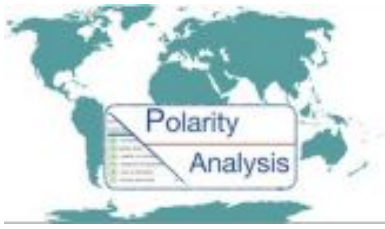


Polarity	
Analysis	
100	is movement
110	is people, others
120	is weather / air, wind, sun
130	is feeling and moving / senses
140	is being on side (better)
150	is drinking, other (smell)

Polarity Analysis For Mental Health

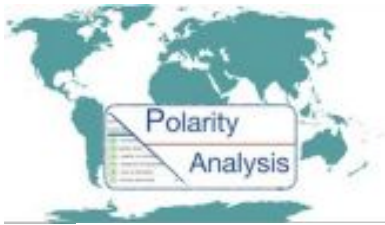
Text Review: Session 3 - ADHD Chapter 2

Michael Knapp, ND, DHANP



Plan for Today

- **Ch. 2 - Homeopathic Treatment of ADHD** 🤔
- 🤔 **Heiner's journey** - From unreliable to reliable
- **Clinical Assessment Tools** - CGI
- **Cases** - get your books
- Your questions?



Questions

Q: I am still a little confused about "Movement ameliorates" in the Less Reliable Symptoms. In the current case I am working on I decided to not include that symptom. 5.5 year old boy is on the move a lot, fidgety, climbing, etc. During the school day he has regularly scheduled movement breaks and sensory breaks which help a lot. And I initially included "movement ameliorates" in my software. But then mom reported that when they went on an easy hike for about 45 minutes or less, he was whining and complaining that he is tired and the hike is too long and when are they going to be back. Due to this inconsistency, I took out that symptom which, as we know it, greatly changed the remedy results. I am now thinking that it is the breaks in general at school that is helping the boy, not necessarily the movement.

Let me know if my reasoning is on the right path. I'd like to clarify - you would include "Movement ameliorates" symptom if there is a very obvious, consistent improvement in the ADHD symptoms, right?

A:

Heiner's definition on the Perceptual Disorders Checklist:

Movement ameliorates = *Restlessness/Irritability improved by sports*

Movement ameliorates does NOT mean restless, moving, fidgety, impulsive, etc.

restle

Symptom Reliability: High Medium Low

Use if possible only symptoms with high reliability.

88 restlessness bodily

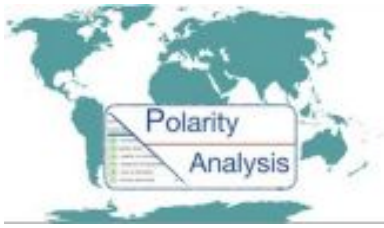


Questions

Q: I also have an interesting combination of symptoms in the case where the child is sensitive to touch but loves the deep pressure. So I have "worse from touch", but "better from external pressure". And I had to go and get "better from pressure" from the general Checklist, not the ADHD list. Let me know if I should steer clear and exclude this one symptom from another category (I remember Karen's words not to mix the two approaches together), but I pulled just that one symptom because there weren't enough obvious symptoms in this case from the ADHD checklist.

A:

1. Reliable symptoms of perception
2. Less reliable symptoms of perception
3. Additional complaints



Boenninghausen Case Notes and the Mind

I add volume and page, simply for the reason that any one who may choose to call my statements in question, and who may feel inclined to honor me with a personal visit, may convince himself from the original case-book of the correctness of my statement. My case-books already number eighty volumes quarto, and I have therefore, for sake of reference, made an accurate alphabetical index to them, which enables me to put my hand readily upon any case which I may happen to search for. With respect to the long

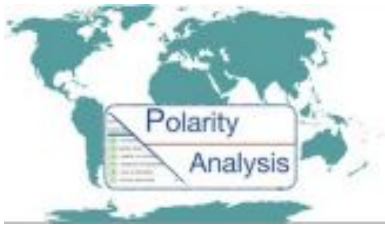
THE USE OF HIGH ATTENUATIONS.

173

and minutely detailed description of cases, which occupy several pages, I cannot help remarking that they look but too frequently like some historical romance, based on fact in the main, but vastly embellished in the accessories.

But in homœopathic practice, the selection of the proper remedy from amongst a group of medicines, seemingly equally indicated against the main features of these accessories, depends, in a great measure, upon the occasions and their proper estimation ; it will, therefore, readily be granted that poetic additions to them, or reminiscences that smack but too often of the generalizing pathologies of the old school, can only tend to confuse and confound.





Chapter 2

The Road to Reliability

Hit Rate much lower in ADHD cases than non-ADHD cases

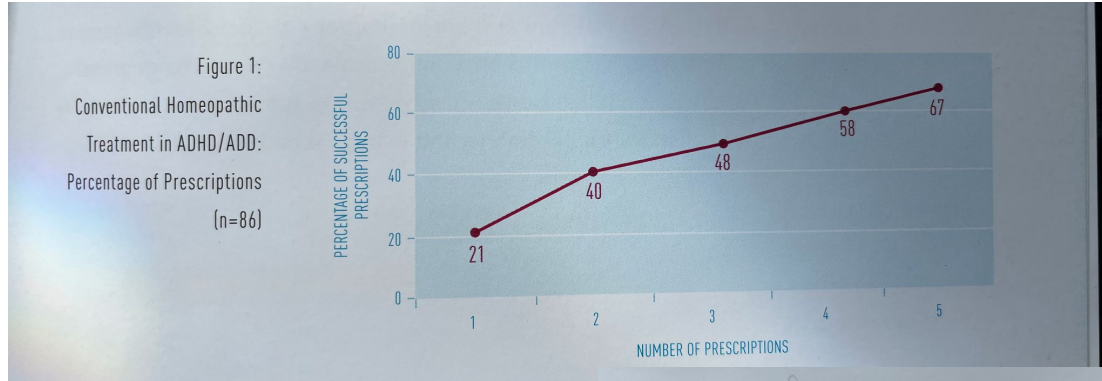
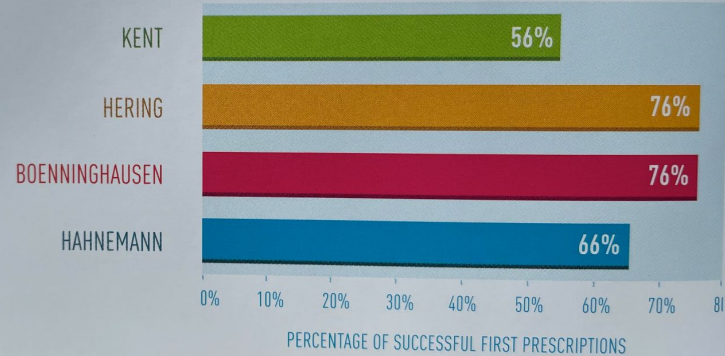
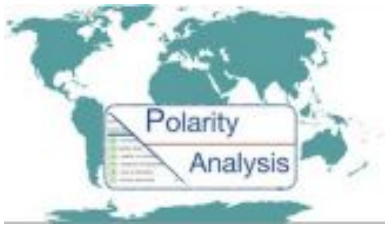


Figure 2: Comparison of
Treatment Results with
Different Homeopathic
Methods (n=175)

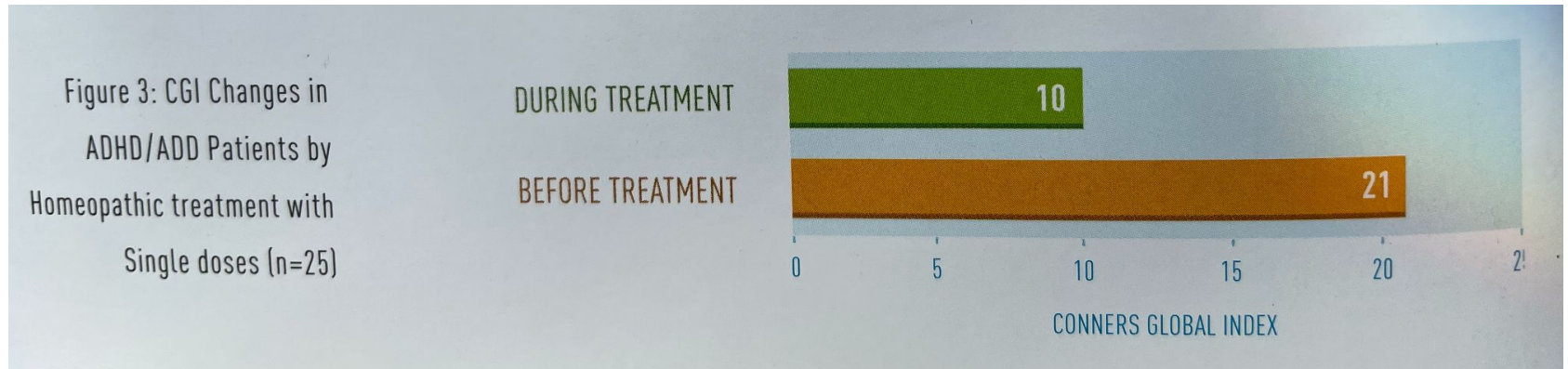


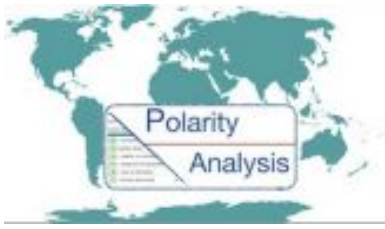


The Road to Reliability

Tracking Improvement during Treatment

*Remember there are many levels of dysfunction with ADHD:
genetic, structural, neural network, blood flow changes and altered functionality!*

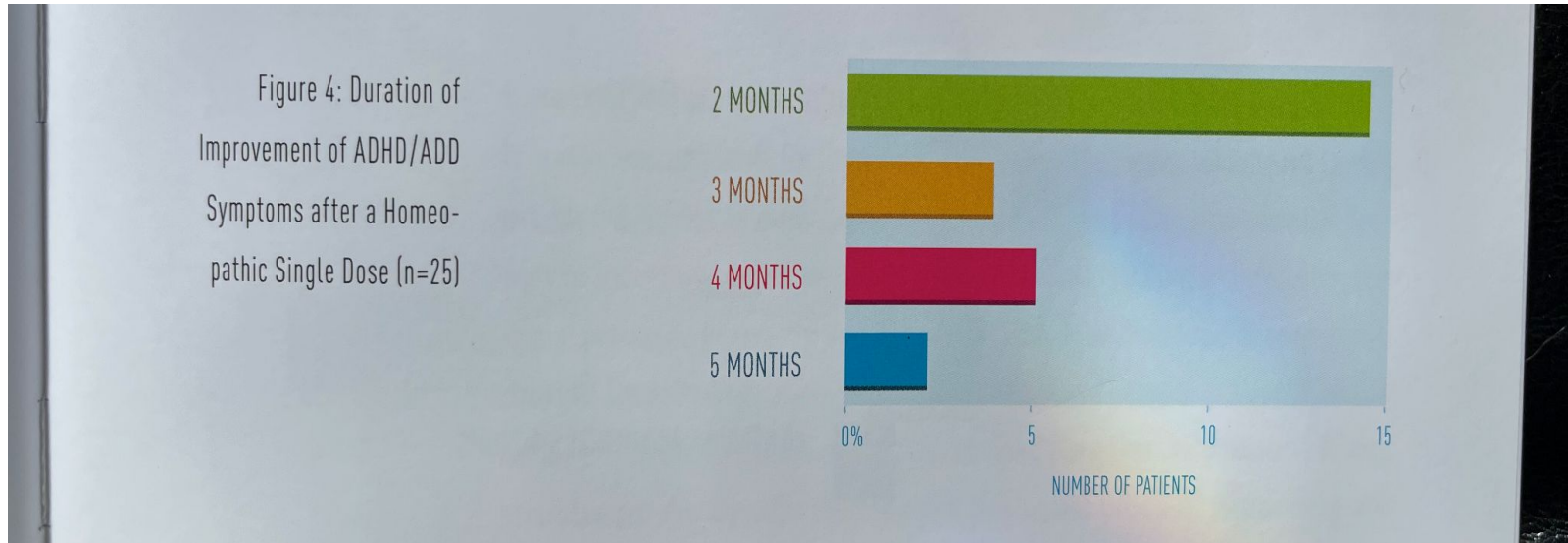




The Road to Reliability

Duration of Improvement may be *lower* in ADHD cases than non-ADHD cases

“For the majority of children, there was a decline in effectiveness after less than 2 months

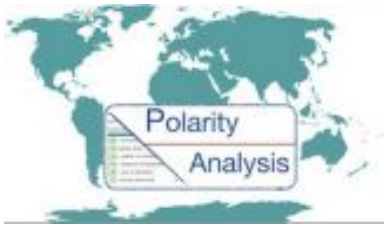




The Road to Reliability

Difficulties Identifying the Correct Remedy

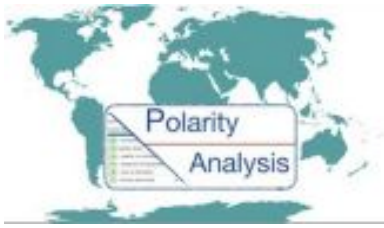
- Symptom definition:
 - Hahnemann - alterations found during illness
 - Hering - prioritize most recent characteristic symptoms as most significant
 - Boenninghausen - main complaint, location, **modality**
 - + concomitant (co, lo, mo) - “additional complaints”
- ADHD symptoms are often variable = unreliable
- Mind symptoms are open to interpretation = unreliable
- Sensations and symptoms “as if” = unreliable
- Causes, Modalities and Polar symptoms are less open to interpretation



The Road to Reliability

Difficulty Assessing Progress

- Single Dose 200c - 4 week follow up
 - Close remedy = slight improvement
 - Well-selected remedy = some clear improvement
- Further doses
 - Close remedy = worsening symptoms
 - Well-selected remedy = continued improvement
 - Well-selected is 2 consecutive visits with continual decrease in CGI
- The problem - Early in care it's hard to tell if you have a good remedy
 - —> Wasted time! Patients get *impatient* and leave care



The Road to Reliability

Difficulty Assessing Progress

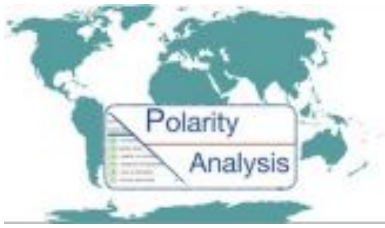
- Other Difficulties
 - External influences
 - Holidays
 - Schedule changes
 - Family environment
 - Un-observing or overburdened parents
 - School environment, class sizes, resources



The Road to Reliability

The Solution

- “Our first attempt to solve the problem of reliability was to devise the ADHD questionnaire...worded in accordance with repertory language”
 - Contrary to Aphr 84 instructions - patient’s own words
- Standardized language = parents, teachers, homeopaths benefit
 - parents/teachers understand what information is important
 - Homeopaths don’t need to translate language into the repertory



The Road to Reliability

Clinic Flow

- Initial Consultation
 - Patients describe the complaints
 - Physical exam
 - Explain process, prospects of success, time needed, questionnaires, preparation for main consultation
 - “It is especially important to emphasize that the process of selecting the correct remedy takes time”
 - Invest at least 6 months in finding the correct remedy

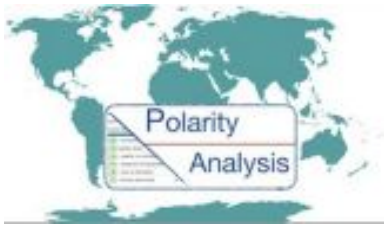


The Road to Reliability

Clinic Flow

- Main Consultation - at least 2 weeks later
 - Discuss symptoms marked on questionnaire
 - Parent or older child patient presence is crucial for clarification
 - Repertorize symptoms of perception
 - Ask confirmatory questions

“It is important to realize that this process is generally only a first approximation to the best remedy”

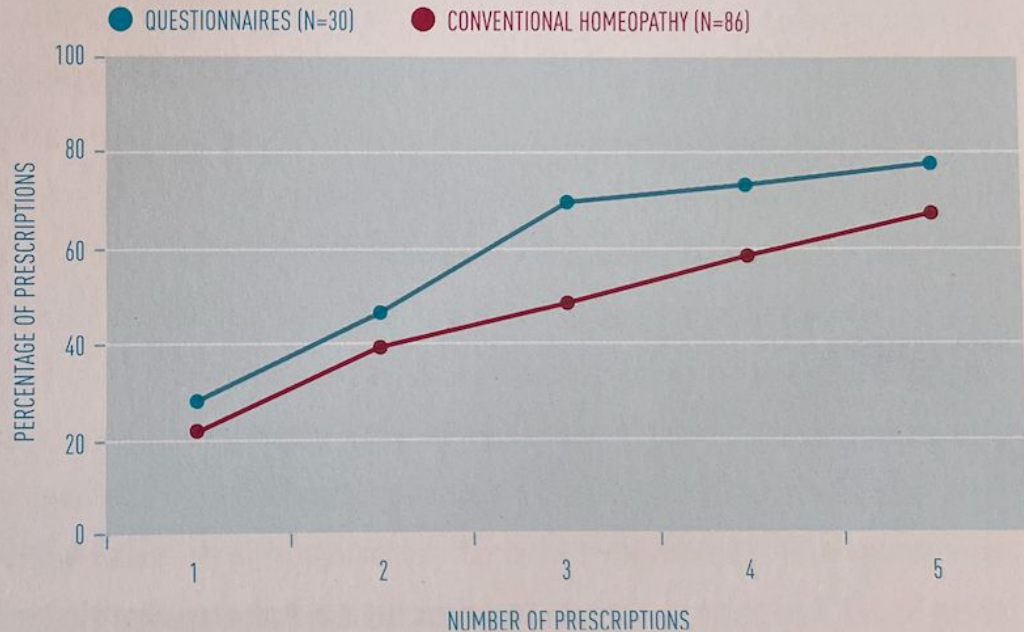


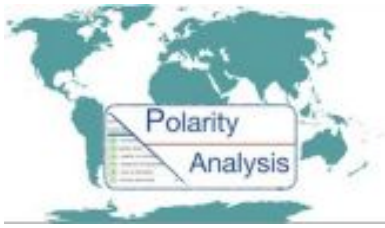
The Road to Reliability

Importance of the Questionnaire

First Rx Hit Rate: 21% -> 28% but more importantly...

Figure 6: Effect of Questionnaires on Homeopathic ADHD/ADD Treatment Results





The Road to Reliability

Identification of Unreliable Symptoms

- Questionnaire review of 100 successfully treated patients
 - Identify which symptoms *initially hindered* the choice of the best remedy. Which symptoms are “unreliable”?
 - Mostly non-polar mind symptoms
 - Shy, talkative, serious, fear of storms, empathy, delusions, stubborn, swearing, jealous, greedy, discontented
 - Mind modalities
 - < dark < company, < strangers, < worries, < music, < crowds
 -

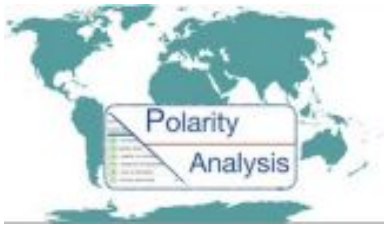


The Road to Reliability

Identification of Unreliable Symptoms

- Clarifying the taboo of considering “pathognomonic” symptoms
 - Current - symptoms characteristic of an illness used to justify the diagnosis
 - Ex: Koplik spots in measles
 - Ex: Bull’s eye rash of Lyme disease
 - Historical Homeopathic - “irreversible tissue changes and advanced structural modifications of important organs”
 - Symptoms not treatable by homeopathy
 - Advocated by Dunham, Jahr

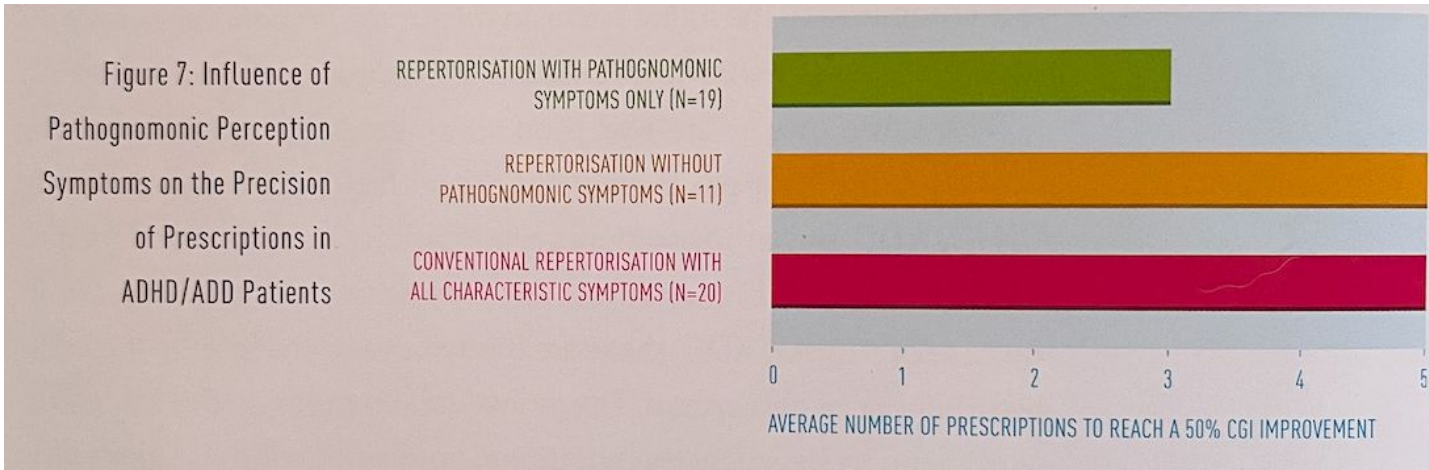
What happens when repertorization is focused solely on pathognomonic symptoms?

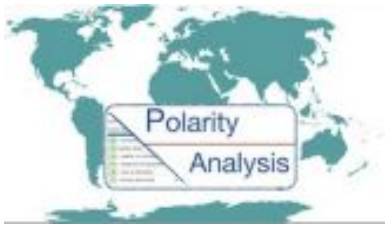


The Road to Reliability

Identification of Unreliable Symptoms

Average of **5 prescriptions** required for 50% drop in CGI





The Road to Reliability

Figure 9:
Effect of Polarity Analysis
on ADHD/ADD Treatment
Results

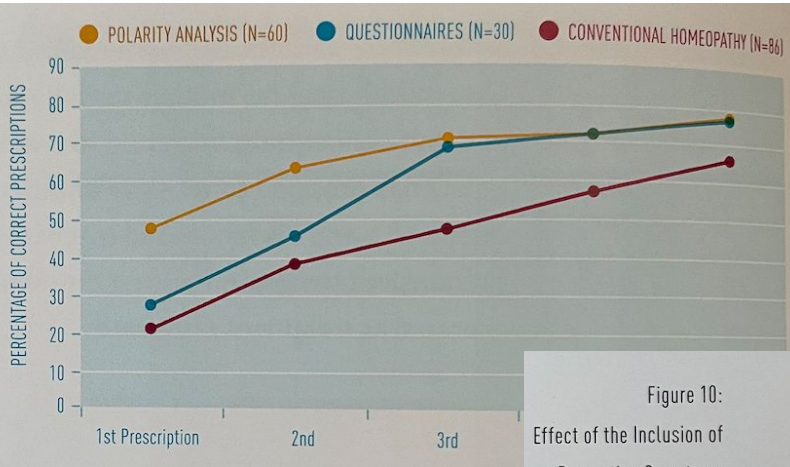
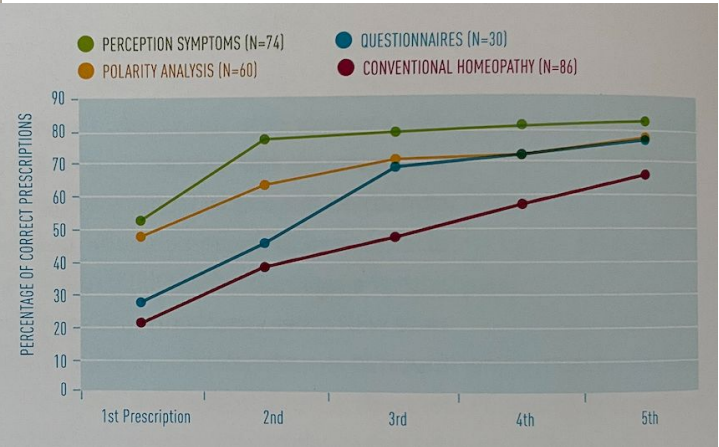


Figure 10:
Effect of the Inclusion of
Perception Symptoms
on ADHD/ADD
Treatment Results

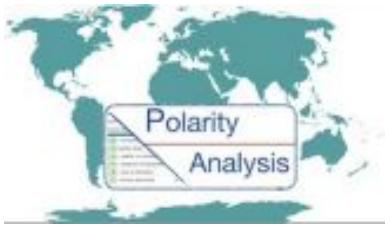




Optimal Dosing with Q Potencies

(see text for further dosing tips)

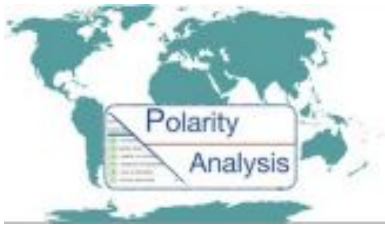
- Start with liquid Q3 given every other day
 - Reduced impact of initial aggravation (still common with Q potencies!)
- Increase to daily dosing if the child is less well on “no remedy” days
 - Consider after 2 weeks
- 4 week follow up
 - Good response - increase to Q6
- Continue every 4 weeks
 - Increase potency by intervals of 3
 - change remedy if improvement stops
- Once symptoms are low and stable then re-evaluate every 4 months



4.2 - Urban H., 10 years old (p. 87)

Urban is a stocky lad who has been noticeably impulsive, restless and fidgety since early childhood. His teachers constantly criticise his poor attentiveness and lack of concentration, slow thinking and weak memory. He therefore finds it hard to learn things. Urban's fine motor function is also impaired, reflected in his poor drawing ability, which is well below average for his age. A treatment attempt with Ritalin was stopped after one year because he reacted by developing severe difficulties in falling asleep.

The child was given a diagnosis of ADHD...When examining him, I notice only his low muscle tone and rough, sensitive skin (but without any actual rash).



4.2 - Urban H., 10 years old (p. 87)

Reliable symptoms

Looking at something close-up: worse **P**

Uncovering: better **P**

Writing: worse **P**

Understanding difficult **P**

Irritable, aggressive, fits of rage **P**

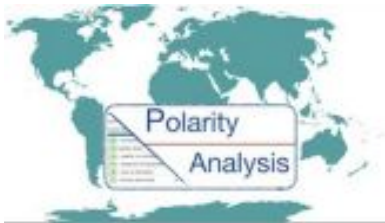
Muscles: flabby **P**

Reduced reliability

Smell: hypersensitive **P**

Memory weak

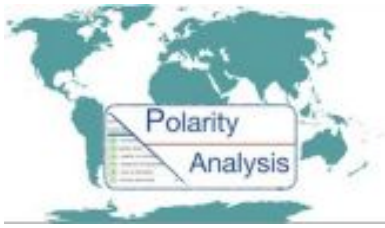
Nose bleeds with bright red blood is marked under additional complaints



4.2 - Urban H., 10 years old (p. 87)

4.2 ADHD case - Urban H. 20 Feb 2025		Lyc.	Calc.	Sulph.	Bry.	Puls.	Cham.
Hits	☰	8	8	8	8	8	7
Sums		29	24	20	12	15	16
Polarity Difference		18	18	9	6	2	14
85	< looking, eyes strained [worse] P ⊗	4	4	2	1	2	1
37	> uncovering [better] P ⊗	4	3	2	1	2	2
76	< writing [worse] P ⊗	3	4	2	1	1	1
74	understanding, difficult P ⊗	4	3	2	1	1	2
64	irritability (anger, aggression) P ⊗	3	2	3	3	3	4
53	muscles, flabbiness P ⊗	3	4	3	1	2	3
49	smell, hypersensitive P ⊗	4	2	3	1	2	3
60	memory, poor, weak ⊗	4	2	3	3	2	

4.2 ADHD case - Urban H. 20 Feb 2025		Calc.	Sulph.	Bry.	Puls.	Lyc.	Chin.
Hits	☰	9	9	9	9	8	8
Sums		26	21	14	17	29	14
Polarity Difference		20	8	6	1	16	9
85	< looking, eyes strained [worse] P ⊗	4	2	1	2	4	1
37	> uncovering [better] P ⊗	3	2	1	2	4	2
76	< writing [worse] P ⊗	4	2	1	1	3	2
74	understanding, difficult P ⊗	3	2	1	1	4	1
64	irritability (anger, aggression) P ⊗	2	3	3	3	3	2
53	muscles, flabbiness P ⊗	4	3	1	2	3	2
49	smell, hypersensitive P ⊗	2	3	1	2	4	3
60	memory, poor, weak ⊗	2	3	3	2	4	
39	nose, bleeding, bright red blood P ⊗	2	1	2	2		1



4.2 - Urban H., 10 years old (p. 87)

Definitive Remedy Selection

The final choice of the remedy in this case is neither from a materia medica comparison nor from the mind symptoms. By including the finding *rough skin*, which is only covered by *Sulphur*, it is possible to make a decision.

Rx: *Sulphur* Q3 every 2 days then daily after 2 weeks.

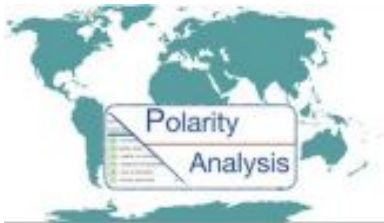
Improvement at follow up and continued improvement in ascending Q potencies by 3 step jumps (Q3, 6, 9...)



4.2 - Urban H., 10 years old (p. 87)

COMMENTS

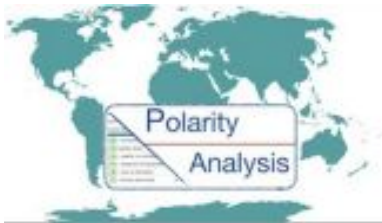
The spontaneous reaction in this case would be to administer *Calcium carbonicum* with its polarity difference of 20. But contraindications, which the parents confirm even when questioned closely, must always be taken into account: we have found that a remedy with a contraindication rarely achieves any lasting change. As the case progresses, it becomes clear that *Sulphur* is the correct remedy.



Assessment Sheet for Perception Disorders Conners Global Index*							
Name	Rating by Mother/Father/Teacher						
1. Make your judgement according to your own observations. Always apply the same level of strictness. Ratings of different assessors do not need be identical. 2. Make an overall rating for the last two weeks. Do not base your assessment on the basis on individual events.							
Rating scale: 0=never, 1=a little, 2=quite strong, 3=very strong							
	0	1	2	3	4	5	6
Exitable, impulsive							
Cries easily and often							
Restless, fidgety							
Always on the go							
Destructive							
Lack of stamina							
Poor concentration							
Rapid mood changes							
Easily frustrated							
Disturbs other children							
TOTAL							
DATE							
MEDIATION	None						

*C. Keith Conners, Conners' Rating Scales-Revised, Multi-Health Systems, Toronto, 1997

- **Ages 6-18**
- **10 items, easy to take for parent or teacher**
- **0-3 scoring**
- **Raw score total possible points = 30**
 - **< 10 normal**
 - **10-13 borderline**
 - **14-30 pathological**
- **Raw score is converted to a T-score that considers age and other factors**
- **Part of a larger group of Conners indices**



NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

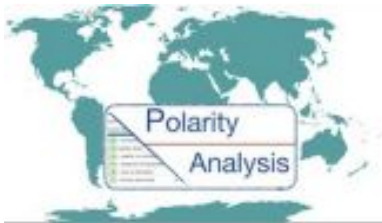
Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

- Ages 6-12
- 55 items - 10+ min.
- Separate Parent and Teacher versions
- 0-3 scoring
- Considers comorbid conditions



NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments: _____

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

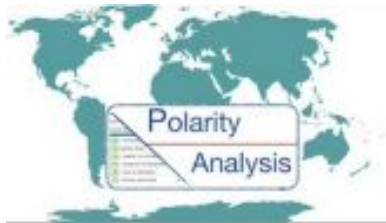
Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 or 5 in questions 48–55: _____

Average Performance Score: _____



Parent Assessment Scale

Predominantly Inattentive subtype

- Must score a 2 or 3 on 6 out of 9 items on questions 1–9 AND
- Score a 4 or 5 on any of the Performance questions 48–55

Predominantly Hyperactive/Impulsive subtype

- Must score a 2 or 3 on 6 out of 9 items on questions 10–18 AND
- Score a 4 or 5 on any of the Performance questions 48–55

ADHD Combined Inattention/Hyperactivity

- Requires the above criteria on both inattention and hyperactivity/impulsivity

Oppositional-Defiant Disorder Screen

- Must score a 2 or 3 on 4 out of 8 behaviors on questions 19–26 AND
- Score a 4 or 5 on any of the Performance questions 48–55

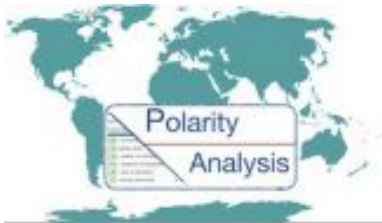
Conduct Disorder Screen

- Must score a 2 or 3 on 3 out of 14 behaviors on questions 27–40 AND
- Score a 4 or 5 on any of the Performance questions 48–55

Anxiety/Depression Screen

- Must score a 2 or 3 on 3 out of 7 behaviors on questions 41–47 AND
- Score a 4 or 5 on any of the Performance questions 48–55

- **Clear scoring instructions**
- **No conversions needed**



D5

NICHQ Vanderbilt Assessment Follow-up—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

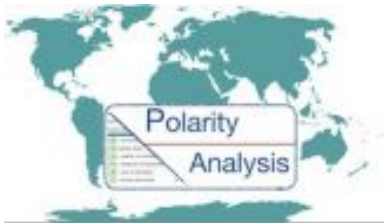
Directions: Each rating should be considered in the context of what is appropriate for the age of your child. Please think about your child's behaviors since the last assessment scale was filled out when rating his/her behaviors.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3

Performance	Excellent	Somewhat			
		Above Average	Average	of a Problem	Problematic
19. Overall school performance	1	2	3	4	5
20. Reading	1	2	3	4	5
21. Writing	1	2	3	4	5
22. Mathematics	1	2	3	4	5
23. Relationship with parents	1	2	3	4	5
24. Relationship with siblings	1	2	3	4	5
25. Relationship with peers	1	2	3	4	5
26. Participation in organized activities (eg, teams)	1	2	3	4	5

● **Follow-up Assessment**



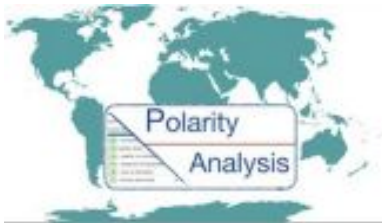
D5 NICHQ Vanderbilt Assessment Follow-up—PARENT Informant, continued

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Side Effects: Has your child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite—explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—explain below				
Socially withdrawn—decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking—explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there				

Explain/Comments:

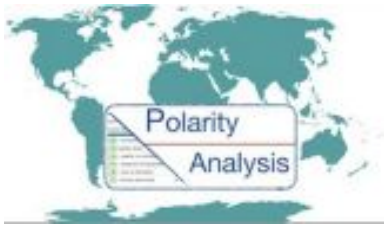


Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name	Today's Date					
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.	Never	Rarely	Sometimes	Often	Very Often	
	1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
	2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
	3. How often do you have problems remembering appointments or obligations?					
	4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
	5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
	6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					
	Part A					

7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					
18. How often do you interrupt others when they are busy?					
Part B					

Score Part A. If four or more marks appear in the darkly shaded boxes within Part A then the patient has symptoms highly consistent with ADHD in adults and further investigation is warranted.



Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (<i>add your column scores</i>) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

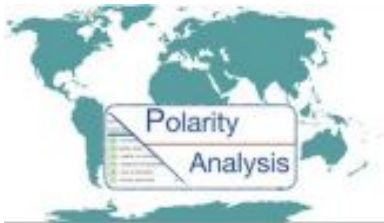
Scoring

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety



PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

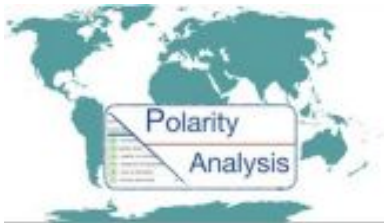
add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL:
please refer to accompanying scoring card).

10. If you checked off <i>any</i> problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Find interactive simple questionnaires at:
<https://www.mdcalc.com/>



International Prostate Symptom Score (IPSS)

Patient Name: _____

Date of Birth: _____

Age: _____ Today's Date: _____

Determine Your BPH Symptoms

Circle your answers and add up your scores at the bottom.

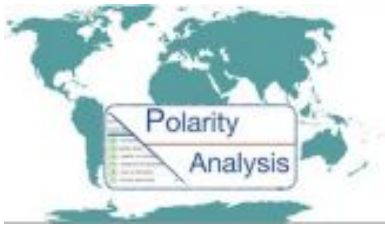
Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying- How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Frequency- How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Intermittency- How often you have found you stopped and started again several times when you urinated?	0	1	2	3	4	5
Urgency- How often have you found it difficult to postpone urination?	0	1	2	3	4	5
Weak stream- How often have you had a weak urinary stream?	0	1	2	3	4	5
Straining- How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping- How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None 0	One Time 1	Two Times 2	Three Times 3	Four Times 4	Five or More Times 5
Add Symptom Scores:		+	+	+	+	+

Total International Prostate Symptom Score= _____

1-7 mild symptoms - 8-19 moderate symptoms - 20-35 severe symptoms

Regardless of the score, if your symptoms are bothersome you should notify your doctor.

Quality of Life (QoL)	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatis-	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

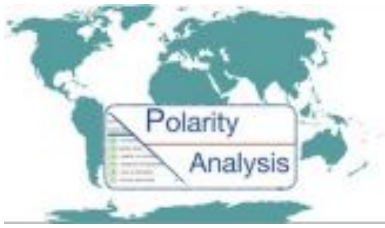


4.3 - Matthias H., 9 yo (p. 90)

Matthias is attracting attention at school due to his restlessness, short attention span, clumsiness and - at times - complete passivity. His thinking and understanding is slow, especially when the subject is abstract, and he has trouble memorising what he has learnt. He is having special teaching for dyslexia. Since he was a small child, he has suffered from fear of the dark. Despite his poor self-confidence, he is often unbearably dictatorial with his mother and brother, especially since his parents separated three years ago.

After a comprehensive series of neurological and neuropsychological tests several months ago, he was diagnosed with ADHD. With the Conners' Global Index, his mother gave him a rating of 17 (mild to moderately severe). Since she does not want to give him Ritalin, she has come for homeopathic treatment.

Matthias is a thin lad with black hair and dark skin (his father is of Turkish origin). Apart from pronounced hypotonia of the muscles, there are no pathological findings.



4.3 - Matthias H., 9 yo (p. 90)

Reliable symptoms

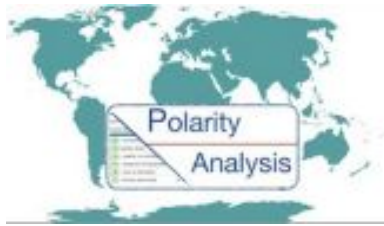
- Looking at something close-up: worse **P**
- Reading: worse ←
- Touch: worse **P**
- Warmth in general: worse **P**
- Uncovering: better **P**
- Writing: worse **P**
- Before falling asleep: worse **P**
- Understanding difficult **P**

- Irritable, aggressive, fits of rage **P**
- Muscles: flabby **P**

Reduced reliability

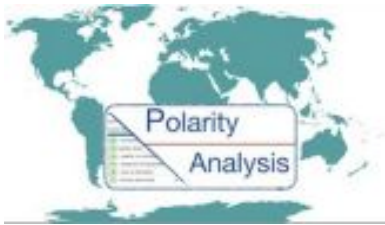
- Noises: worse
- Smell: hypersensitive **P**
- Sense of taste: reduced
- Memory weak

In the *Questionnaire for Additional Complaints*, his mother only mentions that he often has abdominal pain, and he becomes absolutely unbearable if he misses a meal. He also has trouble falling asleep.



4.3 - Matthias H., 9 yo (p. 90)

4.3 ADHD Case - Matthias H. 03 Mar 2025		Lyc.	Calc.	Puls.	Sulph.	Bry.	Chin.	Borx.	Seneg.	Cham.
Hits	☰	10	10	10	10	10	10	10	9	9
Sums		35	31	24	26	19	18	16	20	20
Polarity Difference		29	26	16	15	14	12	12	19	17
85	< looking, eyes strained [worse] P ⊗	4	4	2	2	1	1	2	4	1
69	< reading [worse] P ⊗	3	4	2	3	2	3	1	2	
121	< touch [worse] P ⊗	4	1	3	4	3	1	2	1	4
73	< warmth, in general [worse] P ⊗	2	1	4	2	1	1	1	3	2
37	> uncovering [better] P ⊗	4	3	2	2	1	2	3	2	2
76	< writing [worse] P ⊗	3	4	1	2	1	2	1	2	1
99	< while falling asleep [worse] P ⊗	5	5	4	3	5	3	2	1	1
74	understanding, difficult P ⊗	4	3	1	2	1	1	1		2
64	irritability (anger, aggression) P ⊗	3	2	3	3	3	2	1	2	4
53	muscles, flabbiness P ⊗	3	4	2	3	1	2	2	3	3



4.3 - Matthias H., 9 yo (p. 90)

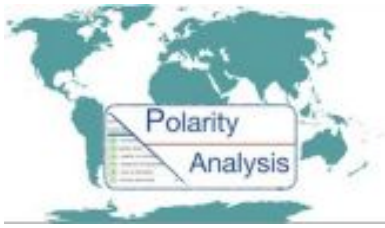
Q: First, I'm unable to match my repertorisation with Heiner's repertorisation in Case 4.3 Nuances when Judging the Effect of a Remedy. I find in a number of cases the symptoms in the book don't always match the current wording of the symptoms.

A: In this case my repertorization matches Heiner's. Exact wording may have been updated since the book was printed.

< looking, at something close up —> < **looking, eyes strained**

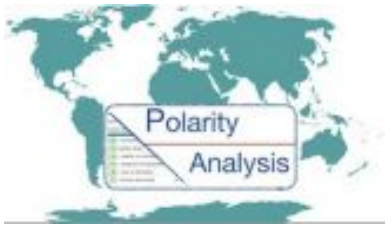
(typo in the book “< uncovering” should be “> uncovering” based on the checklist)

< sleep, before; while falling asleep —> < **while falling asleep**



4.3 - Matthias H., 9 yo (p. 90)

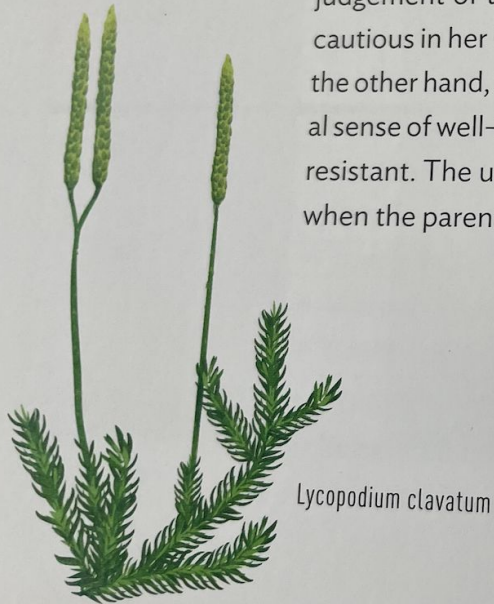
Matthias is now given *Lycopodium* Q3 in liquid form, initially every two days, and after two weeks every day. After four weeks, his mother says he is doing rather better at school. Matthias can read more fluently and he has even begun to read books, which he never used to do. He calms down more quickly after conflicts, and his CGI has fallen to 15. Although this change is small, we decide to continue with *Lycopodium* Q6. In the next two weeks, he is more difficult and combative than usual but then he calms down again. Despite occasional fits of rage and unruly behavior, he listens more closely and has started writing a diary. His CGI is now 14. I nevertheless doubt the remedy since I am expecting larger improvements in his CGI. But since his mother is so convinced, I am persuaded to administer *Lycopodium* again, this time in Q9. After a further four weeks, she says that Matthias is now very sweet, he listens properly, and calms down very quickly when “something happens”. His CGI has dropped to 8 points! During further treatment with Q potencies of *Lycopodium* it settles at 7 points.



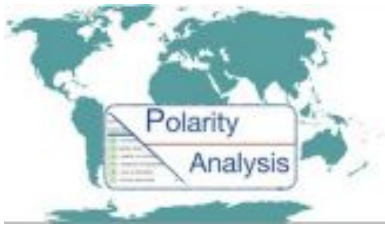
4.3 - Matthias H., 9 yo (p. 90)

COMMENTS

The faltering decline in CGI with this child is annoying. Without the mother's conviction of the efficacy of *Lycopodium*, I would have changed the remedy. It may be that she hardly dared trust her own judgement of the improvement, and she was therefore excessively cautious in her CGI ratings – this is not unusual in our experience. On the other hand, it is possible that the first thing to improve is the general sense of well-being, with the ADHD specific symptoms being more resistant. The upshot is that we must *always pay attention to nuances* when the parents are describing the effect of a remedy.



Lycopodium clavatum

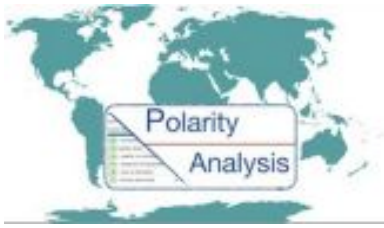


4.4 - Lars H., 11 yo (p. 93)

Lars is a big, self-confident and slightly overweight lad with hypotonia of the muscles. Ever since early childhood he has irritated those around him with his restlessness, fidgetiness and absent-mindedness; he is impulsive and there is no stopping him. Despite his self-confidence, he is very fearful: he is always afraid of being late, and is fearful about upcoming events such as school trips and camps. Lars does everything hastily and has great difficulty managing his time. As an example, his mother mentions his behavior when mowing the lawn: he rushes around in a hectic and chaotic fashion with the results that he needs more time than if he did the job in a thoughtful manner. She rates him at 20 on the Conners' Global Index. The school is exerting pressure for the parents to give him Ritalin, which is something they want to avoid.

...problem areas: extremely impulsive and hyperactive behavior, moderately severe to severe impairment of learning, attention and memory, low muscle tone and disturbed fine motor movements.

Previous homeopathic treatment for warts and granuloma annulare with *Tuberculinum*, *Sulphur* and *Calcium carbonicum*, all without satisfactory results.



4.4 - Lars H., 11 yo (p. 93)

Reliable symptoms

- Looking at something close-up: worse **P**
- Reading: worse (stammering) **P**
- Warmth in general: worse **P**
- Uncovering: better **P**
- Writing: worse **P**
- Understanding difficult **P**
- Irritability **P**
- Muscles: flabby

Reduced reliability

- Noises: worse

? How would you interpret this sx?

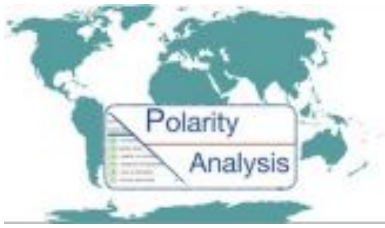
The parents add the following in the comments section: during school exams, Lars makes many mistakes as soon as the teacher sets a time period. Without this, he can do the same exercises more quickly and with fewer errors.

In the *Questionnaire for Additional Complaints*, they also mention that he has a chronic runny nose, dry skin rashes, foot sweat and plantar warts, as well as excessive worsening of his mood when he is upset.



4.4 - Lars H., 11 yo (p. 93)

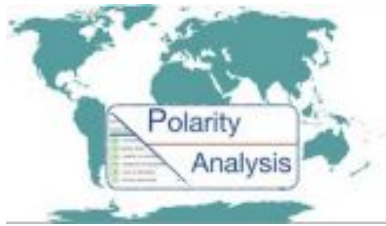
4.4 ADHD Case - Lars H.		Calc.	Lyc.	Sulph.	Puls.	Chin.	Borx.	Bry.	Seneg.	Cham.	Asar.
03 Mar 2025											
Hits	☰	8	8	8	8	8	8	8	7	7	7
Sums		25	26	19	17	14	12	11	18	15	13
Polarity Difference		24	21	10	9	9	8	8	17	12	10
85	< looking, eyes strained [worse] P ✖	4	4	2	2	1	2	1	4	1	1
69	< reading [worse] P ✖	4	3	3	2	3	1	2	2		2
73	< warmth, in general [worse] P ✖	1	2	2	4	1	1	1	3	2	2
37	> uncovering [better] P ✖	3	4	2	2	2	3	1	2	2	2
76	< writing [worse] P ✖	4	3	2	1	2	1	1	2	1	1
74	understanding, difficult P ✖	3	4	2	1	1	1	1		2	2
64	irritability (anger, aggression) P ✖	2	3	3	3	2	1	3	2	4	3
53	muscles, flabbiness P ✖	4	3	3	2	2	2	1	3	3	



4.4 - Lars H., 11 yo (p. 93)

Q: Case 4.4 Totality of Symptoms or Keynotes discusses in its Repertorisation section "relative contraindication" and gives an example. When reviewing a case or two, could you, Tim, or Mike show how to deal with this when confronted with it in a case?

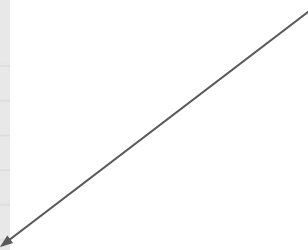
A: *{back to rep chart}*

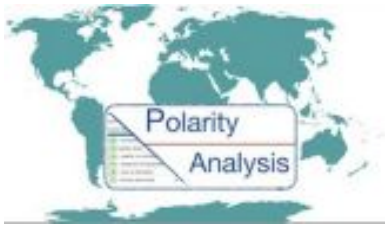


4.4 - Lars H., 11 yo (p. 93)

4.4 ADHD Case - Lars H.		Puls.
03 Mar 2025		
Hits	↓	8
Sums		17
Polarity Difference		9
85	< looking, eyes strained [worse] P ⊗	2
69	< reading [worse] P ⊗	2
73	< warmth, in general [worse] P ⊗	4
37	> uncovering [better] P ⊗	2
76	< writing [worse] P ⊗	1
74	understanding, difficult P ⊗	1
64	irritability (anger, aggression) P ⊗	3
53	muscles, flabbiness P ⊗	2
5	> looking, at something close-up, strained vision [better]	
2	> reading [better]	
90	> warmth, in general [better]	1
56	< uncovering [worse]	1
2	> writing [better]	
17	understanding, easy	
37	mildness	4(CI)
34	muscles, tense	2

Relative Contraindication
Use your own discretion





4.4 - Lars H., 11 yo (p. 93)

If we also add the symptom *noises: worse*, nothing changes. *Pulsatilla* only has a relative contraindication (CI): the patient symptom *irritability* is found in the third grade, with the opposite pole *mildness* in the fourth grade; both are in the genius range. If the patient's symptom and the opposite pole are both found in a high grade but the patient's symptom is at a lower grade than the opposite pole, we refer to this as a relative contraindication: it is then a matter of judgement whether to use the remedy.



4.4 - Lars H., 11 yo (p. 93)

Lars is therefore given *Argentum nitricum* Q3, initially every two days, then daily. After four weeks he is somewhat calmer. But this is apparently typical during the holidays. His rating on the Conners' Index falls from 20 to 13.5. After four more weeks, there is further improvement on *Argentum nitricum* Q6, now during school term time. Lars has become much calmer and has made a good start in his new class, something he used to find difficult. His CGI is now 11.5. The following four weeks on *Argentum nitricum* Q9 also go well and his CGI drops to 9. Lars can now even mow the lawn in a normal "systematic" way.

After *Argentum nitricum* Q12, the start of puberty becomes apparent and his CGI rises slightly to 9.5, and with *Argentum nitricum* Q15 to 12.5. His mother now says he is much more restless without any other obvious external reason. But in all other respects, he is doing better than before.

What to do?

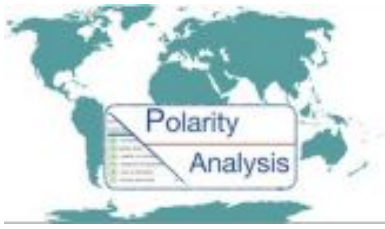


4.4 - Lars H., 11 yo (p. 93)

The current rise in CGI, which is occurring within two successive phases of therapy, means it is time to change the remedy because it is probably no longer the one that fits the best. Lars is now given *Calcium carbonicum* Q3 for the totality of his symptoms, which is followed by a drop in the CGI within four weeks to 8. This improvement also continues with *Calcium carbonicum* Q6 over the long term.

Comments

This patient shows that not all cases can be solved with the 133 remedies found in Boenninghausen's Therapeutic Pocket Book, and that we need to also rely on materia medica knowledge, as was the case before polarity analysis.



Questions?

