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Spectrum of Homeopathy 2013-I, New Life

Sample text

Spectrum of Homeopathy 2013-I, New Life

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This healthy baby was born without any problems at home but not all parents and newborns enjoy such luck.

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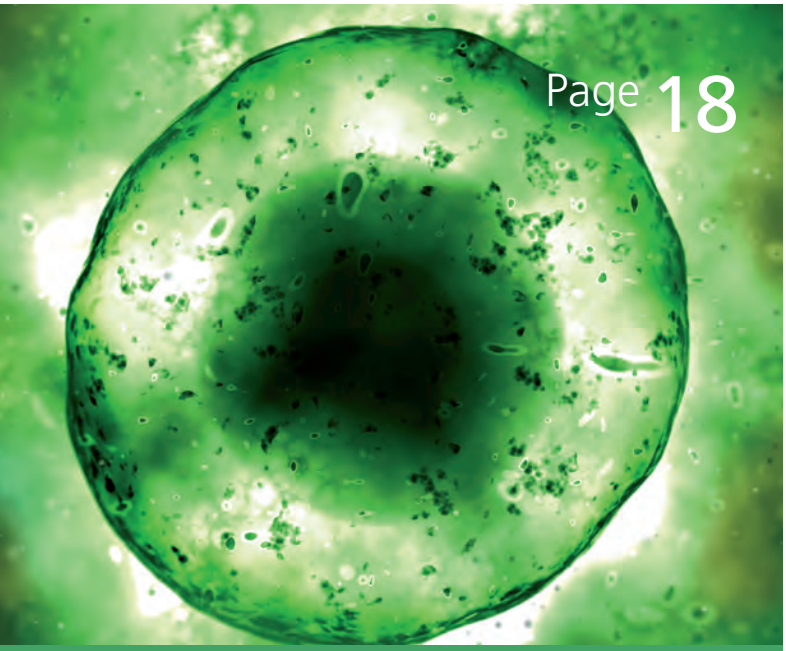

The inner life of a cell can tell us a great deal about the remedy picture of Kalium (potassium).

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Caulophyllum was used by the native American Indians during childbirth.

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Water lilies symbolize enlightenment, purity, and successful incarnation.

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Sensitive newborn babies can also be treated effectively with homeopathy.

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NEWBORNS IN THE PRACTICE

Methodological diversity in the search for remedies to help young babies

AUTHOR ¦ Anna Koller-Wilmking

SUMMARY: Using eleven cases, the pediatrician describes typical problems found in the neonatal period outside hospital, such as failure to thrive, pain, restlessness, and skin complaints. She clearly demonstrates how helpful a well-stocked arsenal of homeopathic methods and tools can be in dealing with problems in this very early phase of life.

KEY CONCEPTS: Antimonium tartaricum, baby colic, bronchiolitis, casetaking method, Croton tiglium, diaper rash, eczema, failure to thrive, Helleborus, hyperexcitability, Lac caninum, Latrodectus mactans, Magnesium, Medorrhinum, myoclonus, nosodes, Phosphorus, Sinapis alba, Stramonium, Tuberculinum

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As a homeopathic pediatrician, I give all newborn babies who come to our practice a warm welcome and am pleased to be able to help them from the very beginning on their way in life. If there is enough time, my colleague and I make a house visit for the first check-up (when the baby is between 3 and 10 days old), to spare the parents and the new baby a visit to our practice, and also to get an initial impression of the living arrangements and the family background.
It would be presumptuous to hope to find a single constitutional remedy for the newborn baby: we usually prescribe for the current situation, followed by other remedies later on. It is sometimes possible, however, if the symptoms are clear enough, to find a remedy that will be useful for a longer period.
Of special importance for finding the remedy is a comprehensive inquiry into the pregnancy, which sometimes means that the initial appointment in problematic cases can take as much time as with an adult.
Since, on the one hand, unborn children with all their sensations and modalities express themselves via the mother during pregnancy, the symptoms found in the mother exclusively during pregnancy are important. On the other hand, external influences affecting the mother and calling forth corresponding reactions (for example, shock, grief, loss, and so on) can affect the child and require a remedy to be prescribed for the postnatal situation.

KEY INFORMATION ON THE PREGNANCY:

- Was the pregnancy planned, was it desired, and what was the attitude of the mother / parents to it?
- Was there any nausea or vomiting?
- How was the emotional contact? Since, for example, snakes except pythons do not take care of their young, there is often only a limited or even no bond between the mother and her unborn child in cases requiring such remedies.
- How were the child's movements?
- Were there fears or sensations (in the sense of the sensation method)?
- Dreams?
- Food cravings, aversions, intolerances?
- Other sensitivities?

KEY INFORMATION ON THE BIRTH:

- Spontaneous / caesarean section (why?), vacuum, forceps, reaction of the newborn?
- Fears of the mother?
- Stuck in the birth canal?
- Precipitous delivery?
- Increased bleeding in mother or child?
- Injury caused by the trauma of birth?
- Asphyxia / respiratory distress / apnea?
- Anesthetic after-effects following section?

In addition, the parents' description of the baby, with all the modalities, and our detailed examination are also decisive for finding the remedy.

IMPORTANT CRITERIA IN ASSESSING THE BABY:

- Size of head in general and in relation to the body weight, size of the fontanelles
- Wrinkled forehead with frowning, snuffles in the nose, long eyelashes, swelling of the mammary gland, discharge from umbilicus
- Red sediment in urine, sweat, color, and temperature of skin, nevi, nail deformities
- Drinking behavior and digestion, sleepiness / sleep quality
- Frequency and quality of crying (the irritable and furious crying of a Nux-vomica or Lycopodium baby is not so easily forgotten)

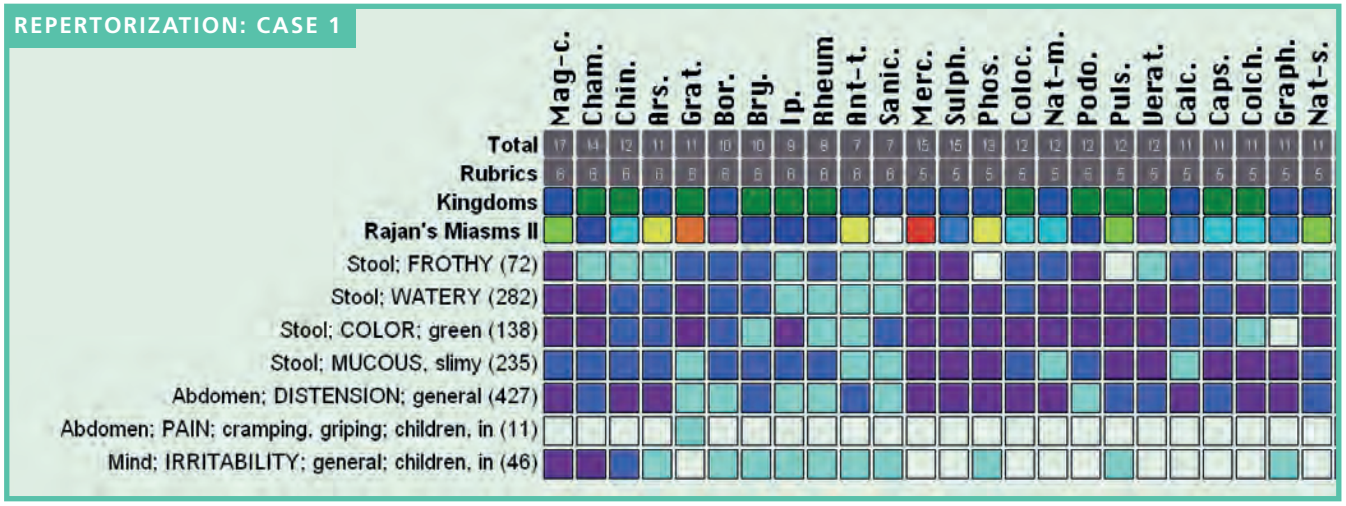
In the breastfeeding period, polychrests are often helpful since they have a strong connection with the beginning of life. But these too are not always so easy to differentiate, especially if there are not many pointers from the pregnancy. For example, Silicea babies are easy to mistake for one of the 10 % of Calcarea babies who are thin. The differentiation here is helped, among other things, by looking for a layer of fat in the scalp: with Silicea you can feel the bone immediately below the skin, whereas Calcarea has a slight layer of fat.

The following cases are from my practice (all names have been changed).

Case 1: Paula

Paula, now three weeks old, born by caesarean section due to a breech presentation, is fully breastfed and has persistent colicky bloating without any precise time modalities. The mother says she screams loudly, cannot be comforted, is overexcited, and irritable. There is no improvement at night. The abdomen is constantly very hard and distended, and Paula has cramp-like abdominal pain coming in fits. The stool is frequently watery, also with mucus, and sometimes hard. Despite my questioning, there are no discernible modalities concerning position, body posture, pressure, and so on. The physical examination shows a tympanitic abdomen with hyperperistalsis, and nothing else of relevance. The midwife had already given Lycopodium and Colocynthis without success.
Due to the symptoms, I thought a magnesium salt was likely. For the exact differentiation, I went back through the pregnancy. The mother said the following:
"I'm completely exhausted by the child screaming and the sleeplessness. The pregnancy was very difficult for me because my husband was away on business so often. I would have liked my mother to support me more during that time. I felt pretty alone in this situation. It was after all my first pregnancy, where you're not really sure what's going to happen to you. I would have really liked her help (Mag) but she even went off on a world tour at this time, and it just upset me (mur) that she wasn't there for me."

REPERTORIZATION: CASE 1



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Analysis and progress: This is the sensation of Mag-m, supported by the rubric: Complaints from neglect by mother.
In this case, the physical symptoms brought me to the Magnesium salts, and via the mother's sensation I could further differentiate the remedy required.
The optimum situation is where the physical symptoms of the child match the sensation of the mother, which increases the chances of a successful prescription.
I prescribed *Magnesium muriaticum* 200C. After three days, the mother phones to say there has been a 60 % improvement. After a week, the child was calm, slept five hours at night without waking and no longer had abdominal pain. After two months, the dose is repeated since there is renewed restlessness. Paula is now a healthy two-year-old and so far, has not required any further remedy.

Case 2: Miriam

Miriam, 10 weeks old, is extremely restless, especially at night, with sudden, very jarring screaming. She wakes every two hours, is then very active, only falling asleep again if she is held firmly and caressed. Then, she goes from 0 to 100 (acute miasm) with violent screaming (cri encephalique). She stretches herself, becoming really stiff, and she can hardly be calmed down. Otherwise, Miriam is a joy to be with, bubbly and laughing a lot. During the clinical examination, Miriam is exceptionally jumpy, frowning repeatedly, occasionally turning her head and wobbling. Her mother says: "Yes, she twitches in her sleep, her limbs too, even as she's falling asleep."
The mother previously had a miscarriage and is now very afraid of losing her child.

CASETAKING

Doctor (D): Please tell me about your fears.
Mother (M): (crying) "I couldn't enjoy it at all. I was so afraid of losing the child. I was very restless. After the miscarriage, I was also afraid of having done something wrong. This fear of loss was horrible."
D: Horrible?
M: "Yes, also that my husband might leave me completely alone in the world – that made me panicky, afraid of losing everything and having to start over on my own. And then the birth was so dreadful; it lasted a total of 28 hours, a real fight, she simply didn't want to come out. I was just screaming that the child was somehow stuck, why was no one helping me? I feared for my life. Finally, they had to use the vacuum extractor because she was so firmly stuck."

Analysis and progress: These symptoms of the child, when repertorized, point to Stramonium. This prescription is supported by the hefty and sudden quality of the feeling, the panicky fear of the mother about being alone, and her fear of death (sensation of the Solanaceae, acute miasm).
A dose of *Stramonium* 200C enables Miriam to sleep for five hours at a time during the next two weeks. After the first week, the nightly fits of screaming have ceased and to fall asleep, she only needs to hold her mother's hand, albeit for a very long time. She is far calmer. She is then given occasional doses when she becomes more restless at night. She is now 18 months old.

Case 3: Tristan

Five week old Tristan comes for the third check-up (four to six weeks old): there is nothing remarkable apart from a mild runny nose, and nothing of interest in the pregnancy. The mother is generally very concerned, however, that Tristan is so often restless, especially at night. She feels he is afraid of something because he grabs onto her so much. Apart from that, he does not want to be bathed, and is easily frightened, especially of noises. Her fear was that he might have been damaged by the very difficult birth. Tristan was stuck in the birth canal for a long time

REPERTORIZATION: CASE 2

	Lyc.	Stram.	Ars.	Bell.	Bry.	Hyos.	Cham.	Merc.	Cina	Sulph.	Rhus-t.	Tub.	Apis	Calc.	Verat.	Zinc.	Bor.	Ign.	Hell.	Cupr.	Phos.	Cic.	Acon.	Kali-c.
Total	13	12	11	11	11	12	11	11	10	8	10	10	8	8	7	7	7	7	7	6	6	6	6	6
Rubrics	7	7	7	7	7	6	6	6	6	7	5	4	5	5	6	6	5	5	4	5	5	4	4	4
Kingdoms																								
Rajan's Miasms II																								
RESTLESSNESS, nervousness; general; children, in (79)																								
SHRIEKING, screaming, shouting; general; brain cry (45)																								
Mind; CARRIED; desires to be (41)																								
Mind; FRIGHTENED easily (167)																								
Generalities; STIFFENING out of body (41)																								
Head; MOTIONS; of; general; rolling head (49)																								
Face; WRINKLED; general (72)																								

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(rubric: fear of tunnels), and just as the vacuum extraction was being applied, he finally made it. Since *Stramonium* often helps in similar situations (see above), I give him a dose of 200C, without success.

With a longer appointment, we have the opportunity to go into the pregnancy in more detail, and the mother says: "Well, something occurs to me, though I'm sure it's not important. I was already five days beyond my due date, and the gynecologist did a vaginal inspection of the amniotic fluid. When he put the light into my vagina, the child almost leapt at my throat. He must have been so shocked when he noticed the light, and it took a long time for him to calm down again."

Analysis and progress: I interpreted this as "fear of lightning", and since all the other symptoms were also covered by it, I prescribed *Phosphorus* 200C, which brought about an instant improvement. Tristan is now six years old and has very occasionally been given *Phosphorus* (no other remedy), which also works rapidly every time. It seems at this time to be his constitutional remedy. The effect of the gynecologist's inspection of the amniotic fluid was what pointed me to the remedy in this case.

Case 4: Martin

Martin, six weeks old, came to see me for his third check-up. The mother says he drinks little. With a birth weight of 3.3 kg (7 lb 4 oz), he had only put on 200 g (7 oz); usually, we would expect a weekly increase of about 100-150 g (5-7 oz).

The mother says of her baby: "Somehow, I get the feeling he doesn't like my milk, so I've already started giving him hypoallergenic milk, which he prefers but not a whole lot more. After ten minutes, he often refuses to continue suckling, but it changes a lot; sometimes it's better and sometimes it doesn't work at all. If I'm honest, though, I'm also unwilling to breastfeed. I'd rather just give up on the whole thing. I really don't like it at all."

The physical exam finds nothing unusual apart from mild general dystrophy. When I ask what the problem is with breastfeeding, she becomes silent and then starts weeping, so I realize that this is a sore point. After about 30 minutes of careful discussion, she admits to me that she did not in fact want the pregnancy at all: in fact, she felt raped. I ask about her inner sensation and she says: "I always felt like a victim, dominated, like someone just ignored what I wanted, didn't respect me, and soiled me. I was so mad with my partner, I could have gone for his throat."

Analysis and progress: This is the sensation of Lac caninum. Both the changeability in Martin's pattern of drinking and the issue of milk / breastfeeding / nutrition confirms the choice of remedy. In this case, the sensation during the act of procreation led to the remedy.

I gave both mother and child a dose of *Lac caninum* 200C. After a week, the mother called to say that things were going a lot better, and she had even started breastfeeding more, which felt better to her. After six weeks, Martin has put on 1 kg (2 lb 3 oz) and is happy and laughing. The mother separates from her partner a few months later, and is able to start working again with the support of her parents. It is now one year later, and so far there have been no further doses. Martin is still doing well.

Case 5: Quirin

Quirin is two months old and is the third child in his family. There were no problems during the pregnancy and birth but he has a constantly blocked nose with snuffles, usually without any discharge. This means he always has to stop breastfeeding, so it lasts a very long time and he seems to be struggling to suckle. Quirin has a lot of burping with regurgitation. Otherwise, there is nothing obvious, no modalities, just a sweet, straightforward child. The mother has already given Sambucus and Nux vomica to the baby but without any improvement. She says the following about the pregnancy:

"I wanted to become pregnant but I was nervous about how I could manage with the baby and the other two children. I didn't know what it would be like afterwards – it's not something you have any influence over (might indicate the sycotic miasm: anticipatory anxiety). I didn't like lying in with the baby at the beginning, I wasn't prepared for that. I wanted to carry on as before without interruption."

The inner sensation

D: Interruption?

M: "In the pregnancy everything just rushes along, you can't do it all perfectly. Changing the diapers brings so much else in life to a halt. Everything stops – I'm thwarted in my ordinary life, forced to take it slowly. A birth just totally puts the brakes on life."

D: Can you please say more about rushing along and being thwarted?

M: "We were always busy. Rushing along is something flowing; being thwarted is running into an obstacle that stops you. Rushing along is something fast, dynamic. With thwarting, things suddenly get static but you want to keep on going. The birth is something very big and uncertain that you have to cope with, without knowing how it will continue. Often it's clearer when you try. It's a mountain, a block, at the time you take it on, you don't know why

Sinapis alba, white mustard, belongs to the cabbage family (Brassicaceae, formerly called Cruciferae), which contains many important cultivated plants, such as broccoli, cauliflower, kohlrabi, horseradish, cress, and wasabi. Some species provide oil and spices or are eaten as vegetables and salad.

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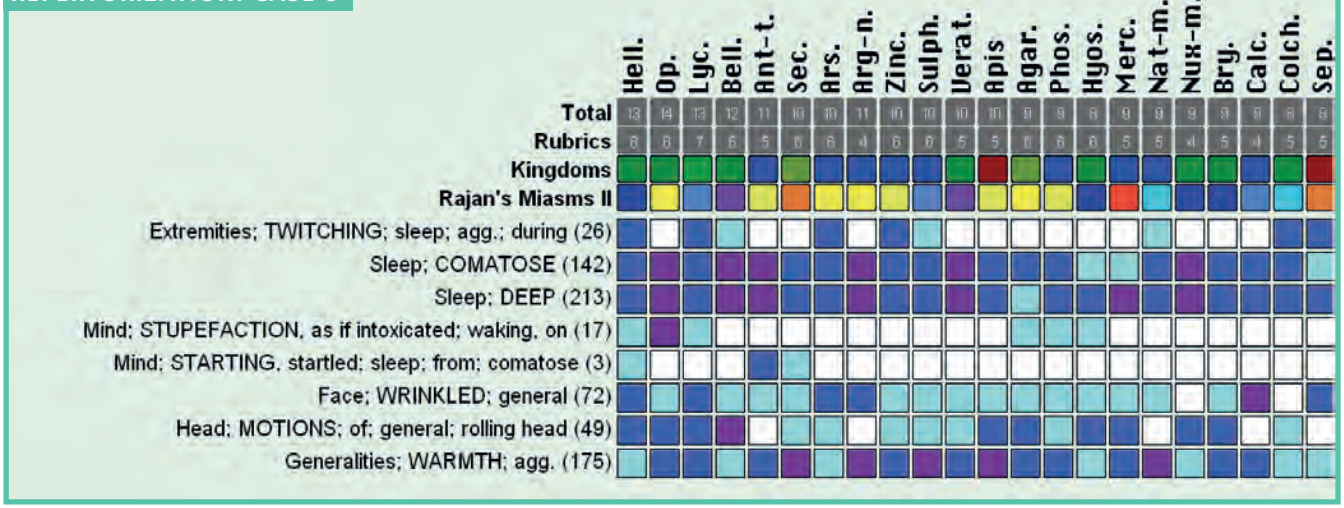
REPERTORIZATION: CASE 8



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you've been thinking about it so much. Then, the mountain gets smaller and you might just manage it (ringworm miasm).

Analysis and progress: The sensation in this case is from the Cruciferae family: obstruction, stopped, blocked. The hint for the ringworm miasm – the attempt to find a way out of the blockage and obstruction – leads to the remedy *Sinapis alba* 200C, which relieved the nasal blockage within a few days. The burping with regurgitation ("thwarted in the stomach") quickly improves. After four months, another dose of 200C is given due to renewed burping and vomiting. In this case too, the mother's sensation was the key to finding the remedy.

DD for Cheiranthus/Erysimum: the common wallflower, Cheiranthus cheiri, a poisonous plant, was added to the ringworm miasm by Willi Neuhold. If Quirin had later had problems with difficult and delayed teething, this remedy might have been indicated. Quirin is now three years old and has not needed any further remedies.

Case 6: Simon

Simon has pronounced eczema. We first see him at the age of seven weeks. He was adopted immediately after birth. There is an allergic tendency running in his family, nothing more is known. From the second week, he has severe cradle cap, followed by a worsening of the skin with eczema. The pediatrician prescribes cortisone cream, which the adoptive mother does not approve of, since the dose has to be continually raised and she does not see in any way how that will heal him.
She says Simon is a very good-natured baby who likes body contact. He always needs something to be going on and always wants to be busy. Otherwise, he gets bored and even angry. Due to the skin and a possible allergy to cow's milk, he is given a special milk-free nutrition formula.

Simon is very pale, translucent, thin, lively or rather restless, with red lips and extremely fine and long eyelashes. He is generally rather hypotonic. The condition of the skin is not objectively measurable due to the effect of the cortisone cream: there are a few red, flaky patches with secondary scratch marks.

Analysis: The prescription is *Tuberculinum* 200C due to the clinical symptoms and their very early appearance. Simon displays the typical appearance and behavior of a Tuberculinum baby. The long eyelashes are the most striking feature (DD Phos, Calc phos). In general, the very early appearance of illness that is not directly related to the newborn period indicates that a nosode may be needed.

Progress: After stopping the cortisone creams and giving the remedy, the skin becomes much worse, as expected, but the adoptive mother copes very well with this. Over the next two years, he has further occasional doses of *Tuberculinum*, whenever he becomes angrier and displays symptoms such as rolling the head and grinding the teeth. These disappear again a few days after taking the remedy. The skin is healed and stable after six months.

Christmas rose or black hellebore (Helleborus niger) is a plant species in the genus Helleborus of the buttercup family (Ranunculaceae). It is very poisonous due particularly to ingredients such as saponines and protoanemonin. Helleborine and the steroid saponin hellebrin, with a strong action on the heart, can be used in a similar way as the cardiac glycosides of the genus foxglove (Digitalis).

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In this case, since there was no information available about the pregnancy and the family background, the adoptive mother's description and our clinical observations provided the path to the remedy, as in the "old school" of classical homeopathy.

Case 7: Eva

Eva, seven weeks old, has repeatedly suffered from ear problems since her second week, with a yellow, rather fluid discharge, which does not restrict her in any way. She is a plump, generally contented baby with no further symptoms. The first pediatrician prescribed antibiotics which the mother did not administer. Pregnancy and birth were unremarkable. *Calc* and *Puls* had no effect. In the following, very extensive case-taking of the pregnancy, the mother says she had a pronounced desire for oranges, which her husband had to bring in by the crate-load, since she ate up to 10 a day, although she did not particularly like them when not pregnant. Regarding the family background, she said: "My grandmother was a wild Italian woman. She grew up in Naples and, just imagine, had five kids with five different men. I've no idea what kind of illnesses she had. Unfortunately, I never got to know her."

Analysis and progress: The food preference gives me the clue that it might be *Medorrhinum*. The early onset of symptoms (nosode) also confirms this. Medorrhinum is found in the repertories under inflammation but not discharge from the ear. We could only speculate about the grandmother. A dose of 200C clears things up within a few days. Eva is now 11 years old, has had no vaccinations, and has never had any further ear problems. For infections, she occasionally needs acute remedies but otherwise she is healthy.

Case 8: Christina

She is two weeks old, suffering chiefly from sleep myoclonus. The mother is diabetic, the pregnancy was unremarkable apart from a premature breaking of the waters, therefore followed by administration of antibiotics to the mother. Birth was unremarkable. The postpartum blood sugar levels were normal. She left the hospital after three days. The mother has observed vigorous myoclonus when the baby is soundly asleep, mainly in the arms. Christina is then very difficult to wake, although the myoclonus then stops. She is therefore admitted to hospital for examinations to exclude epilepsy. Sonography of the skull and EEG are both normal. There is the possibility of benign infant myoclonic epilepsy but this cannot be clearly established. Frequent frowning and "rocking of the head."
The mother says: "I can't bear to see her shaking her head. I have to be careful not to get panicky. I have to do something, wake her up" (typhoid miasm).

Analysis and progress: The symptoms argue for **Helleborus** (repertorization) as a major "brain remedy", supported by the typhoid miasm.

Three days after the remedy in 200C, there are a few myoclonic episodes, then "the spell is broken," never to come back. Christina is far more wakeful, her sleep is no longer "like a coma", and it is possibly to easily and quickly wake her. Here, we should note that sleep myoclonus can spontaneously go into remission until the age of six months, although the mother says that the child has been transformed by the remedy, and she certainly attributes the improvement to the remedy. The case has now been monitored for eight months.

Case 9: Anna

Anna was born prematurely in the 36th week of pregnancy with a birth weight of 2.3 kg (5 lb 1 oz). There were no problems, however, with the premature birth. She suckled well, put on weight properly, and left the hospital after five days. Pregnancy and birth were unremarkable. The mother comes to the practice for an emergency appointment when Anna is four weeks old, saying that Anna has had a cough for a day and is not suckling well. She thinks the child is not at all well as her breathing is worsening by the hour. I interrupt another case that I am in the middle of taking since Anna is indeed very unwell.
Anna appears very weak, restless, is breathing rapidly and with difficulty, thumping, with pronounced abdominal effort, flaring of the nostrils, intercostal involvement, coughing, and a fine rattling that can be clearly heard. There is discrete cyanosis of the extremities. She improves slightly when her mother picks her up but is immediately worse when lying. On auscultation rhonchi and very fine rattling noise can be heard in both lungs.

Analysis and progress: This is the classical picture of Antimonium tartaricum, which is almost always indicated in cases of infant bronchiolitis or the feared respiratory syncytial virus. With enough experience, this remedy can be prescribed on the spot.
We give Anna *Antimonium tartaricum* 200C dissolved in water, every 10 minutes. I ask the mother to wait in the practice for half an hour, so that we can be sure of the action of the remedy. If the remedy fails to work, we will have to send her to hospital. After the second dose, Anna begins to calm down and her breathing becomes a little slower and less strained; I know we are on the right track. When I phone the same evening, Anna has suckled a little and then fallen asleep. There are still mild rhonchi and the skin is rosy. The dosage of the remedy is reduced after two hours and during the night no more doses are given. By the next day, Anna is a different child. Her general state is good and she is suckling well with only minimal rhonchi.
It would be very desirable if this were given in pediatric wards as an acute remedy prescribed on the symptoms. If the indication is correct, healing is very rapid, saving baby and parents much time in hospital.
A differential diagnosis of Ipecacuanha might be relevant in such cases but there, the rattling is coarser, and the tongue must be clean.

Case 10: Julian

Eight-week-old Julian has severe diaper rash, extensive redness, and sore skin, with some blistering in the area of the anus and genitals. No further precise modalities can be established. *Sulfur* and *Medorrhinum* have been prescribed without success. Julian is not weaned. The mother seems to me to have little empathy and to be rather distant from her child.
She says: "It's getting worse and worse, you can almost see raw flesh. It started at 3 or 4 weeks, always in this area, otherwise the skin is very good. He also has very frequent stools, just shooting out – is that normal at this age? Sometimes, I get the feeling he's drying right out."
There are no worthwhile additional symptoms or sensations concerning the pregnancy and birth.

Analysis and progress: I remembered a seminar by M. Mangialavori, in which he said: "Eczema in the urogenital area with intestinal symptoms often needs Croton tiglium." M. Dorcsi, my very first teacher, showed us a child with eczema on the urogenital tract and said: "Take a good look at this, it's Croton tiglium."[1]
So, I prescribe *Croton tiglium* 30C (symptomatically) and the improvement is astonishingly rapid. Within a few days, the skin has healed. I have since used this remedy for many cases, solely on the basis of the clinical situation with the proven indication of massive diaper rash.

Case 11: Rafael

Rafael, who is three weeks old, had an extremely long and difficult birth culminating in forceps extraction. Since then, he has been having fits of very shrill crying, especially at night. The mother describes it as like contractions, cramp-like. He is generally very restless and she herself is worn out. She says that he is afraid and is in dreadful pain. No further symptoms, modalities, or sensations. Hardly any bloating. Sonograph of the skull normal. Prescriptions of *Apis*, *Helleborus*, and *Stramonium* have had no effect. In the practice, Rafael is also very restless and pale with noticeably cold extremities, although he is dressed in warm clothes. He seems very stiff, particularly his lower limbs.

Analysis and progress: Due to the restlessness, the intensity and the coldness, I consider a spider remedy. After briefly reading Phatak and Vermeulen, I prescribe *Latrodectus mactans* 200C (cramp-like, unbearable pain, coming and going in waves like contractions, cramp-like stiffness of the muscles, cries fearfully in pain).

[1] Croton tiglium was proved as early as 1824. It is native to East India. The ripe seeds are used to make a tincture.
Whereas in general medicine, the oil extracted from the seeds is used as a severe skin irritant and laxative (caution is advised since it is now classified as carcinogenic), the homeopathic manufacture of the croton tincture involves macerating the ground seeds. Croton oil, containing croton resin, is the active ingredient (source: Mezger, *Gesichtete Homöopathische Arzneimittellehre*, Ulm: Haug, 1961).

This is a pretty desperate situation, with the parents and child driven to the edge by the intensity of the symptoms. So, I was very relieved that this remedy clearly helped Rafael to settle down within a week. The symptoms died down after three weeks. The mother's description, my own observations, and a brief look at the materia medica helped me to finally find the correct remedy.

Comments: I should like to finish by stressing how essential it is with newborn babies and also with older children in the preverbal stage to make use of several different "tools" and approaches to finding the remedy. Since I have been looking closely at Scholten's periodic table and the sensation method of the Bombay school, my results have improved a great deal. This does not mean we can cast aside the "old school" classical homeopathy. On the contrary, I advocate using both old and new methods as needed for the best results. Hahnemann with his thirst for knowledge would have discovered many new things and would have continued pressing forward. I do not want to take part in the discussion about which is the "correct" method. I think it is important to be open to new ideas without discarding the old ones, so that we can help as many patients as possible.
As I have tried to make clear in the cases above, I need to be constantly willing to use any one of a variety of methods in order to find the right remedy: sensation method, classical repertorization, use of the miasms, consulting the materia medica, or simply clinical experience.
I would like to take this opportunity to thank my previous teachers, not least the children and their parents, who have graciously given me the opportunity to learn so much.

ANNA KOLLER-WILMKING

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BABY COLIC

A case of Kalium carbonicum shows how polarity analysis reliably points to the remedy

AUTHOR ¦ Heiner Frei

SUMMARY: This article presents the illness known as baby colic, describing how it can be treated homeopathically with polarity analysis. The method is discussed and illustrated using an example case.

KEY CONCEPTS: baby colic, Boenninghausen method, checklist, questionnaire, Ignatia, Kalium carbonicum, contraindication, polarity analysis

Baby colic is a severe problem for all those affected, and conventional medicine has no satisfactory solution. Homeopathy, however, can help: if we find the right remedy, baby colic disappears rapidly and permanently, restoring peace in the family. Yet, finding the right remedy is not so easy because this is generally a one-dimensional problem characterized by only a few symptoms. The remedies thought to be "proven indications" unfortunately often let us down, whereas the rational and reproducible method of polarity analysis can often point to the successful remedy. Precise observation of the little patient's symptoms, especially the modalities, is the prerequisite for success.

1. INTRODUCTION

Baby colic is often a great burden for the affected child and parents during the first few months of life. It generally begins between the second and fourth week, and lasts till the fourth month. The main characteristic is restlessness that can turn into paroxysmal, tortured crying. The symptoms start shortly after breastfeeding or bottle-feeding, increasing towards evening, with the child screaming and drawing up his legs, making a fist, and often apparently looking for food. The physical examination reveals a distended abdomen with a lot of air and a rumbling noise. Burping and release of wind provide only temporary relief. Baby colic is more common in firstborn babies. Possible causes are physiological immaturity of the gastrointestinal tract, a predisposition to muscular hypertonia, hunger, mistakes in feeding the child, allergies, as well as reaction to tension in the home. Experience shows that affected babies drink very

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quickly, thereby sucking in too much air, which then leads to the distension found in the colic.
We must precisely take the case and conduct a physical examination in order to exclude other factors such as illness of the central nervous system or congenital malformation of the gastrointestinal or urogenital tract. One changes the baby's milk only helps if there is a proven allergy to cow's milk or lactose intolerance. Note that an allergy to cow's milk can also impact the baby via the mother's milk, so breastfeeding as such is not invariably protective against this type of allergy.
Conventional medicine has little to offer in the way of effective treatment. It is recommended to feed the baby in an upright position, to avoid restlessness and stress in general, and to encourage the careful release of wind during feeding. Applications of warmth to the child's abdomen can provide temporary relief. Conventional medication only rarely helps whereas homeopathy can often bring about enduring relief [1].

2. HOMEOPATHIC TREATMENT OF BABY COLIC

Since baby colic is a one-sided, generally symptom-poor complaint, it is difficult to get to the nub of the problem with the usual extensive case-taking.
Polarity analysis has proved to be a successful method in pediatric practice, as shown below using an example case.

2.1.1 Polarity Analysis

Polarity analysis (PA) is a precisely defined and well-researched homeopathic procedure that can be used to heal illness with a high level of confidence [2]. It is based on the grading in Boenninghausen's *Therapeutic Pocket Book* [3] and consists of the elements *polarity difference and contraindications*. In the Swiss double-blind study of attention deficit hyperactivity disorder (ADHD), PA enabled the hit rate to be increased so much that it was possible to demonstrate a significant difference between placebo and high-potency homeopathic remedies [4]. In the evaluation of PA in acute, chronic, and complex illness, prospective studies without exception showed an improvement in the results compared to the conventional homeopathic procedure [5, 6].
Let us first look at the basics: in the *modalities*, as established by Hahnemann in *Organon* § 133, "what is peculiar and characteristic about each symptom becomes evident." [7] In combination with § 153, this means that the homeopathic choice of remedy should be especially determined by the modalities. Boenninghausen was concerned to align the genius of a homeopathic remedy with the

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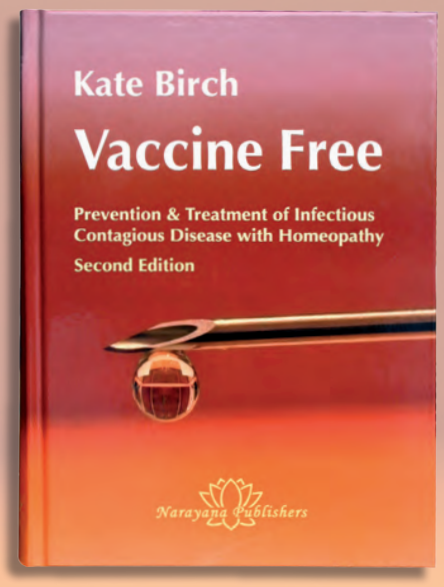

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Checklist for Acute Illness: Infants and Small Children[1]

Date: **Patient name:**

To enable us to find a suitable homeopathic remedy, we need you to *precisely* record here all *changes in how you feel* which have arisen during the *current illness*. To do this:

1) In the box below, write the main symptoms you have noticed with your illness:

MAIN SYMPTOMS (for example: stomach cramp with bending over, after drinking quickly, teething)

_____

_____

2) Underline below whatever applies to your child during his or her illness.
For example, if it gets worse when you perspire, mark: during / after perspiration: better / worse

OPEN AIR / WEATHER / TEMPERATURE / WRAPPING UP

- ❏ open air: better / worse
- ❏ open air: desire for / aversion to
- ❏ wet weather: better / worse
- ❏ dry weather: better / worse
- ❏ cold in general, being exposed to: better / worse
- ❏ warmth in general: better / worse
- ❏ when getting cold: better / worse
- ❏ wrapping up warmly: better / worse
- ❏ uncovering: better / worse
- ❏ warm room: better / worse
- ❏ during / after perspiration: better / worse
- ❏ wet compress on body: better / worse

POSITION

- ❏ lying position: better / worse
- ❏ lying on painful side: better / worse
- ❏ sitting: better / worse
- ❏ sitting bent over: better / worse
- ❏ standing: better / worse
- ❏ muscles: flabby / tense

MOVEMENT / EXERCISE / REST

- ❏ movement: desire for / aversion to
- ❏ movement: better / worse
- ❏ walking: better / worse
- ❏ stepping hard: better / worse
- ❏ physical exercise: better / worse
- ❏ resting: better / worse

EATING / DRINKING / TALKING

- ❏ swallowing: better / worse
- ❏ chewing: better / worse
- ❏ during / after eating: better / worse
- ❏ cold food and drink: better / worse
- ❏ warm food and drink: better / worse
- ❏ after drinking: better / worse
- ❏ cold water: better / worse
- ❏ thirst / absence of thirst
- ❏ hunger / loss of appetite
- ❏ saliva: more / less

SLEEP

- ❏ after lying down: better / worse
- ❏ while falling asleep: better / worse
- ❏ during sleep: better / worse
- ❏ while waking up: better / worse
- ❏ while / after getting up: better / worse

SIGHT

- ❏ light (bright): better / worse
- ❏ darkness: better / worse
- ❏ closing eyes: better / worse
- ❏ looking at something close-up: better / worse

BREATHING / COUGH

- ❏ breathing: faster / slower
- ❏ breathing in: better / worse
- ❏ breathing out: better / worse
- ❏ breathing deeply: better / worse
- ❏ cough, with mucus in morning, but not in evening
- ❏ cough, with mucus in evening, but not in morning
- ❏ cough, with mucus in daytime, but not at night
- ❏ cough, with mucus at night, but not in daytime

SENSATION

- ❏ touch: better / worse
- ❏ external pressure: better / worse
- ❏ rubbing: better / worse
- ❏ smell: lost, weak, diminished / hypersensitive
- ❏ sneezing: better / worse

STATE OF MIND

- ❏ irritable / mild
- ❏ sad / happy
- ❏ being alone: better / worse

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Potassium carbonate (potash), the potassium salt of carbonic acid, is a white, hygroscopic powder used to make soap and as a leavening (raising) agent.

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characteristics of the patient's symptoms, *without any contradictions* [3]. What does this mean exactly? The genius of a remedy includes those modalities, sensations, and clinical findings that have been seen many times in various localizations and also clinically healed. These are what is actually characteristic of the remedy. In Boenninghausen's *Therapeutic Pocket Book* genius symptoms are generally listed with a high grade. The contradiction concerns the polar symptoms – those which have an opposite pole, such as: *thirst / thirstlessness, cold aggravates / cold ameliorates, desire for fresh air / dislike of fresh air*. Many remedies show both of these poles but in different grades. Since the patient's symptoms (especially the modalities) should correspond to the genius of the remedy, Boenninghausen sought to align these symptoms with the remedy in as high a grade as possible: 3rd to 5th grades. If the patient's symptom was found in a low grade (1st or 2nd) but the opposite pole was listed for the remedy in a high grade (3rd, 4th, or 5th), he regarded this as a contradiction of the patient's characteristic symptoms: this means that the remedy is *contraindicated*. Boenninghausen's experience was that such constellations hardly ever lead to healing.

Boenninghausen's concept of contraindication gave me the idea of systematically privileging polar symptoms when choosing a remedy: during repertorization, for all remedies the opposite poles of the patient's polar symptoms found in the 3rd to 5th grades are compared with the grades of the corresponding patient symptoms. Opposite poles with a grading outside of the genius range (1st and 2nd grades) are not checked, since here there can be no contraindication (no contradiction of the genius of the remedy). If we retrospectively check cases in which, based on the totality of symptoms, an apparently well-chosen remedy failed to work, we often find that contraindications are the reason for the lack of success. Using modern computer software to perform the repertorization enables us to simply, rapidly, and safely identify contraindications [8].

In polarity analysis, Boenninghausen's insights are systematically implemented for all polar symptoms by determining the *polarity difference*: to calculate this, we (or rather the computer software) add for each possible remedy the grades of the patient's **polar** symptoms and then subtract the grades of the corresponding opposite pole symptoms. *The higher the resulting polarity difference, the more likely the remedy is to correspond to the patient's characteristic symptoms, assuming there are no contraindications*.

For polarity analysis it is necessary to select at least five polar symptoms if possible. For this purpose, we supplement normal homeopathic case-taking with checklists (for acute illness) and questionnaires (for chronic illness), on which the patients mark the symptoms they have observed. The checklists and questionnaires focus on polar symptoms. We currently have eight checklists and twelve questionnaires for various areas (for example, neurology, gynecology, ear-nose-throat and eye, airways, gastrointestinal tract, and so on [5]). The checklist for acute illness in infants and small children, which was used in the example case, is shown below.

2.1.2 Practical Procedure

With an acute illness such as baby colic, we first take the case in a way roughly equivalent to what is done in conventional medicine, and then we examine the child and make a diagnosis. Then, the parents (or adult patients) fill out the checklist corresponding to the area of the complaint, entering the modalities and polar symptoms that they have noticed. Finally, the most suitable remedy is determined by repertorization with the parent or patient present: it is the remedy with the highest polarity difference that shows no contraindications and, in cases with few symptoms, covers all symptoms if possible. The presence of the patient or (for children) their parents, is important, so that we can question them about the symptoms noted, with further discussion as necessary.

The apparently complicated procedure is best illustrated with an example case, which will make it far easier to understand.

2.2 Case: Yannik M., six weeks old, baby colic

Yannik is brought to the practice as an emergency with abdominal pain and continual screaming. He is the couple's first child and was born after an unremarkable pregnancy in the 40th week, birth weight 3.3 kg (7 lb 4 oz), height 50 cm (19.7 in), head circumference 34.5 cm (13.6 in), Apgar 9/9/10. Postnatal adaptation was normal. In the first four weeks, he was completely breastfed. Since he always seemed hungry, however, the parents added a baby milk

TABLE 1, REPERTORIZATION

(Dimitriadis, George. *The Boenninghausen Repertory: Therapeutic Pocket Book Method*. Sydney: Hahnemann Institute, 2000) [8]

	Anac.	Bell.	Bry.	Chin.	Ign.	Kali-c.	Rhus.	Spig.	Spong.	Staph.	Sulph.	Alum.
Number of hits	9	9	9	9	9	9	9	9	9	9	9	8
Sum of grades	13	20	18	19	22	23	23	13	15	23	22	16
Polarity difference	**-3**	**5**	**-1**	**3**	**8**	**11**	**8**	**-1**	**4**	**7**	**4**	**5**
flatulence painful, flatulent colic [89]	3	1	1	4	3	1	2	1	2	4	1	1
constipation [113]	1	3	4	2	1	3	2	1	2	4	4	3
< evening [123]	2	4	4	1	3	5*	3	2	1	2	3	1
< sleep, after; while waking up (p) [111]	1	3*	2	5*	4*	3	4*	2	1	3	5*	4*
< pressure, external (p) [93]	1	1	1	1	1	1	1	1	3	3	1	1
> warmth, in general (p) [90]	1	3	2	2	3	4	4	2	2	2	3*	1
> movement, during (p) [102]	1	1	1	1	1	1	4	1	1	1	1	2
> rubbing (p) [74]	2	1	2	2	3	1	2	1	1	2	3	3
> sitting, bent over (p) [43]	1	3	1	1	3	4	1	2	2	2	1	
> sleep, after; while waking up (p) [28]			*1*	*2*	*1*			*1*				
> pressure, external (p) [74]	*2*	*2*	*2*	*1*	*2*	*1*	*3/CI*	*2*			*2*	*2*
< warmth, in general (p) [73]	*2*	*1*	*1*	*1*	*1*	*1*	*1*	*1*	*1*	*1*	*2*	*1*
< movement, during (p) [126]	*2*	*4/CI*	*4/CI*	*3/CI*	*1*	*1*	*1*	*3/CI*	*2*	*3/CI*	*2*	*1*
< rubbing (p) [44]	*4/CI*							*2*	*2*	*2*	*1*	
< sitting, bent over (p) [42]			*2*	*2*	*2*		*3/CI*	*1*	*1*		*3/CI*	*2*

formula from the fifth week but this did not improve matters: Yannik still drinks very rapidly, seeming to be full after just ten minutes, and demands to feed again one hour later. During the day, he becomes more and more restless, discontented, and begins crying for long periods of up to three hours, during which time it is impossible to console him. A heated cherry-stone cushion and light massaging of the abdomen brings minor improvement, as does carrying the child around (movement) and drawing up the legs. He has a normal yellow stool but only every 5-6 days.

During the examination, he is irritable and tense, becoming noticeably calmer while being undressed. Weight and height are in the 50th percentile – weight: 4.5 kg (9 lbs 15 oz); height: 56 cm (22 in), head circumference: 38.3 cm (15.1 in). There is a noticeable slightly raised muscle tone and pronounced meteorism of the entire abdomen. There are no other pathological findings. The diagnosis is baby colic with mild constipation.

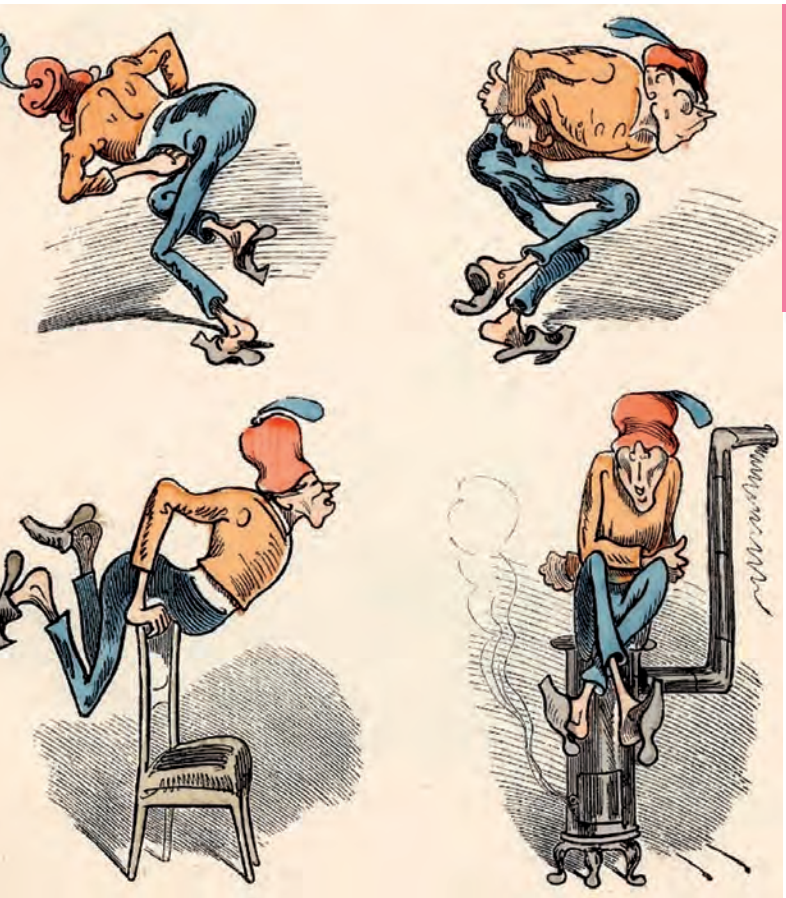
The parents note the following symptoms using the **Checklist for Acute Illness: Infants and Small Children** (P = polar symptom):

❏ Pain from flatulence, flatulent colic
❏ Constipation
❏ < Evenings
❏ While waking up: worse (P)
❏ External pressure: worse (P)
❏ Warmth in general: better (P)
❏ Movement: better (P)
❏ Rubbing (massaging of abdomen): better (P)
❏ Sitting bent over: better (P)

[Note: not all symptoms are listed in the checklist since the parents can enter additional symptoms of their own at the top of the page]
After discussing and verifying the symptoms with Yannik's parents, we are able to use all symptoms in the repertorization.

EXPLANATION OF THE REPERTORIZATION IN TABLE 1

1. The remedies are ordered according to the *"Number of Hits"* (second row). Further remedies are not shown because they have a lower number of hits and a lower polarity difference.
2. *Signatures of symptoms*: Polar symptoms are marked with (P). The number behind the symptom in square brackets (for example, *flatulence painful, flatulent colic* [89]) corresponds to the number of remedies with this symptom. This information is important because it shows how strongly the choice of remedy is restricted by using this rubric.
3. *Patient symptoms*: these are listed underneath the blue line and above the red line.
4. *Opposite poles: these are shown in italics and are found below the red line.*



How awful colic can be is graphically shown by the story of "tailor Böck" from Wilhelm Busch's Max and Moritz. The poor tailor was tricked into falling into the river by a couple of wicked young lads, as a result of which he caught a dreadful chill in his abdomen.

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5. *Calculation of the polarity difference*: the grades of the *polar* patient symptoms of a remedy are added up. From this total, the sum of the grades of the opposite poles listed for the remedy are subtracted: the result is the polarity difference (examples: Kalium carbonicum 14-3=11, or Ignatia 15-7=8).
6. *Contraindications, CI*: The opposite poles at the genius level (grades 3-5) are compared with the grades of the patient's symptom. If the patient's symptom has a low grade (1-2) but the opposite pole is listed for the remedy with a high grade (3-5), the genius of this remedy does *not* correspond to the characteristics of the patient's symptom; the remedy is therefore contraindicated.
   Example: with Anacardium, the patient symptom *rubbing ameliorates* is grade 2 whereas the opposite pole rubbing aggravates is grade 4. Therefore, *rubbing aggravates* is a genius symptom for Anacardium. Anacardium does not, therefore, fit the patient's symptoms and is contraindicated.
7. Columns with contraindications CI are shaded gray so that we can instantly see which remedies are contraindicated.

Eleven remedies cover all symptoms but only Kalium carbonicum, Ignatia, and Spongia have no contraindications.
Of these three remedies, the polarity difference is (see table 1): Kalium carbonicum = 11, Ignatia = 8, and Spongia = 4.

Due to the comparatively low polarity difference, Spongia is dropped. Using a materia medica comparison, we can now check which of the two remedies covers the symptoms more precisely. Hering's *Guiding Symptoms* [GS] – preferably in digital form – has proved a very useful tool for this purpose[9].

Materia medica comparison for Kalium carbonicum (GS)

Abdomen: Cutting in intestines violent; must sit bent over, pressing with both hands, or lean far back for relief; cannot sit upright. Fullness, heat and great distension in abdomen, immediately after eating a little. Abdomen distended with wind, after eating. Incarceration of flatus with colic.

Materia medica comparison for Ignatia (GS)

Abdomen: Periodical abdominal spasms, colic particularly at night, waking out of sleep, with stitches running up into chest and to sides; pains > passing wind, which, however, is difficult ... Flatulent colic; flatus incarcerated, rumbling and rolling about, making a loud noise; rumbling as from hunger .... Excessive flatulence … Unsatisfactory, short and abrupt emissions of flatus, of offensive odor, not without exertion of abdominal muscles.

Remedy and progress

Based on the materia medica comparison and the higher polarity difference, we decide on *Kalium carbonicum*, and Yannik is given a dose of 200 C.
In the night following the prescription, he sleeps soundly. The next day the colic is noticeably better. Within three days, the colic symptoms have disappeared completely and for good. Period of observation: 2 years.

3. DISCUSSION

Baby colic is one of the more difficult illnesses for a conventional pediatrician to treat, as mentioned above, because the available treatments are unsatisfactory. The situation is very different in a homeopathic pediatric practice: together with the conventional medical diagnosis, we make a second diagnosis – for the most suitable homeopathic medicine. The polar symptoms are reliable pointers for the homeopathic diagnosis. Sometimes, the chosen remedy offers us insights into the background of the child's illness. Frans Kusse writes that, for children who need Kalium carbonicum, it is especially insecurity that triggers their symptoms [10]. Our little

BABY COLIC

Excessive crying is very common in the first three months of life. The disturbance usually starts around the second week, diminishing in almost all cases by three or four months. The time of occurrence and the (unproved) supposition that colic is the cause of the infant's complaints has led to it sometimes being called "three-month colic". Crying is part of the normal behavioral repertoire of the baby, of course, to express hunger, pain, discomfort, or the need for attention. The crying is excessive when it lasts at least three days per week for more than three hours a day, and when the child is inconsolable.

patient's irritability may have been caused by parental uncertainty, which makes him nervous, leading to rapid drinking with ingestion of air and consequent stomach complaints. This kind of cause would explain why we tend to find more firstborns suffering from baby colic. Yet, of course, there are many other homeopathic remedies that have helped children with baby colic, so this causation is only one of many.

Let us finally recall the sound basis of polarity analysis: this consists of the return to the trailblazing insights of Hahnemann and Boenninghausen. Thanks to a strict application of the *Organon* paragraphs § 6 (the illness consists in the totality of its symptoms), § 133 (what is peculiar and characteristic about each symptom becomes evident in the modalities), and § 153 (when seeking the specific homeopathic remedy, especially the more characteristic signs and symptoms of the illness are to be matched with those of the remedy), this method very often succeeds in selecting the homeopathic remedy that best fits the patient's set of symptoms.

Polarity analysis is therefore especially well suited for use in a homeopathic primary care setting, where it is important to make rational and effective therapeutic decisions in a situation where parents and patients often have high expectations in the success of the treatment.

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FOOTNOTES

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