

H1N1 Influenza: A Prospective Outcome Study with Homeopathy and Polarity Analysis

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Abstract: This paper evaluates polarity analysis (PA) in the treatment of influenza during the pandemic of 2010-2011 in Switzerland. During this epidemic the swine flu virus A/H1N1 (2009) was the predominant infective agent, present in 83% of the influenza patients in Switzerland. PA came to prominence with the Swiss homeopathic double-blind study of Attention Deficit Hyperactivity Disorder (ADHD) which demonstrated a statistically significant difference between highly diluted homeopathic remedies and placebo. This article introduces the method and illustrates it with three influenza case studies. Then it presents the results of the prospective outcome study with individual treatment of 52 patients with influenza-like disease followed over four weeks: 62% of the participants were cured by the first remedy within two days of the start of treatment; another 25% received a second remedy and were cured within four days. Only 13% of the patients did not react to treatment and needed a follow-up consultation. Severe outcomes with respiratory failure did not occur. Conclusion: The study suggests that Polarity analysis can provide a precise and effective individual treatment in influenza like illness during a period of H1N1 epidemic. Further research is needed to confirm this finding.

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1. Introduction

The H1N1 epidemic of 2009-2010 attracted worldwide attention, resulting in the issuing of a pandemic alert by the World Health Organization due to the fact that the virus was antigenically identical with the one responsible for the influenza pandemic of 1918-1919, a medical disaster resulting in the infection of 500 million people worldwide, with somewhere between 50 and 100 million fatalities [1]. In the 2009-2010 pandemic, the estimated number of fatalities was 284,500, which constitutes a much lower mortality rate than in 1918-1919 but still 3.4 times higher than in ordinary influenza [2].

The symptoms caused by the H1N1 virus are similar to those of other influenza infections, and may include fever, cough, headache, muscle or joint pain, sore throat, chills, fatigue, and runny nose [3]. People at high risk of severe complications are children under five, children with neurodevelopmental disorders, pregnant women, people aged over 65 and those with underlying medical conditions. In severe cases, the condition of the patient rapidly deteriorates and leads to progressive respiratory failure within 24 hours, requiring immediate mechanical ventilation [4]. Apart from supportive measures, the only treatment conventional medicine has to offer are some virostatics which can shorten the duration of flu. Rare but severe side effects and some resistant viral strains limit their use [5].

In contrast, homeopathic treatment during the H1N1 influenza epidemic of 1918-1919 is reported to have been very successful, with a (anecdotal) mortality rate of only

1 percent [6]. Unfortunately no systematic studies were done during this epidemic. Several articles also describe successful homeopathic treatment during the 2009-2010 H1N1 epidemic, and a large Indian study identified *Arsenicum album* as the specific epidemic remedy [7]. However, no reports have been found on homeopathic treatment of severely ill patients with acute respiratory distress syndrome (ARDS).

The major question that arises from these results is how could homeopathic treatment cause such favorable outcomes in comparison with conventional medicine? The most probable answer is that homeopathy prevented the development of ARDS due to early and precise intervention. It seems unlikely that, once respiratory failure has occurred, homeopathy could routinely prevent a fatal outcome. So our task is to identify a homeopathic procedure that allows precise remedy determination in H1N1 and other aggressive influenza infections, and to treat the patients at an early stage of the disease.

The purpose of the present study was to evaluate the effectiveness of *individual* homeopathic treatment during the influenza epidemic of 2010-2011. According to the Swiss Federal Office of Public Health (FOPH), the A/H1N1(2009) viruses were at this time still present in 83% of the influenza patients in Switzerland [8]. The method used for remedy determination was *polarity analysis (PA)*, a new procedure that generates precise homeopathic diagnoses. This article first introduces PA and demonstrates its

use with three case reports. Then it presents a prospective outcome study with 52 influenza patients.

2. Polarity Analysis

Polarity analysis (PA) is a precisely defined and well-researched method of homeopathic treatment, enabling illness to be healed with great reliability [9]. It is based on the grading of the revised edition of Boenninghausen's *Therapeutic Pocket Book* (PB 2000) [10], and consists of the elements *polarity difference* and *contraindications*, which are explained below and illustrated with case studies. The method considerably increases the precision of the prescriptions, so that it was possible to demonstrate in the Swiss ADHD/ADD double-blind study a significant difference between placebo and high-potency homeopathic remedies [11]. PA has also been found in evaluation studies of acute, chronic, and complex illness to invariably improve the results in comparison with conventional homeopathic treatment [12].

2.1 Boenninghausen Contraindications

Hahnemann established in *Organon* (ORG) § 133 that the *modalities* show the peculiar and characteristic aspects of each symptom [13]. In combination with ORG § 153, this means that homeopathic remedy selection in particular ought to be determined by the modalities. Boenninghausen himself strived to match the patient's characteristic symptoms with the genius of a homeopathic remedy and without contradictions [10]. What does this mean? The genius of a remedy includes those modalities, sensations, and findings that have often been observed in the remedy proving, occurred in various localizations, and also been clinically healed. These symptoms are what is actually characteristic of the remedy. In the PB 2000, genius symptoms are generally listed with a high grade. The concept of contradiction concerns *polar symptoms* – those which have an opposite pole, such as: *thirst / thirstlessness*, *cold aggravates / cold ameliorates*, and *desire for fresh air / dislike of fresh air*. Many remedies cover both poles of such symptoms but in differing grades. Since the patient's symptoms should correspond to the genius of the remedy, Boenninghausen strived to match them in as high a grade as possible (grades 3 – 5). If the remedy contained the patient's symptom at a low grade (1 or 2) but the opposite pole of the same symptom at a high grade (3, 4, or 5), he regarded this as a contradiction to the patient's characteristic symptoms, and therefore as a contraindication for the remedy. According to his experience, such a constellation rarely led to healing.

This inspired the author of this paper to systematically prioritize polar symptoms in the process of remedy selection, an idea that led to the development of polarity analysis. In the repertorization software of the PB 2000 [14] a new function was added, that checks all remedies for which opposite poles to the patient's symptoms are present in grades 3 – 5 and compares them with the grades of the

patient's symptoms. It does not check opposite poles in which the grade is outside the genius range (grades 1 and 2) since here there can be no contradiction. Symptoms with contraindications are marked with CI, and the contraindicated remedy is marked with a gray background. After discovering PA we looked retrospectively at cases in which the totality of symptoms has apparently led to a good remedy but the result was disappointing, and very often found that contraindications have been overlooked.

2.2 Polarity Difference

In a further step Boenninghausen's insights are *systematically* implemented for all polar symptoms by determining the *polarity difference*: to calculate this, the computer software adds for each possible remedy the grades of all the patient's *polar* symptoms and then subtracts the grades of the corresponding opposite poles. *The higher the resulting polarity difference, the more likely the remedy corresponds to the patient's characteristic symptoms, assuming there are no contraindications.*

At least five polar symptoms should be used for an analysis if possible. To elicit them the usual homeopathic case taking is supplemented with checklists (for acute illness) and questionnaires (for chronic illness and multi-morbidity), in which the patients underline the symptoms that they have observed in themselves. The checklists and questionnaires are specifically designed to elicit polar symptoms. So far eight checklists and twelve questionnaires have been developed for different problem areas, such as neurology, gynecology, ENT, airways, allergies, and so on [12]. Although the theory behind PA may sound somewhat complicated, the procedure can immediately be understood when illustrated with case studies. Since most of the work is done by the software program of the revised PB 2000 [14], polarity analysis is a very efficient, time saving method of remedy determination.

3. Case taking procedure

With an acute illness such as influenza, we first take the case in a way roughly equivalent to what is done in conventional medicine, then we examine the patient and make a diagnosis. In the next step the parents (or adult patients) fill out the *Checklist for Influenza and Influenza-like Disease* (see: www.heinerfrei.ch resources) entering the modalities and polar symptoms that they have noticed. Finally the most suitable remedy is determined by repertorization with the PB 2000 software [14]: it is the remedy with the highest polarity difference that shows no contraindications and, in cases with few symptoms, covers the highest number of them. The presence of the patient (or the parents of young patients) is important so that we can question them about the symptoms, with further discussion as necessary.

Case Studies

4.1 Case Study 1, John I., 12 years old

John is a slender, blond young fellow who has been suffering from high fever (39.8° C), headache, dry cough, and a runny nose (with watery discharge) for two days now. The previous day he was bleeding from the nose (with bright red blood). His eyes are burning, he feels pressure in the right ear and has diffuse abdominal pain.

On examination his general condition is poor, with slight pharyngeal reddening, conjunctivitis, and the first signs of otitis media on the right side. Except for the fever, there are no other pathological findings, and the abdomen is soft and non-tender. The diagnosis is influenza.

On the *Checklist for Influenza and Influenza-Like Disease* his mother marks the following symptoms (p = polar symptom):

- fever
- headache
- watering eyes
- pain in the right ear
- runny nose with watery discharge
- dry cough

- abdominal pain
- warmth: worse – p
- open air: better – p
- resting, while: better – p
- lying position: better – p
- rising from bed, after getting up: worse – p
- thirst, absent – p
- bending over, while: worse – p
- muscles: flabbiness – p
- nosebleed, bright red blood – p
- touch: better – p
- solitude, being alone: worse – p

Is there anything special about these symptoms? You may say no ... Now let us have a look at the repertorization: in PA we primarily do the repertorization only with the polar symptoms, which are the hallmarks of remedy selection. Other symptoms are only included if the polar symptoms are not specific enough. And we do not include

	Bry.	Calc.	Ip.	Nat-c.	Sulph.	Arn.	Bell.	Borx.	Canth.	Carb-v
Number of hits	10	10	10	10	10	9	9	9	9	9
Sum of grades	22	24	22	12	19	18	21	14	17	14
Polarity difference	7	11	17	-3	-2	1	1	-2	6	-4
< warmth, in general (p) [73]	1	1	2	1	2	1	1	1		1
> open air (p) [93]	2*	1	3*	1	2	2	1	2	1	1
> resting, while (p) [117]	4	2	3	1	1	3	4	2	2	2
> lying position (p) [106]	4	3	2	1	1	3	3	1	3	1
< rising from bed, after getting up (p) [80]	2	3	1	1	3		1	1	2	3
thirst, absent (p) [86]	1	1	2	1	2	1	2		2	1
< bending over, while (p) [108]	4	4	3	2	1	3	1	3	2	2
ears, right (p) [110]	1	3	2	1	3	1	4	1	3	1
muscles, flabbiness (p) [53]	1	4	2	2	3	1		2	1	
nose, bleeding, bright blood (p) [39]	2	2	2	1	1	3	4	1	1	2
> warmth, in general (p) [90]	2	1	1	2	3/CI	2	3/CI	3/CI	2	2
< open air (p) [110]	1	2	2	2	1	1	4/CI	1	2	3/CI
< resting, while (p) [102]	1	1		2	1	1	1	1		1
< lying position (p) [125]	1	1	1	3/CI	2	1	1	2	1	2
> rising from bed, after getting up (p) [124]	1	2		2	3	1	3/CI	3/CI	1	2
thirst (p) [99]	4/CI	4/CI	1	2	4/CI	3/CI	3/CI	2	2	3/CI
> bending over, while (p) [44]					1	1	2			
ears, left (p) [106]	3/CI	2		1	2	3/CI	1	4/CI	1	2
muscles, tense (p) [34]				1	2	2	1			2
nose, bleeding, dark, black blood (p) [41]	2				2	2	1		2	1

Table 1: Repertorization: J.I. (PB 2000) [14]

the symptoms *touch: better* and *being alone: worse* because they are normal in sick children (see Table 1)

Key for repertorization:

Contraindication CI: The opposite pole is found at grade 3, 4 or 5, whereas the patient's symptom is found at grade 1 or 2. The opposite pole is therefore typical of the remedy (i.e. corresponds to the remedy's genius), not the patient's symptom. *Remedies with contraindications are indicated by gray shading.* For example, *Bryonia*: the patient symptom *thirst absent* is found at grade 1 whereas the opposite pole *thirst* is found at grade 4. The opposite of the patient's symptom corresponds to the genius of the remedy. This remedy is therefore contraindicated because it cannot heal the patient.

No contraindication: The opposite pole is found at a lower grade than the patient symptom; i.e., the patient's symptom is typical of the remedy whereas the opposite pole is less characteristic.

Polarity difference: To calculate the polarity difference, we add the grades of each *polar* patient symptom for each remedy and subtract from the result the grades of the opposite poles. For example, *Ipecacuanha*: $22 - 5 = 17$. *The higher the polarity difference, the more the genius of a remedy corresponds to the patient's characteristic symptoms.*

Interpretation: Five remedies cover all symptoms, but only one, *Ipecacuanha* has no contraindication. And it also has a high polarity difference; i.e., *Ipecacuanha* is very specific for this combination of polar symptoms: That is what is special! The next best remedy is *Spongia*, with a polarity difference of 8 and the missing symptom: nose bleed, bright red blood. (Due to lack of space the remedy is not shown in the table above).

Prescription and Progress: John is given one dose of *Ipecacuanha 200C* immediately in the practice, and *Spongia 200C* as a reserve, in case *Ipecacuanha* does not bring about an improvement of at least 50% within two days. Two hours later he had to throw up, then the fever began to fall. By the evening of the same day he was no longer febrile. He slept soundly the whole night and was completely recovered the next day.

Comment: This case demonstrates how seemingly unspectacular symptoms clearly indicate the best-fitting remedy. We have noticed that polar symptoms are a direct reaction to the disturbed vital force and are therefore very reliable pointers to the simile.

4.2 Case Study 2, Meryll T, 1 year old

Meryll has been running a fever of 39.1° C since the previous day. She also has a runny nose, a slightly productive cough, and she throws up after eating. She is far more thirsty than normal, cries a lot and wants to be carried all the time. Since she always chews her comforter, her mother suspects that she is teething.

On examination we find a yellow discharge from the nose and pharyngeal reddening. Due to the fever her breathing

frequency is increased but there are no rales on pulmonary auscultation. There are also no other pathological findings and no signs of teething. Our diagnosis is that the child is suffering from influenza typical of the current epidemic.

On the *Checklist for Influenza and Influenza-Like Disease* her mother marks the following symptoms (p = polar symptom):

- fever
- runny nose
- cough and vomiting
- teething

- movement: aversion to – p
- physical effort: worse – p
- lying position: better – p
- warmth: worse – p
- thirst – p
- breathing: quickened – p
- appetite: absent – p
- eating during: worse – p
- sadness – p
- solitude, being alone: worse – p (normal in a sick child)

Again we use only the specific polar symptoms for repertorization (except *solitude: worse* (see Table 2)).

Interpretation: Fifteen remedies cover all symptoms, but only four have no contraindications. We find the highest polarity difference and thus the greatest specificity for the patient's symptoms with *Natrium muriaticum* (21), the second highest with *Bryonia* (13).

Prescription and Progress: Meryll is given *Natrium muriaticum 200C*, and *Bryonia 200C* as a reserve, in case *Nat-m* does not bring about an improvement of at least 50% within two days.

Again we observe a rapid improvement: overnight all symptoms disappear and the child is content again. During the next six months her previously demanding teething episodes also disappear, and her remaining teeth come through without any difficulties.

Comment: With PA it is not uncommon that an acute remedy has a far broader effect than curing only the actual disease. We often find that the indicated remedy also covers preexisting symptoms that have, according to Hering's rule, [15] not been included in the remedy selection.

4.3 Case 3. Simon T, 6 years old

After a restless night Simon awakes in the morning with 39.2° C fever, a headache, sore throat, vomiting, and diarrhea. On examination we find a runny nose, sore throat, and a slightly tender abdomen. The blood test (CBC) shows the viral nature of the disease. The situation is critical since his older brother has a low neutrophil count and suffers from acute lymphoblastic leukemia, for which he is receiving chemotherapy. Although his brother is vaccinated against influenza, Simon should do all he can to avoid infecting

	Bry.	Calc.	Caust.	Chin.	Cocc.	Ign.	Lyc.	Merc.	Nat-c.	Nat-m.	Nit-ac.
Number of hits	9	9	9	9	9	9	9	9	9	9	9
Sum of grades	25	22	13	19	20	20	25	19	16	27	16
Polarity difference	13	13	6	3	11	-1	12	10	1	21	11
movement, aversion to (p) [68]	2	1	1	1	3	3	3	2	2	3	1
< physical effort (p) [70]	4	3	1	3*	3	1	5*	2	2	3	2
> lying position (p) [106]	4	3	2	1	2	1	1	2	1	3	1
< warmth, in general (p) [73]	1	1	1	1	1	1	2	1	1	2	1
thirst (p) [99]	4	4	2	4	1	2	1	4	2	3	3
breathing, quickened (p) [92]	3	2	1	2	2	3	4	2	3	3	1
appetite, absent (p) [115]	3	3	1	4	3	3	3	3	1	3	2
< eating, during (p) [91]	2	3	3	1	3	2	3	2	3	3	4
sadness (dejection, inclined to weep) (p) [61]	2	2	1	2	2	4	3	1	1	4	1
movement, desire for (p) [58]	2	1		4/CI		1	1	1	1		
> physical effort (p) [6]						3/CI				1	
< lying position (p) [125]	1	1	1	1	1	2	4/CI	1	3/CI	1	1
> warmth, in general (p) [90]	2	1	4/CI	2	3/CI	3/CI	1	1	2	1	1
thirst, absent (p) [86]	1	1	1	2	2	1	1	1	1		1
breathing, slowed (p) [63]	3	1		2		3		1	1		
hunger (p) [99]	3	4(CI)	1	4	2	2	3	2	2	2	1
> eating, during (p) [54]				1	1	4/CI	1	2	1		1
cheerfulness, happiness (p) [42]						2	2		4/CI	1	

Table 2. Repertorization: M.T. (PB2000) [14]

him. If not, a very severe outcome could ensue.

On the *Checklist for Influenza and Influenza-Like Disease* his mother marks the following symptoms (p = polar symptom):

Fever, headache, runny nose, sore throat, vomiting, and painful diarrhea. These are all non-polar symptoms.

- movement, aversion to – p
- physical effort: worse – p
- resting, while: better – p
- warmly from wrapping up: better – p
- lying position: better – p
- swallowing: worse – p
- appetite: absent – p
- flatus, after discharge: better
- sadness – p
- touch: worse – p (abdominal tenderness)

For the repertorization we primarily use all the polar symptoms, but omit the non-polar symptoms flatus, after discharge, better and painful diarrhea (see Table 3 on next page)

Interpretation: The repertorization yields fourteen remedies that cover all symptoms, five of them without any contraindications. *Nux vomica* and *Cocculus* display the

highest polarity differences.

Prescription and Progress: Simon is given *Nux vomica* 200C, and *Cocculus* 200C as a reserve. Again we observe a rapid improvement with the first remedy. After twenty-four hours all symptoms have disappeared. Fortunately his brother does not also fall ill.

Comment: We have chosen these three cases to demonstrate the ease with which a correct homeopathic remedy can be determined with polarity analysis. The following outcome study with fifty-two patients shows that this is not always the case.

H1N1 Influenza Epidemic 2010-2011: A Prospective Outcome study with Polarity Analysis

5.1 Study design

During the peak of the influenza epidemic of 2010-2011, all patients with the diagnosis of influenza – with symptoms of fever, headache and throat pain, coughing, coryza, or pain in the limbs – were prospectively included in this outcome study. If the diagnosis was in doubt, the viral etiology was confirmed by a blood test. Case taking, clinical investigation, and repertorization were performed as described above. The patients received the best-fitting

	Acon.	Bry.	Chin.	Cocc.	Coff.	Con.	Graph.	Ign.	Merc.	Nat-c.	Nat-m.	Nux-v.	Phos.	Sep.
Number of hits	9	9	9	9	9	9	9	9	9	9	9	9	9	9
Sum of grades	20	27	17	24	15	15	16	16	20	12	25	31	16	21
Polarity difference	13	17	3	19	4	4	9	-1	12	-3	18	23	3	5
movement, aversion to (p) [68]	4	2	1	3	1	1	1	3	2	2	3	4	2	2
< physical effort (p) [70]	3	4	3*	3	2	1	1	1	2	2	3	3	2	2
> resting, while (p) [117]	1	4	1	3	3	1	3	1	3	1	3	4	3	1
> warmly, from wrapping up (p) [56]	1	1	2	3	1	3	2	1	2	2	2	3	1	2
> lying position (p) [106]	1	4	1	2	2	1	2	1	2	1	3	4	1	1
appetite, absent (p) [115]	1	3	4	3	1	3	1	3	3	1	3	4	2	4
< swallowing (p) [93]	2	4	2	3	2	2	1	1	3	1	2	3	3	3
< touch (p) [121]	3	3	1	2	1	1	2	1	2	1	2	4	1	4
sadness (dejection, inclined to weep) (p) [61]	4	2	2	2	2	2	3	4	1	1	4	2	1	2
movement, desire for (p) [58]	2	2	4/CI		2	1		1	1	1		1		1
> physical effort (p) [6]								3/CI			1			4/CI
< resting, while (p) [102]	1	1	1	1		4/CI		1	1	2	1		1	3/CI
< warmly, from wrapping up (p) [37]	3/CI	1	2		1			2	1			1	2	1
< lying position (p) [125]	1	1	1	1	1	4/CI	1	2	1	3/CI	1	1	1	3/CI
hunger (p) [99]		3	4	2	3/CI		4/CI	2	2	2	2	2	2	3
> swallowing (p) [47]			1	1			2	4/CI	2	1		3	1	
> touch (p) [42]		2	1			1				2	1		3/CI	1
cheerfulness, happiness (p) [42]					4/CI	1		2		4/CI	1		3/CI	

Table 3: Repertorization: S.T. (PB 2000) [14]

remedy in the 200C potency and a reserve dose of the second-choice remedy with the instructions to take number two if there was less than 50% improvement in the original symptoms after two days. The results were checked by having the patient phone us within one week of the start of treatment – if they failed to do this, a member of our team called them up. We defined participants with “no reaction” as those who did not achieve a 50% improvement from the first or the second remedy and who therefore needed a follow-up consultation. The period of recruitment lasted four weeks, and each patient was followed for four weeks after the first consultation.

Questions to be answered

1. How many influenza patients achieved an improvement of 50% or more within two days of taking the first remedy in the 200C potency, so requiring neither a second remedy nor a follow-up consultation?
2. How many influenza patients achieved an improvement of 50% or more within two days of taking the second remedy, so requiring neither a further remedy nor a follow-up consultation?
3. How many influenza patients had “no reaction”?
4. Remedy spectrum: did one or several epidemic remedies emerge?

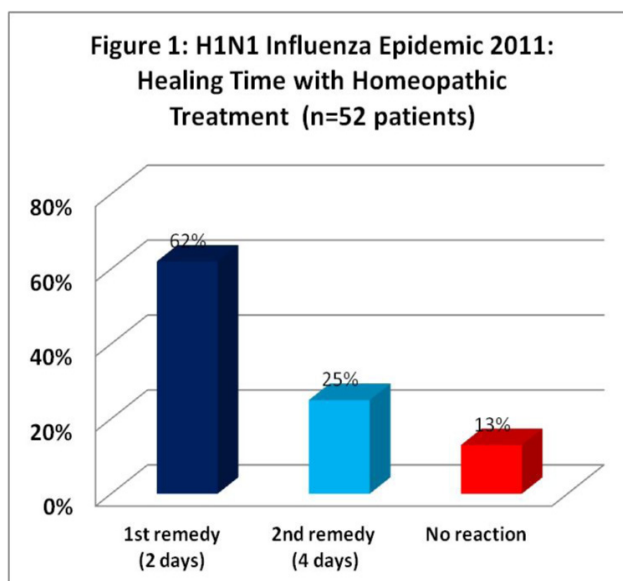
5.2 Results

Demographic description of the study participants: 52

patients with an average age of 13.5 years (range: 5 months to 48 years), including 39 children and 13 adults, 30 females and 22 males.

5.2.1 Outcome

Thirty-two patients (62%) achieved an improvement of 50% or more two days after the first remedy, therefore not needing to take the second remedy. Thirteen patients



(25%) achieved this improvement after taking the second remedy, and were thereby healed. Six patients (11.5%) showed no reaction. They were healed by neither the first nor the second remedy, and therefore required a follow-up consultation (figure 1). One female patient improved fully with the second remedy for 10 days, then suffered a relapse. She was also counted among the patients with no reaction (total 13%). (see Figure 1)

In table 4, the remedy that effected full healing is shown in BOLD Blue CAPITAL letters, together with the demographic details of the relevant patient in the study. Remedies with no or inadequate reaction are written in plain black font. Remedies with only temporary improvement are shown in Red.

Table 4: Influenza Epidemic - Patient Statistics

5.2.2 Remedy Spectrum

In the 45 successfully treated patients, 21 different remedies cured influenza. *Cocculus*, *Natrium muriaticum*, *Phosphorus*, *Bryonia*, *Nux vomica*, and *Arsenicum album* were used in half of all patients, whereas the remaining 14 remedies were only seldom used (see Table 5 on next page). An epidemic remedy according to *Organon* § 100–102 could not be identified. Among the remedies where the patient’s reaction was insufficient, it was striking that *Bryonia* was very common (see Table 6 on next page). This was due to the fact that a superficial recording of the symptoms by the patient or their parents commonly produced *Bryonia* symptoms (see discussion below).

5.3 Discussion

In this prospective outcome study with 52 patients with influenza-like illness during an H1N1 epidemic, 62% of the patients treated with homeopathy were cured within 48 hours, another 25% within 96 hours. Whereas in the first group we can presume that it was homeopathy that healed the patient, the second group may also contain cases with spontaneous recovery. Thirteen percent were non-responders: they reacted neither to the first nor to the second remedy. Nevertheless we did not see any severe cases of H1N1 influenza. In our ITT-population the median measured time to alleviation of symptoms after initiation of treatment was 75 hours (range 48-160 hours). In contrast the Cochrane review on Osetlavr reported a median duration time to first alleviation of symptoms in placebo treated people with influenza-like illness of 160 hours (range 125-192 hours). Osetlavr shortened this duration in the verum group by about 21 hours. [16] Homeopathy was thus clearly superior to conventional treatment.

We were not able to define an epidemic remedy as postulated by Hahnemann in *Organon* § 100-102. With polarity analysis, we often notice that – when trying to identify such a remedy by pooling the symptoms of many patients – contraindications prevent a conclusive result. Due to the favorable outcome with individual treatment,

	Patient	Age	Sex	1st remedy	2nd remedy
Feb 7, 2011	1	13	F	Bry	GRAPH
	2	15	F	NAT-M	Bry
	3	23	M	NAT-M	Nit-ac
	4	5	M	Bry	HEP
	5	5	F	ARS	Bry
	6	2	M	Lyc	SENEG
	7	25	F	Bry	NAT-M
	8	9	M	NUX-V	Bry
Feb 8, 2011	9	6	F	PHOS	Anac
	10	6	F	PHOS	Asar
	11	18	M	COCCUL	Lyc
	12	48	F	ARS	Nat-m
	13	10	F	HEP	Graph
	14	4	F	LYC	Phos
	15	8	F	Bry	GRAPH
	16	5	F	Bry	Graph
Feb 9, 2011	17	7	M	Bry	ANT-T
	18	15	M	NAT-M	Graph
	19	3	F	COCCUL	Nux-m
Feb 11, 2011	20	4	F	NUX-V	Coccul
	21	8	M	NUX-V	Coccul
	22	7	F	Bry	Cupr
Feb 14, 2011	23	8	M	Nux-v	Bry
	24	21	M	NUX-V	Bry
	25	11	M	BRY	Phos
Feb 22, 2011	26	12	M	COCCUL	Arnica
	27	0,3	F	CALC	Phos
	28	7	F	BRY	Merc-s
	29	6	M	Bry	PHOS
Feb 23, 2011	30	10	M	BRY	Bell
	31	18	M	ZINC	Alum
	32	9	F	Lyc	PLAT
Feb 24, 2011	33	8	F	Nux-v	Bell
	34	31	M	ARS	Nat-c
	35	25	F	Coccul	CALC
	36	9	F	THUJA	Croc
	37	9	M	BRY	Coccul
	38	11	F	NAT-M	Bar-c
Feb 28, 2011	39	47	F	CAMPH	Nux-m
	40	5	M	Aco	Cham
	41	38	M	Coccul	CROC
	42	38	F	PHOS	Aco
	43	5	F	Calc	SULF
	44	12	M	Iod	CROC
	45	21	M	Ars	COCCUL
Mar 1, 2011	46	40	F	Coccul	Bry
	47	11	F	COCCUL	Nux-m
	48	7	M	IPECA	Coccul
Mar 4, 2011	49	8	F	PHOS	Asar
	50	16	F	Am	SPONGIA
	51	8	F	SULF	Calc
	52	5	F	M-ARC	Borax

Table 4: Influenza Epidemic - Patient Statistics

Remedy	Number of Patients
Coccul, Nat-m, Phos	5
Bry, Nux-v	4
Ars-a	3
Croc, Graph, Hep, Sulph	2
Ant-t, Calc-c, Camph, Ipeca, Lyc, M-arc, Plat, Seneg, Song, Thuja, Zinc	1

Table 5: Spectrum of Successful Remedies

Remedy	Number of Patients
Bry	10
Coccul	3
Lyc, Nux-v	2
Aco, Arn, Ars-a, Bell, Calc-c, Cupr, Graph, Iod	1

Table 6: Remedies with Inadequate Patient Reaction

and due to the minimal time required to determine the best-fitting remedy with PA, this is not a serious disadvantage.

The relatively high incidence of unsuccessful *Bryonia* prescriptions was a surprise: the ratio was 4 successful *Bryonia* prescriptions to 10 unsuccessful ones. Since in 6 of these cases the second remedy cured the patient, this only became apparent when we analyzed the results. What is the explanation? At first glance, certain patients only gave the symptoms *Lying position aggravates; Resting ameliorates; Dislike of movement, Movement aggravates; Thirst; Cold drinks ameliorate*. If we repertorize these, we get *Bryonia* as the first remedy with a polarity difference (PD) of 15, followed by *Causticum* and *Phosphorus* in second place with a PD of 9. We cannot really say that these symptoms are only non-specific, as addressed by Hahnemann in *Organon* § 153, but they tend to be. The consequence is that a patient with the *Bryonia* symptom set always needs to be questioned more closely. A search for additional symptoms might enable a more precise choice of remedy. The reported symptoms should of course always be discussed and not be uncritically fed into the repertorization.

The major limitation of polarity analysis is its dependence on precise observations by the patients. Indeed many patients or parents must first be trained to carefully observe their symptoms. This can best be done if they download the specific checklist or questionnaire for each individual

disease from our website (www.heinerfrei.ch), and observe the symptoms at home. Of course one has to instruct them not to underline every symptom on the checklist: we only need approximately the ten or fifteen clearest modalities. For the homeopath the challenge is to choose only the relevant ones for repertorization. Do not mix PA with other homeopathic methods, a frequent beginner's mistake that only confuses the matter.

Conclusion

In future H1N1 epidemics complicated illness with ARDS may be prevented with an early and precise individual homeopathic treatment. Polarity analysis is well suited for this task by being a precise, efficient, and reproducible method of remedy determination. Once the patients or parents of the patients have learned to observe symptoms carefully and the homeopath knows what is reliable and what is not, it leads to very good results, which allow homeopathy to also be applied in a general or a pediatric practice.

Literature and Training

Heiner Frei: *Polarity Analysis in Homeopathy, A Precise Path to the Simillimum*. Textbook. Narayana-Publishers, Kandern, 2013.

If you are interested in attending *trainings in polarity*

analysis please contact Mrs. Lauren Hubele, Austin, Texas, Email: lhubele@gmail.com.

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