment of several of them at one time in a mixture (prescription) in diseases..."
- c) §24. "There remains, therefore, no other mode of employing medicines in diseases that promises to be of service besides the homœopathic, by means of which we seek, for the totality of the symptoms of the case of disease, a medicine which among all medicines (whose pathogenetic effects are known from having been tested in healthy individuals) has the power and the tendency to produce an artificial morbid state most similar to that of the case of disease in question."
- d) §25. "Now, however, in all careful trials, pure experience, the sole and infallible oracle of the healing art, teaches us that actually that medicine which, in its action on the healthy human body, has demonstrated its power of producing the greatest number of symptoms *similar* to those observable in the case of disease under treatment, dose also, in doses of suitable potency and attenuation, rapidly, radically and permanently remove the totality of the symptoms of this morbid state, that is to say (§§6-16), the whole disease present, and change it into health; and that all medicines cure, without exception, those diseases whose symptoms most nearly resemble their own, and leave none of them uncured."
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- 24 For clarification, Hering's *Guiding Symptoms* is, for the most part (except for his own, e.g., *Amerikanischen prüfungen*) a *secondary* MM – it lists symptoms taken from primary sources such as Hahnemann (RA & CK, etc.), Stapf's *Archiv*, Hartlaub & Trinks' *Reine Arzneimittellehre*, Helbig's *Heraklides*, the *Austrian provings*, etc. T.F.Allen's *Encyclopædia* is also not a *primary* source – simply reproducing the previously published effects from other works. Here is a list borrowed with permission from George Dimitriadis of the more familiar non-primary MM:
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- 27 Frei here is comparing two reportorial methodologies (i.e. Bogers' Bönninghausen [BB] with Bönninghausen's *Therapeutisches Taschenbuch* [TT]). Because different reportorial tools were used with the prospective and retrospective cohorts of the study, it is difficult to draw the conclusion that the improvement in homœopathic prescription accuracy was due to PA rather than another variable such as the difference in repertory structure. A more precise study design would include a comparison of Bönninghausen's TT with and without the addition of PA, so that the exact same reportorial tool is used in both cohorts.
- 28 Frei, H., *Polarity Analysis in Homeopathy*, *ibid.*, pp. 26-28.
- 29 Frei, H., *Polarity Analysis in Homeopathy*, *ibid.*, pp. 217-219.
- 30 Frei, H., *Polarity Analysis in Homeopathy*, *ibid.*, p. 8.
- "Homœopathy has nevertheless developed in breathtakingly diverse directions since its discovery 200 years ago. When asked to find the best remedy for a particular case, the participants in a modern seminar will put forward a multitude of suggestions. For those less familiar with homœopathy, this generates the impression of considerable disorientation. In contrast, Hering reported in the middle of the nineteenth century that he had sent a patient's medical history to 33 colleagues, requesting them to suggest the most suitable remedy. He received 22 replies, all indicating the same remedy. There was evidently at that time a widespread consensus about the procedure to identify the required remedy. In view of recent aggressive and frequent attacks on homœopathy, the fact that the required remedy cannot be reliably and reproducibly determined has seriously damaged homœopathy. Most new methods that have been introduced to homœopathy since the beginning of the twentieth century have not been statistically evaluated: we therefore do not know how they affect treatment outcomes, a situation that should urgently be corrected with outcome studies. These would also be an important step for homœopathy to acquire the status it deserves in medicine."
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- 33 Gypser, K.H., "Introduction to the German Revised Edition 2000," translated by Bernard Deutinger and republished in English in *The Bönninghausen Repertory, Therapeutic Pocketbook Method, first edition* (TBR1) by George Dimitriadis. Sydney, Australia, 2000: pp. 21-25.
- a) "*Genius of remedy*: The meaning of 'genius' can be shown with Bönninghausen's example of *Asafoetida* with its stitches directed from inside to outside. These pains were observed repeatedly by different provers, appearing distinctly, and affecting different regions of the body. This reveals its genius symptom and we can conclude that *Asafoetida* will also cure outward stitching pains, even if they appear in parts other than those affected in the provings, so long as it also corresponds to the rest of the symptoms. Such genius symptoms appear almost exclusively amongst the "sensations & complaints" or "modalities," and characterise the so-called 'gold grains' of Bönninghausen – symptoms which as a rule, are individual to a remedy – the particular medicine."
- b) "Rubrics are followed by their corresponding remedy list, in different type-styles indicating the grades. In practice, we ignore the grade denoted in brackets, which still needs more confirmation, and therefore speak of four relevant grades: the first (lowest), in antique representing an occurrence in provings; where the remedy has more often produced a symptom in proving, its value is represented with spaced a n t i q u e, i.e. second grade. The third for which *italics* had been chosen expresses clinical experience additionally, and furthermore indicated a remedy's *characteristic* feature. For the fourth (highest) grade, spaced *i t a l i c s*, is similar to the third, with still greater degree of confirmed clinical experience. In the highest two grades also represent the *genius* symptoms of a remedy, provided that, as indicated earlier, the nature of the symptom allows it to run through several areas principally."
- c) "*Managing of contradictory modalities*: if the symptoms of one body region, i.e. head, are aggravated by warmth, and others, i.e. internal throat, are ameliorated by warm drinks, an apparent problem arises in the generalization of modalities as per the Pocketbook. However, after a closer look this problem can be solved. If these modalities are not characteristic for this illness, they can be disregarded. On the other hand, one modality may relate to the main symptom, the other to the concomitant symptoms, According to Bönninghausen's Pocketbook method, an equivalent of Genius grades (the two highest) should be present. A difficulty would only arise in the event that contradicting modalities belonging to the concomitant symptoms were equally characteristic. So far, I have never seen such a case."
- d) "There is still another part of Bönninghausen's method which has been neglected, the so-called *polarities*, which can be applied without the previously described order of symptoms for repertorisation, i.e. it may be used as well with other repertories. These are symptoms whose nature

allows for a possible opposite, particularly modalities, but also other symptoms, e.g. thirst/thirstless or strong/weak menses. Bönninghausen advises, for the purpose of securing the choice of the remedy, checking that one or more of the symptoms *not* considered for repertorisation do not themselves contradict the Genius symptoms of the remedy. For example: the repertorised symptoms lead to *Pulsatilla*. Among the symptoms not taken into account are found a large thirst, decided well-being in warm rooms and too early appearance of copious menses. Here we have significant contraindications to *Pulsatilla*'s *genius*, so that it cannot be the curative remedy despite the seeming appropriateness of the prescription."

34 Dimitriadis, George, *The Certainty of the Bönninghausen Therapeutic Pocketbook Method*, *Zeitschrift für Klassische Homöopathie* 2001: 45;3, pp. 96-115.

"The reason for Gypser et al. assuming a 3-grade remedy value from these works, stems from the erroneous idea that only the 3 and 4 grades indicate 'characteristics.' Our explanation for rejecting this assumption have been provided above, and we here only remind the reader that the remedy grades (from 1 to 4) within the TT indicate characteristics."

35 Dimitriadis, George, *Bönninghausen's Therapeutic Pocketbook, A Concise Repository of His Clinical Experiences*, *Zeitschrift für Klassische Homöopathie* 2001:45;6, pp. 223-237.

36 Dimitriadis, George, *The Bönninghausen Repertory, Therapeutic Pocketbook Method, Second Edition, The most accurate English re-translation of Bönninghausen's Therapeutisches Taschenbuch carefully corrected with reference to his original manuscript*, [TBR2], Sydney: Hahnemann Institute, 2010, p. 10.

"Bönninghausen goes on to say that the first two grades (1-2) indicate the frequency of primary symptoms in the provings, whilst the highest two grades (3-4) further indicate the frequency of clinical verification. Bönninghausen enclosed the 'dubious' entries within parentheses as a mark of their *uncertainty*. But uncertain of what? We may ask – either the symptom was, or it was not produced by that remedy in provings, and thus the uncertainty to which Bönninghausen refers is not with respect to its actual *appearance* in the proving, but rather, to whether it is a *consistency (characteristic)* for that remedy. This 4-tier grading system (1,2,3,4) of Bönninghausen was thus most carefully constructed and consistently applied, every such grade within TT, indicating a *characteristic* of that remedy. Bönninghausen sought to collect *only* the *consistent* components (characteristics) of a remedy proving, purposefully excluding everything 'superfluous' (*i.e.*, which could not contribute towards the homöopathic diagnosis), and indicating any uncertainties for future verification."

37 Bönninghausen, CMF von, *Therapeutisches Taschenbuch, Original Preface* from the 1846 English Edition (TPI). [TT]

a) "As almost under every rubric there are a great number of remedies, it has been with regard to this double object deemed indispensable to point out their relative value by means of a different print, as I had done in my former

Repertories and which *Hahnemann* had repeatedly declared the requisite. The reader therefore will find throughout the whole book the remedies divided into five classes, indicated by the print, of which the four principal ones occur in the first part (*Mind and Soul*) under the head: "covetousness" and which may serve as an example. The word *P u l s .*, given in italics printed apart, takes the first, the most prominent place. It is followed, in a descending order, by the words *Ars.* and *Lyc.*, printed in simple italics, as being less distinguished, but still much approved of by the characteristic of the remedies as well as by practice. Of a still inferior order are the words: N a t r. and S e p., given in roman letters printed apart, and the last place with regard to the value of the remedies takes Calc., which word is printed in roman letters. The fifth order contains the dubious remedies, which require to be more closely ascertained and which occur the most seldom: they are enclosed in crotchets, as for e.g. page [in this edition, rubric no.484] the words: (Arg.) (Asar.) (Bism.) (Cic.) and some others."

b) "Beyond doubt, the diligent and careful study of the "Materia Medica Pura" cannot be fully supplied by any Repertory whatever; nor have I ever had the intention of making the former superfluous, on the contrary I am of opinion, that all works, having such a tendency, unquestionably do a great deal of harm."

c) "The object of this Pocketbook, as it has been stated on its title-page, is a double one, viz: to aid the memory of the practitioner at the sickbed in the selection of the remedies and to serve the student of the Materia Medica Pura as a guide, by which he is enabled to find his way, to judge the greater or minor value of each symptom and to complete and define them with greater accuracy."

d) "...respecting the use of this Pocketbook, for beginners in homöopathy, for whom it is principally intended."

38 Dimitriadis, George, *Homöopathic Diagnosis Hahnemann through Bönninghausen, Repertory Lineage*, Sydney: Hahnemann Institute, 2004, pp. 39-50. [DHD]

39 Bönninghausen, CMF von, *Die Körperseiten und Verwandtschaften*, Münster 1853.

"...the degrees of this action seemed to me best indicated by different print. The same plan was pursued in my repertories on the anti-psoric and non-anti-psoric drugs, and the public seemed to be pleased with it. For the benefit of those who do not possess these repertories which are partly out of the market, or have been replaced by the later works of Jahr, Mueller, Possart, and others, I will state that I used four different kinds of type.

(1) COMMON TYPE, like: Agar. Alum., Ang., Ant. tart., Aur., etc. under LEFT SIDE; this kind of type indicates the lowest degree of action.

(2) CLARENDON, such as: Acon., Amm., Anac., etc.; this kind of print indicates the next higher degree of action.

(3) ITALICS: such as: *Ambr.*, *Amm. mur.*, *Ant. crud.*, etc.; this kind of print indicates the third degree, which is pretty thoroughly verified and confirmed by experience; and

- lastly
- (4) ANTIQUE, such as: **Brom.**, **Sep.**, etc.; this is the highest and most distinguished degree.”
- 40 Frei, H., *Polarity Analysis in Homeopathy*, *ibid.*, p. 20
- 41 Dimitriadis, George, ‘BOGUS’ BÖNNINGHAUSEN, *the fundamental flaw in ‘Boger’s Bönninghausen’*, AJHM (2007), 100:1,50 (also available at [www.hahemanninstitute.com](http://www.hahemanninstitute.com)).
- 42 Hahnemann, Samuel, *Organon of Medicine, Fifth Edition*, 1833, Translated by R.E. Dudgeon. §213 footnote.
- 43 Dimitriadis, George, TBR2, *ibid.*, p. 70.
- 44 Bönninghausen, CMF von, *The Lesser Writings of CMF von Bönninghausen*, compiled by T.L. Bradford, translated by L.H. Tafel, 1908, B. Jain Publishers, Delhi, 2005 Reprint. [BLW]
- a) P. 64 – “Concerning the Relative Value of Symptoms, and Something about Borax (*Allg. Hom. Zeit., Vol 53, p. 60*)”  
 “Among the symptoms concerning the menses, the ones which regard the too early and too protracted menses, according to experience, deserve the preference, although also in this, as in many other remedies, too late an appearance or too short a duration does not really present a contra-indication. The former irregularity is indicated, however, in No. 294, observed after twenty-five days, and in No. 295, observed after seven weeks.”
- b) P. 121 – “A Contribution to the Judgment Concerning the Characteristic Value of Symptoms. (*Allg. Hom. Zeit., Vol 60, p. 73 ff.*)”  
 “we should give it a special importance and only be careful that there may be no contra-indications.”
- c) P. 197 – “Three Precautionary Rules of Hahnemann (*Translated from Neues Archiv f. hom. Heilkunst, Vol. I, No. I (1844), P. 69*)”  
 “To make myself more intelligible, I will have to take an illustration to my aid, and I select for this purpose (from *Archiv. f. d. hom. Heilk.*, Vol. I, No. 3) an article by the late Franz, who died all too early, the proving of Asafoetida, and indeed so as not to exceed a reasonable limit the lancinating pains peculiar to this remedy.... But when the symptoms observed in this remedy are closely compared, then the pains which occur as well in the inner as in the external parts, lancinating frequent pains are mostly dull and intermittent, most usual burning, more rarely pressive or tensive, most rarely drawing and tearing, and they all have the peculiar characteristic that they pass from within outward. Therefore, the symptoms 35, 47, 48, 58, 85, 86, 88, 89, 90, 91, etc., where this is not particularly noted, have to be completed and made more exact, as they speak merely of lancinations without any closer particularization. Furthermore when under nose, ears, lips, chin, teeth, etc., no symptoms of lancination are noted and mentioned, we are by no means to conclude thence that in lancinating pains in these parts, when they otherwise correspond to the peculiarities of this remedy and the other symptoms agree, Asafoetida might not be the remedy, and in fact I have brought quick and permanent relief by means of this remedy even in lancinating burning pains in the teeth, ear and face, which were
- intermittent, and which felt as if they came from within outward, and where otherwise the symptoms were in agreement or there was nothing contra-indicated.”
- 45 Dimitriadis, George, *The Certainty of the Bönninghausen Therapeutic Pocketbook Method*, *Zeitschrift für Klassische Homöopathie* 2001: 45;3, pp. 96-115.  
 “Remember the abovementioned example of Clematis under ‘tooth pains’ indicated only as a 1-grade, even though Clematis provings show a significant percentage (8%) of its symptoms relate to striking tooth pains. The lack of higher grading for Clematis within the TT simply shows that Bönninghausen did not usually see patients whose combination of symptoms (Main/Concomitant) indicated Clematis, and therefore, whilst still characteristic by virtue of its provings, its grade value for this symptom stayed at the TT entry level.”
- 46 Hahnemann, Samuel, *Organon of Medicine, Fifth Edition*, 1833, Translated by R.E. Dudgeon.
- a) 63. “Every agent that acts upon the vitality, every medicine, deranges more or less the vital force, and causes a certain alteration in the health of the individual for a longer or a shorter period. This is termed *primary action*. Although a product of the medicinal and vital powers conjointly, it is principally due to the former power. To its action our vital force endeavors to oppose its own energy. This resistant action is a property, is indeed an automatic action of our life-preserving power, which goes by the name of *secondary action* or *counteraction*.”
- 47 Dimitriadis, George, *Primary & Secondary Reactions, the significance of the sequence of symptoms*, *Australian Journal of Homœopathic Medicine*, 1995, 4/1: 16-29.
- 48 Stapf: *Archiv hom. Heilk.*, V. 4, pt. 3, p. 118.
- 49 Hahnemann, Samuel, *Organon of Medicine, Fifth Edition*, 1833, Translated by R.E. Dudgeon.
- a) §133. “On experiencing any particular sensation from the medicine, it is useful, indeed necessary, in order to determine the exact character of the symptom, to assume various positions while it lasts, and to observe whether, by moving the part affected, by walking in the room or the open air, by standing, by sitting, or lying the symptom is increased, diminished or removed, and whether it returns on again assuming the position in which it was first observed, -whether it is altered by eating or drinking, or by any other condition, or by speaking, coughing, sneezing or any other action of the body, and at the same time to note at what time of the day or night it usually occurs in the most marked manner, whereby what is peculiar to and characteristic of each symptom will become apparent.”
- b) §86. “When the narrators have finished what they would say of their own accord, the physician then reverts to each particular symptom and elicits more precise information respecting it in the following manner; he reads over the symptoms as they were related to him one by one, and about each of them he inquires for further particulars, e.g., at what period did this symptom occur? What kind of pain, what sensation exactly, was it that occurred on this spot?”

Where was the precise spot? Did the pain occur in fits and by itself, at various times? Or was it continued, without intermission? How long did it last? At what time of the day or night, and in what position of the body was it worst, or ceased entirely? What was the exact nature of this or that event or circumstance mentioned - described in plain words?"

50 Bönninghausen, CMF von, BLW, *ibid.*, p. 320 (Atropa Belladonna).

- a) "...individual differences between the different kinds of action [of medicines] are almost only indicated by the various combinations of the symptoms with each other, but most distinctly in their modifications [i.e. modalities] which cause a difference in the *time*, the *position*, and the *circumstances* with respect to the alleviation or aggravation of the ailments caused."
- b) "For every single symptom complete in all directions may be considered as a diagnosis in itself, which presents a characteristic of a remedy, such as a hundred general symptoms, which are common to many remedies, and are detached, can never afford us."

51 Hahnemann, Samuel, *Organon of Medicine, Fifth Edition*, 1833, Translated by R.E. Dudgeon.

§6. "The unprejudiced observer...notices only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease."

52 Bönninghausen, CMF von, BLW, *ibid.*, pp. 232-233.

"...[we must] not be so easily led astray by personal and individual traits. For the individual personality is often very different from the individual genius of the disease, and although the former may frequently cause a variance in the choice of the remedy nevertheless this selection must always be so made as to lie within the sphere of action of the genius of the disease."

53 Hahnemann, Samuel, *Organon of Medicine, Fifth Edition*, 1833, Translated by R.E. Dudgeon, §§210-230.

§211. "This holds good to such an extent, that the state of the disposition of the patient often chiefly determines the selection of the homœopathic remedy, as being a decidedly characteristic symptom which can least of all remain concealed from the accurately observing physician."

54 Hahnemann, S.: *The Medicine of Experience*, in The Lesser Writings of Samuel Hahnemann, collected and translated by R.E. Dudgeon, 1851, B. Jain Publishers, New Delhi, p. 443.

[HLW]

"The chief signs are those symptoms that are most constant, most striking, and most annoying to the patient. The physician marks them down as the strongest, the principal features of the picture. The most singular, most uncommon signs furnish the characteristic, the distinctive, the peculiar features."

55 Hahnemann, Samuel, *Organon of Medicine, Fifth Edition*, 1833, Translated by R.E. Dudgeon.

§169. "If, on the first examination of a disease and the first selection of a medicine, we should find that the totality of the symptoms of the disease would not be effectually covered by the disease elements of a single medicine – owing to the insufficient number of known medicines, -- but that two medicines contend for the preference in point of appropriateness, one of which is more homœopathically suitable for one part, the other for another part of the symptoms of the disease, it is not advisable, after the employment of the more suitable of the two medicines, to administer the other without fresh examination, for the medicine that seemed to be the next best would not, under the change of circumstances that has in the meantime taken place, be suitable for the rest of the symptoms that then remain; in which case, consequently, a more appropriate homœopathic remedy must be selected in place of the second medicine for the set of symptoms as they appear on a new inspection."

56 Jefferson T, Jones MA, Doshi P, Del Mar CB, Heneghan CJ, Hama R, Thompson MJ. *Neuraminidase inhibitors for preventing and treating influenza in healthy adults and children*. Cochrane Database Syst Rev. 2012 Jan 18;1:CD008965.

"Time to first alleviation of symptoms in people with influenza-like illness symptoms (i.e. ITT population) was a median of 160 hours (range 125 to 192 hours) in the placebo groups and oseltamivir shortened this by around 21 hours (95% confidence interval (CI) -29.5 to -12.9 hours,  $P < 0.001$ ; five studies) but there was no evidence of effect on hospitalisations based on seven studies with a median placebo group event rate of 0.84% (range 0% to 11%); odds ratio (OR) 0.95; 95% CI 0.57 to 1.61,  $P = 0.86$ ."

*About the Author:* Dr. Oskin is adjunct faculty in the homœopathy department at Southwest College of Naturopathic Medicine and Health Sciences in Tempe, Arizona. He is in private practice at Arizona Natural Health Center in Tempe, Arizona. Email: [droskin@aznaturalhealth.com](mailto:droskin@aznaturalhealth.com)

