

Polarity Analysis For Mental Health

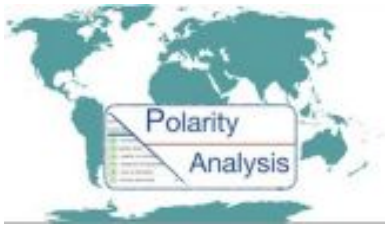
Text Review: PA Chapter 4

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Plan for Today

- **Approach to Mental Illness** 🤔
- 🧠 **Unreliability** of “vaguely formulated mind symptoms”
- **Boenninghausen's Generalizations** not in Mind Sx
- **Mentals Later:** ONLY as factor in materia medica ddx
- **Facing our biases** and using Critical Thinking skills
- Your questions?



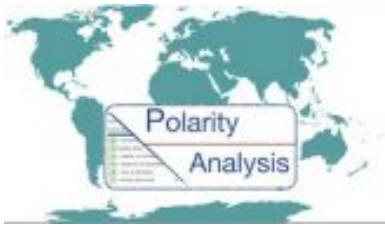
Email Question

Q: I'm reviewing the case 2.2.1 Case of Anna, 6 year old with allergic rhinitis. In following the case Heiner reviews the Materia Medica for Euphrasia on page 44 and on page 45 he reviews the Materia Medica Comparison for "F [GS]".

Do you know what F refers to? What [GS] refers to?

A: "GS" = Hering's Guiding Symptoms (*The Guiding Symptoms of our Materia Medica*).
"F" is a typo. The materia medica symptoms in the text belong to *Causticum*.

FYI - <http://www.homeoint.org/hering/>



Heiner Says...

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

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

How *did* Hahnemann view mental illness?



Dynamic vs Non-Dynamic Mental Disease

- Pathology vs Personality
- 18/19th century Psychology vs 21st century Psychology
 - Late 1800s - William James, Sigmund Freud...Carl Jung
- 18/19th century Homœopathy vs 21st century Homœopathy
- **§213 Footnote**

“Thus Aconite will seldom or never effect a rapid or permanent cure in a patient of a quiet, calm, equable disposition; and just as little will Nux vomica be serviceable where the disposition is mild and phlegmatic, Pulsatilla where it is happy, gay and obstinate, or Ignatia where it is imperturbable and disposed neither to be frightened nor vexed.”



Dynamic vs Non-Dynamic Mental Disease

§ CCXV.

The so-called mental and moral diseases are all almost nothing more than corporeal diseases, in which the peculiar symptom of the derangement of the mind and disposition of each of them, is increased, the corporeal symptoms declining (more or less rapidly) the while—till it at length attains the most striking one-sidedness, almost as if it were a local disease in the invisible, subtile organ of the mind or disposition.

Acute bipolar disorder or psychosis?

§ CCXXIV.

If the mental disease be not quite developed, and if it be still somewhat doubtful, whether it really arose from a corporeal affection, or did not rather result from faults of education, bad practices, corrupt morals, neglect of the mind, superstition or ignorance ; the mode of deciding this point will be, that if it proceed from one or other of the latter causes it will yield and grow better by rational, friendly exhortations, consolatory motives, serious representations and sensible advice, whereas a real moral or mental disease, depending on corporeal disease, would be speedily aggravated by such a course, the melancholic would become still more dejected, querulous, inconsolable and retiring, as also the spiteful maniac would thereby become still more exasperated, and the chattering fool would become manifestly more foolish.¹



A Contemporary Homeopathy View: “Everything’s Dynamic”

- Remedy States as people and personalities instead of *disease*
- Constitutions (fixed) vs Chronic State of Disharmony
- Everything in your life is a potential symptom (food desires, occupation, etc)
- *How did we get here?*
 - Hahnemann ->
 - Lippe (vs materialist/pathological) ->
 - Kent (M/E > Gen > Particular) ->
 - Vithoukias ->
 - Neo-Kentian/Neo-Vithoukian ->
 - YOU and ME

§ VI.

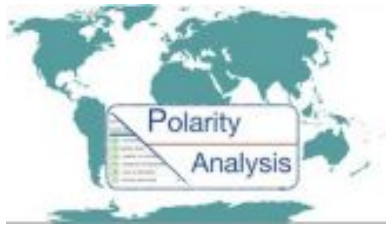
The unprejudiced observer—well aware of the nullity of transcendental speculations, which can receive no confirmation from experience—let his powers of penetration be ever so great, takes note of nothing in every individual disease, except the changes in the health of the body and of the mind (*morbid phenomena, accidents, symptoms,*) which can be perceived externally by means of the senses, that is to say, he 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.¹



Remind me again why we're doing all this?

§9

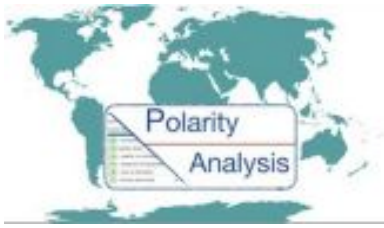
In the healthy condition of man, the spiritual vital force (autocracy), the dynamis that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purpose of our existence.



Limitations of the “Everything’s Dynamic” View

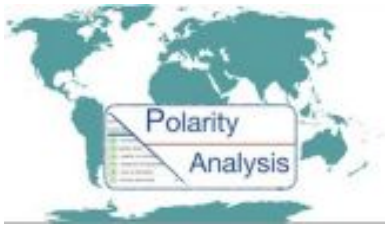
- Are we relying on the remedy to heal this person’s life or even soul!? (emotional intelligence, deep happiness)
- What about the influence of culture, socioeconomics, family of origin, religious affiliation, conditioning?
- Are all of your actions a representation of your diseased vital force? Long walks on the beach, mystery novels, your relationships?
- Are war, hatred, greed purely (or even predominantly) dynamic expressions?

If everybody got a good chronic remedy, is this going to change?



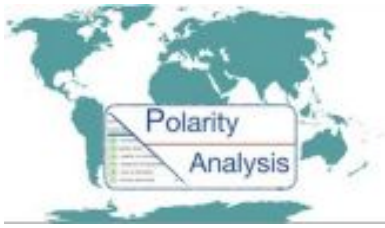
We *May* Have Learned in Our Homeopathic Training

- . Most important aspect of the case is the mental/emotional state
- . We are accustomed to a Post-Freudian emphasis on Psyche (compare footnotes Aprh 210/213)
 - As a practitioner, we can get drawn into “story” (“It’s interesting!”)
 - As a practitioner, we may SEEK OUT / Over-emphasize Psyche
 - Clients often present with Mental/Emotional/Experiential
 - Case emphasis: Quality of life / adaptation
 - NWS Upset or Trauma
 - Expression of opinion, Spontaneous expression
 - No observation / research / quantification required
 - Clients may not follow if we direct them to “symptoms”
 - Example case: “No one will help me (sobbing)...”



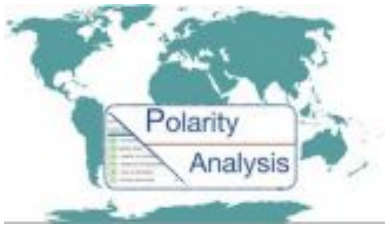
Heiner Says Sam Says...

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



What Was Boenninghausen's Approach to Mind?

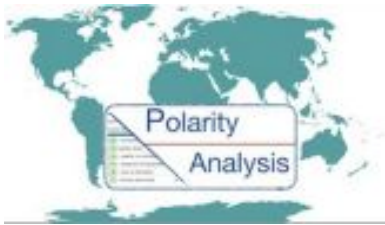
- Remember the term: **Abstraction/Recombination Repertorization?**
- He noted that a symptom has components that he SPLIT
 - Hypersensitive to sound on waking in the morning
 - Sensation (hearing acute)
 - Location (right ear)
 - Modality (< on waking)
- Not Like Kent: Synthetic repertorization
 - The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



Heiner Says...

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

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



Therapeutic Pocketbook

Mind Chapter

TBR2 > General [non regional]{776 1686} > Mind [& disposition] > mind

Affection of, in general {776} (124) :

Agitated [excited, nervous, on-edge] {777} (42) :

Amorousness [adoration, affection, fancy for love] {778} (45) :

+Anxiety {779} (69) :

Audaciousness [brazenness, boldness, courageousness] {782} (13) :

Avarice [greed] {783} (6) :

Changeable [changeability] mood [disposition] {784} (41) :

Cheerfulness {785} (41) :

Contentment, feeling of {786} (5) :

Gentleness [mild mannered] {787} (37) :

Haughtiness [arrogance, disdain, insolence, pride] {788} (22) :

Hopelessness [despair] {789} (46) :

Hypochondriasis and hysteria {790} (84) :

Indifference {791} (49) :

Irritability [anger, aggressiveness, etc.] {792} (62) :

Looked at [watched], cannot bear to be {793} (3) :

Maliciousness [hurtful, malevolence] {794} (34) :

Mistrust [suspicion, self-doubt, timidity] {795} (27) :

Peevishness [annoyance, ill-humour, moroseness] {796} (87) :

Sadness [melancholy] {797} (60) :

Seriousness {798} (40) :

TBR2 > General [non regional]{776 1686} > Mind [& disposition] > intellect

Affection of, in general {799} (90) :

+Activity, excessive [intellectual hyperactivity] {800} (28) :

Awareness, lack of [absence, unawareness] {802} (70) :

+Comprehension, easy {803} (17) :

Delirium {805} (52) :

Delusions [illusions, hallucinations, imagination] {806} (59) :

Distractedness [absent-mindedness, inattention] {807} (62) :

Insanity [madness in general, psychoses] {808} (40) :

Mania [ecstatic, exaltation, extreme excitement] {809} (19) :

TBR2 > General [non regional]{776 1686} > Mind [& disposition] > memory

Active [quick, vivid] {810} (13) :

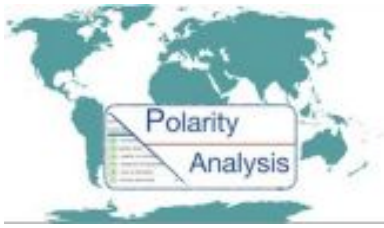
Weak [diminished, or lost] {811} (61) :

TBR2 > General [non regional]{776 1686} > Mind [& disposition] > sensorium [consciousness]

+Dullness [cloudiness, fogginess, stupefaction, etc.] {812} (113) :

Unconscious [dead, lifeless, appears as if] {814} (11) :

Vertigo [dizziness, giddiness etc.] {815} (117) :



Example Case:

12 yo Male, ADHD (p. 126)
Aggressive / Fearful / On Ritalin

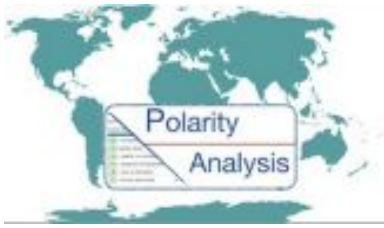
- “What are reliable criteria for choosing a remedy?”
 - Case is taken, with emphasis on polar symptoms
 - With ADHD... concentrate on Perceptual Symptoms (... Parents..)
 - **First selections:** symptoms of perception and their effects
 - **Second selections:** modalities of other symptoms (non-ADHD)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



Example Case:

12 yo Male, ADHD (p. 126)
Aggressive / Fearful / On Ritalin

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

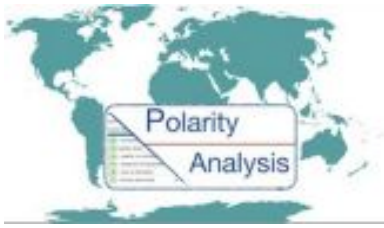


Rubric Selection Chart

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

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

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



Life Stage Crisis

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



15 yo female with Anxiety, Phone Addiction

I've always struggled with darker thoughts. Started online school last year and was in my room alone most of day. I got behind and it got in my mind that I couldn't catch up. Then it spiraled and I would be in room worried and not doing anything. I'm a procrastinator, perfectionist and have a fear of failure.

< emotions: I have a big heart for other people. I want people to be happy and living healthy. It's sad when other people struggle. She has a sister with a severe chronic pain disorder.

When I'm overwhelmed I go to phone, focus on phone and scroll which helps to numb out. I want to be alone with maybe one other person. She'll go into the closet to be alone. I don't want to be a burden and don't want to explain. I apologize, downplay, I'm fine.

With new things I feel doubt and scared. I used to be more confident than now. I'm aware of how other people see me and more worried about everything.



15 yo female with Anxiety, Phone Addiction

ROS

GI - milk causes stomach pain
appetite - snacky. would eat all day little portions and like sugar.
desire - chocolate. pasta.
dislike - celery, blueberry
thirst - low, prefers cold with ice.

Female - menses irregular, predominantly long cycle. Day 1-2 heavier flow - 3-4 pads/day
vaginal discharge - all the time but usually worse week or 2 after menses. Unpleasant odor, clear, runny. Afraid people can smell it.

Emotional before menses, everything is more dramatic.

ROS cont.

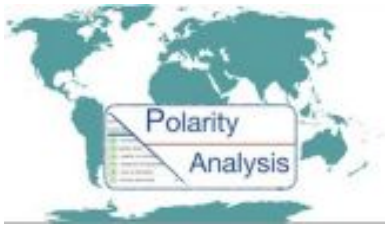
Skin - acne on chin, nose, forehead, some in hairline. Bleed with picking
< before and during menses
worse with anxiety.

Hx warts on feet that spread quickly.

Temp - warm.

Persp - sweat a lot in general (family trait), places in contact with surfaces, axilla during anxiety have sweaty hands

Love neat, cleanliness; shares a room with sister.



15 yo female with Anxiety, Phone Addiction

Tracking Symptoms

1. Anxiety

freq: daily for a few moments

int: 3-5.5/10, 7/10 1x every 2 weeks

2. Anxiety/Panic attacks

freq: 3x in last month

int: 9/10

duration - 30 minutes

shake (2), hyperventilated

wring hands a lot

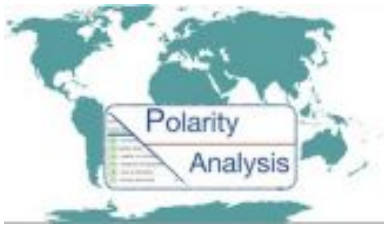
2. Phone addiction

int: 6-7/10 (mom 8-9/10)

freq: multiple times per day or hour

weekday use - 2-4 hours/day after school

weekend - 4-6 hours/day



15 yo female with Anxiety, Phone Addiction

TBR2 - Modalities {1687 1694}; Mind; vexation [disturbed, put-out, troubled], from {1762}; anxiety, with {1764}(29) =
 TBR2 - Systemic {301 775}; Reproductive; menstruation; menses, too frequent [cycle too short] {514}; infrequent [menses delayed, cycle too long] {515}(69)
 TBR2 - Systemic {301 775}; Reproductive; leucorrhoea; leucorrhoea in general {528}(70)
 TBR2 - General [non regional]{776 1686}; Mind [& disposition]; mind; mistrust [suspicion, self-doubt. timidity] {795}(27)



Total
Rubrics
Kingdom

| | Puls. | Lyc. | Calc. | Bell. | Cham. | Phos. | Nat-c. | Sep. | Sulph. | Acon. | Caust. | Cocc. | Merc. | Ars. | Dros. | Nat-m. | Aur. | Hyos. | Ign. | Nux-v. | Sul-ac. | Bry. | Nit-ac. | Petr. | Ruta | Con. | Cupr. | Graph. | Sil. |
|---|-------|------|-------|-------|-------|-------|--------|------|--------|-------|--------|-------|-------|------|-------|--------|------|-------|------|--------|---------|------|---------|-------|------|------|-------|--------|------|
| Total | 15 | 12 | 9 | 8 | 7 | 7 | 5 | 10 | 9 | 8 | 8 | 8 | 8 | 7 | 7 | 7 | 6 | 6 | 6 | 6 | 6 | 5 | 5 | 5 | 4 | 7 | 7 | 7 | 7 |
| Rubrics | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 |
| Kingdom | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| TBR2 - Modalities {1687 1694}; Mind; vexa... (29) | 3 | 2 | 2 | 3 | 3 | 1 | 1 | 2 | 2 | 4 | | 2 | | 4 | | 1 | 2 | 1 | 4 | 4 | | 2 | | 1 | | | 3 | | |
| TBR2 - General [non regional]{776 1686};... (27) | 4 | 3 | 1 | 3 | 1 | 1 | 1 | | | | 3 | | 1 | | 3 | | 2 | 3 | | | 3 | | 2 | | 1 | | | | |
| TBR2 - Systemic {301 775}; Reproductive; ... (70) | 4 | 3 | 4 | 1 | 2 | 3 | 2 | 4 | 3 | 1 | 1 | 3 | 4 | 2 | 1 | 2 | | | 1 | 1 | 2 | 1 | 2 | 1 | 2 | 3 | | 3 | 3 |
| TBR2 - Systemic {301 775}; Reproductive;... (69) | 4 | 4 | 2 | 1 | 1 | 2 | 1 | 4 | 4 | 3 | 4 | 3 | 3 | 1 | 3 | 4 | 2 | 2 | 1 | 1 | 1 | 2 | 1 | 3 | 1 | 4 | 4 | 4 | 4 |



15 yo female with Anxiety, Phone Addiction

***Natrum carbonicum* Hering's Guiding Symptoms**

Intolerable melancholy and apprehension, she is wholly occupied with sad thoughts.

Restlessness, with attacks of anxiety, especially during a thunderstorm, worse from music.

Anxiety, trembling and sweat during pains.

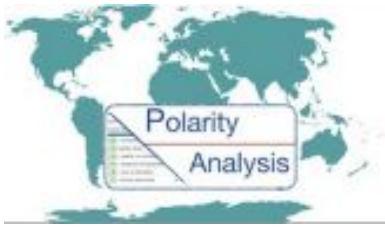
• **Great timidity**

After milk, diarrhoea.

Leucorrhoea thick, yellow, putrid, ceasing after urinating.

Falls asleep late at night.

Sweat profuse from every exertion, anxiety.



15 yo female with Anxiety, Phone Addiction

3 strategies to decrease phone use

1. Reading
2. Art - draw, paint
3. Homework - Add a physical outlet

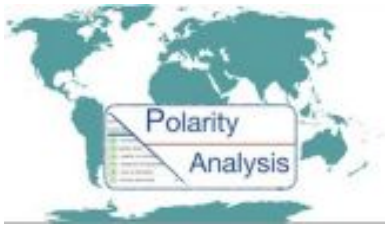
Diet - blood sugar stabilizing. Avoid sugary foods.

ex: apple with almond butter, carrots sticks with hummus

consider morning protein smoothie

Homeopathic medicine

1. *Nat-c* 30c - 1 dropper daily
2. *Aconite* 200c - 1 dropper every 10 minutes during anxiety attack



15 yo female with Anxiety, Phone Addiction

5 Week Follow up

Anxiety - a little bit more happy and joyful

freq: spike a bit everyday, not constant

int: 3-4/10

Anxiety attacks

freq: 2 times in last month (slight improvement)

Aconite helps with calming down faster than usual with about 3+ doses.

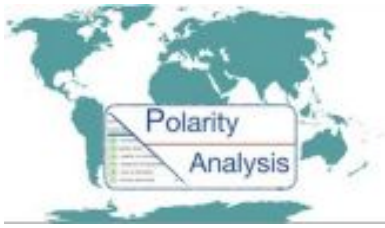
Phone addiction - about the same

What to do?



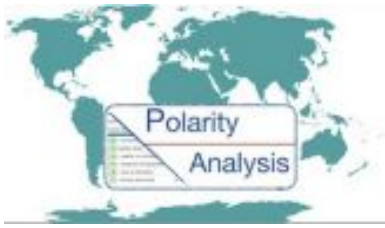
15 yo female with Anxiety, Phone Addiction

| | | | |
|-----|----------------------------------|---|---|
| 102 | < resting (not moving) [worse] | P | ✘ |
| 99 | hunger | P | ✘ |
| 52 | > eating, after [better] | P | ✘ |
| 92 | breathing, quickened | P | ✘ |
| 71 | < menstruation, during [worse] | | ✘ |
| 99 | < while falling asleep [worse] | P | ✘ |
| 64 | irritability (anger, aggression) | P | ✘ |
| 10 | < consolation [worse] | | ✘ |



15 yo female with Anxiety, Phone Addiction

| | | | | | | | | | | | | | | |
|---------------------|--|------|-------|-------|-------|---------|--------|-------|--------|-------|-------|-------|--------|------|
| Anxiety | 03 Oct 2023 | Sep. | Aur. | Puls. | Lyc. | Stront. | Nat-c. | Acon. | Sabad. | Calc. | Phos. | Ars. | Verat. | |
| Hits | | 8 | 5 | 7 | 6 | 6 | 7 | 6 | 5 | 8 | 7 | 7 | 7 | |
| Sums | | 24 | 15 | 24 | 22 | 12 | 16 | 12 | 12 | 23 | 20 | 15 | 15 | |
| Polarity Difference | | 10 | 9 | 8 | 8 | 8 | 7 | 7 | 7 | 6 | 6 | 6 | 6 | |
| 102 | < resting (not moving) [worse] | P ⊗ | 3 | 4 | 4 | 4 | 2 | 2 | 1 | 4 | 1 | 1 | 2 | 2 |
| 99 | hunger | P ⊗ | 3 | 3 | 4 | 3 | 2 | 2 | | 3 | 4 | 2 | 2 | 2 |
| 52 | > eating, after [better] | P ⊗ | 2 | | 2 | | 3 | 4 | 1 | 3 | 2 | 3 | 1 | 2 |
| 92 | breathing, quickened | P ⊗ | 4 | 2 | 3 | 4 | | 3 | 4 | 1 | 2 | 4 | 3 | 3 |
| 71 | < menstruation, during [worse] | ⊗ | 3 | | 4 | 3 | 1 | 2 | 1 | | 3 | 3 | 1 | 2 |
| 99 | < while falling asleep [worse] | P ⊗ | 4 | 2 | 4 | 5 | 2 | 2 | 1 | 1 | 5 | 4 | 4 | 1 |
| 64 | irritability (anger, aggression) | P ⊗ | 3 | 4 | 3 | 3 | 2 | 1 | 4 | | 2 | 3 | 2 | 3 |
| 10 | < consolation [worse] | ⊗ | 2 | | | | | | | | 4 | | | |
| 117 | > resting (not moving) [better] | | 1 | 1 | | 1 | 1 | 1 | 1 | 1 | 2 | 3/CI | 1 | 1 |
| 115 | appetite, absent | | 4(CI) | 1 | 3 | 3 | 1 | 1 | 1 | 3 | 3 | 2 | 3/CI | 2 |
| 121 | < eating, after [worse] | | 4/CI | 1 | 4/CI | 4/CI | 1 | 3 | 1 | 1 | 4/CI | 4(CI) | 4/CI | 3/CI |
| 63 | breathing, slowed | | | 2 | 1 | | | 1 | 1 | | 1 | 2 | | |
| 1 | > sleep, before; while falling asleep [better] | | | | | | | | | | | | | |
| 37 | mildness | | | 1 | 4(CI) | 3 | | 1 | | | | | | 1 |



15 yo female with Anxiety, Phone Addiction

Aurum metallicum Hering's Guiding Symptoms

Looks on dark side, weeps, prays, thinks she is not fit for this world, longs for death, strong inclination to commit suicide, desperate, desires to jump from a height. ∞ Prolapsus or induration of uterus. ∞ Pregnancy

Imagines he is neglectful and deserves reproach in consequence.

Imagines he cannot succeed in anything, and he does everything wrong, he is in disunion with himself.

Taciturnity.

Desire for solitude.

Melancholic mood, disposed to shun people, if meeting some one it gives him a nervous trembling and has to weep.

Apprehensiveness, full of tear, a mere noise at door makes him anxious.

Frequent attacks of anguish about heart, with trembling fearfulness.

Has no confidence in herself, thinks others have none, this makes her unhappy.

Menses too late and scanty. ∞ Prolapsus uteri.

Leucorrhoea profuse and corroding, yellow.

PLAN: *Aur* 30c - 1 dropper daily



15 yo female with Anxiety, Phone Addiction

4 Week Follow up (9 weeks after initial consult)

1. Anxiety - Don't notice it much. Went on a trip and hardly felt any. Able to stop anxiety much easier when it arises. Needed to catch up on school work after the trip, it's easier to not be perfect.

int: 2-2.5/1- in spurts.

2. Anxiety attack - can't remember one since last visit

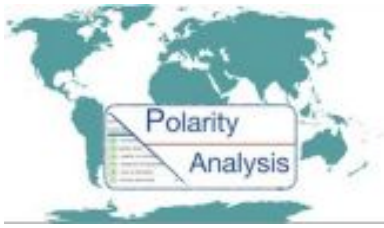
Amazing! Can't remember last time needed to take acute medicine.

2. Phone addiction - A little better, catching herself easier. Can see the results and choose differently. Used to spend hours secluded on phone.

Phone was one of key numbing coping mechanisms

Menses - Got her period 2-3 days after starting remedy. Due to start menses now and normally PMS symptoms but no sx's currently. Happier during last mense

PLAN: continue



15 yo female with Anxiety, Phone Addiction

10 Week Follow up (19 weeks after initial consult)

1. Anxiety - Much, much better, it continues to improve. Every once in a while feel anxious and when I do feel it's easier to ground myself, calm down and not get intense.

int: 1-2/10

freq: 1-2x/week

2. Phone addiction

able to put phone down easier.

find self wanting to do other things than stare at phone.

less addiction. more aware of actions on phone.

3. Mense - Cycles are long but are becoming monthly in last 3 months. Emotional before menses, sad and angry. Menses are more painful, crying with pain day 1-2.

PLAN: *Aur 30c* - 1 dropper 2 times daily.

Summary: Anxiety remains resolved. At 24 weeks she and her mom felt she was doing really well and she asked if she could take a break from care for a period of time.



We Don't Have to Get “The Story”

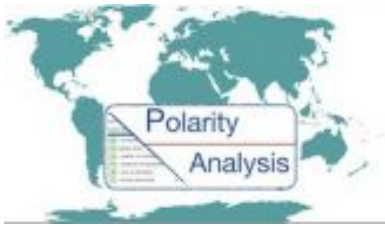
15 yo Female (p. 145)

Recent Onset Cutting / Unstable / Borderline

Let's Review... Heiner's Approach

COMMENTS

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



What is YOUR “Style” with Mind?

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



Questions?

