Polarity Analysis in the Homeopathic Treatment of Skin Disease

Heiner Frei

Summary

Polarity analysis (PA) is a new method of remedy determination invented during the Swiss homeopathic ADHD double blind study, a trial which resulted in a significant difference between highly diluted homeopathic remedies and placebo. PA paved the road to this scientific success. It allows the ability calculate a healing probability for each possible remedy, based on Boenninghausens grading of polar symptoms. In evaluation studies with a variety acute and chronic disease, as well as with multimorbid patients, PA led to clear improvements of the results as compared to a conventional homeopathic approach. It is also our method of choice in skin disease.

Skin diseases are often characterized by a lack of symptoms. If there are no concomitant internal symptoms, it can be difficult to select the correct homeopathic remedy because the skin symptoms are only superficial. Using case studies, this paper demonstrates how remedy selection is facilitated by internal symptoms or – if absent – how the modalities of the skin disease can nevertheless be used to select a remedy. In cases with only a few symptoms and a correspondingly large number of possible remedies, PA plays a decisive role in enabling selection of the remedy that most specifically matches the patient's symptoms – that is, with the closest fit to the remedy's genius.

For the most difficult cases of skin disease, those with neither concomitant symptoms nor skin modalities, other possible solutions are discussed. Finally there is a small treatment summary for 13 patients with skin disease.

Keywords: Homeopathy, skin disease, polarity analysis, concomitant internal symptoms, skin modalities
1. Introduction

Skin disease is to a great extent a manifestation of an inner illness. An example of this is eczema, the first manifestation of atopy, which develops into hay fever when suppressed, and finally to allergic asthma. Psoriasis is rheumatic in nature and can be accompanied by joint inflammation. Lupus erythematosus is the manifestation on the skin of serious autoimmunity disease that also affects inner organs. Infectious skin symptoms are also often associated with a systemic disease (measles, varicella, Lyme disease, Dengue fever, syphilis, HIV etc.). The only exceptions are exogenous skin changes such as toxic skin damage (for example, phytophotodermatitis), cold, heat, radiation damage and insect bites.

1.1 Significance of Hering’s Law for Skin Disease

Hering’s law says that healing is only complete when the symptoms of illness disappear in the opposite order to their appearance. Since many diseases start on the surface of the body and then extend inwards (eczema, psoriasis, lupus erythematosus, borreliosis, syphilis, and so on), the internal symptoms should first be treated before the skin symptoms can heal.¹

This means that remedy selection in cases of skin disease should, if possible, be oriented to the internal symptoms. If there are no internal symptoms, the modalities of the skin manifestation constitute the next most reliable aspect. The skin manifestation itself is also in a figurative sense superficial and should only be used when no other symptoms can be elicited.

In the Swiss Association of Homeopathic Physicians (SAHP), we did a trial in the 1990s in which one group of physicians selected the remedy for eczema patients by using the skin symptoms while a second group selected the remedy by using concurrent internal symptoms. The result was decisive: with the first group (using skin symptoms), the hit rate of successful prescriptions was 27% whereas for the second group (using internal symptoms) it was 63% (unpublished results). Apart from the inferior results, remedy selection via the skin symptoms also tends to run the risk of suppressing the skin rash and shifting the symptoms to inner organs. Such a pattern is unfortunately also possible with homeopathy.
1.2 Skin Manifestations of Internal Infectious Disease

With skin manifestations of internal infectious disease, the first thing is to treat the infectious agent before homeopathic treatment can begin. This means that syphilis or borreliosis should first be treated with antibiotics before the effects of the infection can be treated homeopathically. (ORG §3: “The physician must know the obstacles to recovery in each case and be aware of how to clear them away so that the restoration of health may be permanent. [If so,] then he understands how to act expediently and thoroughly, and he is a genuine practitioner of the medical art”).

1.3 Lack of Internal Symptoms

The most difficult cases of skin disease are those patients who only have skin symptoms and in whom, despite the most careful examination, no internal symptoms can be found. Very often these are young babies with eczema. This problem is addressed below.

1.4 Dosage of Homeopathic Remedies for Skin Disease

Due to the generally severe distress experienced by these patients, it is best to first test the patient’s reaction by administering a dose of the most suitable remedy in the potency 30C. If there is no severe aggravation, a dose of the 200C can be administered two weeks later. With severe aggravation followed by subsequent improvement, it is recommended to administer further doses diluted in three to five cups of water (for details, see http://www.heinerfrei.ch/resources – Dilution of Single Doses).

2. Polarity Analysis

Polarity analysis (PA) is the treatment method of choice in our practice, also for skin disease. It is a precisely defined and well researched method of homeopathic remedy selection, enabling illness to be healed with great reliability. It is based on the grading found in Boenninghausen’s Therapeutic Pocket Book, and consists of the elements polarity difference and contraindications, which are explained below and illustrated with case studies. In the Swiss double-blind study of ADHD, PA enabled the hit rate to be raised to the level of proof required to successfully demonstrate a significant difference between placebo and high-potency homeopathic remedies. PA has been found in evaluation studies of acute, chronic and complex illness to
invariably improve the results in comparison with conventional homeopathic treatment.\textsuperscript{5}

2.1 Boenninghausen Contraindications

Hahnemann established in Organon § 133 that the peculiar and characteristic aspects of each symptom are shown in the modalities.\textsuperscript{2} In combination with § 153, this means that homeopathic remedy selection in particular ought to be determined mainly by the modalities. Boenninghausen himself strived to match the genius of a homeopathic remedy with the patient's characteristic symptoms, avoiding contradictions in polar symptoms.\textsuperscript{4} What does this mean? Polar symptoms are those that are expressed as opposites: for example, *thirst / lack of thirst, < cold / > cold, desire for fresh air / dislike of fresh air*). Many remedies have both poles of such symptoms but in differing grades. Since the patient's symptoms (especially the modalities) should match the genius of the remedy, Boenninghausen strived to match the symptoms 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 of 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 in the author of this paper the idea of systematically prioritizing polar symptoms in the process of remedy selection. This procedure, combined with repertory software\textsuperscript{7}, led to the development of polarity analysis: the repertorization procedure checks all remedies for which the opposite pole to the patient's symptoms is present in grades 3 – 5 and compares this with the grade 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 contraindication (no contradiction of the genius of the remedy). If we later look at cases in which the totality of symptoms has apparently led to a good remedy selection but the result was disappointing, we often find that contraindications are the reason for the lack of success.

2.2 Polarity Difference

Polarity analysis *systematically* uses Boenninghausen's insights for *all* polar symptoms: on the one hand by excluding remedies with *contraindications*, on the
other hand by calculating the *polarity difference*: The polarity difference is calculated by adding the grades of the polar patient symptoms for all likely remedies and then subtracting the grades of the opposite pole symptoms. *The higher the resulting polarity difference, the better the remedy matches the patient's characteristic symptoms – assuming there are no contraindications.*

At least five polar symptoms should be used for the analysis if possible. To elicit the polar symptoms, the usual homeopathic casetaking is supplemented with checklists (for acute illness) and questionnaires (for chronic illness and multimorbidity), in which the patients underline the symptoms that they have observed in themselves. The checklists and questionnaires are specifically designed to elect polar symptoms. So far eleven checklists and twelve questionnaires have been developed for different problem areas, such as neurology, gynecology, ENT and airways, allergies, and so on.⁶ PA is performed with a small computer program of the revised version of Boenninghausens Therapeutic Pocket Book for PC and Mac.⁷ Although the theory behind PA may sound somewhat complicated, the procedure can immediately be understood when illustrated with case studies.

3 Case Studies

3.1 Skin Disease with Concomitant Internal Symptoms

3.1.1 Eczema in a Young Baby

Sheila is a four-month-old baby girl, so far unvaccinated, who is suffering from severe eczema. She was born after a normal pregnancy at 42 weeks, and was initially completely healthy. The parents are advocates of complementary medicine and took Sheila when she was between one and two months of age to see a homeopath, who recommended a "hereditary cure," prescribing *Lachesis M*, two weeks later *Nux vomica M*, and one week later the *BCG vaccine nosode M*. This was followed by the appearance of eczema over her entire body. The homeopath then prescribed two further doses of *Nux vomica M* followed by two doses of *Pulsatilla M*, and finally *Arsenicum album M*, each at weekly intervals. The rash then became appalling (figure 1), and the pediatrician wanted to treat Sheila with cortisone. It is at this time that the parents come to our practice. The baby’s entire body is covered in a crusty, weeping skin rash. Sheila scratches herself constantly and cannot sleep due to the
itch. At the same time she fails to thrive, as can be seen from the dip in her weight curve (figure 2).

Fig. 1, Sheila, 4 Months Old

Fig. 2, Sheila's Weight

With the Checklist for Acute Illness: Infants and Small Children, the following symptoms can be elicited:

- Skin rash, crusty, scabby, weeping, itching
- Difficulty falling asleep
- Sensitivity to noise (< noises)
- > Open air - P
- < Warm room - P
- < While falling asleep - P
- < Becoming warm in bed - P
- Irritability - P
- Absence of thirst - P

P = polar symptoms, related to the child's general sense of wellbeing, not the skin.
Reptorization

The reptorization with the PC software, Boenninghausen's *Therapeutic Pocket Book 2000* only uses the polar symptoms and the modality noises: worse. As already mentioned, skin symptoms are superficial and can lead to an incorrect choice of remedy. The difficulty falling asleep is non-specific and does not help to differentiate the remedies.

Figure 3: First Repertorization for Sheila
(remedies sorted by the number of hits)

<table>
<thead>
<tr>
<th>Number of hits</th>
<th>Sum of grades</th>
<th>Polarity difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>12</td>
<td>12</td>
<td>15</td>
</tr>
</tbody>
</table>

Explanations for figure 3

1. The remedies shown here are sorted by the number of hits. Further remedies are not shown due to a lack of space and because they have lower hit rates and a lower polarity difference.

2. Signatures of the symptoms:
- < = worse from ...
- ; > = better from ...

   Polar symptoms are indicated with (P).

   The number next to the symptom in square brackets (for example, > open air (P) [93]) corresponds to the number of remedies matching the symptom. This information is important because it shows to what extent the rubric limits remedy selection.

3. Patient symptoms are located beneath the blue line and above the red line.

4. Opposite poles are marked in italics and are below the red line.

5. Calculation of the polarity difference: the grades of the polar patient symptoms of a remedy are added up. From this the sum of the grades of the opposite poles is subtracted: the result is the polarity difference (for example: *Ipeca* 14 – 3 = 11, *Arnica* 9 – 5 = 4). The higher the polarity difference, the better the remedy fits the patient's symptoms, assuming there are no contraindications.
6. **Contraindications, CI:** The opposite poles in the genius range (grades 3 – 5) are compared to the grading of the patient's symptoms. If this has a low grade (1 – 2) but the opposite pole has a high grade (3 – 5), this means that the genius of the remedy does not correspond to the patient's characteristic symptoms; the remedy is therefore contraindicated. For example: with *Arnica*, the patient's symptom *absence of thirst* is found at grade 1 whereas the opposite pole *thirst* is found at grade 3. Therefore, thirst is a genius symptom of *Arnica* and this remedy does not perfectly fit the patient's symptoms.

7. Columns with contraindications, CI, and relative contraindications, (CI), are shaded gray so they can be easily recognized.

**Interpretation**
Sixteen remedies cover all the patient's symptoms. Only five have no contraindications. *Ipecacuanha* has the highest polarity difference, with *Magnetis polus arcticus* und *Sepia* in second place.

**Prescription and Progress**
Although *Ipecacuanha* is not a remedy that we normally consider for skin disease, Sheila is given one dose of it in the potency 30C because of its large polarity difference (that is, its specificity to the patient's characteristic symptoms).

Without any initial aggravation, the intensity of the symptoms declines somewhat. Encouraged by this reaction, we now give the child *Ipecacuanha 200C*.

Three weeks later, her skin is much better (the parents say 80% better), she is itching less, can sleep better, and has become more mild-mannered. Since the healing now stagnates, however, we give her *Ipecacuanha 500C*. This triggers an initial aggravation then leads to the (temporary) disappearance of the eczema, and her weight returns to the original 50th percentile. At the age of six months, the child starts teething and the eczema returns on the elbows and the backs of the knees.

We retake the case, resulting in the following general symptoms, not related to the skin:
- Increased salivation – P
- > Open air – P
- Open air, desire for – P
- < Warm room – P
- > Rest – P
While falling asleep – P
Absence of thirst – P

Figure 4: Second Repertorization for Sheila
(remedies sorted by the number of hits)

Interpretation
27 remedies cover all symptoms, 18 of which have contraindications. The remedies Asarum, Sabina, Phosphorus, and Magnetis polus arcticus stand out due to their high polarity difference (see also figure 5).

Prescription and Further Progress
Due to the high polarity difference, Sheila is now given Asarum 200 C, which is also a remedy with few known symptoms affecting the skin and teeth but which perfectly covers the child’s general modalities.
Within four weeks the skin again starts to improve, up to 90%. Further doses in the potencies M and XM have no further effect on her condition. Around 10% of the original symptoms remain. Since the symptoms have not changed since the last repertorization, we switch to Sabina, the second-best remedy (fig. 5).

Figure 5: Second Repertorization for Sheila,
(remedies sorted by the size of the polarity difference)
Sabina is also a remedy with only a few skin symptoms. The remaining symptoms disappear with the remedy in the potencies 200C, M, XM, and LM at monthly intervals (figure 6). The skin is practically healed and Sheila is in all other respects completely healthy.

Period of observation: 18 months.
Comments: The role of the “hereditary cure” in the origin of Sheila's eczema remains an open question. Homeopathy is basically a method to treat illness (ORG § 3), whereby the choice of remedy depends on the presence of symptoms; anything else is speculation. The probability that severe eczema will spontaneously heal during childhood is approximately 25%. With allopathic treatment, the complaint generally turns into hay fever and finally into allergic asthma.

3.1.2 Psoriasis

Bea is a 12-year-old girl who has been treated for ADD since she started school with Barium carbonicum in Q potencies, which has helped her a lot. Now she has been suffering from an extensive lichen-like skin rash on the back, with itching and severe shedding of skin - psoriasis. The mother thinks that the underlying psychological cause might be Bea's unsuccessful attempts to distance herself from another girl in her class. She also cannot tolerate cow's milk, which gives her stomach ache and diarrhea. We decide to retake the case, especially in view of the fact that ADD patients very often need a change of remedy at puberty.

On the questionnaires for Disturbances of Perception, ADD / ADHD and Additional Complaints, mother and child mark the following symptoms:

- < Touch (dislikes touch) – P
- Dislikes movement – P
- > Movement – P (symptom confirmed)
- < While falling asleep – P
- Irritable – P
- Sad – P
- < Food: milk – P
- Lichen on skin

We use only the polar symptoms (P) for repertorsation.
Interpretation
Fifteen remedies cover all symptoms, six of which have no contraindications. The largest polarity difference is found for Sepia and Lycopodium, both of which are well ahead of the other likely remedies.

Prescription and Progress
Due to her tendency to withdraw and her dislike of consolation, we decide to give Bea a dose of Sepia, in the potency 30 C.

Within two weeks her skin has improved dramatically. Bea says it is 60% better, which matches our impression. With Sepia 200C and then one month later Sepia M, the skin rash completely disappears. The ADD symptoms vanish – her Conners’ Global Index, which was originally 9 and then dropped to 4.5 during treatment with Barium carb, is now 0. The intolerance of milk is also no longer a problem.

Period of observation: 4 years

Comments
We know from conventional medicine that psoriasis patients do not complain much about their illness: they generally tend to be withdrawn and are quick to say they are satisfied with the treatment. Eczema patients, on the other hand, say they suffer unbearably and therefore tend to pressurize the doctor more. This explains why Sepia is a frequently indicated remedy for psoriasis.
3.2 Skin Disease without Internal Symptoms

3.2.1 Rosacea

Mr H. is 58 years old and has been suffering for many years from rosacea with patchy red spots, papules and pustules, especially on the chin, nose, cheeks, and forehead. The skin of the nose has large pores although there is no evidence of rhinophyma, a possible late complication of rosacea. The dermatological treatment that he has had to date, lasting many years, has brought hardly any improvement. Based on his children's positive experience with homeopathy, he now hopes it can help him too. Mr H. has no concomitant internal complaints and is otherwise completely healthy.

On the questionnaire for Additional Complaints, which we are using to help treat his skin illness in the hope that he might have some internal symptoms after all, he marks the following symptoms:

- Rosacea
- < In the sun
- < From wine – P
- < After perspiration – P
- > Open air – P

The additional questioning only produces the symptom that Mr H. tends to be sensitive to warmth (warmth in general: worse – P and uncovering: better – P), and does not suffer from chilliness. For the remedy selection, we therefore only have the clinical findings about the skin and the indication that he is sensitive to temperature. In view of the lack of any other symptoms, we use all of these to select the remedy.
Figure 8: Repertorization for Mr H. (remedies sorted by the number of hits)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
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<td>Sum of grades</td>
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<td>6</td>
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<td>5</td>
<td>5</td>
<td>5</td>
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<td>5</td>
</tr>
<tr>
<td>Polarity difference</td>
<td>10</td>
<td>-5</td>
<td>15</td>
<td>9</td>
<td>0</td>
<td>-4</td>
<td>2</td>
<td>-1</td>
<td>12</td>
</tr>
</tbody>
</table>

Interpretation

To our astonishment, only a single remedy, *Calcium carbonicum*, covers all symptoms. Without the skin findings, *Pulsatilla* would also be a promising remedy due to the large polarity difference.

*Materia Medica Comparison for Calcium carbonicum (GS)*

Moist itching scurfy eruption on cheeks and forehead, with burning pain. Red, itching pustules on upper lip and cheeks. Eruptions of painful papules or an eczema. Forehead and face were covered with yellow scabs, especially about mouth.

*Materia Medica Comparison for Pulsatilla (GS)*

Acne faciei of young growing girls.

**Prescription and Progress**

Based on the repertorization and materia medica comparison, we give Mr H. a dose of *Calcium carbonicum* 200 C.

Within a week, the rosacea improves almost completely, to 5% of the original intensity. With *Calcium carbonicum M* and *XM* at monthly intervals, it disappears.

H. Frei, Skin Disease and Polarity Analysis, Am Hom 2014, Copyright of the Author
Eighteen months later it returns somewhat but then disappears again after treatment with three doses of *Calcium carbonicum* (200C, M, XM). The same thing happens two years later.

*Period of observation: 4 years*

**Comment**

The reaction of this case of rosacea to *Calcium carbonicum* is astonishing and prompts the question of why the complaint sporadically returns. It is known that *Calcium carbonicum* patients often require a series of treatments with the remedy to remain healthy. This is what appears to have happened here too.

**3.2.2 Furunculosis**

15-year-old Gregory has been suffering from furunculosis on the right thigh with episodes of large, very painful boils. Conventional medical treatment has so far had no effect on the illness. Gregory is otherwise completely healthy.

With the *Questionnaire for Additional Complaints*, he marks the following modalities:

- < Touch-P
- < External pressure-P
- < Movement-P
- < Lying on painful side-P
- < Cold-P

All modalities concern the furuncle since there are no internal symptoms. We include in the repertorization everything that we are given in terms of specific symptoms – all modalities and the clinical finding *furuncle* (figure 9).
Figure 9: Repertorization for Gregory (remedies sorted by the number of hits)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>HcP</th>
<th>Hlos</th>
<th>Lyc</th>
<th>Nt-ac</th>
<th>Phos</th>
<th>Am-c</th>
<th>Anac</th>
<th>Ant-c</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of hits</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
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<tr>
<td>Sum of grades</td>
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<td>16</td>
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<td>18</td>
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<td>12</td>
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<td>10</td>
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<td>1</td>
</tr>
</tbody>
</table>

If we use only the modalities and the symptom *furuncle*, the result of the repertorisation is a very large number of remedies, that cover all symptoms. With the help of the symptom *furuncle large*, we can restrict the differential diagnosis to five remedies, three of which have no contraindications.

**Prescription and Progress**

Due to the largest polarity difference, Gregory is given *Hepar sulfuris 200C* as the first remedy, with *Nitricum acidum 200 C* as a reserve in case *Hepar-sulf* does not cause an improvement within four days.

With *Hepar sulfuris*, the pain and inflammation diminish so rapidly that Gregory does not need to use the reserve remedy. Yet four weeks later he has a relapse, which is quickly healed with *Nitricum acidum*. With two further doses of *Nitricum acidum* (500C and M) at monthly intervals, the furunculosis completely heals.

*Period of observation: 3 years*
Comments
The correct remedy selection in this case did come from the problematic rubric *furuncle large*, which is matched by just seven remedies. In general it is advisable to avoid rubrics with fewer than ten remedies since this unduly restricts the selection on the basis of only a single symptom, with the resultant risk of skewing the results. However, if there is a striking paucity of symptoms, this procedure is sometimes the only way of selecting a remedy.

3.2.3 Acne Pustulosa
George is 17 years old and suffers from severe acne pustulosa on the face and back (figure 10). Since he too has only skin symptoms, the choice of remedy is difficult and we administer *Calc, Sulf, Bry, and Nit-ac* sequentially, with only *Calc* und *Nit-ac* causing a slight improvement. On retaking the case we elicit the following symptoms:

- Skin rash, papules
- < Wrapping up warmly
- < Warmth
- < Physical exercise
- < Winter
- Irritable

Figure 10: George, Initial Condition
There are still many remedies covering the symptoms, including *Calcium carbonicum* and *Bryonia*, both of which have already been administered. The highest polarity difference is now found for *Lycopodium*, with *Veratrum album* in second place.

**Prescription and Progress**

With several doses of *Lycopodium* in the potencies 200C, M, XM, LM and CM, there is now a significant improvement in the skin, which George rates at 90% (fig. 11). Over the long term, the skin becomes fully normally, since the hormonal imbalance underlying the acne physiologically disappears.

*Period of observation: 3 years*
Comments
This case shows clearly how difficult it can be to treat skin disease. It is not uncommon that such cases require extra stamina to achieve the desired result.

3.3 Skin Disease without Internal Concomitant Symptoms and without Modalities

3.3.1 Acute Eczema – Proven Indications
With acute eczema in which there are often no modalities and no concomitant symptoms, we try a dose of *Belladonna 200C*, and if this does not work, after ten days we also give a dose of *Sulfur 30C*. In around one third of patients, this solves the skin problem.

3.3.2 Eczema as an Effect of Vaccination
In some babies eczema appears after a vaccination, or an existing case of eczema is aggravated by a vaccination. In such cases a dose of the nosode of the vaccine very often helps – for example, *Iso-Pentavac 200C* or *Iso-Prevenar 13 200C*.

4. Evaluation of Polarity Analysis for Skin Disease
As part of the evaluation of polarity analysis in chronic illness, the treatment results for thirteen patients with chronic skin disease were prospectively gathered. The results shown here were taken six weeks after the start of treatment, with the patients receiving first a dose of the homeopathic remedy in the potency 30C. If this caused improvement, the patients were given the same remedy in the potency 200C two weeks later (Table 1).
Table 1: Evaluation of Chronic Skin Disease

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number</th>
<th>Remedy</th>
<th>Successful Treatment</th>
<th>Degree of Improvement for Successful Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urticaria</td>
<td>2</td>
<td>Sep, Calc</td>
<td>1 of 2</td>
<td>99%</td>
</tr>
<tr>
<td>Acne</td>
<td>6</td>
<td>Sep, Sulf, Rhus-t, Ars (2), Hepar</td>
<td>6 of 6</td>
<td>72%</td>
</tr>
<tr>
<td>Rhagades</td>
<td>1</td>
<td>Lyc</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Psoriasis</td>
<td>1</td>
<td>Sulf</td>
<td>1</td>
<td>95%</td>
</tr>
<tr>
<td>Verrucae vulg.</td>
<td>1</td>
<td>Sil</td>
<td>1</td>
<td>89%</td>
</tr>
<tr>
<td>Eczema</td>
<td>2</td>
<td>Sulf, Hep</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13</strong></td>
<td><strong>9</strong></td>
<td><strong>94%</strong></td>
<td><strong>83%</strong></td>
</tr>
</tbody>
</table>

This small patient group obviously does not permit definitive conclusions, but the results do indicate that it is certainly possible to successfully treat skin disease with homeopathy.

5. Discussion
In skin disease we frequently have to struggle with a lack of reliable symptoms, especially if there are no concomitant internal symptoms. The results of this small evaluation study are deceptive: experience shows that it is often not easy to achieve successful results. As always, with illness characterized by a paucity of symptoms, polarity analysis is an exceptionally valuable tool to narrow down a wide selection of potential homeopathic remedies to those with the most specific match between the symptoms presented and the genius of the remedy.
Literature
If you are interested in attending **trainings in polarity analysis** please contact Mrs. Lauren Hubele, Austin, Texas, Email: l.hubele@gmail.com.

Bibliography

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