



Ammonium-mur. A useful medicine in ENT

The action of *Ammon-mur* in the sphere of nose and throat has been very much evaluated in the homoeopathic literature. J H Clarke mentions about the characteristics of *Ammon-mur* in his dictionary of *Materia Medica*, "Coryza, acrid, watery, scalding hot, with chilliness between shoulders. Loss of smell. Cough and asthmatic symptom < in the open air".

TO READ FURTHER UNDER THE HEADING NOSE

Swelling of the nose.

Painful sensibility to touch with pain of ulceration and bloody crusts in the nostrils. Sneezing, with shooting in the nape of the neck radiating to shoulders, with crawling in the throat; Coryza, with blockage of nose - with tenderness and loss of smell and flow of clear acrid Coryza, corroding the lips.

"Mouth-burning blisters on tip of the tongue with shooting pain in the throat on swallowing. Tenacious mucous in the throat, mainly in the morning. Swelling of tonsils so he can scarcely swallow after taking cold."

Nash has not mentioned anything about its influence on the throat and respiratory organs in his **LEADERS IN HOMOEOPATHIC THERAPEUTICS**.

BOERICKE IN HIS POCKET MANUAL OF HOMOEOPATHIC MATERIA MEDICA says All mucous secretions are increased and retained. It is especially the fat and sluggish patients who have respiratory troubles. Cough associated with catarrhs and affection of liver. Throat:

Internal and external swelling of throat with phlegm, so viscid, it can not be hawked up. Tonsillitis. Respiratory: Hoarseness and burning in larynx. Dry, hacking, scraping cough; worse lying on back or right side. Stitches in the chest. Cough loose in the afternoon, with profuse expectoration and rattling of mucus oppression of chest burning at small spots in chest scanty secretion. Cough with profuse salivation.

ACCORDING TO E A FARRINGTON: Like the carbonate, it produces violent inflammation of mucous membranes. Beginning with the nose, we find that it causes coryza. The nose is "stopped-up" more at night than in daytime. One nostril is usually stopped-up at a time. There is an excoriating, watery discharge from the nose, which makes the inside of the nostrils and upper lip sore. The throat is swollen so that the patient can not open his mouth. The mouth and throat are filled with viscid phlegm, which the patient expels with great difficulty. There is throbbing in the nostrils. This is characteristic of *Ammonium-mur*. It is a symptom which may suggest it in tonsillitis or in scarlatina when the faucial symptoms are so severe as to produce almost complete strangling.

The chest symptoms are by no means unimportant in *Ammonium-mur*. We find a cough which may accompany the foregoing symptoms or which may be separated from them. The cough is very violent and seems to excite the salivary glands, for during it the mouth fills with saliva. Hoarseness, with burning and rawness in the larynx, necessarily belong to such an acrid remedy as *Ammonium-mur*."



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N M CHOUDHURY writes "This remedy has a very strong action over mucous membrane of humans. Its action on the nasal mucous membrane is manifested by a watery acrid coryza. The discharge is very profuse and it corrodes the inside of the nose as well as the upper lip. The nose gets quite blocked at night time. In this respect, it is in no way inferior to *Aconite*, *Allium-cepa*, *Arsenic*, *Arum-triph*, *Euph* and *Sabadilla*. In the mouth and throat, we find an extra accumulation of viscid saliva which is difficult to throw out. The cough of this remedy is peculiar in as much as the cough excites the salivary glands and while coughing the mouth fills up with saliva. I do not know of any other remedy with a similar cough."

Nothing particular is obtained during repertorial search about the efficacy of this remedy on nose and nasopharynx.

PHATAK'S REPERTORY has not mentioned this remedy under the rubric and sub-rubric of Nasopharynx (P243). Under the rubric Nose (p 252 to 258) this remedy has been mentioned only thrice under the following sub-rubric:

Nose, one side. Blowing, tendency for Discharge, acrid, bluish.

Under the rubric and sub-rubrics of Throat it has been mentioned only once (inflamed, p 354)

SYNTHESIS REPERTORY OF FREDRIK SCHROYENS indicates *Ammonium-mur* under the following rubrics/sub-rubric:

Nose, blow inclination, catarrh, coryza- one sided, discharge without, coryza menses during. Discharge, bloody. Clear crust- bloody excoriating suppressed watery yellow. Dryness inside. Epistaxis- left. Blowing nose the foreign body sensation of a Heaviness-stooping on. Inflammation- inside. Itching. Itching-inside. Membrane: mucous-destroyed. Obstruction obstruction-night. Accompanied by discharge-watery. Pain-right. Pain-night. Pain-sinus-right night at. Pain-sore. Pain sore-touch. Pain sore inside, pain margin, pain wings, pain ulcerative- touch on. Pain inside -left. Roughness, pos-

terior nares. Scurfy. Smell- wanting sneezing. Swelling-left.

Throat-Catarrh. Choking. Crawling. Dryness. Fullness. Hawk-morning. Inflammation itching. Mucus- morning. Albuminous. Difficult. Salty. White. Pain. Pain-night-swallowing. Pain yawning when. Pain-burning. Pressing. Swallowing. Rawness-morning. Sore. Pain-stinging swallowing on. Pain- stitching. Pain-stitching swallowing on. Stitching yawning when. Pulsating: pulsating-tonsils. Roughness: Roughness-eating >. Suppuration. Swelling-tonsils.

In this context I can relate a case of non-corroding, non-irritant Coryza with cough and Dyspnoea which use to aggravate at night.

CASE I: Mr T Dixit aged 84, tall, medium built came to me on 09.09.03 with the following complaints:-

Cough - since last 3 months. Phlegm accumulates in throat. Coughing breathing oppression in chest. Has to expectorate frequently at night and as such he has to wake up and his sleep is disturbed 3-4 times. Cough is not so frequent during day time. Chilly patient. Desire salty and moderate hot food.

Temperament - angry suppressive. Trembling of hand when excited. P/H - TB 1978-79.

F/H Parents died of old age (87yrs).

Dreams of anxiety, missing train, walking on uneven road. Dream of forgetting his road. I gave him *Ammonium-mur 30/6* TDS and asked him to report after a week.

16.09.03 he reported to have enough relief, thickness (viscosity) of expectoration is remarkably reduced. Also > in breathing trouble. SL for 7 days.

21.09.03 > cough but no > in trembling of hand. Frequent micturition at night continued. *Sac Lac*.

28.09.03 USG done on 23.09.03 indicated BHP. Tiny non-obstructing Rt, renal calculi (2mm) *Sabal-serr Q* OD night and *Berberis-v Q* OD morning.

15.10.03 Frequency of micturition has considerably reduced. No other medicine given.

CONCLUSION: I have seen in several cases of Coryza



the discharge which is very bland and not at all corrosive or excoriating, has been cured with *Ammonium-mur*. Also accumulation of phlegm which is bland in the posterior nares while sleeping responds well to this medicine. But *Materia Medicas* as have been cited above, do not mention anything in this respect especially bland quality of discharge from throat and nose as I have experienced in my practice.

Besides this, the efficacy of *Ammonium-mur* in heel pain has been verified by me many times and it has never discouraged me nor compelled me to take the help of some other medicine. It has been mentioned in Schroyens synthesis in ordinary grade vide page no 1275 pain, heel; 1324 pain- sore, heel; 1339 pain-stitching heel. Only on page no 1358 under the rubric pain-tearing, heel, *am-mur* has been indicated as a grade I remedy.

CASE II: CHEMOTHERAPY COLITIS

Mrs P Patil aged 35 was undergoing chemotherapy for her breast cancer (left). After every schedule of chemotherapy she used to have intractable nausea with vertigo and frequent loose motion. She had to pass stool 5-6 times in the morning watery offensive stool, sometimes bloody with tenesmus which persisted for sometime after defecation.

OTHER SYMPTOMS

Numbness in the legs. Heaviness of head with vertigo. Lethargic prostration. Taste insipid. Eating → nausea. Feverish. Cough dry. Sleepy. Thirst not much. Pulse very weak, thin and thready. Sensitive to light, wants to be in darkness. In spite of having photophobia, she used to have anxiety feeling if the light went off suddenly. She did not want any light in her room but there should be some light outside her room or else she felt nervous. She was short tempered, irritable, impatient.. She was very disturbed mentally due to financial stringency. Feared even to go to bed

14.10.03 *Bell*

17.11.03 No perceptible change. This time she told that she gets urge for passing stool (still watery) whenever she gets nausea. I gave her *Dulc 30/7 TDS* (Ph. 246 Nausea, stool urging with).

19.11.03. >> in diarrhoea. Stool improved well and no nausea after *Dulc 30*. She ate well. Was feeling mild heaviness in the head. Throat felt plugged. Cough++. Smarting pain in the operated spot of breast. After this whenever she took chemotherapy she used to have some other problems like burning in oesophagus, acidity, hair falling, acute anxiety feeling, vertigo and nausea for which homoeopathy given after each episode of chemotherapy, but had never developed diarrhoea and colic again. □

Causes of Rhinorrhoe

- Acute Rhinitis
- Chronic Rhinitis
- Vasomotor Rhinitis
- Allergic Rhinitis
- Rhino scleroma (Catarrhal stage)
- Choanal atresia
- Malignant granuloma
- Acute Sinusitis
- Rhinitis medica mentosa
- Chronic sinusitis

- Foreign body
- CSF Rhinorrhoea, trauma and tumors
- Atrophic Rhinitis
- Syphilis, Leprosy, tuberculosis and fungal infections
- Tumors of Nose and postnasal sinuses
- Furunculosis

For a successful ENT examination

You must have in the Clinic

- 1) Tongue depressor
- 2) Nasal Specula
- 3) Ear Speculum
- 4) Holm's sprayer
- 5) Laryngeal mirror
- 6) Postnasal mirrors
- 7) Seigle's speculum
- 8) Ear forceps
- 9) Nasal forceps
- 10) Tuning forks

