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# Natrum muriaticum, a study

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## PHARMACOGNOSY

The source of this powerful remedy is sodium chloride, common salt. It is noteworthy that two such active, even aggressive, elements as sodium and chlorine become relatively harmless, almost indifferent, when their atoms are bound together in a molecule of salt.

Sodium chloride is an indifferent electrolyte; in the body it is the least disturbing to the cell colloids. However, in contact with water the atoms become once more bearers of electric charges, and their active energy increases in direct proportion to the degree of dilution and subdivision. The lower three potencies should be prepared by trituration.

In nature the oceans are the main reservoir of sodium chloride; solid deposits in the earth's crust are rare.

## PHARMACOLOGY

In the body sodium chloride provides the mainstay for the regulation of the flow of water and salts by means of osmotic pressure. It belongs almost exclusively to the extracellular fluids, in striking contrast to the potassium salts which are in the main intracellular and with which the sodium chloride maintains balance.

In the body fluids the concentration of sodium chloride exceeds that of other necessary salts 40 to 100 times, and it constitutes about 0.9% of those fluids. There is a stock of approximately  $\frac{1}{2}$  lb of this salt in the human body, the skin providing the main depot for storage. The subcutaneous tissues can apparently serve either for storage or for liberation of the salt according to the demands of the blood and other tissues. Excretion of the salt is mainly per the kidneys, but the skin also participates in this by the process of perspiration.

Maintenance of osmotic fluid balance is held to be the function of the sodium ions which remain outside the cells. Chlorine ions can penetrate into the cells and are thought to be responsible for the action of the salt in increasing oxidative metabolism. A consequence of this is, of course, emaciation, which may be associated with elevation of body temperature—salt fever.

The halogen element is also probably instrumental in causing seborrhœic changes in the skin and a tendency to eczematous eruptions at the margin of the hair.

In general sodium chloride stimulates appetite and steps up the flow of saliva and gastric juice—*Nat. mur.* subjects are usually inordinately hungry and also extremely thirsty—but excessive salt intake inhibits the secretion of hydrochloric acid in the stomach.

In the absence or diminished secretion of suprarenal corticosteroids the body fluids become greatly depleted of sodium chloride, and the condition known as Addison's disease develops with its concomitants of fatigue, lethargy, irritability and progressive asthenia—a picture met with in the course of *Nat. mur.* provings.

Despite its apparent harmlessness common salt, sodium chloride, and solutions of pure salt can cause many toxic symptoms, and chlorine is considered to be the poisonous principle. Investigators have tested the effects of excessive salt intake on themselves. They became more or less seriously ill. The skin responded with inflammation, urticaria, wart-formation, becoming dry and cracked and at the same time tending to perspire freely. There was loss of hair, and nerve pains, headache, eye-pains, and attacks of vertigo developed. Mucous membranes became inflamed with resulting gastro-intestinal catarrh and mucilaginous diarrhoea. Gingivitis and gouty pains were also noted.

Connective tissue overloaded with salt undergoes a change. An excess of sodium chloride upsets the balance between the chlorides of sodium, potassium, calcium and magnesium, and demineralization ensues.

It is of particular import to note that fluctuations and variations in sodium chloride metabolism and electrolytic balance may result in alternating extremes of symptom picture.

Thus, hair may be dry or greasy, growing luxuriantly or falling rapidly; eyes may be dry or watery, sunken or bulging; the features may appear puffy or hollow and scrawny; the face may be ruddy or show distinct pallor.

The explanation for this somewhat paradoxical duality of effects lies in the fact that the remedy is, of course, two agents in one. The bipolar nature of the symptoms in different individuals, or in the same individual at different times, will result from the preponderance of effect of either the sodium or the chlorine element.

Again the electrolytic balance may be disturbed in either of two opposite directions:

a Over-elimination, with increased salt loss per kidneys and skin. This leads to dehydration, weight loss and asthenic states.

b Sodium retention as the result of diminished renal excretion. This results in waterlogged tissues, anasarca and weight gain.

It has to be realized, therefore, that the *Nat. mur.* patient may exhibit puzzlingly paradoxical symptoms, both physical and psychological, and of polarically opposite character.

#### PHYSIOGNOMY

With the foregoing in mind it is not astonishing that the appearance of the *Nat. mur.* subject may vary. Often the countenance presents a pale, puffy rather waxy look, probably due to sodium chloride stagnation in the skin. Or the face is greyish, dry-looking and wrinkled, as the result of sodium chloride depletion.

The skin has a greasy, shiny, pimply, seborrhœic look, and may even break out in a greasy sweat during a meal. Or, again, the skin may be fine, thin, almost translucent, with prominent distended veins. White patches are common on the nails.

The whole patient appears weak, wan, wasted, demineralized, with cold clammy hands, and perhaps ragged-looking hang-nails. As with *Lycopodium* there is a thin, scrawny appearance about the neck but lower down the subject is usually well-covered, that is below the waist. But, once more, the opposite picture may present, with obesity or œdema from salt and water retention.

The lips tend to be dry, often with a crack in the centre, especially of the upper lip. The upper lip may be swollen, and herpes labialis is often observed.

The eyes may look watery with much redness of the conjunctiva.

The manner is often languid and hypotensive, and speech is not forthcoming. Much questioning may be required to elicit symptoms, which are divulged with reluctance. The whole patient seems almost aggressively on guard against any exposure of the ego, either mental or physical. Sympathy may result in a burst of weeping or in a display of anger in the effort of trying to hold back the tears.

#### PSYCHOLOGY

Children are often slow in learning to talk.

There is a tendency to oscillate emotionally from one extreme to the other. Either the subject is very depressed, terrified and miserable, or else over-excited, very bright and gaily laughing. All the senses are over-acute. Responses may be paradoxical. The mere idea of one type of emotion arouses its opposite—laughs when should be solemn—is the death's head at a feast—tears mingle with laughter.

Or an emotion may become intensified in its own direction. Thus excessive impulsion may lead to extravagant behaviour, even criminal actions.

The extreme sensitivity results in a strong aversion from fuss, sympathy and attempts at consolation. There is a desire to be alone, to be left alone and not interfered with or admonished.

Attempts at pleasantries are not appreciated but neither is neglect or total lack of attention. A difficult, decidedly independent and definitely unpredictable individual, inclined to take up new enthusiasms and later on drop them.

There is a liability to harbour resentment over old insults and disappointments, with constant rumination; tends to dwell on every little injury, real or imagined; may shed tears in private; suffers silent grief over unrequited love or disappointed affection.

Sensitivity to noise is a prominent feature, especially to sudden noises or those of a scratchy, squeaky or rasping nature. Sensitivity also to music, which may please or irritate.

Fear may be obtrusive, even panic, felt especially in closed spaces, such as tube trains, caves or phone boxes. Another fear is that of robbers or interlopers, driving the individual to look under the bed, in the wardrobe and so on to "make sure".

The possibility of underlying emotional stress, even remote emotional shock, must always be borne in mind.

#### PHYSIOLOGY

The subjects of this remedy are usually chilly and often complain of patchy coldness, perhaps on the vertex, or round the heart, or from the knees downwards, or as if "a cold wind was blowing through the head". They do, however, thoroughly enjoy cold, sunny frosty weather.

The appetite is often ravenous, but despite "eating like a horse" the individual remains thin and does not put on weight. On the other hand appetite may be entirely lacking with an aversion especially from fat, meat and bread. There is a desire for salt, possibly excessive, also for fish, milk and bitter things. Intolerance may be present in relation to bread, fat, rich food, eggs, starches and honey.

Thirst is liable to be unquenchable, especially for tea.

Sleep is apt to be disturbed by the relentless recurrence of unpleasant thoughts, and this despite unconquerable drowsiness during the course of the evening, especially after a heavy meal.

Sweats usually occur in the second half of the night.

With regard to *modalities*, aggravation is caused by extremes of temperature, by hot sun or radiant heat from a hot stove, also by a warm, stuffy atmosphere. Aggravation may be marked at the seaside, but here again the reverse may be the case. Physical exertion may aggravate—there is aversion from walking—and also touch or pressure and the recumbent posture. Over-excitement, emotional or mental stress make things worse, and the patient is usually worse after sleep.

There is peak aggravation at 11 am. Symptoms are worse during and towards the end of the menstrual period.

The patient feels better in the open air, on bright sunny days, when fasting, after a sweat, by washing in cold water, and as the result of gentle exercise which does not over-heat.

#### PATHOLOGY

*General.* Symptoms tend to be excessive in nature, rather than mild. Periodicity also is a frequent feature, with recurrence at the same hour each day, or perhaps every week-end.

Again symptoms may show much inconsistency, at one time perhaps suggesting hyperthyroidism, at another corresponding with hypocortinism. Or at times showing great dryness of mucous membranes and at other times much catarrh and excess of normal secretions.

A condition of anæmia associated with depletion of body fluids is accompanied by very easy exhaustion from quite trifling cause and by a distressing sensation of throbbing all over. Tiredness is frequent and especially noticed in the morning.

*Head symptoms* are important. Giddiness is associated with a tendency to fall forwards or to the left and is relieved by lying down.

Headaches are various and severe. They are apt to be induced by railway travel with accompanying nausea and vomiting. They often result from delay in the usual meal time.

The headache is often frontal or else unilateral, of migraine type with associated pallor, nausea and vomiting. It tends to be worse from sunrise to noon, but may last till sunset or continue for two or three days.

The pain may be described as throbbing or "beating like little hammers", perhaps accompanied by a bursting feeling, and made worse by every movement of the eyes. Some relief is afforded by lying down, by vomiting, as the result of sweating, and sometimes after sleep.

Tingling and numbness of lips, tongue and nose may precede the headache, and it is often associated with dryness of the tongue and terrific thirst.

The headache may be brought on by thunder, or by eye strain or by emotional stress. It is often associated with spots or fiery zigzags in front of the eyes, or even temporary loss of vision. Periodic recurrence is common.

*Eye symptoms.* Vision tends to "give out" while reading or sewing; the letters or stitches run together. The eyeballs may feel "too large". Spasmodic closure of the lids occurs, and the lids feel stiff on attempting to move them. There is a sensation of "grit in the eye", and the eyes are apt to water profusely in the wind.

*Ears.* This remedy shares with *Elaps* and *Nitricum acidum* the complaint of "crackling in the ears" when chewing.

*Respiratory system.* There is a great tendency to recurrent "colds". These often start with excessive sneezing accompanied by a profuse flow of clear watery discharge, much lachrymation and loss of taste and smell. The free discharge tends to give place to nasal blockage.

Chronic nasal and nasopharyngeal catarrh may ensue with thick mucoid discharge like white of egg. This is usually worse in the morning, giving rise to much hawking of mucus.

There may be a complaint of hoarseness and a very persistent tickle in the throat or in the trachea, causing a cough, often accompanied by headache. The throat may feel "plugged" and food seems to be "swallowed over a lump". The lungs may feel "too tight".

*Alimentary system.* The gums tend to be unhealthy. Lips and mouth are either excessively dry or, possibly, there may be copious salivation. Herpetic eruptions are common around the mouth; aphthous ulcers may occur on the tongue and the buccal aspect of the cheeks. The lips are apt to become swollen at frequent intervals. Food lacks taste.

Dyspeptic symptoms occur accompanied by a weak sinking sensation in the stomach. An important modality here is amelioration from tightening the clothes in spite of accompanying flatulence. This is contrary to the usual inclination to loosen the clothes associated with the flatulence of *Lycopodium* or *Nux vomica*. There may be also complaint of a "lump in the stomach" after meals, which seem to take a long time to digest.

The remedy may be called for in acute gastric upset characterized by attacks of vomiting. The vomiting is arduous and productive of white slimy mucus, possibly streaked with blood. An actual gastric ulcer may be present and, if so, it is usually situated at the cardiac end or on the lesser curvature.

With these gastric symptoms the tongue may present a "mapped" appearance, coated with clear areas as if the coating had been stripped off in patches. Or the tongue appears red and shiny with small flecks of frothy saliva along the edges.

Chronic watery diarrhœa may occur, which is aggravated by moving about and by eating starchy food. It may be associated with a horrid dragging sensation in the belly as if everything was sagging downwards. The condition may be a chronic colitis and associated with enlargement of the liver.

Constipation, if present, is associated with dry, hard stools, passed only with great effort. Naturally enough under these circumstances there is a liability to anal fissure with accompanying bleeding, burning and soreness.

*Cardiovascular system.* The remedy may be called for when there is a feeling of cardiac distress associated with fluttering sensation and faintness. This is worse in a warm room and when lying on the left side. Relief is obtained in the open air. Or there may be a complaint of very violent palpitations which shake the whole body. Pulsations and flushes extend to the chest and head, while the legs remain cold. An intermittent pulse may be noticed, every third beat being missed.

*Urinary system.* A feature of this remedy is the inability to urinate in the presence of other people, owing to nervous spasm of the sphincter urinae. Cutting pain may be felt in the urethra after passing water.

Involuntary loss of urine may occur when walking, or coughing, or sneezing.

This is associated with a general laxness and atonia of the pelvic organs. Polyuria or diabetes insipidus may call for this remedy.

*Genital system.* Menstrual disorders are frequently met with in the *Nat. mur.* subject, and in this sphere also manifest opposite polarities. The periods may be too early and too profuse or, on the other hand, may be delayed with only scanty flow. There is often an associated low back pain, which is relieved by sitting or lying down with a firm pillow or other support in the hollow of the back.

Uterine prolapse may occur with considerable distress which is worse on rising in the morning, and may compel the sufferer to sit down and cross one thigh over the other for support.

*Locomotor system.* Tremor may result from over-use in writing or other activity, or may be induced by emotional stress.

Backache is common, and the back "feels broken". The feet feel heavy as if "full of lead". There may be a sensation as of "water trickling into a joint".

Atrophic changes lead to local weakness of muscles. Sclerotic changes may produce conditions such as Dupuytren's contracture.

*Skin.* Disorders of salt metabolism are liable to cause quite a variety of skin affections. Eczematous eruptions are specially common behind the ears and at the hair margins. These are often accompanied by a glutinous exudate which mats the hair.

Herpetic eruptions frequently affect the region of the mouth, and may occur also on arms and thighs or in flexures.

Urticarial lesions may occur showing large red blotches which itch, burn and smart. They are liable to be present in proximity to joints and are aggravated by taking exercise.

The skin of the fingers may be dry with a tendency to form cracks. Other degenerative lesions may occur such as brown or black pigmented warts, palmar warts, atrophic spots on nose, face, ears and orbits.

Dandruff, alopecia, acne, boils, pustular eruptions may also call for the consideration of the remedy, especially if the lesions are symmetrical.

#### POSOLOGY

Low potencies are said to be ineffectual. On the other hand the higher potencies administered to the hard-pressed over-tense city dweller are liable to give rise to aggravation. In this case it is better to start with medium potencies and proceed to higher if repetition is called for.

In any case it is wiser not to administer the remedy during an acute exacerbation, for instance of severe headache, but to give it in between attacks. *Bryonia* is the acute of *Natrium muriaticum*.

The remedy is frequently of great value if there is a history of malarial infection, or even of much dosing with quinine. It is indicated also in acute malaria.

To avoid aggravation following the use of high potencies it is advised to precede the dose with *Helianthus* 1c or follow at once with *Silicea* 30c.

# Kali carbonicum, a study

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## PHARMACOGNOSY

Kalium carbonicum is potash, the carbonate of potassium. The salt derives its name from its ancient source, plant ash, called in Arabic "al kaljun".

Unlike sodium which occurs chiefly in the oceans linked to chlorine as sodium chloride, common salt, potassium in the form of various salts is found in soil and plants. In the body as in nature sodium is predominant in the fluids. Potassium on the other hand is an important constituent of colloid material, of the humus of the soil, of the cell-substance of the body.

## PHARMACOLOGY

For an understanding of disturbed potassium metabolism it is necessary to review the function of the element in the living body.

There is a fundamental balance between the two elements, sodium and potassium, as also between their main accessories calcium and magnesium. This vital equilibrium maintains the tone of living tissues. It results from the co-operation of these elements with anions such as chloride, carbonate, phosphate and sulphate in balancing opposite charges.

Although potassium is chiefly a component of the intracellular colloids it moves about freely and at great speed in the body, adjusting itself to the prevailing needs of cells and organs. For instance during muscular activity the potassium concentration in the blood rises, to fall again during rest.

When there is serious depletion of sodium chloride as in severe hæmorrhage, in shock, or as the result of excessive vomiting, potassium migrates from the cells into the circulation. Such conditions are associated with marked muscular weakness, the consequence of potassium deficiency in the muscle cells and resulting loss of tone.

Potassium is a radioactive element emitting beta rays, negative electrons, from the atom nucleus. The rate of electron emission is only about one thousandth of that of uranium, but potassium is an indispensable agent in cell processes and in this sphere its radioactivity may not be without significance.

This is thought to be specially the case in relation to functions which are distinguished by automatism and rhythmicity. It is known, for instance, that *Kali carbonicum* has a definite affinity with the heart muscle and with the smooth muscle of organ ducts and blood vessels.

Muscle cells are rich in their potassium content, the element being indispensable for their function of contractility, that is so long as the potassium is within the cell. Of all the alkali ions, however, the most damaging to muscle cells if present in excess on the outside of the cells is this same element. The provings of *Kali carbonicum* show a tendency to marked muscle weakness, manifesting thus a further affinity with striated muscle.

There appears to be a reciprocal relation between the impulses of the vagus and those of potassium. The element stimulates the vagus and stimulation of

the vagus activates the flow of potassium ions. *Kali carbonicum* in potency may well act as a stimulus to a delicately poised equilibrium per the vegetative nerve transmitter.

Potassium acts generally in a parasympathetic way, tending towards depression, decrease of skeletal and cardiac muscle tone and also disturbance of rhythm. Excess of potassium, however, causes increased tone and active contractions in plain muscle of intestines, bronchi, uterus and arterioles.

Potassium is also necessary for normal conductivity in sensory nerves. Disorders of potassium flow in peripheral nerves are likely to be manifested as pains, especially the sharp stabbing stitching pains associated with the provings of *Kali carbonicum*.

Potassium appears to be no less essential for the normal transmission of impulses in the central nervous system. Excess of potassium, however, may depress or even paralyse the vital centres. Complete absence of potassium also results in depression. In other words potassium must be present in optimal relation to other ions. The proper electrolytic balance must be maintained if disturbance of vital processes is to be avoided.

The main affinities, therefore, of *Kali carbonicum* are seen to be with the nervous system, both central and peripheral, tending to depression and hypotonus; with the heart, leading to myasthenia and disturbance of rhythm; with the smooth muscle of organ ducts, giving rise to increased tone and active spasm; with mucous membranes producing irritation, ulceration and necrosis.

#### PHYSIOGNOMY

The picture presented is of a chilly, shivery, restless individual whose disquietude makes interrogation difficult and tedious. This may be due to such a state of weariness that even carrying on a conversation is too much of an effort.

The sufferer appears not only weary but also full of woe, and may weep while recounting symptoms, a feature shared with *Medorrhinum*, *Pulsatilla*, *Sepia* and *Streptococcinum*.

Bag-like swellings may be present between the eyebrows and upper lids. Puffiness of the upper lid may be noticed—compare puffiness of both lids (*Apis*) and puffiness of lower lid (*Arsenicum album*). Doughy oedematous swellings may be found in various sites.

The skin is often of a dry, milky white appearance; the nose may be red and show brawny swelling.

There is a tendency to jump and cry out if startled by a sudden noise or if touched unawares. The least touch is resented, especially on the soles of the feet, and the subject is excessively ticklish.

#### PSYCHOLOGY

The worn-out state results in an extremely irritable and touchy individual who complains of being "all on edge", "strung up", unable to cope.

Is averse from solitude; wants company but not sympathy. At times may appear witty and whimsical, but is inclined to be at variance with everybody and everything. Is both uninterested and uninteresting, both weary and wearisome.

There is hypersensitivity to noise. A loud noise, or a sudden shock, or bad news is apt to cause a queer feeling "in the stomach". A fit of actual trembling—"all of a quiver"—may ensue on a scare or an emotional upset.

Fear is common, fear of the future, of death, of ghosts.

The state of mental and physical asthenia tends to produce a crochety chronic full of complaints.

#### PHYSIOLOGY

The *Kali carbonicum* subject is always cold, often actually to the point of shivering. Moreover the chilliness is aggravated by eating or by any activity, which throws extra strain on the feeble circulation. There is a tendency to catch cold on every exposure to cold air and, in consequence, a dread of being out of doors; a well-heated room is much appreciated. Hands and feet are nearly always icy cold.

Appetite is poor with positive repugnance towards food, especially brown bread. There may be a desire for sour things which temporarily titillate the depressed appetite. There is often intolerance for milk.

Thirst is variable, but there is often an entire inability to perspire, even in great heat. Conversely when debility is extreme sweating may occur on least pretext, especially at night. Sweats tend to be cold and clammy, and may be circumscribed in area.

Drowsiness is common during the daytime, especially during meals, but the nights are disturbed by anxious horrible dreams and a tendency to wake in the small hours and stay awake.

*Modalities* are worthy of note. Aggravation results from exposure to cold air, from the least draught, and from weather changes. Also from taking soup or coffee; from least touch or pressure and from lying on the painful part or the affected side. Chronologically the worst time is from 3 am to 5 am; headache tends to be worst at 9 am; a hungry faintness comes on about 10 am; there is often a stubborn chilliness at noon.

The symptoms tend to be ameliorated in warm moist weather, as is the case with *Causticum*, *Hepar sulphuris calcarea* and *Nux vomica*. Relief is obtained by leaning forward, and during the daytime.

#### PATHOLOGY

*General.* In the main this is a right-sided remedy. The sensitivity to cold is so great that coldness is felt as actual pain; it "hurts".

Pains seem to derive from altered biochemical conditions in nerves, to stagnation rather than to inflammation. They are described as peculiar, stitching, stabbing or cutting, and may occur independently of movement, while sitting or lying at rest.

The pains are accompanied by a feeling of coldness in the affected part, although the actual pain may be burning in character. The pains may be so severe and sudden as to extort a cry, and they are made worse by cold, touch, pressure and by lying on the painful part. Warmth gives some relief.

The pains tend to be located in muscle or in connective tissues, and also to shift from one spot to another. If the pain in one spot is eased by warmth fresh pain is likely to start up somewhere else.

There is a liability to puffy swelling in various sites as the result of localized œdema. Symptoms are commonly accompanied by rapid emaciation, cardiac weakness, and easy exhaustion. Iron deficiency anæmia may be present.

*Head region.* Owing to the circulatory hypotonia vertigo in various forms is common. It may occur even while sitting still.

Burning pain may occur in the region of the frontal sinuses, or neuralgic pains in scalp, eyes and malar regions. These pains are aggravated by driving in cold air or even by inhaling cold air, and the head must be well wrapped when out of doors. Congestive headaches also are mentioned, eased by pressure and by warmth.

Scalp and hair tend to be dry, possibly with eruptions on the scalp of scabby or scaly type, and associated alopecia especially on the temples and eyebrows.

*Eyes.* Lancinating pains may be felt in the eyes. Dimness of vision can be a frequent occurrence, especially after coitus. There is often a complaint of troublesome muscæ volitantes before the eyes. Swelling of the medial angle of the upper lid is characteristic, and other puffy swelling as mentioned above.

*Ears.* Asthenia may be accompanied by disturbances of hearing, by tinnitus auri, by cracking in the ears. A curious sensation as if "cold air was blowing into the ear" may be noticed.

*Respiratory system.* The nose may be swollen and very red and nostrils uncomfortably dry. The nasal passages tend to be blocked with fœtid mucus and crusts, associated with thick, fluent yellow discharge. The nose becomes stuffed up in a warm room and this gives relief, whereas out of doors although the nose is less obstructed headache recurs.

Epistaxis may occur about 9 am or when washing the face.

There is a great tendency to constantly take fresh "colds", and these often involve the larynx with loss of voice.

Enlargement of tonsils may occur, possibly associated with swelling and induration of the parotid glands.

Sore throats are characterized by sticking pains or a sensation as if a fish bone were lodged in the throat. There is much hawking of mucus from post-nasal discharge. Stinging pains are felt on swallowing and there is a persistent feeling of "a lump in the throat".

The lower air passages are liable to become involved with a resulting incessant dry, violent, racking cough, worse from 3 am to 5 am, and associated with bag-like swelling above the upper eyelid, more marked when coughing. The chest feels cold.

Cough may be paroxysmal with much wheezing, gagging and vomiting. Sputum is scanty, sticky and apt to be swallowed; or little grey balls of inspissated phlegm are shot from the mouth during a fit of coughing.

There are stitching pains in the chest, increased by movement but occurring also when at rest. These pains are mainly located in the lower one third of the right lung and spread to the back.

Chronic catarrhal conditions of the chest may follow an attack of measles or pneumonia, associated with a productive cough and copious, offensive, tenacious, lumpy sputum, yellow or yellowish-green in colour and often blood-streaked. The sputum may have a pungent taste as of ripe cheese.

Dyspnoea is noticed when going upstairs or uphill, but not when walking on the level.

The remedy is indicated in asthma when there is aggravation between 3 am and 5 am causing the sufferer to sit up and lean forward with head on knees for relief. The attacks are usually associated with cardiac weakness.

*Alimentary system.* Toothache results from exposure to a cold wind or draught. Pyorrhœa alveolaris may accompany the general debility with loosened teeth and foul taste in mouth.

The tongue may become covered with small painful vesicles, or a painful pimple may be present on the tip of the tongue.

The swallowing of food may be rendered difficult by excessive dryness in the pharynx and may be associated with a pricking sensation.

Atonic dyspepsia occurs, accompanied by a sinking feeling that is not relieved but rather increased by eating, both at the time and after the meal. After taking food there is a sensation of coldness and leaden weight in the stomach, or the organ feels "full of water". There is a good deal of heartburn and at times pyrosis. These symptoms are made worse by cold drinks, but relieved *pro tem.* by belching and also by warmth.

Pain may be felt in the stomach on stooping. Severe bloating is common, associated with belching and the passage of offensive flatus per anus. The bloating comes on soon after meals, even if only a small quantity has been consumed; everything swallowed seems to be turned into gas. Recurrent attacks of flatulent colic cause very severe pains of a cutting nature and are associated with a desire for warmth, hot water bottles, hot drinks and bending double for relief.

The remedy may be called for in liver disorders, associated with fullness and pain in the right hypochondrium, in the right side of the chest, extending to the right shoulder-blade, gastro-intestinal disturbance and periodic bilious attacks.

Constipation is usual with large hard stools, followed by burning in the rectum and anus. But chronic diarrhœa may occur, possibly alternating with constipation, especially in asthenic, pallid broken-down subjects.

Piles are liable to be very large, constantly prolapsed, to burn like fire and bleed profusely. They are extremely painful, exquisitely tender to touch, and cannot be properly replaced. They may cause insomnia, and may give rise to the sensation of "a hot poker pushed up the rectum". Contrary to the usual modality some relief is obtained by sitting in cold water. Coughing and urination make matters worse.

*Cardiovascular system.* Cardiac asthenia is prominent with weak, irregular or intermittent pulse, tendency to palpitations, especially when hungry, and constrictive pain in the region of the heart. The symptoms are worse when eating, when recumbent and at night. Pulsations may be felt all over the body, even without actual palpitations.

The enfeebled circulation encourages œdema in various sites, and dyspnœa may become extreme on least effort.

The heart may feel as if "suspended by a thread".

Endo- and pericarditis, associated with the typical pains and exhaustion, may call for the remedy.

*Urinary system.* The bladder takes part in the general hypotonus. Frequency of urination occurs with delay in starting the act and feeble stream. Dysuria occurs with burning both during the passage of urine and after. The urine may be loaded with urates.

*Genital system.* The menstrual period is apt to be preceded by increased

chilliness and colicky pains. Constipation is likely during the period. Low back pain is specially troublesome during pregnancy.

The remedy should be considered in relation to threatened abortion, amenorrhœa and persistent uterine hæmorrhage despite curettage and other treatments.

Coitus is followed by excessive exhaustion associated with dimness of vision.

*Nervous system.* Hypersensitivity is evidenced in this sphere by the onset of tingling and numbness in response to the least degree of pressure in any site. Also twitchings and tremors may occur, or even actual convulsions, but without loss of consciousness.

*Locomotor system.* The prominent feature here is marked muscular weakness. The legs may suddenly give way; the back gives out and forces the sufferer to lie down; on attempting to walk the back feels as if "it would break".

Pains are frequent in the back extending both up and down, but especially affecting the sacral region with the tendency to spread through the hips to the thighs.

The pains are worse when walking and before the onset of the menstrual period. Relief is felt when lying down and by firm pressure of a fairly hard object in the small of the back. This last modality is shared also by *Cimicifuga*, *Natrum muriaticum* and *Sepia*.

Accompanying stiffness is eased by movement.

Pain may be felt in the spine when eating. An itching sensation may be noticed in the bones.

A triad of cold sweats, great weakness and low back pain is said to point with precision to *Kali carbonicum*.

#### POSOLOGY

This is a rather tricky remedy, said to be very dangerous in asthenic gouty subjects if given higher than 30c.

It is of special value in the older age groups.

It should be considered in asthenic and anæmic states following severe or protracted illness, or deriving from childbirth or abortion.







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