

Centre for Integrative Medical Training  
In Association with the Centre for Integrative Care &  
The Academic Department, Royal London Hospital for Integrated Medicine



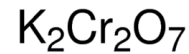
# Foundation Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

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Part 5.3

## *Kali bichromicum* (*Potassium dichromate*)



Catarrhal and inflammatory affections of mucus membranes in the respiratory tract.  
Inflammation of submucosal tissues.  
Inflammatory conditions of conjunctivae, anterior chamber of the eye, middle and external ear, urethra.  
Ulcerative conditions of nose and nasal cavity, stomach, duodenum.  
Neuritis

### *Tissue Affinity*

Endothelium including synovium  
Conjunctivae  
Skin and mucous membranes where they lie over bone and cartilage  
Skin  
Afferent nerves

### *Mentals*

Set in their ways and averse to change  
Unsociable: taciturn, ill-humoured, socially apathetic

### *Generals*

Chilly but cold air can soothe itchy skin eruptions  
Open air ameliorates symptoms generally  
Worse by eating  
Worse from touch but better from pressure  
Worse from rest and better from motion  
Pain in tissues which are close to bone/periosteum  
Catarrh is usually described as 'ropy'. It is tenaceous and hangs in strings.  
Ulcers are typically 'punched out' with indurated margins.

### *Clinical Indications*

Acne  
Atrophic rhinitis (ozaena)  
Bronchitis  
Chronic catarrh with post nasal drip  
Duodenal and gastric ulcer  
Iritis and conjunctivitis  
Neuralgia

### *Presentation*



Watch a short video by Dr Todd Rowe on the Keynotes of *Kali bichromicum*

<https://youtu.be/jQ7y719uV0U>

*Kali bichromicum:*

*Case study*

*Miss E M Age 71*

*Perennial rhinitis and chronic recurrent sinusitis*



Had been attending the Glasgow Homoeopathic Hospital for some years. Her consultant there retired and she had not been reviewed for 3 years. Her GP sent a letter requesting review and treatment of her perennial rhinitis.

At the time of her appointment she was complaining of profuse gluey catarrh which gathered overnight and obstructed her nose by morning. Catarrh produced caking and crusting of the nares, and she would spend some time in the morning manually removing matter from the nose. Post nasal drip constantly. Unpleasant odour or sense of smell absent altogether. Bleeding on blowing the nose or after removal of mucus and crusts.

Miss E M is a retired schoolteacher. She keeps a regular routine and does not socialise much. Her diet is simple and rather unadventurous. She desires sweets.

*Treatment:*

*Kali bichromicum* 30c (three doses), followed after two weeks by 6c BD

*Follow-up at 6 weeks:*



A short video extract from the review appointment:

<https://youtu.be/ZsBEbgiaDK4>

My sinuses [are] really fantastic. I mean my nose is not bleeding now...you know how [I] was having bleeding in one nostril. I can honestly say it [had] been really awful.

Her longstanding catarrh and post nasal drip also cleared, and she is still well at the time of writing (after 2 years).

SAQ 5.1



Without looking at the text, how many of the keynotes of *Kali bichromicum* can you remember?

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Mind

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General, environmental and constitutional features

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Local

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Frequent pathological indications

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Now read *Kali bichromicum* in your *materia medica*:

Page 531 Vermeulen

Page 87 Clarke

Page 361 Boericke (2nd British ed)

Page 548 Neatby and Stronham

Page 312 Phatak

Page 195 Jouanny