

# Alternating Symptoms in the Homœopathic Treatment of Bipolar Disorder. Platinum Metallicum: A Case Report

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**Abstract:** Due to the oscillating nature of the symptoms within rapid cycling or cyclothymic bipolar disorder, an accurate homœopathic prescription must produce alternating symptoms within the drug's primary action in order to most similarly match the disease state of the patient. By example, this case report presents the homœopathic treatment of a patient with diagnoses of bipolar disorder, attention deficit disorder, and anxiety. The patient previously underwent conventional treatment for several years, but was dissatisfied with the outcome and sought alternative treatment. The patient was prescribed *Platina metallicum* because of its similarity to the distinctive (characteristic) symptoms of the "case of disease," (*Organon*, §153).<sup>1</sup> Within two months of treatment, episodes of mania, depression, and anxiety had stopped. After one year, the patient demonstrated continued improvement without relapses in bipolar episodes. This case presents an important example of *Platina metallicum*'s alternating symptoms within its primary action, which makes it a valuable remedy in the homœopathic treatment of bipolar disorder.

**Keywords:** alternating symptoms, mental illness, *Platinum metallicum*, bipolar disorder, attention deficit disorder, anxiety

## Introduction

The case herein presented demonstrates the effectiveness of homœopathy in the treatment of bipolar I disorder (BPI), generalized anxiety disorder (GAD) and attention deficit hyperactivity disorder (ADHD) inattentive type.

It has been suggested that homœopathy has the potential to improve symptoms related to mood disorders.<sup>2</sup> Homœopathy was found to be non-inferior to fluoxetine in the treatment of moderate to severe depression and with fewer side effects in a double-blind randomized trial.<sup>3</sup> Recently, homœopathy was found to be more effective than placebo and pharmaceutical intervention for depression in peri- and post-menopausal women in a randomized, double-dummy, double-blind, placebo-controlled trial.<sup>4</sup> A meta-review concluded, however, that there is a lack of evidence to support the use of homœopathy for the treatment of anxiety.<sup>5</sup> Homœopathic treatment of ADHD in children was demonstrated to be a safe and effective treatment in a randomized, double-blind, placebo-controlled crossover trial.<sup>6</sup> The therapeutic value of homœopathy for serious mental disorders has been thoroughly documented in the historical homœopathic literature spanning the past two hundred years and dating back to Hahnemann's own case reports.<sup>7</sup>

The following case shows the potential for homœopathy to be used as an effective and safe treatment for mental disorders, including BPI, ADHD, and anxiety. Specifically,

this case illustrates *Platina metallicum*'s alternating symptoms within its primary action, which makes it an important remedy in the homœopathic treatment of bipolar disorder. The concepts of primary, secondary, and alternating symptoms will be examined more completely in the discussion.

## Presenting Concerns

**Initial Intake:** A thirty-seven year-old Caucasian female presented to the Southwest Naturopathic Medical Center<sup>a</sup> with the diagnoses of bipolar I disorder, attention deficit hyperactivity disorder inattentive type, and generalized anxiety disorder. These diagnoses were previously determined by the patient's psychiatrists and were based on DSM-IV criteria. The patient had an eleven-year history of BPI, a six-year history of GAD, and a three-year history of ADHD when we began management of her case. Anxiety and inattention, however, began in high school and were undiagnosed for many years. The psychiatrist overseeing her care in the years prior to our intervention rated her Global Assessment of Functioning score (Axis V diagnosis) between 60-70, indicating mild to moderate impairment in

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functioning as a result of her mental disorders.<sup>8</sup> Previous medical interventions included alprazolam 0.5 mg twice daily, bupropion hydrochloride 200 mg daily, clonazepam 0.5 mg twice daily, zolpidem 12.5 mg (later reduced to 10 mg and 6.25 mg) before bed nightly, amoxetina at multiple doses (60 mg, 40 mg, and 25 mg) every morning, lithium at an unknown daily dose, and psychotherapy. The patient's previous medical records indicated mild improvements in symptoms and daily functioning, but favorable results were dependent on compliance of medication usage. At the time of our initial intake she had self-discontinued all previously prescribed medications due to perceived minimal benefit and associated undesired side-effects, including: irritability, suicidal thoughts, decreased sexual interest, migraines, and increased anxiety.

The patient reported an episode of sexual abuse within the same year that the episodes of mania and depression initially began. In the immediate years prior to starting homœopathic treatment, the patient was in the process of filing for bankruptcy, had difficulty maintaining jobs and personal relationships, and felt "lost and out of control." During the interim of discontinuing conventional treatment and seeking alternative care, she decided to return to school and also began working for her family's business.

At the time of the initial intake, she reported the following ADHD symptoms: difficulty focusing, inattention, making careless mistakes, difficulty completing tasks and forgetfulness. These symptoms were the most problematic in her day-to-day life. However, it was the symptoms related to her rapidly cycling BPI that were the most debilitating and destructive. For over a decade prior to initiating homœopathic treatment, each week she would experience a pattern of mania for four days beginning on Wednesday, immediately followed by a day of depressed mood, followed by approximately two days of feeling "normal." The severity and nature of these episodes were consistently worse prior to her menses.

Episodes of mania consisted of binge drinking, shopping sprees, increased libido, loquacity, racing thoughts, compulsive behavior and increased energy with diminished need for sleep. Depressed episodes were characterized by a strong desire to cry, feeling overly critical of herself and others, being withdrawn socially, having increased fatigue, and binge eating. She frequently ended romantic relationships and felt indifferent towards her partners during periods of depression. Her episodes of anxiety, which she viewed as the least troubling of all her symptoms, occurred primarily at work or school when she was unable to complete projects or assignments due to her inattention. During episodes of anxiety she felt flushes of heat with increased perspiration on her chest, palpitations

and shakiness—all of which were ameliorated in open air.

Additionally, it was learned that her menstrual history included many years of severe menorrhagia with dark clots. In 2009, the patient had a uterine ablation to stop her menstruation, which she described as "heavy, horrendous, nightmarish."<sup>b</sup> She experienced extreme alternating moods in the days preceding her menses. The patient said that within the same hour she would alternate between laughing and crying.

The most distinguishing (singular) symptoms in this case were those repertorized (see Figure 1) using the computerized *Programme* version of Bönninghausen's *Therapeutic Pocketbook*, through George Dimitriadis' most accurate English translation, TBR2.<sup>9</sup> The *Platina metallicum* prescription was confirmed by the accessory (concomitant) symptoms (*Organon*, §95) that the homœopath regards as part of an interconnected syndromal deviation from health, rather than disparate diseases which conventional medicine treats separately.<sup>10,11,12,13,14,15</sup> Therefore, the *effects* of *Platina metallicum* were the most similar match to the totality of characteristic symptoms (*Organon*, §153).<sup>1</sup> [See Figure 1 on next page]

A more complete list of symptoms in the patient's case that correspond via similarity to the recorded effects of *Platina metallicum* in the *materia medicæ* include:

*Platina* – Hahnemann's *Chronic Diseases*:<sup>13</sup>

3. Anxiety, with trembling of the hands and ebullition of heat. [*Gr.*]

4. Anxiety and palpitation, especially during a walk.

5. Anxiety is frequently suddenly felt all through the body. [*Gr.*].

6. Great anxiety, with violent palpitation, when she wishes to talk in company; so that speaking is hard for her. [*Gr.*]

7. ...with trembling in all the limbs, arrested breathing and intense palpitation. [*Gr.*].

14. Ill-humored for a long time, from a slight vexation; he only talks when he is obliged to; extremely unkind, abrupt and quarrelsome. [*Gr.*].

<sup>†</sup>17. Sad and sullen on the first morning; the next morning inexpressibly happy, especially in the open air, so that she felt like embracing everybody and could have laughed over the most sad things. [*Gr.*]

<sup>†</sup>26. Very serious and taciturn the first day; the next day everything seems to her funny and ludicrous. [*Gr.*]

<sup>†</sup>27. **Great merriment**, so that she could have danced, half an hour **after the weeping**. [*Gr.*]

<sup>†</sup>28. **At first great merriment** for two days; everything seems joyful, she could have laughed at the most sad things; then on the third day **great sadness**, in the morning and evening, **with weeping**, even

b. It is important to note that while the uterine ablation artificially (surgically) removed the symptoms of menorrhagia, the nature of the disease remained the same following the surgery. The patient's bipolar symptoms continued to oscillate with the same pattern of her monthly hormonal changes, despite anatomically being incapable of bleeding. The long-standing, consistent nature of the heavy menstrual periods that developed along the same disease course as the BPI indicates that they are part of the same syndromal diathesis. Therefore, the menstrual symptoms were considered consistent characteristic symptoms, contributive to the homœopathic prescription despite the surgical ablation.

ID	Symptom name (Desktop 5)	Plat.	Puls.	Ign.	Bell.	Croc.	Cham.
784	Mind (& Disposition), Changeable (changeability) mood (disposition) [41]	4	2	4	2	2	
524	Female genitalia, Menstruation, Blood, dark [40]	2	3	2	2	4	4
523	Female genitalia, Menstruation, Blood, clotted (coagulated) [28]	4	3	3	3	2	4
2038	Modalities, From Situation & Circumstance, Menstruation, before [66]	3	4	1	1	1	1
1762	Modalities, Mind, Vexation (disturbed, put-out, troubled), from [47]	4	3	4	3	1	4
	<b>Symptom count [5]</b>	5	5	5	5	5	4

Figure 1: Repertorisation using the computerized Programme version of TBR2 <sup>c</sup>.

about joyful and ludicrous matters, also when she is addressed. [Gr.]

<sup>d</sup>34. Vacillation of mind. [Gr.]

42. Absent-mindedness; she listens to conversations, but at the end she knows nothing about them. [Gr.]

43. **Great absent-mindedness and forgetfulness**, she does not even hear what is spoken before her, even when she is addressed emphatically and repeatedly. [Gr.]

44. Indisposed to mental work. [Gr.]

285. Pressure in the hypogastrium, with qualmishness, as before the appearance of the menses. [Gr.]

292. With copious flow of the menses, urging in the hypogastrium, with ill humor.

294. Menses too early by fourteen days and very copious. [Gr.]

297. On the first day of the menses, discharge of much coagulated blood.

*Platina* – Hering’s *Guiding Symptoms*:<sup>14</sup>

| Anxiety with trembling of hands and flushes of heat over whole body.

| After anger alternate laughing and weeping, with great anguish and fear of death.

| Trifling things produce profound vexation; remains a long time in the sulks.

| Silence, with involuntary weeping.

| Sits alone, sad and morose, without talking; followed by inconsolable weeping, especially when spoken to.

| Thinks she is left entirely to herself and stands alone in the world.

| Mood changing; cheerful or depressed.

| Mania : with great pride; fault-finding; unchaste talk;

| Mental disturbance after fright, grief or vexation.

| Metrorrhagia : ...discharge of thick, black blood; discharge occurred every fifteen minutes,

| Menses: too early, too profuse and too short-lasting, flow dark, clotted, thick,

| Irritable, easily angered, sometimes quite violent, at same time great bodily activity; at other times very melancholy and lachrymose, with indifference; depressed condition of physical powers; she would lie on sofa, would hardly speak, anxiousness and fear of approaching death; menstrual flow intermingled with clots which were discharged with preceding pain in belly and a certain feeling of bearing down;  $\theta$  Melancholia.

*Platina* – Allen’s *Encyclopædia*:<sup>15</sup>

(During contemptuous mood), Ravenous hunger.

## Prescription and Outcomes

**Initial Prescription (Month 0):** The patient was initially prescribed *Platina* 6C, three pellets of the medicine dissolved sublingually daily.<sup>c</sup>

**Month 1:** A few days before her first scheduled follow-up visit, she had used all of the *Platina metallicum* prescribed, and self-administered her previous prescription of Bupropion hydrochloride (100 mg twice daily) to manage her mood. The patient reported an improvement in several symptoms, particularly waking more refreshed and having increased energy on days she dosed *Platina*. The ADHD symptoms were better overall, specifically less forgetfulness, better time-management, and fewer careless mistakes (Figures 2 and 3). The patient had no episodes of anxiety after this first month of treatment (Figures 2 and

c. Due to the onset of BPI symptoms following an emotional vexation, TBR2, rubric 1762 was used. The following explanation of the vexation rubrics by George Dimitriadis is quoted from TBR2 Endnote 1762.

“Ärger. [Tm351]. Refer *Ars*.259 “Violent flow of blood from the nose, owing to vexation [Ärgerlichkeit] (aft. 3d).”; *Lyc*.1415 “After vexation [Verdrusse], he becomes quite prostrated, with palpitation and trembling, the whole forenoon (aft. 14d).”; 1416 “When vexed [Ärgerniss], he is suddenly affected in the scrobiculus cordis, and then there is heaviness like lead in the lower limbs.”; *Mag-c*.52 “Violently twitching headache, after vexation [nach Ärger], with sensation of heaviness, continually increasing from 1 p.m. until it ceases in bed (15th d). [HTRA]”; *Nat-m*.673 “Constant burning at the anus, especially after annoyance [nach Ärger].”; 1177 “Annoyance [Ärgerniss] causes stitching pain in the upper left part of the chest, lack of appetite and headache; she feels every step in her head, becomes very tired, and the feet become heavy.”; 1178 “After a slight annoyance [Verdrusse], she weeps all night, and coughs much, with ineffectual retching.”. This rubric and its subrubrics has commonly (inaccurately) been mistranslated as “anger”, but the meaning of the German term *Ärger* is a *disturbance* or *annoyance* of any sort - perhaps by bad news, or by fright, etc. - as when one is involved in or occupied with something, minding one’s own business so to speak, and their normal course is *disturbed* by some occurrence, the nature of the subsequently evoked feeling is then specified in each of the subrubrics listed below. Hering (HRM92, 1881) has correctly given *Ärger* as vexation.”

d. Note the alternating nature of symptoms 17, 26, 27, 28, and 34. This group of symptoms illustrates an artificially induced drug state produced by *Platina* that resembles (by similarity) the oscillation between mania and depression seen in bipolar disorder.

3). These improvements allowed her to perform better at both work and school. Most notably, she began to identify and express previously suppressed emotions, which she believes contributed to her manic and depressive episodes.

The potency of *Platina* was increased to 30C at this follow-up. She continued dosing three pellets sublingually daily for an additional two months. The decision to use the higher potency at this time was made on the basis of an apparent “plateau” in the rate of improvement. The case was still well covered by *Platina*, indicating no need to change the remedy.

**Month 2:** At the second follow-up, the patient reported she was “improving a lot.” Her work performance improved and she was able to take on new assignments at work that previously would have been too complex to complete.

Her ADHD symptoms continued to improve and she reported that her physical and mental restlessness were “no longer an issue” (Figures 2 and 3). She continued to have no episodes of anxiety. The patient reported no manic or depressive episodes for the first time in over a decade (Figures 2 and 3). She reported that her mood had elevated, allowing her to begin experiencing joy and pleasure in life and to take interest in activities. Her tendency to overeat when feeling stressed had also improved, with a consequent weight loss of ten pounds since her initial intake. Overall, she felt that she was continuing to improve, but was beginning to feel overwhelmed with the level of personal growth and change she was experiencing. However, she also felt she was handling stress better. During this period of time the

**Month 12:** One year after beginning *Platina metallicum* the patient returned for a follow-up visit and reported continued improvement. She had taken the *Platina* 30C for about sixty days and then stopped because she was doing so much better. Her ADHD symptoms of careless mistakes, forgetfulness and difficulty listening when being spoken to were no longer present (Figures 2 and 3). She was able to concentrate and listen to her instructors at school (Figures 2 and 3). The anxiety had returned but was much less intense than before treatment. She continued to not experience any manic or depressive episodes (Figures 2 and 3). Overall, she stated she was “a lot better” and felt “like a new person.”

At this time the decision was made to re-prescribe *Platina* 30C, three pellets dissolved sublingually daily. Despite the patient stopping the medicine sixty days after her last visit, which was nearly nine months earlier, the positive effects from the *Platina* persisted. The persistent reaction is an indicator of curative responsiveness. This is in marked contrast with mainstream pharmacotherapy which must be continued and which, through tolerance, needs to be increased or modified with time. Because the presentation remained unchanged and she was only experiencing a relapse of the anxiety (less intense than original presentation), there was no evidence that the patient had become insensitive (developed tolerance) to the 30C potency. Therefore, the same dose and potency was prescribed.

At her most recent follow-up appointment, 17 months after initiating homeopathic treatment, she had still

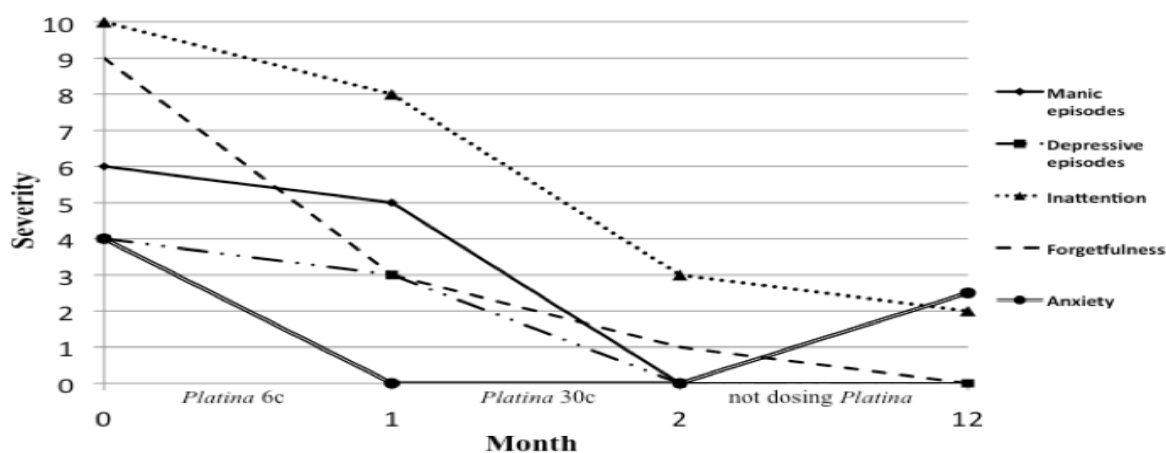


Figure 2: Severity of symptoms tracked over the treatment period. This figure illustrates the patient's severity of symptoms, which were reported on a scale of 1-10, with 10 being worst. The severity of symptoms were tracked over the twelve-month course of treatment with *Platina metallicum*.

patient self-administered Bupropion hydrochloride, 200 mg daily for two weeks, though its previous use did not produce a substantially positive effect as observed during the two months of homeopathic treatment, thus supporting the therapeutic response to *Platina*. The patient reported by phone 7 weeks later that she was still doing well.

not experienced a single relapse in manic or depressive symptoms (data not illustrated in figures). Her anxiety was reported as being gone. The ADHD symptoms, which partially relapsed during months 14 to 16 of homeopathic treatment, began to improve again. She continues to be treated homeopathically, though the prescribed remedy was changed at month fourteen of treatment due to a



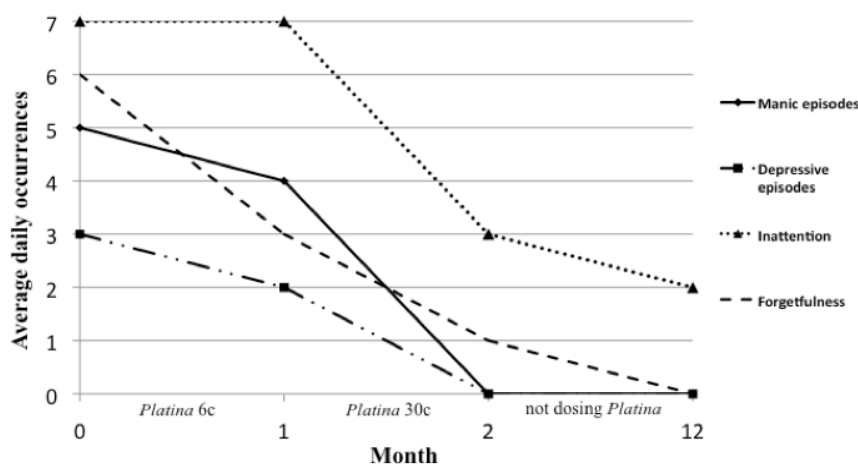


Figure 3

Figure 3: Frequency of symptoms tracked over the treatment period. This figure illustrates the average of weekly occurrences of symptoms on a scale of 0-7, with 7 representing a frequency of daily occurrences. Occurrences were tracked over the twelve-month course of treatment with Platina metalicum.

change in her symptoms related to acute stressors in her personal life.

## Discussion

The pharmacodynamics of *Platina metalicum's* effects support the prescription in this case. Hahnemann describes the primary and secondary actions of drugs in *Organon* §§63<sup>16</sup> and 64<sup>17</sup>.

§63, "Every agent that acts upon the vitality, every medicine, deranges more or less the vital force, and causes alteration in the health of the individual for a longer or a shorter period. This is termed *primary action* ... To its action our vital force endeavors to oppose its own energy. This resistant action is a property, is indeed an automatic action of our life-preserving power, which goes by the name of *secondary action* or *counteraction*."

§64, "During its primary action of the artificial morbid agents (medicines) on our healthy body, as seen in the following examples, our vital force seems to conduct itself merely in a passive (receptive) manner, and appears, so to say, compelled to permit the impressions of the artificial power acting from without to take place in it and thereby alter its state of health; it then, however, appears to rouse itself again, as it were, and to develop (A) the exact opposite condition of health

(counteraction, secondary action) to this effect (primary action) produced upon it, if there be such an opposite, and that in as great a degree as was the effect (primary action) of the artificial morbid or medicinal agent on it, and proportionate to its own energy; -or (B) if there be not in nature a state exactly the opposite of the primary action, it appears to endeavor to indifferently itself, that is, to make its superior power available in the extinction of the change wrought in it from without (by the medicine), in the place of which it substitutes its normal state (secondary action, curative action)."

To summarize, the primary action is the initial effect of the medicine on the vital force.<sup>16,18</sup> The secondary action is the opposing reaction by the vital force in a homeostatic response of the organism to the medication that

causes symptoms opposite of the drug's primary action (Figure 4).<sup>17,18</sup>

This phenomenon of primary and secondary drug reactions described by Hahnemann remains consistent and well demonstrated in modern drug pharmacodynamics, for which many examples can be found in the conventional drug

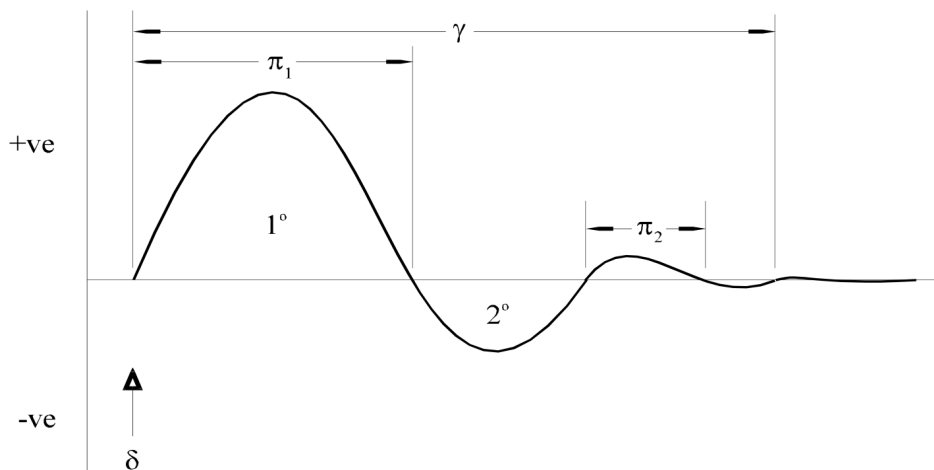


Figure 4: "Schematic representation of medicinal re-action into a normal primary (1°)/secondary (2°) dose response curve. Whilst the entire duration ( $\gamma$ ) of the effects of a medicinal dose ( $\delta$ ) includes both primary and secondary responses, properly, the "duration of action" as it is termed relates only to the primary phase of this response ( $\pi_1$ ), wherein also the characteristic symptoms reside. Note the possible rebound effect, depending on dose size, with a return of proving symptoms ( $\pi_2$ ) without further dosing. The nature of this effect shall reflect the original symptoms although in a milder form (lower wave width, amplitude, etc.). Note also that the pace, duration, and intensity of both primary and secondary reactions are reflected in the shape of this dose response sample curve, and are determined by the stimulus dose-strength relative to the organism." Reprinted with permission.<sup>18</sup>

literature (e.g., rebound weight gain following withdrawal from ADHD stimulant medications,<sup>19</sup> rebound tachycardia and hypertension following abrupt withdrawal from beta blockers<sup>20</sup>, and rebound acid hypersecretion following withdrawal from proton pump inhibitors<sup>21</sup>). Substance effects on human physiology, accurately recorded, remain ever consistent and are independent of the mechanism upon which the physician intends to prescribe the medicine based on the drug's primary action (i.e., via similars or via opposites).

Most drugs produce a steady state within their primary action (e.g., depression, dilated pupils, constipation). However, Hahnemann observed that some drugs produce alternating symptoms as a phenomenon within their primary action (*Organon*, §115).<sup>18,22</sup>

§115, "Among these symptoms, there occur in the case of some medicines not a few which are partially, or under certain conditions, directly opposite to other symptoms that have previously or subsequently appeared, but which are not therefore to be regarded as actual *secondary action* or the mere reaction of the vital force, but which only represent the alternating state of the various paroxysms of the primary action; they are termed *alternating actions*."

These symptoms (alternating actions) produce a marked vacillation of opposite symptoms during the primary action phase (Figure 5).<sup>18,22</sup> There is a marked changeability or oscillation of symptoms during this phase (e.g., mania and depression, dilation and contraction of pupils, constipation and diarrhea).<sup>18</sup> For a disease state in which rapidly alternating mania and depression exists, such as in the case of BPI, the remedy selected must produce as similar

as possible an alternation of symptoms within its primary action (*Organon*, §27).<sup>18,23</sup>

*Platina metallica* is one of a group of remedies in the homœopathic materia medica whose recorded effects show alternating emotional symptoms within its primary action phase.<sup>13,18</sup> This group of remedies is evident in the forty-one remedies listed under the TBR2 rubric 784, "Mind (& Disposition), Changeable (changeability) mood (disposition)," (Figure 6). This rubric represents the group of remedies that will most commonly be indicated in the treatment of cases of bipolar disorder that are more rapidly cycling or are cyclothymic. Each of these listed remedies may be further differentiated by the homœopath by recruiting other symptoms of the case which, considered together, will indicate the medicine whose proven effects (*Organon*, §§24-25<sup>24</sup>) are most similar to the *totality of distinctive symptoms* in each specific case of bipolar disorder.

In the subset of cases of bipolar disorder that are rapid cycling or cyclothymic, one of the most consistent (characteristic) elements of the disease process is the changeability of the emotional symptoms. In other words, the state of the patient is *consistently inconsistent* and, therefore, the most similar remedy must match this state of variability of the patient's symptoms. This is in contrast to a subset of cases of bipolar disorder that have a single or rare episode of mania followed by a subsequent persistent period in a steady state of depression. This later group of bipolar cases is a variety whose most consistent (characteristic) element of the disease process is a relatively steady state and, therefore, will likely benefit from a homœopathic prescription that most similarly matches the

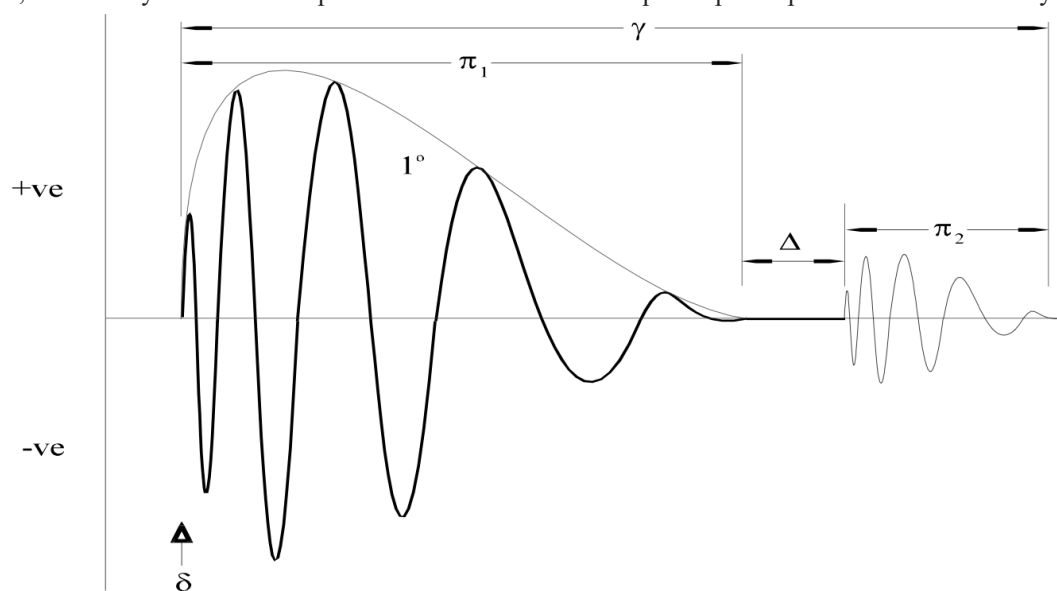


Figure 5: "Dose-response curve illustrating alternation of opposite symptoms over time as part of the primary effects ( $\pi_1$ ) of a medicinal dose ( $d$ ). Note that, depending on the size of the dose, after a greater or lesser delay period ( $\Delta$ ), there may follow a return of proving symptoms ( $\pi_2$ ) without further dosing, the nature of which reflect the original symptoms although in a milder form. This "metaphasic" effect may also be observed in the case of the normal  $1\frac{1}{2}^\circ$  response curve. (see Figure 2)" Reprinted with permission.<sup>18</sup>

patient's consistent steady state.

Mind (& Disposition), Changeable (changeability) mood (disposition)
<p>Acon. ALUM. Ant-t. Arn. Asaf. Asar. Aur. Bell. Bism. Bov. Cann-s.  Caps. CARB-A. Caust. Con. Croc. Cupr. Cycl. Dros. FERR. GRAPH.  Hyos. IGN. Iod. Lyc. M-arc. Merc. Nat-c. Nat-m. Nux-m. Op. Phos.  PLAT. Puls. Sars. Stram. SUL-AC. Sulf. Valer. Vitx. ZINC.</p>

Figure 6: TBR2 784

Therefore, *Platina* was prescribed based on its similarity to the patient's totality of characteristic symptoms and its known alternating symptoms of mania and depression, whose pharmacodynamic effects produce an oscillating effect similar to the patient's subtype of bipolar disorder. We refer the reader to the *Platina metallicum* symptoms 17, 26, 27, 28, and 34 from Hahnemann's *Chronic Diseases* in order to appreciate the alternating nature of the symptoms. One can see by these symptoms that *Platina* produces an artificial drug state similar to that of a rapid cycling bipolar disorder or cyclothymia.

## Conclusion

*Platina metallicum* was prescribed for the treatment of BPI, GAD, and ADHD based on the individualizing characteristic symptoms in the case. The patient responded dramatically to treatment with *Platina* for the management of her mental disorders. The significant improvement in symptoms, including complete remission of BPI, supports that *Platina* was responsible. The results are evidence that homeopathic treatment also yielded a greater improvement in severity and frequency of symptoms related to the patient's mental illnesses as compared to previous pharmacotherapy use. This case represents an important example of *Platina metallicum*'s alternating symptoms within its primary action, which makes it an important remedy in the homeopathic treatment of bipolar disorder.

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- §15 "It is by balancing the concomitant symptoms whether good or bad, that one is to form a prognosis; for thus it will most probably prove to be a true one."
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12. Hahnemann S. *Organon of Medicine*, *ibid.*  
§95, "In chronic disease the investigation of the signs of disease above mentioned, and of all others, must be pursued as carefully and circumstantially as possible, and the most minute peculiarities must be attended to, partly because in these disease they are the most characteristic and least resemble those of acute diseases, and if a cure is to affected they cannot be too accurately noted; partly because the patients become so used to their long sufferings that they pay little or no heed to the lesser accessory symptoms, which are often very pregnant with meaning (characteristic) – often very useful in determining the choice of the remedy – and regard them almost as a necessary part of their condition, almost as health, the real feeling of which they have well-nigh forgotten in their sometimes fifteen or twenty years of suffering, and they can scarcely bring themselves to believe that these accessory symptoms, these greater or less deviations from the healthy state, can have any connection with their principal malady."
13. Hahnemann S. *The Chronic Disease, Their Peculiar Nature and Their Homœopathic Cure*. 2<sup>nd</sup> ed. Translated by Tafel LH [1895]. Indian Reprint, New Delhi: B. Jain Publishers; 2011.
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22. Hahnemann S. *Organon of Medicine*, *ibid.*, §115.
23. Hahnemann S. *Organon of Medicine*, *ibid.*  
§27, "The curative power of medicines, therefore, depends on their symptoms, similar to the disease but superior to it in

strength (§§12-26), so that each individual case of disease is most surely, radically, rapidly, and permanently annihilated and removed only by a medicine capable of producing (in the human system) in the most similar and complete manner the totality of its symptoms, which at the same time are stronger than the disease."

24. Hahnemann S. *Organon of Medicine*, *ibid.*  
§24, "There remains, therefore, no other mode of employing medicines in diseases that promises to be of service besides the homœopathic, by means of which we seek, for the totality of the symptoms of the case of disease, a medicine which among all medicines (whose pathogenetic effects are known from having been tested in healthy individuals) has the power and the tendency to produce an artificial morbid state most similar to that of the case of disease in question."
- §25. "Now, however, in all careful trials, pure experience, the sole and infallible oracle of the healing art, teaches us that actually that medicine which, in its action on the healthy human body, has demonstrated its power of producing the greatest number of symptoms *similar* to those observable in the case of disease under treatment, does also, in doses of suitable potency and attenuation, rapidly, radically and permanently remove the totality of the symptoms of this morbid state, that is to say (§§6-16), the whole disease present, and change it into health; and that all medicines cure, without exception, those diseases whose symptoms most nearly resemble their own, and leave none of them uncured."

**Authorship Order:** The order of the authorship was discussed and agreed upon by all authors. In this paper, the first listed signifies the author who was the resident physician working directly with the patient. The first author took the lead in writing the manuscript. The second author listed was the attending physician who supervised the homœopathic case management as well as the discussion of alternating symptoms herein.

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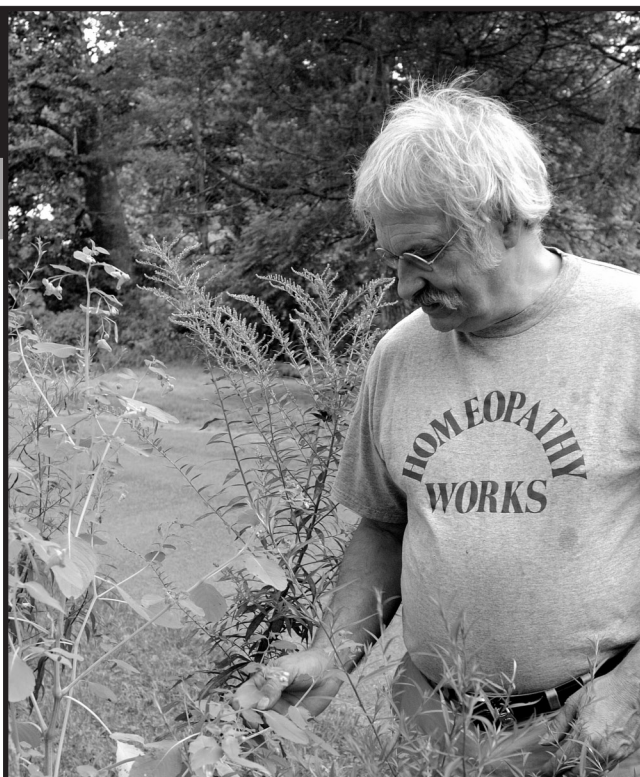


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