

ORIGINAL PAPER

Homeopathic treatment of multimorbid patients: a prospective outcome study with polarity analysis



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Background: The treatment of multimorbid patients who have a combination of three or more concurrent complaints is one of the core competencies of homeopathy. In this article we introduce the application of polarity analysis (PA) in multimorbidity. PA came to prominence through the Swiss homeopathic ADHD double-blind study, which successfully demonstrated a significant difference between highly dilute homeopathic remedies and placebo. PA enables homeopaths to calculate a relative healing probability, based on Boenninghausen's grading of polar symptoms. After its evaluation in the treatment of a variety of acute and chronic disease, which showed improved results compared to a conventional homeopathic approach, it was a challenge to test PA with multimorbid patients. Since such patients almost invariably have a multiple symptoms, the question was whether we can nevertheless successfully use Polarity Analysis or whether the method is rendered ineffective by the multitude of symptoms. **Methods:** We treated 50 multimorbid patients with PA and prospectively followed them over one year.

Results: 43 patients (86%) completed the observation period, achieving an average improvement of 91% in their initial symptoms. Six patients dropped out, and one did not achieve an improvement of 80%, and was therefore also counted as a treatment failure. The cost of homeopathic treatment was 41% of projected equivalent conventional treatment.

Conclusions: Polarity Analysis is an effective method for treating multimorbidity. The multitude of symptoms does not prevent the method from achieving good results. Homeopathy may be capable of taking over a considerable proportion of the treatment of multimorbid patients, at lower costs than conventional medicine. *Homeopathy* (2015) 104, 57–65.

Keywords: Homeopathy; Multimorbid patients; Polarity analysis; Prospective outcome study; Treatment costs

Introduction

Polarity analysis (PA) is a defined method of homeopathic treatment, enabling illness to be healed with greater

reliability.¹ In the Swiss double-blind study on attention deficit hyperactivity disorder (ADHD), PA enabled the hit rate to be raised to the level of proof required to successfully demonstrate a statistically significant difference between placebo and high-potency homeopathic remedies.² When evaluated in prospective outcome analyses with acute and chronic illness, PA has also been found to improve the results in comparison with conventional homeopathic treatment.^{1,3}

The present work aimed at a prospective evaluation of Polarity Analysis in the normal treatment of patients with

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Received 13 March 2014; revised 27 August 2014; accepted 2 September 2014

at least three different complaints or diagnoses. Multimorbid patients usually present with multiple symptoms, including a large number of polar symptoms. To correctly assign a single remedy is a challenge. Is this in fact possible or does the multiplicity of symptoms cause a leveling of the polarity difference to the point where it becomes unusable?

In this article we first explain Polarity Analysis and illustrate it with a case study. In the second part the results of the prospective observation of 50 patients are presented and discussed.

Polarity Analysis

PA is based on the grading found in Boenninghausen's *Therapeutic Pocket Book (PB 2000)*,⁴ and consists of the elements *contraindications* and *polarity difference*. Hahnemann established in *Organon* § 133 that the peculiar and characteristic aspects of each symptom are shown in the modalities.⁵ In combination with ORG § 153, this means that homeopathic remedy selection in particular ought to be determined mainly by the modalities.

Boenninghausen contraindications

Boenninghausen himself strived to unambiguously match the genius of a homeopathic remedy with the patient's characteristic symptoms.⁴ What does this mean? The genius of a remedy includes those modalities, sensations and findings that have often been seen in the remedy proving, occurred in various localizations and have also been clinically healed. These symptoms are what is actually characteristic of the remedy. In the PB 2000, genius symptoms are generally listed with a high grade. The contradiction concerns the *polar symptoms* — those that are expressed as opposites: for example, *thirst/lack of thirst*, *<cold/> cold*, *desire for fresh air/dislike of fresh air*. Many remedies have both poles of such symptoms but in differing grades. Since the patient's symptoms (especially the modalities) should match the genius of the remedy, Boenninghausen strived to match the symptoms in as high a grade as possible (grades 3–5). If the remedy contained the patient's symptom at a low grade (1 or 2) but the opposite pole of the same symptom at a high grade (3–5), he regarded this as a contradiction to the patient's characteristic symptoms, and therefore as a contraindication for the remedy. According to his experience, such a constellation rarely led to healing. This inspired in the author of this paper the idea of systematically prioritizing polar symptoms in the process of remedy selection. The procedure, combined with the repertory software of the PB 2000,⁶ led to the development of Polarity Analysis: the repertorisation software checks all remedies for which the opposite pole to the patient's symptoms is present in grades 3–5 and compares this with the grade of the patient's symptoms. It does not check opposite poles in which the grade is outside the genius range (grades 1 and 2) since here there can be no contraindication (no contradiction to the genius of the remedy). If we later check cases in which the totality of symptoms has apparently led to a good remedy selection but the result was disappointing, we often

find that contraindications are the reason for the lack of success.

Polarity difference

Polarity Analysis *systematically* uses Boenninghausen's insights for *all* polar symptoms: on the one hand by excluding remedies with *contraindications*, on the other hand by calculating the *polarity difference*. This is done by adding the grades of the *polar* patient symptoms for all likely remedies and then subtracting the grades of the opposite pole symptoms. *The higher the resulting polarity difference, the better the remedy matches the patient's characteristic symptoms — assuming there are no contraindications.*

At least five polar symptoms should be used for the analysis if possible. To elicit the polar symptoms, the usual homeopathic casetaking is supplemented with checklists (for acute illness) and questionnaires (for chronic illness and multimorbidity), in which the patients underline the symptoms that they have observed in themselves. The checklists and questionnaires are specifically designed to elicit polar symptoms. So far eight checklists and twelve questionnaires have been developed for different problem areas, such as neurology, gynecology, ENT and airways, allergies, and so on.³ Although the theory behind PA may sound somewhat complicated, the procedure can immediately be understood when illustrated with a case study.

Practical procedure

Multimorbid patients “multimorbid patients” with three or more complaints are often older people. With conventional medicine, which prescribes separate medications for each complaint, such patients often undergo polypharmacy “polypharmacy”, in which up to ten or more individual medications are prescribed simultaneously. This results in drug interactions and undesirable side effects. Due to the possibility of dealing with multiple complaints using a single remedy, the treatment of multimorbid patients is an important area of expertise in homeopathy.

Casetaking “casetaking” takes place, as with chronic illness, in two separate consultations. In the *preparatory consultation*, the patient's history is taken and a physical examination is conducted with the aim of recording all complaints in a holistic manner. The conventional medical diagnoses must be clear before homeopathic treatment starts. After the indication for homeopathic treatment has been established, the patients receive the homeopathic questionnaires appropriate to their complaints and are told how to carefully fill these out symptom by symptom in the period before the next consultation.

Around two to four weeks later, the patient brings the completed questionnaires to the clinic for the *main consultation*, and a *case log* is produced. The following aspects of each complaint are logged:

- First occurrence (year)
- Frequency of complaints
- Localizations, sensations and modalities

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