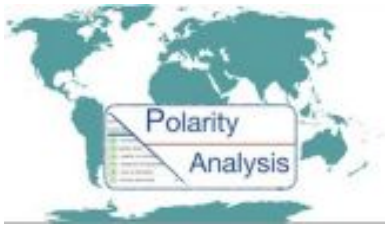


Polarity	
Analysis	
100	is movement
110	is people, others
111	is weather / air, wind, sun
112	is feeling and moving / senses
113	is spring, air, side (water)
114	is drinking, other (spring)

# Polarity Analysis For Mental Health

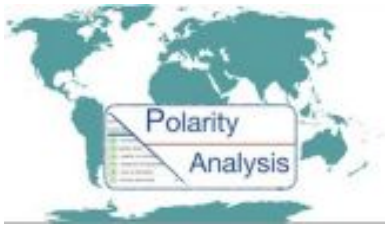
## Text Review: Session 2 - ADHD Chapter 1

Michael Knapp, ND, DHANP



## Plan for Today

- **ADHD Biomedical Review** 🤔
- 🧐 **Reliable** symptoms of perception
- **Cases** - get your books
- Your questions?



# Email Question

“In *Polarity Analysis and Homeopathy*, case 4.2.2, there is a 16 year old male with a history of ADHD that has a new symptom of nosebleeds, On repertorisation, Heiner had only 3 high (green) polar symptoms and needed more symptoms.

I understand muscles, flabbiness must be a description of appearance, but I don't understand how it applies to the primary problem of nosebleeds. Or does it need to?

Does the person have to be abnormally flabby in order for this symptom to be taken?... Does muscle flabbiness refer to flabbiness of the arm...or of someone with a large belly?

How do you confirm muscle flabbiness in a 5 to 8 yo boy or girl who is not overweight but doesn't show definition?...”



## Person vs Pathology - Take 2

- **Nit-ac** - “They’re *nasty* people”
  - How many things are wrong with this statement?



# ADHD Overview

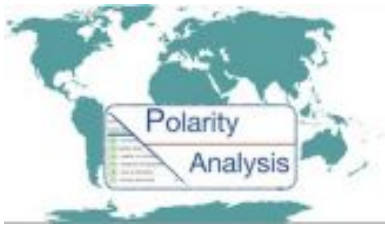
(from STATPEARLS NCBI)

- A psychiatric condition affecting children's ability to function, marked by inappropriate levels of inattentiveness, hyperactivity, or impulsivity.
- **Symptoms:**
  - Includes lack of attention, difficulty concentrating, disorganization, forgetfulness, and losing things.
  - Symptoms must begin before age 12, last at least six months, and interfere with daily life in more than one setting (home, school, etc.).



# ADHD Overview

- **Impact:**
  - ADHD can affect social interactions, lead to risky behaviors, result in job loss, and hinder school performance.
- **Challenges for Children:**
  - Children with ADHD often face difficulties with social interactions, frustration, and impulsivity.
  - They may be labeled as "troublemakers."
- **Historical Background:**
  - ADHD has been known by different names, including "minimal brain dysfunction" in the 1930s, and later ADD and ADHD.
  - Prevalence increased in the 1950s with the standardization of school systems.



# ADHD Etiology

## **Etiology of ADHD:**

- ADHD is influenced by both genetic and environmental factors.
- It is one of the most heritable psychiatric conditions.
- Higher concordance in monozygotic (identical) twins compared to dizygotic (fraternal) twins.
- Siblings of those with ADHD have twice the risk of developing the disorder compared to the general population.

## **Environmental Factors:**

- Viral infections, smoking during pregnancy, nutritional deficiencies, and alcohol exposure in the fetus have been explored as potential causes.

## **Brain Imaging:**

- No consistent findings in brain imaging for ADHD.
- Decreased dopaminergic receptors in the frontal lobes have been linked to ADHD.
- Noradrenergic receptors may also play a role in the disorder.



## In the news...

JFK Jr. announced HHS will investigate drivers of chronic disease including:

- Vaccine schedule
- SSRIs and psychiatric drugs
- electromagnetic radiation
- herbicides and pesticides
- ultra-processed foods, artificial food, allergies
- microplastics and long-lasting chemicals used in the production of non-stick pans.

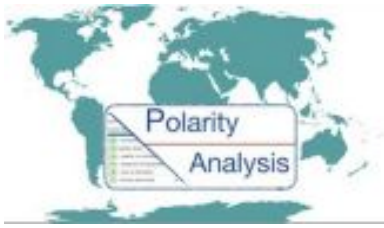




# ADHD: Reviewing the Causes and Evaluating Solutions

Núñez-Jaramillo, L.; Herrera-Solis, A.; Herrera-Morales, W.V. ADHD: Reviewing the Causes and Evaluating Solutions. *J. Pers. Med.* **2021**, *11*, 166. <https://doi.org/10.3390/jpm11030166>

- **Premature Birth:**
  - Premature birth increases ADHD risk, especially in low-weight or very low-weight babies.
  - Linked to altered neurogenesis, cell death, and reduced cortical expansion.
  - **Inflammation:** Increased inflammation-related molecules in preterm children may increase ADHD risk.
- **Perinatal Hypoxia:**
  - Increases ADHD risk, likely due to effects on **dopaminergic transmission** and **neurotropic signaling**.
- **Nutritional Factors:**
  - **DHA (Docosahexaenoic Acid):** Low levels linked to ADHD and neurodevelopmental disorders.
  - **Malnutrition/Immune Activation:** During pregnancy increases ADHD risk.
  - **High Sucrose Intake:** Linked to ADHD symptoms in offspring (increased activity, impulsivity, attention issues).
- **Preconceptional Conditions:**
  - **Ethanol Exposure:** Alcohol exposure before conception in female rats caused ADHD-like symptoms in offspring.
  - **Paternal Alcohol Exposure:** Also linked to ADHD-like symptoms and epigenetic changes in offspring.
- **Pesticide Exposure:**
  - **Deltamethrin** exposure in rats led to ADHD-like symptoms (hyperactivity, attention deficits).
  - **Human Study:** Children with pyrethroid metabolites in urine had higher chances of being diagnosed with ADHD.
- **Heavy Metal Exposure:**
  - Mercury, lead, cadmium



# ADHD Etiology

- **Prevalence of ADHD Subtypes:**
  - a. **Inattentive subtype:** 18.3% of total ADHD patients.
  - b. **Hyperactive/impulsive subtype:** 8.3% of total ADHD patients.
  - c. **Combined subtype:** 70% of total ADHD patients.
- **Gender Differences:**
  - a. The inattentive subtype is more common in females.
  - b. Overall, ADHD has a 2:1 male-to-female ratio.
- **Prevalence in Adults:**
  - a. ADHD is found in about 3%-6% of the adult population.
- **General Prevalence:**
  - a. ADHD is one of the most prevalent childhood disorders.
  - b. It may be more common in the United States than in other developed countries.



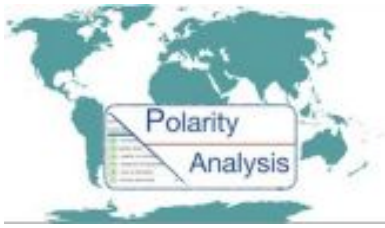
# ADHD Diagnosis

- **Diagnosis in Children:**

- a. ADHD diagnosis in children is based on history and symptoms.
- b. Must show difficulty with at least 6 of the 9 DSM-5 symptoms:
  - i. **Inattentive symptoms:**
    1. Difficulty paying attention, missing details, rushing, not listening, disorganization, incomplete tasks, avoiding mentally taxing tasks, losing things, forgetfulness.
  - ii. **Hyperactive symptoms:**
    1. Fidgeting, feeling restless, leaving seat, climbing, being loud, blurting out answers, excessive talking, trouble waiting turn, interrupting others.
- c. Symptoms must occur in multiple settings (e.g., home, school).

- **Diagnosis in Adults:**

- a. Core symptoms may be less obvious or manifest as:
  - i. Procrastination, mood instability, low self-esteem, impulsivity, or inattention.
- b. Hyperactivity is often more controlled, but inattention or impulsivity may be more noticeable, especially through childhood history.



# ADHD Diagnosis

- **DSM-5 Criteria for ADHD:**
  - a. **Types:**
    - i. Predominantly inattentive
    - ii. Predominantly impulsive/hyperactive
    - iii. Combination of both
  - b. **Onset:** Symptoms must begin before age 12.
  - c. **Symptoms:** Must be present in at least one setting (school, work, home).
  - d. **Impairment:** The symptoms cause significant impairment in social, academic, or occupational functioning.
  - e. **Exclusion:** The disorder is not better explained by another behavioral disorder.
- Notice that “**ADD**” is no longer a diagnosis.



# ADHD Assessment Tools

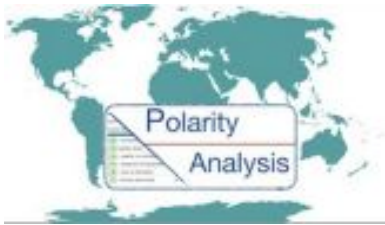
- **Assessment Tools:**
  - a. **Brown Attention Deficit Disorder Scale:** Used in adults to assess difficulties.
  - b. **Vanderbilt ADHD Scale:** Used in children, with parent and teacher components.
  - c. **Connors Global Index (CGI):** scale used in Heiner's ADHD study
    - i. Connors 4 has replaced CGI
  - d. **My "non-validated" assessment tool:**
    - i. # of times misplaced phone; time spent looking for phone
    - ii. % of dishes completed



# ADHD Treatment

- **Pharmacological Therapy for ADHD:**

- **Main Treatment:** Pharmacological therapy is the primary treatment for ADHD.
- **Categories:**
  - **Stimulants:** Most effective for ADHD (works in about 70% of patients, with a number needed to treat of 2).
    - Types: Amphetamines (eg. Adderall) and Methylphenidates (eg. Ritalin).
    - **Side effects:** Blood pressure changes, decreased appetite, sleep issues, risk of dependency.
    - **Substance Use Risk:** Stimulants reduce the lifetime risk of substance abuse in ADHD patients.
    - **Concerns:** Stimulants are controlled substances, causing hesitance in some providers, though evidence supports their use.
    - **Tics:** Stimulants can increase tic frequency in patients with ADHD and Tic disorders; alpha agonists may help reduce tics.



# ADHD Treatment

- **Non-Stimulants:**
  - **Antidepressants:**
    - **Atomoxetine:** A norepinephrine reuptake inhibitor; effective for ADHD but less so than stimulants. Often used in children who can't tolerate stimulants or have anxiety.
    - **Bupropion:** Targets dopamine and norepinephrine.
    - **TCAs (Tricyclic Antidepressants):** Last-choice options targeting norepinephrine.
  - **Alpha Agonists:**
    - **Clonidine** and **Guanfacine:** Effective for ADHD but cause cardiovascular side effects like low blood pressure, sedation (more with clonidine), weight gain, and dizziness. More effective in younger children than adults.



# ADHD Treatment

- **Psychosocial Treatment:**

- Includes psychoeducation for patients and families, along with cognitive-behavioral training programs to help achieve short- and long-term goals.
- Evidence shows that combining psychosocial treatment with pharmacotherapy is effective.
- However, medication management alone is considered the most efficacious treatment.

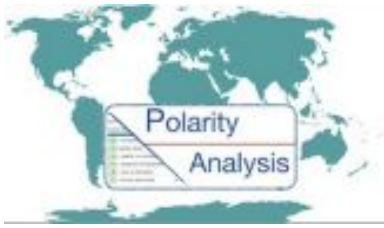
- **New FDA Approval:**

- The **trigeminal nerve stimulation system** has been approved for children with ADHD not on medications. The device emits a low-level electrical pulse to suppress hyperactivity.

- **Diet:**

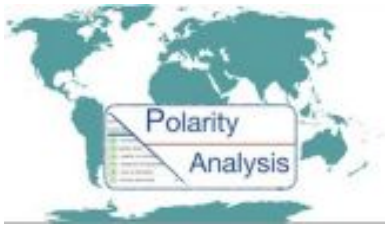
- No diet has been proven to improve ADHD.





# ADHD Natural Therapeutics

- **Natural Therapeutics:**
  - Micronutrient supplementation, Essential Fatty Acids (ex: Fish oil)
  - Ginkgo biloba, nootropics (ex: Bacopa monnieri)
  - Neurofeedback
  - Mindfulness Meditation
  - My ADHD dietary suggestions:
    - i. minimize/avoid white sugar, avoid artificial sweeteners (sucralose, aspartame), avoid food colors, minimize/avoid preservatives (BHT).
- **Evidence for most natural therapies is considered “weak”**
- Consider which therapies are symptom management and which may have long-term impacts



# ADHD Prognosis

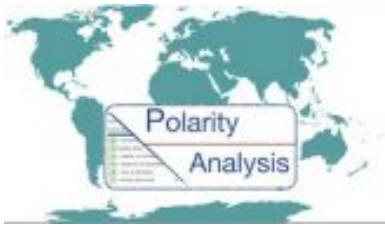
- **Prognosis of ADHD:**

- The prognosis varies by age.
- Symptoms often persist into the teenage years, affecting social and academic life.
- **Teenage Years:**
  - i. 2/5 of patients continue experiencing symptoms.
  - ii. 1/4 of patients also develop a concurrent antisocial disorder.
- **Adulthood:**
  - i. Symptoms decrease by about 50% in adulthood, particularly for those with ADD.
  - ii. 50% of patients "grow out of" ADHD, especially with treatment.
  - iii. 25% may not need treatment into adulthood.
  - iv. Adults may choose careers that don't require sustained attention, which may reduce symptoms.



# NCBI Summary

- **ADHD Treatment:**
  - ADHD is often **easily treated** but is **highly stigmatized** in society.
  - Proper diagnosis and treatment can significantly improve patients' lives.
- **Stimulant Medications:**
  - Providers should **not hesitate** to try stimulant medications.
  - Stimulants are **highly effective** and **safe** when properly prescribed.
  - *Heiner says, "Homeopathic monomania is just as counterproductive as fanatical approval of stimulants. It is important to always seek the gentlest path for the child and their family. Pragmatism is of great benefit here." (p. 63)*
- **Comorbidities:**
  - ADHD often coexists with disorders like **anxiety**, **depression**, and **conduct disorder**.
  - Treating ADHD can **improve the symptoms** of these comorbid conditions.



## 2.2.6 Example Case (p. 52)

Marco G., a 12-year-old boy is causing difficulties at home due to his impulsive, restless and irritable behavior. He is always jumping around, cannot finish off things that he has started, and in difficult situations he quickly gets frustrated. He has severe headaches from lack of sleep, excitement and when he is upset or afraid. As a small child he was very fearful but this has now diminished. His psychomotor development was rather slow and only just within the normal range. At school he has trouble with learning and paying attention but has been more or less able to keep up with the teaching in a normal class. His parents give him a hyperactivity score of 20 on the Connors' Global Index, which equates to a moderately severe form of ADHD. A neurological and neuropsychological examination in the nearby university hospital confirms the diagnosis.

When we examine him we find a big, reserved, rather adipose patient with poor muscle tone, who is able to behave relatively calmly for a hyperactive child. The only thing about him that I find striking is his rather pale skin.



## 2.2.6 Example Case (p. 52)

- Heiner takes **only** the symptoms of *perception*
- Exclude symptoms of *additional complaints*
- Exclude general characteristics (overweight)

### Reliable Symptoms

- Looking at something close-up (strained vision): worse **P**
- Warmth in general: worse **P**
- Uncovering: better **P**
- Writing: worse **P**
- Understanding: difficult **P**
- Muscles: flabby **P** (confirmed)

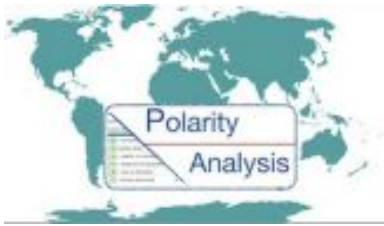
### Reduced reliability

- Noise: worse
- Movement: better **P\***



## 2.2.6 Example Case (p. 52)

2.2.6 ADHD case example 20 Feb 2025		Lyc.	Calc.	Spig.	Puls.	Cham.	Thuj.	Sulph.	Borx.	Plat.	Chin.	Mur- ac.	Bry.
Hits	⚡	6	6	6	6	6	6	6	6	6	6	6	6
Sums		20	19	12	12	11	10	13	10	8	9	7	6
Polarity Difference		18	18	10	8	8	8	7	6	5	4	4	3
85	< looking, eyes strained [worse] P ⊗	4	4	3	2	1	1	2	2	1	1	2	1
73	< warmth, in general [worse] P ⊗	2	1	1	4	2	2	2	1	2	1	1	1
37	> uncovering [better] P ⊗	4	3	3	2	2	2	2	3	2	2	1	1
76	< writing [worse] P ⊗	3	4	1	1	1	1	2	1	1	2	1	1
74	understanding, difficult P ⊗	4	3	3	1	2	3	2	1	1	1	1	1
53	muscles, flabbiness P ⊗	3	4	1	2	3	1	3	2	1	2	1	1



## 2.2.6 Example Case (p. 52)

- Your graph may not look like Heiner's
- ***Why take some less reliable symptoms and not others?***
  - I don't know!

[Copy] 2.2.6 ADHD case example 20 Feb 2025		Lyc.	Calc.	Spig.	Puls.	Sep.
Hits	↓	5	5	5	5	5
Sums		17	15	11	10	12
Polarity Difference		15	14	9	8	7
85	< looking, eyes strained [worse] P *	4	4	3	2	3
73	< warmth, in general [worse] P *	2	1	1	4	1
37	> uncovering [better] P *	4	3	3	2	1
76	< writing [worse] P *	3	4	1	1	3
74	understanding, difficult P *	4	3	3	1	4

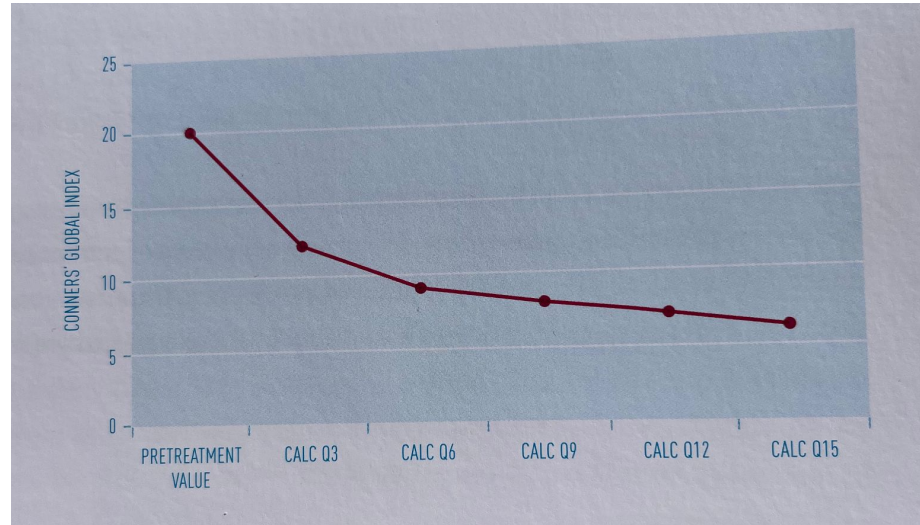


## 2.2.6 Example Case (p. 52)

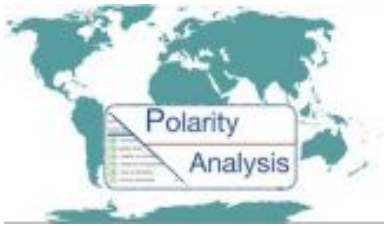
### Choice of the Remedy

“*Lycopodium* is unlikely because Marco does not display a dictatorial behavior, which is nearly always present in patients needing this remedy. *Calcium carbonicum* on the other hand fits the strong sweating, paleness, and the rather slow psychomotor development as well as the symptoms...”

**Concept:** Consider physical generals and other symptoms *only in differential diagnosis*

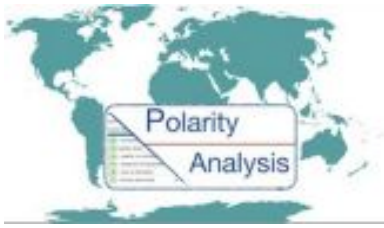






# Checklist of Perception Disorders

Checklist for Perception Disorders	
Copyright 2018 by Dr. med. Heiner Frei, CH-3177 Laupen	
<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>	
<b>Mainsymptoms</b>	
<p>Now mark on this side <b>between 8 and 16 important symptoms</b> that pertain to the perception disorder. Symptoms are changes when the patient is not well. They differ from the healthy state.</p>	
<b>High Reliability</b>	<b>Interpretation</b>
Light (bright) aggravates	<i>Over-sensitivity to bright light</i>
Looking, eyes strained, aggravates	<i>Irritability after media consumption (TV/PC)</i>



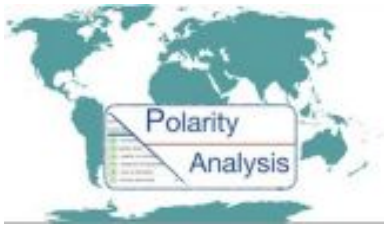
# Checklist of Perception Disorders

<b>High Reliability</b>	<b>Interpretation</b>
Light (bright) aggravates	<i>Over-sensitivity to bright light</i>
Looking, eyes strained, aggravates	<i>Irritability after media consumption (TV/PC)</i>
Reading aggravates	<i>Dislikes reading, tires quickly</i>
Talking aggravates	<i>Slow speech development, speech disturbances</i>
Touch aggravates	<i>Dislikes touch</i>
Warmth in general aggravates	<i>Irritability in warm environment</i>
Warmth of Room/Stove aggravates	<i>Irritability in overheated room</i>
Uncovering ameliorates	<i>Uncovers or takes off clothes often</i>
Cold in general aggravates	<i>Feels cold easily</i>
Uncovering aggravates	<i>Covers himself or wraps up warmly</i>
Aversion against movement	<i>Laziness</i>



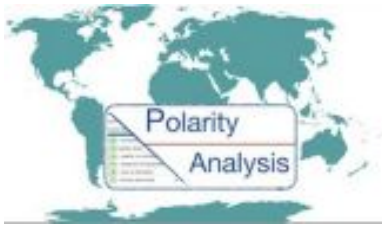
# Checklist of Perception Disorders

<b>High Reliability</b>	<b>Interpretation</b>
Writing aggravates	<i>Writes/draws in cramped way, tires easily</i>
After waking up, aggravates	<i>Irritability after waking up</i>
Before falling asleep, aggravates	<i>Irritability in the evening, before sleep</i>
Understanding difficult	<i>Grasps complex issues only slowly</i>
Sadness	<i>Downcast, weepy</i>
Irritability	<i>Aggressive, fits of rage</i>



# Checklist of Perception Disorders

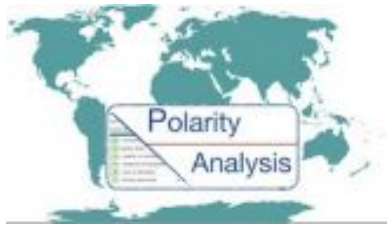
<b>Intermediate Reliability</b>	
Noise aggravates	<i>Irritated by noise of others</i>
Smell sensitive	<i>Intolerant of smells</i>
Taste diminished	<i>Adds spice to everything</i>
Travelling in car aggravates	<i>Nausea/headaches while being driven in a car</i>
Movement ameliorates	<i>Restlessness/irritability improved by sports</i>
Memory weak	<i>Easily forgets things just learned</i>
Muscles tense (must be confirmed by physician)	<i>Basic muscle tone high</i>
Muscles flabby (must be confirmed by physician)	<i>Basic muscle tone low</i>



# Checklist of Perception Disorders

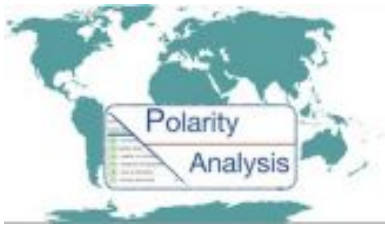
3. The following symptoms are common in disturbances of perception and ADD/ADHD but **have proved to be unreliable when choosing a homeopathic remedy**. They still may play a certain role in the fine tuning of the remedy determination. Therefore underline only symptoms here which are very pronounced.

<b>Mind</b>	<b>Performance</b>	<b>Hunger aggravates</b>
Mood swings	Mistakes in arithmetic	Sweet things aggravate
Sulky	Slowness	Milk aggravates
Serious	<b>Fresh Air/Movement</b>	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	<b>Touch</b>	
Dictatorial	Pressure of clothes aggravates	
Dislikes washing himself	Combing hair aggravates	
<b>Modalities of Mind</b>	Touch ameliorates	
Mental effort aggravates	Rubbing, massaging ameliorates	
Being alone aggravates	<b>Weather/Phases of Moon</b>	
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	<b>Eating/Drinking</b>	
Anger aggravates	Disgust	
Lack of sleep aggravates	Desires sweet things	
<b>Motor phenomena</b>	Desires salty things	
Stammering	Desires milk	
Grinding teeth	Midday aggravates	



## 4.1 - Patrick S., 8 years old (p. 83)

Patrick is a delicate, blond boy with muscle hypotonia who likes moving around. His mother describes him as twitch, impulsive, and fearful, but also as headstrong and stubborn. At school he has attention and learning problems, and he finds it hard to remember what he has been taught. The teacher criticises his mental passivity, restlessness, and distractibility. The diagnosis of ADHD is made during a neurological and neuropsychological examination.



## 4.1 - Patrick S., 8 years old (p. 83)

Perceptual  
(add “muscles flabby” to your rep)

### Reliable symptoms

- Light: worse **P**
- Warmth: worse **P**
- Uncovering: better **P**
- Sadness **P**
- Irritable, aggressive, fits of anger **P**

### Reduced reliability

- Noise: worse
- Smell: hypersensitive **P**

### ENT Checklist

#### Additional symptoms

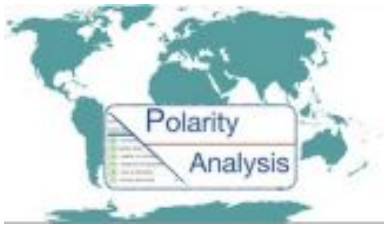
- Swallowing: worse **P**
- Wet and cold weather: worse
- Wrapping up warmly: better **P**
- Physical exercise: worse **P**
- Thirst **P**
- Touch: better **P**
- Being alone: worse **P**



# Heiner's Step by Step Analysis

1. *Reliable polar symptoms of perception*
  - a. Sufficient information to prescribe?
    - i. In "no" then...
  
2. *Add less reliable symptoms*
  
3. *Add polar symptoms of additional complaints*
  - a. Only symptoms that do not contradict the polar symptoms of the main complaint are considered

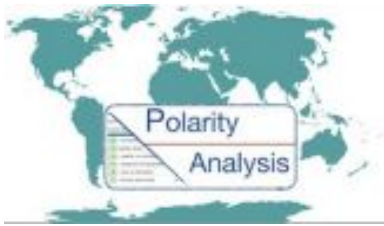




## 4.1 - Patrick S., 8 years old (p. 83)

4.1 ADHD case - Patrick S. 20 Feb 2025		Calc.	Cham.	Lyc.	Merc.	Sulph.	Chin.	Verat.	Bry.	Puls.
Hits	15	6	6	6	6	6	6	6	6	6
Sums		16	16	18	11	15	12	12	10	17
Polarity Difference		13	13	12	9	7	7	7	7	6
80	< light (bright) [worse] P ⊗	4	2	3	3	3	3	1	2	3
73	< warmth, in general [worse] P ⊗	1	2	2	1	2	1	1	1	4
37	> uncovering [better] P ⊗	3	2	4	1	2	2	3	1	2
61	sadness (dejection, inclined to weep) P ⊗	2	3	3	1	2	2	2	2	3
64	irritability (anger, aggression) P ⊗	2	4	3	2	3	2	3	3	3
53	muscles, flabbiness P ⊗	4	3	3	3	3	2	2	1	2

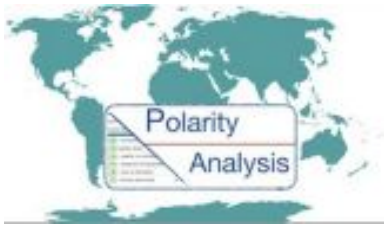
*Sufficient to prescribe?*



## 4.1 - Patrick S., 8 years old (p. 83)

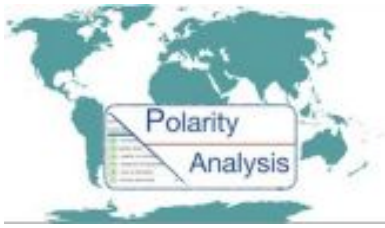
4.1 ADHD case - Patrick S.		Cham.	Lyc.	Calc.	Chin.	Bry.	Puls.	Acon.
20 Feb 2025								
Hits	☰	8	8	8	8	8	8	7
Sums		22	25	21	17	13	20	22
Polarity Difference		16	13	11	10	6	4	10
80	< light (bright) [worse] P ✖	2	3	4	3	2	3	3
73	< warmth, in general [worse] P ✖	2	2	1	1	1	4	1
37	> uncovering [better] P ✖	2	4	3	2	1	2	3
61	sadness (dejection, inclined to weep) P ✖	3	3	2	2	2	3	4
64	irritability (anger, aggression) P ✖	4	3	2	2	3	3	4
53	muscles, flabbiness P ✖	3	3	4	2	1	2	
43	< noises [worse] ✖	3	3	3	2	2	1	4
49	smell, hypersensitive P ✖	3	4	2	3	1	2	3

*Sufficient to prescribe?*



## 4.1 - Patrick S., 8 years old (p. 83)

4.1 ADHD case - Patrick S.		Cham.	Calc.	Lyc.	Chin.	Bry.	Puls.	Acon.	Sulph.
20 Feb 2025									
Hits	☰	10	10	10	10	10	10	9	9
Sums		28	27	28	23	21	25	28	26
Polarity Difference		22	16	15	13	13	2	16	13
80	< light (bright) [worse] P ✖	2	4	3	3	2	3	3	3
73	< warmth, in general [worse] P ✖	2	1	2	1	1	4	1	2
37	> uncovering [better] P ✖	2	3	4	2	1	2	3	2
61	sadness (dejection, inclined to weep) P ✖	3	2	3	2	2	3	4	2
64	irritability (anger, aggression) P ✖	4	2	3	2	3	3	4	3
53	muscles, flabbiness P ✖	3	4	3	2	1	2		3
43	< noises [worse] ✖	3	3	3	2	2	1	4	
49	smell, hypersensitive P ✖	3	2	4	3	1	2	3	3
99	thirst P ✖	4	4	1	4	4	2	4	4
93	< swallowing [worse] P ✖	2	2	2	2	4	3	2	4

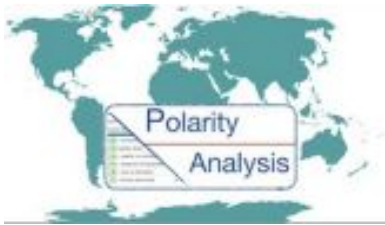


## 4.1 - Patrick S., 8 years old (p. 83)

“*Chamomilla* is one of the leading remedies for anger and annoyance...Patrick’s mother explicitly says that fits of anger are not a problem, which makes *Chamomilla* unlikely.”

“*Lycopodium* patients are typically dictatorial towards people whole they perceive as weak. The mother describes him as rather shy but never dictatorial.”

“The desire for movement also makes *Bryonia* unlikely.”



## 4.1 - Patrick S., 8 years old (p. 83)

For *China*, we find the following confirmatory symptoms in the *Materia Medica Pura*, vol I:

**Restlessness:** “... in a special mood and busy”

**Fearfulness:** “All too fearful and cautious, dejected”

**Passivity:** “Glum indecisiveness, cannot do anything and is reluctant”

**Self-willed and stubborn:** “Disobedient, non-compliant”

**Attention and learning problems:** “Slow train of thought, dislike of physical and mental exercise, unwilling to think”<sup>59</sup>

**REMEDY AND PROGRESS** I decide for *China* and Patrick is given *China* Q3 in liquid form, initially every two days and then daily after 14 days. His symptoms worsen considerably in the first three days but then there is an impressive improvement. He becomes more open, accessible, and can now play with several children at the same time. There is also positive feedback from school. After four weeks, his Conners' index has dropped from 16 to 7. In the following month, *China* Q6 continues to exert a positive effect. The CGI sinks to 5 and then in the long term to 3, which is the same as found in a healthy child (*Figure 18*).

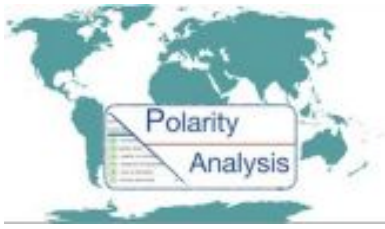


## Heiner's Warning



**'Great kid!  
Don't get cocky'**

– Han Solo



# Heiner's Warning

## COMMENTS

In this case, the step-by-step approach when taking the case and choosing the remedy is especially clear. The results are not always so positive. Sometimes there is no reaction despite the feeling of having chosen the perfect remedy. Anything and everything is possible for ADHD/ADD patients: spectacular success or a complete lack of reaction. With most children, however, patience and persistence lead to success.





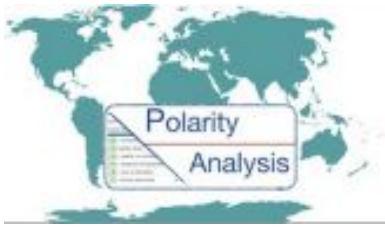
# 13 yo Boy with ADHD

## Initial Consult

***Note:** This a tall, thin child that is very personable. He's engaged in the conversation, has a high self-awareness and communicates better than many other 13 year olds. This visit goes surprisingly smooth for an ADHD visit.*

**1. Focus** - More of a challenge now. Past was able to compensate. School is getting harder. Lots of distractions. Mind just goes to them. Kids shouting out. Cool kids disrupting class. It pulls me off track. Mind wanders to a random thing and it sticks to it. Love to read, esp Rick Riordan. If I'm in to something I can do it well. If not my mind wanders.





## 13 yo Boy with ADHD

Finishing activities is hard. Always dishes left after dinner. Things get started but not finished.  
ex: Dusting this weekend, mom has to say dust this, then finished she says dust that.

Needs to fidget with hands frequently. He gets frustrated with math problems (he tears up).  
Throws a pencil, yells or gets up and leaves.

Without exercise he's more fidgety, he bugs parents and picks at his sister. He's irritable, snippy. The family is very active and has soccer practices multiple times per week, ski practice and activities throughout the year.

ROS

Bleeding - nose bleeds happen out of blue.

EENT - frequent earaches in past. had fluid in ears and craniosacral tx helped.

congestion - runny noses or blocked and can't blow it out. can't smell. ears plugged.

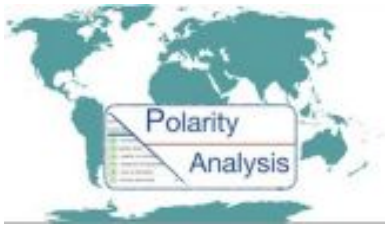
Resp - cough when smoky with fires. cold weather feels weird to breathe

CV - cardiology visit as infant for different sound in heart but everything was normal

appetite - high ; lower at school due to friends desire spice (2) and salt. pad thai

Recently desires sour - key limes, straight cranberry juice

skipping meals? ok to skip lunch. no problem.



# 13 yo Boy with ADHD

ROS cont.

BM- 1x in am. 3x after school. bristol type 4.

thirst - neutral to high, desires ice cold

grumpy if dehydrated

msk - patellar tendonitis 3 years ago.

tightness in back of knee as if always need to be stretched. stretch or foam roller helps.

skin - bug bites have always caused excessive reaction - bad welts

little bites can be seen 2 months later.

would have skin irritation from soaps as kid

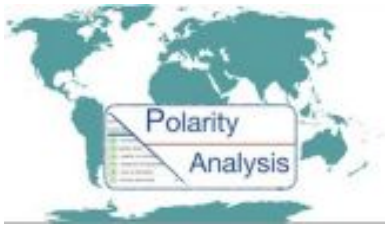
Temp - neutral to warm

Persp - head and ankles especially during soccer

Sleep - mind can race and hard to fall asleep. if physical activity is decreased it can take 1-2 hours to fall asleep

Nature - Mom describes him as generally helpful, energetic, positive. Builds others up on soccer team. High empathy and super sensitive. still don't think he can watch Disney movies. he totally puts self in person shoes.

Impressionable? - first time hunting and field dressing a buffalo. had to go to car and read book. (he tears up)



# 13 yo Boy with ADHD

## TRACKING

### 1. Focus

baseline - 4/10

#### a. notes in class more finished/complete

baseline - 2/5

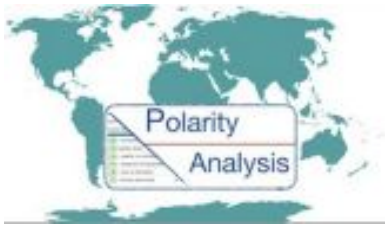
#### b. feel better mentally about work in class

baseline - 4/10

#### c. finishing activity

Mostly 0%

*What are we going to give this boy?*



# 13 yo Boy with ADHD

## 6 Week Follow up - Phos 30c response?

### 1. Focus

current - a little better. able to finish some things like math and not as sidetracked.

a. notes in class more finished/complete

current - not improved

b. feel better mentally about work in class

current - a little better

c. finishing activity

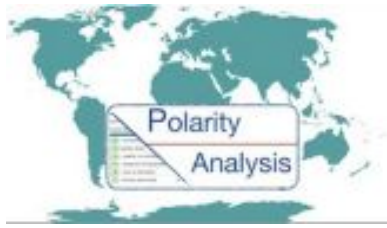
current - no improvement

Bloody noses - every morning for past 5 days. due to dryness.

Sleep - trouble falling asleep then struggling to get up in morning. sleep latency - 1.5-2.5 hours. mind keeps running. close eyes and see stuff, random things from day or week. ex: seeing rubix cube.

restless, move around a lot. poor sleep leads to inability to make decisions in morning. can't decide what to eat

Irritability - not able to cope with small irritants. not fun to be around. easily frustrated. < heat (2)



# 13 yo Boy with ADHD

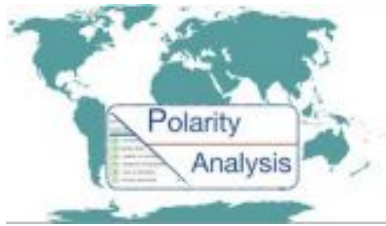
***Assessment?***



# 13 yo Boy with ADHD

**ADHD symptoms +  
Sleep symptoms**

73	< warmth, in general [worse]	P	⊗
68	movement, aversion to	P	⊗
99	< while falling asleep [worse]	P	⊗
61	sadness (dejection, inclined to weep)	P	⊗
64	irritability (anger, aggression)	P	⊗
70	taste, diminished		⊗
102	> movement [better]	P	⊗
60	memory, poor, weak		⊗



# 13 yo Boy with ADHD

ADHD + difficult sleep		Lyc.	Puls.	Nat-m.	Calc.	Bry.	Ign.	Merc.	Phos.	Bell.	Sulph.	Cocc.	Caust.
27 Nov 2024													
Hits	☰	8	8	8	8	8	8	8	8	8	8	8	8
Sums		25	26	20	17	19	19	17	14	20	18	13	9
Polarity Difference		12	10	9	8	6	6	6	4	3	3	0	-1
73	< warmth, in general [worse] P ✖	2	4	2	1	1	1	1	1	1	2	1	1
68	movement, aversion to P ✖	3	2	3	1	2	3	2	2	2	1	3	1
99	< while falling asleep [worse] P ✖	5	4	2	5	5	3	5	4	4	3	2	2
61	sadness (dejection, inclined to weep) P ✖	3	3	4	2	2	4	1	1	3	2	2	1
64	irritability (anger, aggression) P ✖	3	3	3	2	3	4	2	3	3	3	1	1
70	taste, diminished ✖	1	4	2	3	2	1	2	1	2	3	2	1
102	> movement [better] P ✖	4	4	1	1	1	1	3	1	1	1	1	1
60	memory, poor, weak ✖	4	2	3	2	3	2	1	1	4	3	1	1



# 13 yo Boy with ADHD

## 6 Week Follow up - Lyc 200c weekly

progressing improvement. overall - 20% better

1. Focus - better in class. not as distracted by the noise of others yelling out in classroom

still not fully completing everything for tasks at home.

was able to stay focused on math slide presentation with fewer battles during project.

had 5 days.

able to do math homework in one sitting last night.

b. feel better mentally about work in class increased a bit after math and bio finals bc got good grades.

c. finishing activities getting better. still needs improvement.

d. Hyperactivity hyperactivity is not as often; better. intensity

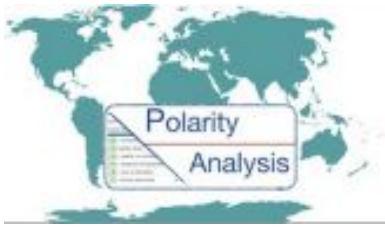
2. sleep latency - 1.5-2.5 hours falling asleep good lately. less than 1 hour. don't wake until alarm goes off.

mornings - mom thinks waking up better in am.

3. Irritability

better. still grumpy before breakfast in morning.





# 13 yo Boy with ADHD

## 5 Week Follow up - Lyc 1M weekly

definitely more focused. felt good on math test and did well on it. doing better at doing homework without mom sitting next to him. getting work done in class.

1. Focus - baseline - 4/10

current - 7.564/10

a. notes in class more finished/complete - 2/5

3-4/5 - improving. a teacher actually asked to check notebooks today and got a good comment

b. feel better mentally about work in class  
feel a lot better about this. studying on own and doing the work in class.

c. finishing activity  
clean up after self after dinner. 50% of the time all the dishes are done. Before it was 0%

d. Hyperactivity  
better. able to sit longer

2. sleep latency - 1.5-2.5 hours  
Better. 15-30 minutes. going to sleep earlier. getting going in the morning is improved.

3. Irritability -  
better than last visit and much better than at beginning of treatment.  
freq: 1-2x/week

Rx: Lycopodium 10M - 1 dropper single dose



# Questions?

