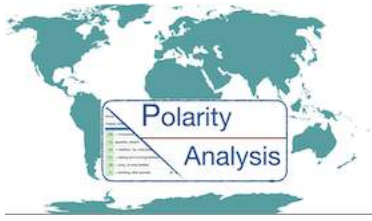


Polarity Analysis

Mental Health - 2025

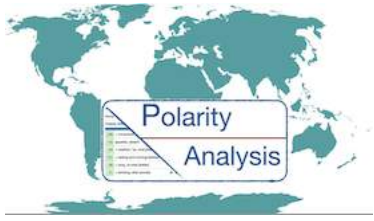
Karen Allen, Mike Knapp & Tim Shannon

Contact: polarityanalysis@icloud.com

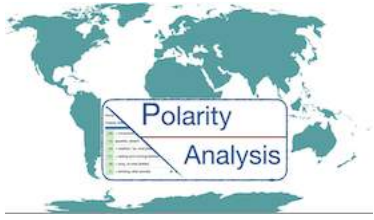


Intro to Course

- Polarity Analysis Flow (Mind Map)
- Bi Polar II Case Example (Perceptual → Reliable)
- Case Example
- Case Example



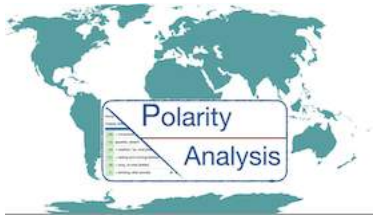
Polarity Analysis Flow



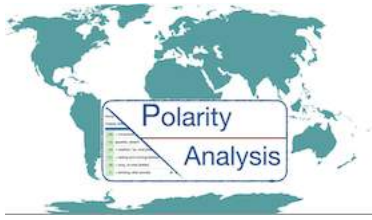
Mind Map

Polarity Analysis Flow



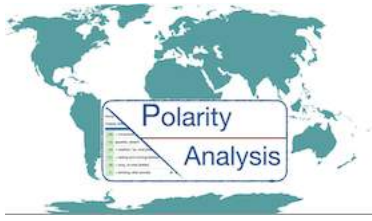


Bi Polar II vs Bi Polar I



Bipolar I Disorder involves at least one manic episode lasting a week or needing hospitalization, with symptoms like elevated mood and high energy. Depressive episodes may last over two weeks.

Bipolar II Disorder features at least one hypomanic episode and at least one major depressive episode, but no manic episodes. Treatment for both includes medication and therapy.



33 year old
Female Patient
presenting with Bi
Polar II,
Initial Intake:

Apr 18
2024



Office Visit Note 04/18/2024 Thu 3:00 pm Collapse

CC/Reason: Physician Initial Visit - 60min

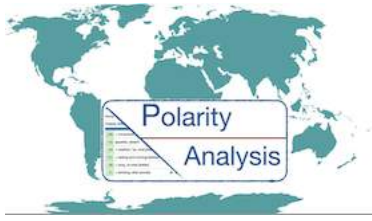
Prob:

Chief Complaint: Pt. expresses a desire to reduce or eliminate pharmaceutical medications to achieve consistent happiness without hypomanic episodes.

History of Present Illness: Pt. has a history of intense anger, depression, and hypomania since youth, which escalated over time. In 2018, she sought medical help, leading to her current psychiatric treatment under Dr. Nice Guy at Kaiser. She has been on gabapentin and lithium carbonate for most of the treatment duration, with lithium being a recent addition and Seroquel introduced between the two. A change in lithium brand at Kaiser has negatively impacted her, prompting her to seek naturopathic care.

Current Medications: Pt. currently takes gabapentin, lithium carbonate, omeprazole, quetiapine (Seroquel), and uses an albuterol inhaler for intense activities.

Symptoms and Concerns: Despite current medication, Pt. experiences significant daily challenges, including emotional irritability, fatigue, hair loss, and rapid cycling of mood states, ranging from hypomanic episodes several times a month to depressive episodes lasting months. She also experiences social anxiety, memory issues, and a strong startle reflex, with symptoms worsening in the premenstrual phase. Pt. reports feeling in the middle in terms of medication efficacy, but recent changes have led to dissatisfaction, particularly with lithium's effectiveness and Seroquel's side effects, including excessive sleepiness.



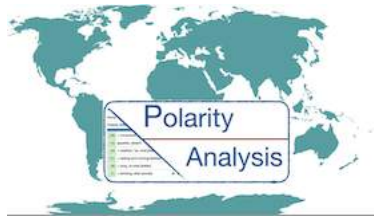
33 year old
Female Patient
presenting with Bi
Polar II,
Initial Intake:

Apr 18
2024



Office Visit Note 04/18/2024 Thu 3:00 pm Collapse
CC/Reason: Physician Initial Visit - 60min

Coping Mechanisms and Additional Information: Pt. finds relief in outdoor walks, particularly longer distances, and uses screen time as an escape from anxiety. She has difficulty focusing and articulating words when stressed and tends to become more active rather than sedentary. Pt.'s appetite decreases with stress, but her thirst remains unchanged. She confirms that her blood pressure increases during stressful periods, monitored via a Fitbit, though her pulse remains stable. Her menstrual cycle is 22 to 25 days long, with severe cramps occurring more than six times a year, managed with a TENS machine. Pt. expresses a preference for being corrected politely and has had childhood fears of the dark. She describes her moods as unstable and unpredictable, with a generally normal sensitivity to physical pain.



33 year old
Female Patient
presenting with Bi
Polar II,
My Intake Notes:

Apr 18
2024



Office Visit Note 04/18/2024 Thu 3:00 pm Collapse

CC/Reason: Physician Initial Visit - 60min

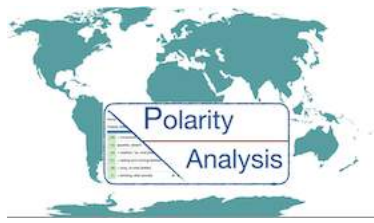
My goal is to be off pharma drugs, and also to be happy and not hypomanic. History for these meds? I've always had issues - even @ a young age - middle school/High school. Issues? Intense anger or hits of depression. S/t be suddenly too happy to the point of being annoying. There were family issues back then too. As I got older, would get into screaming and throwing matches with boyfriend. Same cycle of hypomania. Been on gabapentin is long term. Lithium is newer - 1.5 to 2 years. Seroquel was started on prior to lithium.

How effective are the meds for your sx's? The last few months - since December, they switched to a different lithium brand.

My husband used to get in the car with me when I was hypomanic, or won't stop driving. My big indicator is the urge to escape. I'm also tired all the time, but doctors told me it's likely gabapentin, so wean. What are the current day to day challenges/Sx's? My hypomania comes out with irritability, I am also exhausted often. Also my hair is falling out in large quantities. It's dry and brittle. Also I'm still swinging? S/t I'll hypomanic, then can alternate between that and couch locked. How often are hypomanic episodes? several times a month I'll get more manic and hang there a day or a few. Prior I'd get into deep depressions for longer spans. Now more the rapid cycling, not staying as long and generally not as deep the suffering.

Anxiety? I have some social phobia - get very anxious before and after any social gathering. Other anxiety, is sudden chest pain, feel very anxious and averse to going out. S/t my brain will start to review old issues, then chest hurts - comes out of nowhere. Hand tremor is also a transient and intermittent symptom.

Do? Pet care provider.



33 year old
Female Patient
presenting with Bi
Polar II,
Baseline:

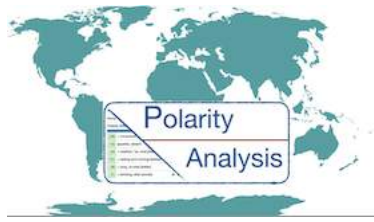
Apr 18
2024



Office Visit Note 04/18/2024 Thu 3:00 pm Collapse
CC/Reason: Physician Initial Visit - 60min

Baseline:

- 1) Irritability - once or twice/month
- 2) Anxiety - daily
- 3) Can't fall asleep w/o pot
- 4) Depression - once/week
- 5) Hypomanic episodes - 1-2 x/month

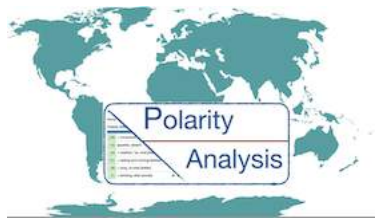


PA Analysis

Starting with **perceptual**:

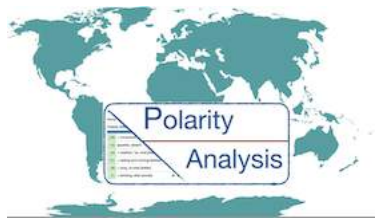
Good time to enter
Your Rubrics:

Bipolar II, gen anxiety & social anxiety		18 Apr 2024
Hits		
Sums		
Polarity Difference		↓
64	irritability (anger, aggression)	P ✖
85	< looking, eyes strained [worse]	P ✖
77	< talking, speaking [worse]	✖ P
99	< while falling asleep [worse]	P ✖
61	sadness (dejection, inclined to weep)	P ✖



Bipolar II, gen anxiety & social anxiety		18 Apr 2024	Calc.	Nat-m.	Sep.	Bry.	Lyc.	Bell.	Cham.	Chin.	Hep.	Rhus.
Hits			5	5	5	5	5	5	5	5	5	4
Sums			17	17	15	14	17	15	12	12	12	13
Polarity Difference		☰	17	15	15	14	12	12	12	12	12	12
64	irritability (anger, aggression) P ☒		2	3	3	3	3	3	4	2	4	
85	< looking, eyes strained [worse] P ☒		4	4	3	1	4	2	1	1	1	1
77	< talking, speaking [worse] ☒ P		4	4	3	3	2	3	3	4	3	4
99	< while falling asleep [worse] P ☒		5	2	4	5	5	4	1	3	3	5
61	sadness (dejection, inclined to weep) P ☒		2	4	2	2	3	3	3	2	1	3
37	mildness			1			3					1
5	> looking, at something close-up, strained vision [better]											
1	> talking, speaking [better]											
1	> sleep, before; while falling asleep [better]											
42	cheerfulness, happiness			1			2	3				

Resultant Analysis:

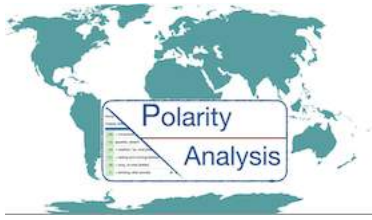


Bipolar II, gen anxiety & social anxiety	18 Apr 2024	Calc.	Nat-m.	Sep.	Bry.	Lyc.	Bell.	Cham.	Chin.	Hep.	Rhus.
Hits		5	5	5	5	5	5	5	5	5	4
Sums		17	17	15	14	17	15	12	12	12	13
Polarity Difference	⌵	17	15	15	14	12	12	12	12	12	12

64	irritability (anger, aggression) P ⊗	2	3	3	3	3	3	4	2	4	
85	< looking, eyes strained [worse] P ⊗	4	4	3	1	4	2	1	1	1	1
77	< talking, speaking [worse] P ⊗	4	4	3	3	2	3	3	4	3	4
99	< while falling asleep [worse] P ⊗	5	2	4	5	5	4	1	3	3	5
61	sadness (dejection, inclined to weep) P ⊗	2	4	2	2	3	3	3	2	1	3

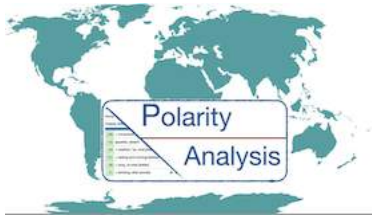
37	mildness		1			3					1
5	> looking, at something close-up, strained vision [better]										
1	> talking, speaking [better]										
1	> sleep, before; while falling asleep [better]										
42	cheerfulness, happiness		1			2	3				

The analysis is sparse, as the analysis numbers are not compelling



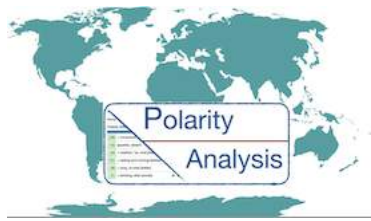
What can we add to the perceptual questionnaire to help us take into account the gravity of Bi polar with legit mania?

Coping Mechanisms and Additional Information: Pt. finds relief in outdoor walks, particularly longer distances, and uses screen time as an escape from anxiety. She has difficulty focusing and articulating words when stressed and tends to become more active rather than sedentary. Pt.'s appetite decreases with stress, but her thirst remains unchanged. She confirms that her blood pressure increases during stressful periods, monitored via a Fitbit, though her pulse remains stable. Her menstrual cycle is 22 to 25 days long, with severe cramps occurring more than six times a year, managed with a TENS machine. She also experiences social anxiety, memory issues, and a strong startle reflex, with symptoms worsening premenstrually. Pt. expresses a preference for being corrected politely and has had childhood fears of the dark. She describes her moods as unstable and unpredictable, with a generally normal sensitivity to physical pain.



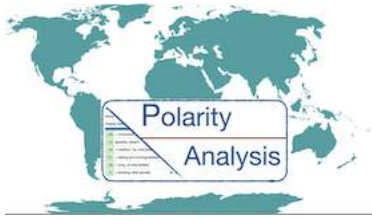
- Pt. Marked smell hypersensitive b/c neurological excess
- We add menstrual due to mood tie in w/ hormones
- B/p goes \uparrow w/stress
- Stress \Rightarrow must move
- Movement = Amel

49	smell, hypersensitive	P	⊗
84	menstruation, too early, too often	P	⊗
65	pulse, hard	P	⊗
58	movement, desire for	P	⊗
102	> movement [better]	P	⊗



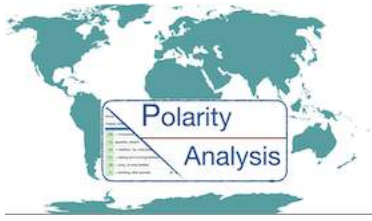
Bipolar II, gen anxiety & social anxiety		Cham.	Sep.	Chin.	Rhus.	Calc.	Bry.	Ign.	Hep.	Arn.	Aur.
18 Apr 2024											
Hits		10	10	10	7	9	10	10	9	9	7
Sums		27	29	25	25	25	24	24	20	19	20
Polarity Difference		15	18	18	17	16	14	14	13	13	12
64	irritability (anger, aggression) P ⊗	4	3	2		2	3	4	4	2	4
85	< looking, eyes strained [worse] P ⊗	1	3	1	1	4	1	2	1	2	3
77	< talking, speaking [worse] P ⊗	3	3	4	4	4	3	2	3	3	1
99	< while falling asleep [worse] P ⊗	1	4	3	5	5	5	3	3	2	2
61	sadness (dejection, inclined to weep) P ⊗	3	2	2	3	2	2	4	1		2
49	smell, hypersensitive P ⊗	3	4	3		2	1	1	2	1	4
84	menstruation, too early, too often P ⊗	4	3	2	4	4	2	3	2	2	
65	pulse, hard P ⊗	2	3	3			4	3	3	3	
58	movement, desire for P ⊗	4	1	4	4	1	2	1		3	
102	> movement [better] P ⊗	2	3	1	4	1	1	1	1	1	4

New Analysis:

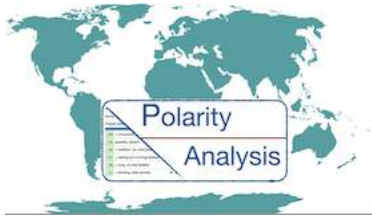


Patient confirmed:

- Audacious
- Irritability with Bossiness/Righteousness
- Increased Irritability prior to menses
- Easily offended when stressed “Touchy”
- Easily Startled



Patient Received Cham
6x (Hyland's) 4 drops
daily
on April 18th 2024



1st followup
~ 3 wks

May 9
2024



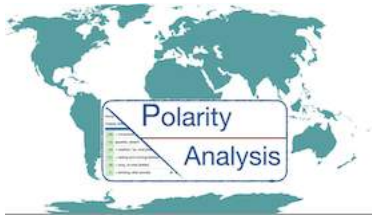
Office Visit Note 05/09/2024 Thu 2:30 pm Collapse
CC/Reason: Insomnia, Anxiety, PTSD & Bipolar II

Prob:

Additional Symptoms: Pt. observes that the medications might be suppressing her nervous system, potentially preventing more severe manic episodes. She also mentions a new ability to pause and recognize her anxiety in situations, such as meeting new people or family visits, which previously would have caused significant distress. This new coping ability suggests a slight shift in her internal state, which she attributes to her medication.

Medication: Pt. is currently on a regimen of gabapentin, lithium, and quetiapine for her mental health issues.

How are you? A bit better. Anxiety and sleep are unchanged, but I'm calmer. Don't feel as flustered. Overall improvement? 5 %, definitely less than 10. How soon after starting? one week. |



1st followup
~ 3 wks
(Continued)
Baseline

May 9
2024



Office Visit Note 05/09/2024 Thu 2:30 pm Collapse
CC/Reason: Insomnia, Anxiety, PTSD & Bipolar II

Baseline:

1) Irritability - once or twice/month

I feel a bit less , have been able to catch myself getting irritable.

2) Anxiety - daily

It's improved in a minor way.

3) Can't fall asleep w/o pot

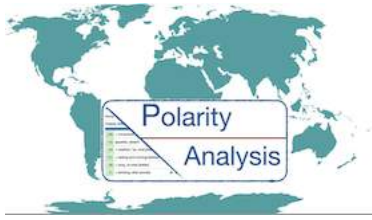
Not tried to go w/o.

4) Depression - once/week

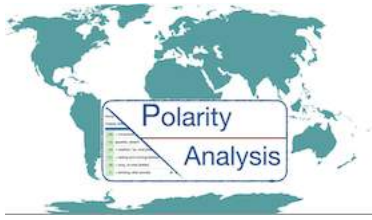
Still once/week, but less intense.

5) Hypomanic episodes - 1-2 x/month

haven't had any since our last visit



Given minor initial
response patient given
significant potency
increase: Cham 30c
(Standard) 4 drops
daily
on May 9th 2024



May 30
2024



Office Visit Note 05/30/2024 Thu 2:30 pm Collapse

CC/Reason: Anxiety & Irritability.

Prob:

How are you are doing? I'm doing better since our last visit. Better? Not agitated all the time, anxiety is less frequent and less intense. Not had any out of character depression episodes. Sleep however, is unimproved and am tired. I don't wake as frequently in the middle of the night. I'm tired all the time, but my prescribing doc said that's a side effect.

Baseline:

1) Irritability - once or twice/month

It's much better, b/c I don't get as irritated over inanities. I would be in weeks where e/t was wrong, and I was irritable with my husband.

2) Anxiety - daily

Clearly better as above.

3) Can't fall asleep w/o pot

Not tried that as of yet.

4) Depression - once/week

Not had suicidal depression for 4 weeks, prior it was like every other day.

5) Hypomanic episodes - 1-2 x/month

having something like hypomania more frequently, but not sure it's not just regular happiness.

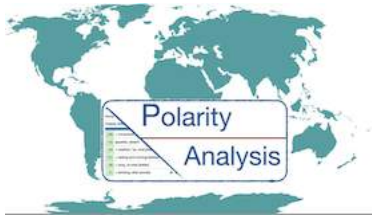
Orders:

> [Change](#) [Cham 30c Take 4 drops BID #1 RFX0](#)



2nd followup ~
3 wks

Continued
improvement
– increased
dose to 2x/day



3rd followup
~ 2.5 months

Aug 16
2024



Office Visit Note 08/16/2024 Fri 11:00 am Collapse
CC/Reason: Physician Follow-Up - 30min

Prob:

Chief Complaint: The patient reports that her bipolar disorder symptoms have continued to improve due to the chamomile medication regimen to twice a day, but then plateaued and dipped during a stressful period. Currently, her condition is better than the baseline but not as good as the peak.

How are you doing? I had a lot of stress, which seemed to cause a plateau, then went down, and back up. The drugs I'm on seem mostly aggravating. The difficulty waking and hair loss and restrictions on my social schedule b/c of rigid need to take drugs @ certain time frames to avoid worse grogginess the next day.

I started meds 2018. I was more symptomatic @ the outset. I've been on gabapentin from the start. Lithium is last few years, Seropquel is also more recent.

Overall improvement? 50%

Baseline:

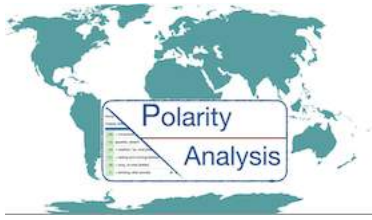
1) Irritability - once or twice/month
No out of the norm irritability

2) Anxiety - daily
It's better, but not gone. It's a bit better than our last encounter.

3) Can't fall asleep w/o pot
Still not gone w/o

4) Depression - once/week
Now every other week have some intense depression. But during the elevated stress it was every day.

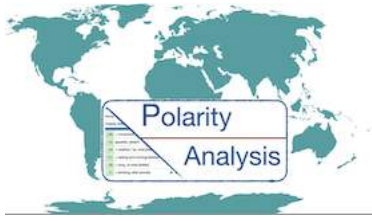
5) Hypomanic episodes - 1-2 x/month
That's good none of those.



Aug 16 pt. recommended to
order 100c pellets from
Hahnemann labs and take 3
pellets sublingual daily
Hoping significant stronger
dose will catalyze further
improvements

Care Plan:

- 1: Order Chamomile 100c 2 dram pellet from Hahnemann Labs: (888) 427-6422
Once it arrives, take 3 pellets under the tongue on a clean palate once/day
- 2: Return to clinic in mid to late September to follow-up.



Sep 26
2024



Office Visit Note 09/26/2024 Thu 3:30 pm Collapse

CC/Reason: Insomnia, Anxiety, PTSD & Bipolar II

Prob:

Chief Complaint: The patient reports that since starting the 100C chamomile treatment, there has been an improvement in mood swings, which are now shorter and less intense. However, the daily anxiety has not shown any new improvement.

How are you doing? I think things have been better. Still get mood swings but now they are tiny and short. I feel a little better than a month ago.

Baseline:

1) Irritability - once or twice/month

Still not a thing.

2) Anxiety - daily

That is plateaued.

3) Can't fall asleep w/o pot

That's not better.

4) Depression - once/week

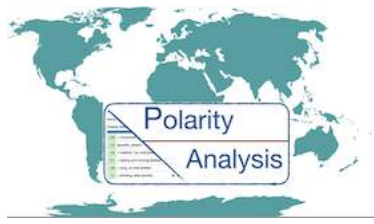
I've not had that type of depression.

5) Hypomanic episodes - 1-2 x/month

Still gone.

Patient returns
to clinic ~ 5
weeks later:

Pt. recommended
to maintain current
dose 3 pellets
Cham 100c daily



Most recent visit
after
discontinuing
Gabapentin and
now slowly
coming off
Seroquel:

Pt. recommended
to take 100c every
other day

Jan 29
2025



Office Visit Note 01/29/2025 Wed 2:00 pm Collapse

CC/Reason: Physician Follow-Up - 30min

Subjective:

Chief Complaint: The patient is tapering off quetiapine and expresses concern about potential withdrawal symptoms.

History of Present Illness: The patient has reduced quetiapine from 175 mg to 150 mg extended-release three weeks ago with no significant adverse effects. In the past week, she experienced increased irritability, insomnia, and a migraine, but is unsure if these are related to medication changes or external stressors. She recalls past experiences of insomnia, nocturnal ambulation, diaphoresis, syncope, and emesis when abruptly discontinuing medication.

Additional Symptoms: The patient reports some sleep disturbance and had a migraine. She also experienced irritability and yelled at her husband, which is unusual behavior for her.

Medication:

- Quetiapine (Seroquel) 150mg extended release
- Chamomile (homeopathic) 100C pellets every other day
- Lithium 900mg at night

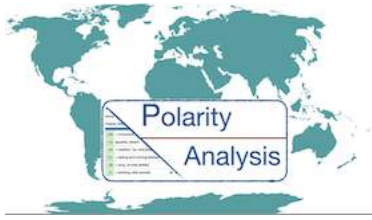
Recent lab results show lithium levels at 0.8, within the therapeutic range. Kidney function tests, including BUN and creatinine, were reported as normal.

Medical History: Bipolar disorder

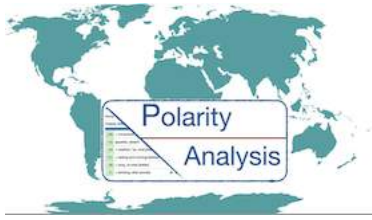
Social History: The patient is married and lives with her spouse.

Objective:

- Laboratory Imaging and Diagnostic Test Results:
 - Lithium level: 0.8 (within normal range)
 - BUN: 11 (normal)
 - Creatinine: 0.9 (normal)

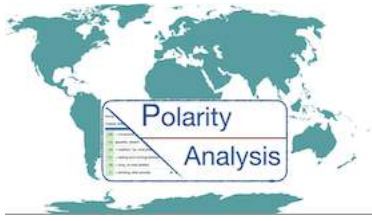


This patient is mostly symptom free. Visits are ongoing. We are currently titrating off the last of the seroquel (While maintaing Cham 100c every other day), then considering lowering & possibly discontinuing the Lithium or replacing it with lithium orotate



Case Study:

50 year old female anxiety, insomnia and lost appetite after abusive marriage - referral



Patient ID: 140000290 DOB: 10/23/1973 Sex: F Account No.:
Encounter ID: 302123762 Encounter Date: 05/21/2024
Encounter Type: Office Visit

Chief Complaint: Pt. reports severe insomnia beginning in mid-January, accompanied by anxiety and depression.

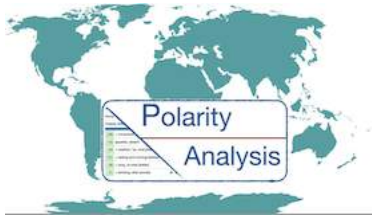
I've been healthy, with the exception of poly-cystic kidney disease. What are the main concerns? Started a new job in August. School counselor for 21 years. Was super overwhelmed, different job. In January began to get rapid pulse, chest pains - ER said it was PA's. Followup ued with cardiologist. I began to get severe Insomnia, worse in January. Never had insomnia. I am getting one to two hours of sleep. See only ND for general health. I'm currently not on thyroid. They've ruled out anything thing with my heart. Been on metropolol since January.

In April, went to psychiatrist - desperate @ that point. 4/23 began sertraline 25 then to 50 mg. Seen no changes. Seeing him weekly. He put me on a strong drug for sleep - lorazepam. I'm very hesitant to be on these drugs.

I'm a very confident person. But just to go to the store, is too much. Seems the anxiety has come down a bit, but depression is huge. Never been on drugs, never had anxiety and depression. Endocrinologist ruled out thyroid issues.

Prior to the summer job you were okay? sort of, though had different issues - like COVID and COVID vaccination. There was increased stress, didn't have insomnia, nor any feelings of anxiety. Last school year, stay @ home mom, back into running. I was peaceful and balanced, til I get some gut issues that impacted me. Things weren't perfect b4 all these issues. It does feel that the main activating event was the job. I felt utterly overwhelmed by it. The job description was a giant departure for me.

Initial Intake:



Patient ID: 140000290 DOB: 10/23/1973 Sex: F Account No.:
Encounter ID: 302123762 Encounter Date: 05/21/2024
Encounter Type: Office Visit

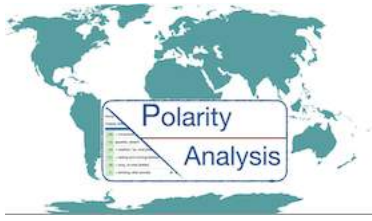
Initial Intake:

Well, I am a pretty healthy person, with the exception of being diagnosed with polycystic kidneys. I go to a nephrologist annually. My main concern is severe insomnia, which started in mid-January. I've never experienced insomnia before. I only see a naturopath for my general practitioner for the last several years. One of the things we were looking at is taking me off of thyroid medication because I've gone on synthetic. I'm not on thyroid meds right now. They have ruled out anything specifically with my heart. The cardiologist says it feels like it's the autonomic system affecting my heart. I've been on metoprolol since the end of January. My naturopath, as well as my counselor, really has said that we think it's anxiety.

In April, I went to a psychiatrist because I was desperate for somebody who could give me medication. On April 23rd, I started on sertraline, 50 milligrams. I started at 25 and went up to 50. I have seen no change. He put me on a pretty strong drug for sleep, clonazepam, a milligram of clonazepam. That's the only thing that can give me true sleep. Last night I took a half, with some magnesium and I got like three, four hours. So, insomnia, anxiety, and depression are my concerns.

I am curious about some gut issues that I've had as well as having had COVID and the possible impact of that. I've been to an endocrinologist, and they ruled out adrenal issues, and that my thyroid is normal without medication right now.

So there's some symptoms happening, but I think part of the backstory you're describing is you've had a sort of a sea change. You've gone from a healthy, competent person to a state that feels very unfamiliar to you. Would we say that the genesis of this is from getting a new job that sort of threw you? Because prior to that, there was none of this.

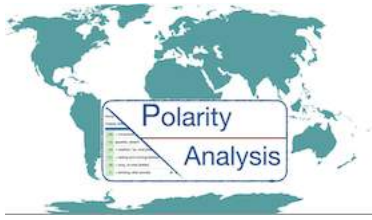


Patient ID: 140000290 DOB: 10/23/1973 Sex: F Account No.:
Encounter ID: 302123762 Encounter Date: 05/21/2024
Encounter Type: Office Visit

Initial Intake:

So to a point, I was a school counselor for 21 years. My last year was the 21-22 school year, and it was a tough school year for me. I had COVID. I didn't go to the hospital, but I was really out. Then the following school year, I ended up being a stay-at-home mom, getting back into running. I was peaceful and balanced, healthy, until I got some gut issues that really impacted me. I would say certainly things weren't perfect prior to that, but I didn't have any of this level of insomnia, anxiety, depression. It feels very much like the main activating event was the new job that I couldn't handle. The job description was so different than what I'd previously done. It's completely unlike me to walk away from things. It was halfway through the school year to pull out. I would say everybody that looks at me says the activating event was the job.

Your cardiologist said any kind of heart issues are probably autonomic mediated (stress related), and the autonomic nervous system has two branches to it: the sympathetic and the parasympathetic. The sympathetic is more your active, sort of your male nerve tone. It's the thing that, in our ancestors, when there was more risk in daily life, like from a wild animal or tribe member or something, our body developed the sympathetic nervous system to increase our capacity for what we call fight or flight. The parasympathetic is more the rest and digest. It's more the female, the nurturing part of the nervous system. The parasympathetic is more active during the night when you're sleeping. It's managing your digestive function and repair from the day and the like. Thank you for your visit today and for your commitment to improving your health.

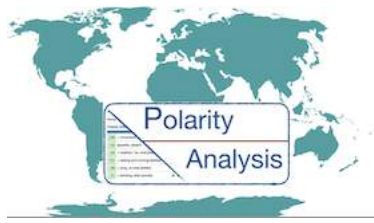


Patient ID: 140000290 DOB: 10/23/1973 Sex: F Account No.:
Encounter ID: 302123762 Encounter Date: 05/21/2024
Encounter Type: Office Visit

Baseline:

Baseline:

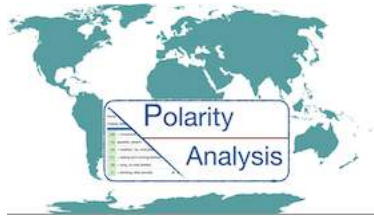
- 1) Insomnia (falling & staying asleep) (on lorazepam - helps mostly) – nightly
- 2) Fatigued – daily
- 3) Anxious/overwhelmed 5 x/day
- 4) Depression - 24/7



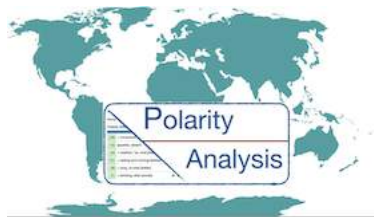
Rubrics that came to
the fore using
perceptual only:

Enter Rubrics
into your
Repertory

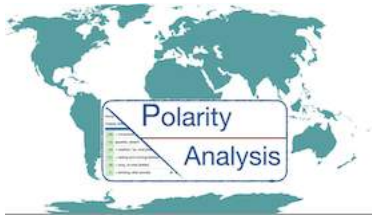
68	movement, aversion to	⊗ P
99	< while falling asleep [worse]	P ⊗
111	< while/after waking up [worse]	P ⊗
121	< touch [worse]	P ⊗
74	understanding, difficult	⊗ P
69	< reading [worse]	P ⊗
85	< looking, eyes strained [worse]	P ⊗
102	> movement [better]	P ⊗
61	sadness (dejection, inclined to weep)	P ⊗
64	irritability (anger, aggression)	P ⊗



Here's how your
analysis should
look:

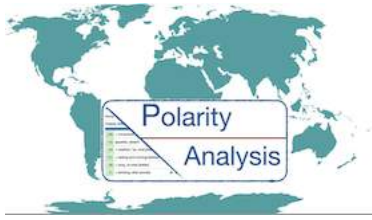


[ADD exclusive look] Insomnia, Anxiety, Depression & Fatigue 21 May 2024		Lyc.	Nat-m.	Sep.	Calc.	Ign.	Carb-v.	Puls.	Bell.	Nux-v.	Hep.	Sulph.
Hits		10	10	10	10	10	9	10	10	9	9	10
Sums		37	29	30	27	27	20	29	27	26	22	26
Polarity Difference	☰	28	23	22	19	19	19	18	18	18	18	17
68	movement, aversion to P	3	3	2	1	3	1	2	2	4		1
99	< while falling asleep [worse] P	5	2	4	5	3	4	4	4	2	3	3
111	< while/after waking up [worse] P	4	4	4	4	4	4	5	3	4	4	5
121	< touch [worse] P	4	2	4	1	1	3	3	4	4	4	4
74	understanding, difficult P	4	2	4	3	3	1	1	2	2	1	2
69	< reading [worse] P	3	4	1	4	2	1	2	3	3	3	3
85	< looking, eyes strained [worse] P	4	4	3	4	2	3	2	2	1	1	2
102	> movement [better] P	4	1	3	1	1	1	4	1		1	1
61	sadness (dejection, inclined to weep) P	3	4	2	2	4		3	3	2	1	2
64	irritability (anger, aggression) P	3	3	3	2	4	2	3	3	4	4	3

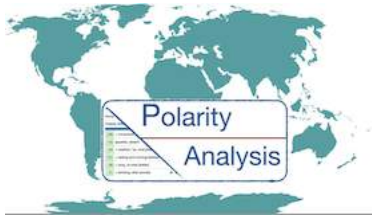


Patient confirmed the following:

- **Thinking of past disappointments**
- **Sensitive to Injustice**
- **Hard on self**



Patient given Ign 6c
(Boiron) QD - May 21st
2024



Patient ID: 140000290 **DOB:** 10/23/1973 **Sex:** F **Account No.:**
Encounter ID: 303379806 **Encounter Date:** 06/11/2024
Encounter Type: Office Visit

Been on the Rx I recommended for at least 2 weeks? Yes a bit more. Better, worse or same? I feel the same. Initially I felt better, and was more motivated. You lost improvement roughly how long ago? Over a week ago. I had a sprained knee in this time frame.

I also feel the same with regards to getting things accomplished. That is still a present issue.

Baseline:

1) Nightly insomnia

Same

2) Fatigue - daily

Same

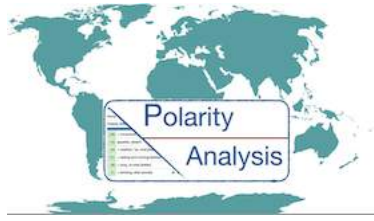
3) Anxious/overwhelmed 5/day

A bit of an improvement there. I have noticed some circumstances where I'd normally be quite anxious, but have noticed some gaps.

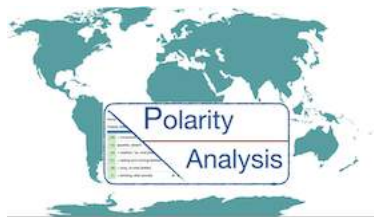
4) Depression 24/7

Same.

1st Follow-up

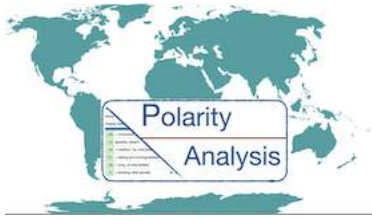


Poor Response,
therefore, retool:



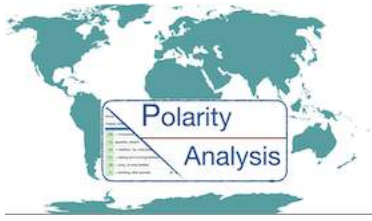
New analysis
going big –
beyond only
perceptual

[Looking @ ADD] Insomnia, Anxiety, Depression & Fatigue 11 Jun 2024		Lyc.	Sep.	Aur.	Carb-v.	Acon.	Puls.	Ign.	Sulph.
Hits		11	11	10	10	9	11	11	11
Sums		37	33	24	22	23	31	29	28
Polarity Difference	⚡	28	25	20	20	20	19	19	19
68	movement, aversion to P	3	2		1	4	2	3	1
99	< while falling asleep [worse] P	5	4	2	4	1	4	3	3
111	< while/after waking up [worse] P	4	4	2	4	1	5	4	5
121	< touch [worse] P	4	4	1	3	3	3	1	4
74	understanding, difficult P	4	4	2	1		1	3	2
85	< looking, eyes strained [worse] P	4	3	3	3		2	2	2
102	> movement [better] P	4	3	4	1	1	4	1	1
61	sadness (dejection, inclined to weep) P	3	2	2		4	3	4	2
64	irritability (anger, aggression) P	3	3	4	2	4	3	4	3
80	pulse, quick P	1	1	1	2	4	1	2	2
107	< standing [worse] P	2	3	3	1	1	3	2	3



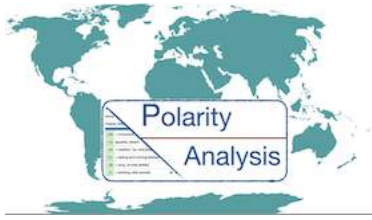
Patient confirmed the following:

- **Ambitious**
- **Gets angry @ self when making mistakes**
- **Dictatorial/Righteous anger**
- **Sensitive to Injustice**
- **Finds Music soothing/healing**
- **Fears Heights**



Patient confirmed for Aurum

June 11th 2024 given Aur 3c
(Helios) QD



Patient ID: 140000290 DOB: 10/23/1973 Sex: F Account No.:
Encounter ID: 304579353 Encounter Date: 07/01/2024
Encounter Type: Office Visit

Chief Complaint: The patient reports that since our last meeting three weeks ago, they have been taking the prescribed medicine for at least two weeks.

Additional Symptoms: The patient mentions being a black and white thinker and being hard on themselves daily. They are unsure if this aspect of their thinking has changed in the last few weeks. The patient is currently experiencing significant financial stress and is seeking employment. They acknowledge that their ability to handle difficulty may improve if they are doing better emotionally and mentally.

Been on the Rx for at least 2 weeks. How are you doing? There are days I'm remarkable better, and days I'm doing poorly.

Baseline:

1) Nightly insomnia

Last 8 or 9 days, had no sleep ~~meds~~, and able to sleep.

2) Fatigue - daily

No change.

3) Anxious/overwhelmed 5/day

That is better, but not the focus

4) Being hard on yourself (added 7/1/24)

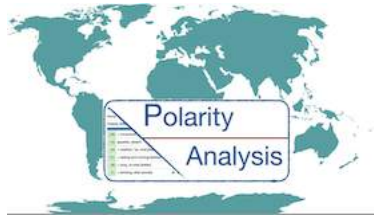
Same

|

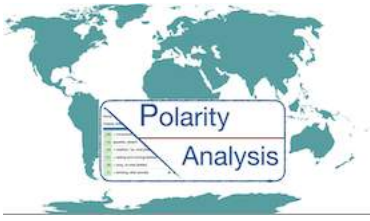
1st Follow-up

after Aur 3c

~ 2 weeks of Aur



Partial response, requires stronger potency
Given 12c to take daily on July 1st 2024



Patient ID: 140000290 DOB: 10/23/1973 Sex: F Account No.:
Encounter ID: 309185685 Encounter Date: 09/16/2024
Encounter Type: Office Visit

Chief Complaint: The patient reports that her mind racing and heart racing issues have resolved.

How are you doing? I'm doing so well, I'm back. That made a great difference. How soon after starting the stronger dose? The first week or two, not significant. But by 3.5 weeks, felt like back to my old self. The last month has been amazing, so much myself, even back to my 2019 self. This issue began jan 2024. But it's better than better.

How much better are you overall? close to 100% better. Another thing is motivation, and I'm highly motivated again. I'm so motivated, even for simpler things. Even things that were requiring extra mental energy, I have a positive light on it. Not even sure I was that way before, it's really good.

Baseline:

1) Nightly insomnia

I'm not having trouble with going to sleep. No more mind or heart racing, it's 100% better.

2) Fatigue - daily

I started a job, not my forever job b/c insufficient for my needs. Para educator for severe needs classroom. I'm very busy. I'm doing so much more. During the day and the evening, I'm not more tired. I'm not where I was before the rx, so 90% better

3) Anxious/overwhelmed 5/day

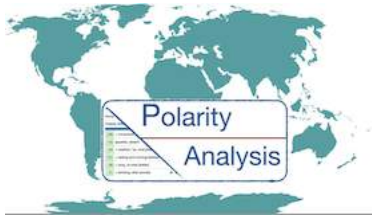
Zero to 1, this is so encouraging. My husband was surprised by how calm.

4) Being hard on yourself (added 7/1/24)

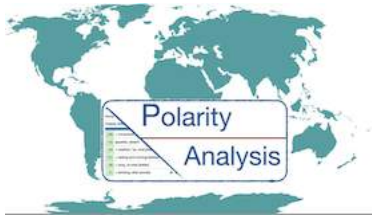
That is better. The old me would be harping on not doing enough with this job. Instead I'm resting in the fact that I like it, and enjoying it and not at the computer. I'm not being hard on myself.

History of Present Illness: The patient states that her daily fatigue has improved significantly, with her energy levels being 90% better than before. She has started a new job as a parent educator in a severe needs first-grade classroom and is enjoying it. The patient experiences anxiety and feeling overwhelmed zero to one days a week.

1st Follow-up
after Aur 12c
~ 2 months

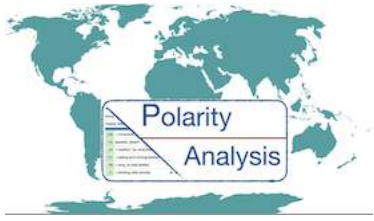


Patient continues in treatment to continue to titrate off final med



Polarity Analysis Mental Health - 2025

This Polarity Analysis training program and the PA team acknowledge our debt of gratitude to Boenninghausen, Dr. Heiner Frei and his colleagues for decades of meticulous and insightful work. We are fortunate to stand on the shoulders of giants. We extend their accomplishments and contributions into daily practice by training practitioners like you!



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