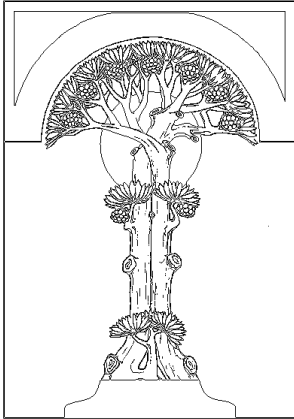


Centre for Integrative Medical Training



Intermediate Course in Medical Homeopathy

A Modular Course in Homeopathic Medicine for Healthcare Professionals

Unit 33
Therapeutic Pointers

Unit 33 Explained

Welcome to Unit 33 of the Intermediate Course in Medical Homeopathy. In this module you will continue your studies of homeopathic therapeutics for the respiratory tract. We will discuss the treatment of the following conditions:

- Laryngitis
- Tracheitis
- Bronchitis

Reversible airways obstruction (Asthma) will be presented later this semester

You have already met some important respiratory remedies in earlier modules and you may be able to recall a number of polychrests of frequent value in the respiratory tract. Several remedies will be introduced in some detail in the next few modules. Those marked * have not been covered substantially elsewhere.

Remedies

- *Aconitum*
- *Antimonium tartaricum**
- *Bryonia alba*
- *Drosera rotundifolia**
- *Dulcamara**
- *Kali carbonicum* *
- *Natrum sulphuricum* *
- *Pulsatilla*
- *Rumex crispus* *
- *Senega* *
- *Spongia* *

Objectives

By the end of Unit 33 you should:

- know something about remedies relevant to inflammatory conditions of the upper respiratory tract
- have some understanding of *materia medica* of the larynx and trachea

Laryngitis and Tracheitis

Let's begin Unit 33 by taking a brief look at the aetiology of laryngitis and tracheitis.

The aetiology of laryngitis and tracheitis is usually viral.

The most important infecting agents are shown in the table below.

Virus	Pharyngitis	Laryngitis	Croup	Bronchitis
Influenza A & B	A – Frequently epidemic / pandemic B – epidemic		Rarely	Frequent epidemic/ pandemic
Parainfluenzae 1,2, & 3	Occasional	1 – epidemic 2 – sporadic 3 – endemic	1 – alt. years 2 – sporadic 3 – endemic	Occasional
RSV	Rarely		Rarely	Frequently – endemic
Adenovirus	Frequently – endemic	Occasional		Occasional – endemic
Coronavirus	Rarely – endemic			Frequently – endemic
Rhinovirus	Frequently – endemic	Rarely		Rarely
Enterovirus	Rarely – endemic			
Herpes simplex	Occasionally – sporadic			Rarely – sporadic

Nosodes

Consider viral nosodes in the following clinical situations:

- Prophylaxis (efficacy unproven): for those patients who are vulnerable to infection, but in whom conventional vaccination is contra-indicated or unavailable.
- Slow or incomplete recuperation: eg chronic cough catarrh or debility persisting long after a viral infection

Overleaf is a list of nosode preparations which are relevant to inflammatory conditions of the upper respiratory tract and which are currently available from various UK/ European homeopathic manufacturing pharmacies:

Overview of Homeopathic Treatment of Viral Respiratory Infection

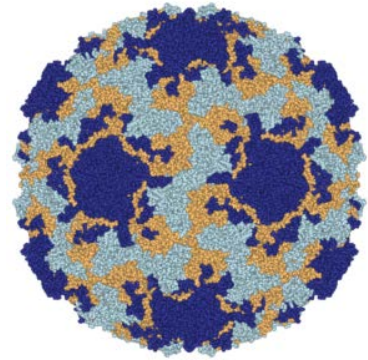
The following is an introduction to many of the basic principles re. homeopathy in viral respiratory conditions:

<https://homeopathy-uk.org/homeopathy/how-homeopathy-helps/conditions/respiratory-problems>



Adeno-influenza virus
 Anti-catarrh vaccine
 Asian 'flu
 Bacillinum et influenzinum
 Diphtherinum
 Haemophilus influenzae
 Herpes simplex
 Herpes simplex virus B
 Influenza A Chile 1983
 Influenza A Ann Arbor 1986

Influenza A England
 Influenza A Mississippi 1985
 Influenza B Hong Kong
 Influenza 1984 (WHO)
 Influenzinum AB
 Influenzin triple nosode
 Influenzinum (Influenza Bach, Poly 'flu)
 Influenzinum (Bangkok, Singapore, Brazil)
 Influenzinum toxicum
 Influenzinum vesiculosum
 Mixed catarrh
 Nasal catarrh
 Nasal polyp
 Pertussin (Bordetella pertussis)
 Polyinfluenzinum
 Rhinopneumonitis
 Sinusitis maxillaire
 Tonsilinum/tonsilar pus
 Glandular Fever nosode



Coronavirus & Homeopathy

Inevitably the coronavirus pandemic has generated a clinical and research response from the International Homeopathic community.

In addition to the acute response to the SARS-CoV-2 virus, there are many questions concerning the treatment of 'Long-covid' that demand suitable studies.

See

<https://www.thieme-connect.de/products/ejournals/abstract/10.1055/s-0040-1718583> 

<https://www.thieme-connect.de/products/ejournals/abstract/10.1055/s-0040-1718584> 

Some of the clinical considerations are explored in this tutorial from 2020.

Much more has been discovered over the intervening months concerning both the acute state and the clinical sequelae. Nevertheless many of the primary considerations concerning acute intervention discussed in this session remain relevant.



<https://youtu.be/SHh8cBL3e-o>

Materia Medica of the Larynx and Trachea

As we have already discussed in the sections on the homeopathic treatment of infections, it is important to find the similitum for the 'current state' during an infective process. Nevertheless, recognise infections with a potentially dangerous outcome, in which the host is progressively failing to compensate and where the balance of risk clearly favours the use of appropriate anti-biotic therapy.

Infections of the larynx and trachea are usually self-limiting in nature and of viral aetiology. They are almost invariably characterised by cough, catarrh, and mucosal inflammation. In addition there may be hoarseness, aphonia, fever, cervical lymphadenopathy and occasionally dysphagia.

The most appropriate remedy is determined by:

- which symptoms *predominate*, or characterise the host response
- the circumstances relating to the *onset* of the illness
- the *modalities* which govern each part of the symptom complex

Predominant and characteristic symptoms:

Coughs can be moist or dry, hard, barking, wheezing, stidorous, deep, hollow, paroxysmal, painful, etc.

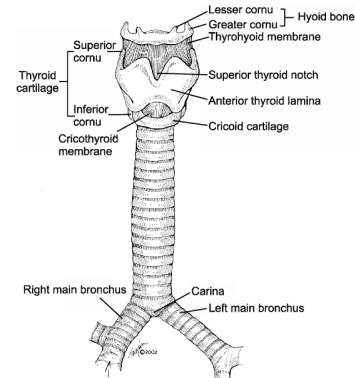
Expectoration and catarrh – ask the patient to describe the consistency, ease of expectoration, odour, taste, colour and tenacity. Examine sputum samples before forwarding them to bacteriology.

Identify the pattern of fevers.

Note the following examples of fever states which can be cross-referenced to the homeopathic *materia medica* – sudden and dramatic, low grade, swinging or periodic, associated with chill/rigors/perspiration, associated with hard bounding pulse, associated with full flowing pulse.

The onset:

The onset may relate to particular weather changes or seasonal factors. Latent or prodromal infections may



be triggered by sudden exposure to cold air or climatic change.

Air travel exposes passengers to low humidities and marked pressure differentials which can affect the respiratory mucosae or the aeration of sinuses and the middle ear. The recycled air within aircraft may also predispose to cross-infection.

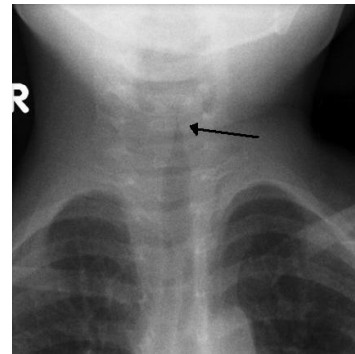
The modalities:

Modalities can relate to any of the local or general symptoms. Different symptoms may be aggravated at certain times, eg cough at night on lying down, catarrh in the morning on rising. Among the most useful modalities are those that relate to the local effects of warm or cold drinks (and food) on the throat and larynx.

Croup

Boenninghausen promoted a sequence of remedies for croup (they used to be sold together in a proprietary pack known as Boenninghausen's Croup Powders): *Aconitum*, *Hepar sulph*, *Spongia*, *Hepar sulph*, *Spongia*: (given at 2-4 hourly intervals).

There are dozens of remedies which might be indicated in viral coughs. In addition to those above, the following are particularly important: *Belladonna*, *Bryonia alba*, *Nux vomica*, *Phosphorus*, *Causticum*, *Rhus toxicodendron*, *Sepia*, *Scilla*, *Drosea*, *Rumex*, *Ipecacuanha*, *Arsenicum album*.



Activity 33.1

Compare the laryngeal symptoms of the following remedies in your *materia medica*:

Aconitum napellus, *Drosera rotundifolia*, *Rumex crispus*.

Note the symptoms in the table on the next page.

Afterwards compare your findings with a computerised search



Laryngeal symptoms



<i>Aconitum</i>	<i>Drosera</i>	<i>Rumex</i>

Three Laryngeal Remedies Compared

Book:Combined Chapter:Larynx/Voice	A C O N	D R O S	R U M X
<input checked="" type="checkbox"/> Uniqueness <input checked="" type="checkbox"/> Large Rubrics Occurrences: Lowest occurrences Types: Full WinCARA Compare			
CATARRH-LARYNX			3
CONSTRUCTION-LARYNX	3	2	
CONSTRUCTION-LARYNX,COUGH,DURING		3	
CONSTRUCTION-LARYNX,TALKING,WHILE		2	
CONSTRUCTION-LARYNX,WALKING,3		3	
CROUP-EXPOSURE TO COLD DRY AIR,AFTER	3		
DRYNESS-LARYNX	2	2	
DUST-AS FROM		3	
INFLAMED-LARYNX	3	3	3
INFLAMED-TRACHEA	2	2	2
IRRITATION-(In air passages)	3		
IRRITATION-LARYNX	3	3	2
IRRITATION-LARYNX,(Time) MIDNIGHT,BEFORE	2		
IRRITATION-LARYNX,COLD AIR,4	3		3
IRRITATION-LARYNX,TALKING		3	
IRRITATION-THROAT (PIT)			3
LIQUIDS-PASS INTO LARYNX	2		
MUCUS-LARYNX,(Time) EVENING			2
MUCUS-LARYNX,(Time) NIGHT			2

Book:Combined Chapter:Larynx/Voice	A C O N	D R O S	R U M X
<input checked="" type="checkbox"/> Uniqueness <input checked="" type="checkbox"/> Large Rubrics Occurrences: Lowest occurrences Types: Full WinCARA Compare			
PAIN-SORE TRACHEA			3
PAIN-SORE,TRACHEA,ON COUGHING			2
PAIN-TRACHEA	2		
PAIN-TRACHEA,COUGHING,ON			2
PHTHISIS-TRACHEA		2	
PRESSURE-THROAT (PIT)			2
SCRAPING-(Clearing Larynx)		2	3
SCRAPING-(Time) EVENING			2
SCRAPING-(Time) NIGHT			2
SENSITIVE-LARYNX	2		
SENSITIVE-LARYNX TO COLD AIR	3		3
SENSITIVE-LARYNX TO TOUCH	3		
SENSITIVE-TRACHEA TO COLD AIR			2
SUPPORTS-LARYNX,ON COUGHING	2	2	
TICKLING-LARYNX	2	3	3
TICKLING-THROAT PIT			3
TICKLING-TRACHEA	2		3
TICKLING-WARM ROOM		3	
VELVETY-SENSATION		2	

Book:Combined Chapter:Larynx/Voice	A C O N	D R O S	R U M X
<input checked="" type="checkbox"/> Uniqueness <input checked="" type="checkbox"/> Large Rubrics Occurrences: Lowest occurrences Types: Full WinCARA Compare			
MUCUS-LARYNX,COPIOUS			3
MUCUS-LARYNX,IN COLD AIR			2
PAIN-BURNING			2
PAIN-BURNING,LARYNX,DEEP INSPIRATION			2
PAIN-BURNING,TRACHEA	2	2	
PAIN-LARYNX,BENDING HEAD BACKWARD			2
PAIN-LARYNX,COUGHING,GRASPS THE LARYNX	3	2	
PAIN-LARYNX,ON SPEAKING	2		
PAIN-LARYNX,WHEN SINGING	2		
PAIN-RAW (Of Air Passages)	2		
PAIN-RAW,LARYNX	2		3
PAIN-RAW,LARYNX,COLD AIR	3		3
PAIN-RAW,LARYNX,COUGHING FROM			2
PAIN-RAW,LARYNX,INSPIRATION,DURING	3		2
PAIN-RAW,LARYNX,SCRAPING,FROM			2
PAIN-RAW,LARYNX,TALKING,FROM			2
PAIN-RAW,TRACHEA,COUGHING,WHEN			2
PAIN-SORE LARYNX	3	3	2
PAIN-SORE,LARYNX,ON SWALLOWING		3	

Book: Combined Chapter: Larynx/Voice			
<input checked="" type="checkbox"/> Uniqueness			
<input checked="" type="checkbox"/> Large Rubrics			
Occurrences: Lowest occurrences			
Types: Full			
WinCARA Compare	A C O N	D R O S	R U M X
VOICE-BASS		3	
VOICE-CROUPY	2		
VOICE-CROWING	2		
VOICE-DEEP		3	
VOICE-HOARSE (GENERAL)	3	3	2
VOICE-HOARSE, (Time) DAYTIME	2		
VOICE-HOARSE, (Time) EVENING			2
VOICE-HOARSE, (Time) MORNING	2		
VOICE-HOARSE AFTER MEASLES		2	
VOICE-HOARSE, COLD DAMP WEATHER			2
VOICE-HOARSENESS, MUCUS IN LARYNX			2
VOICE-HOLLOW	2	3	
VOICE-LOST, (In General)	2	2	2
VOICE-LOST, COLD AIR			2
VOICE-LOST, EXPOSURE TO COLD			2
VOICE-LOST FROM FRIGHT	2		
VOICE-TONELESS		3	

You have already been introduced to *Aconitum*, so we will now go on to examine the main prescribing features of *Drosera* and *Rumex*.

If you have found that learning remedies by comparison has been useful, you may wish to obtain a copy of:

THE STUDY OF REMEDIES BY COMPARISON
by Herbert A. Roberts (1941)

Alternatively many of the modern computer systems allow you to extract rubric comparisons for remedies. Setting your search for only high grade entries can help you to focus on the clearest similarities and differences between two or more remedies.

Drosera rotundifolia (Round Leaved Sundew)

Respiratory effects of bacterial and viral toxins

Tissue Affinity

Respiratory organs, especially larynx and trachea
Tubercular bone infection and osteomyelitis

Mentals

Anxiety at night, on waking and when alone

Locals

Severe spasmodic cough caused by toxic irritation of afferent nerves in the respiratory tract

Violent coughing gives rise to constrictive pain in the throat, larynx and upper gastro-intestinal tract.
Spasmodic cough may give rise to haemorrhages (epistaxis, haemoptysis, subconjunctival haemorrhage, etc)

Cough productive of profuse expectoration, and associated with gastric irritation and vomiting
Vomiting of food and mucus during and after coughing

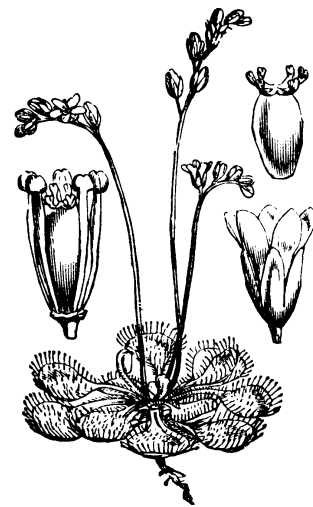
Dry scraping sensation in pharynx and larynx
Crawling sensation in larynx provoking cough
Periodical paroxysms of rapid, deep barking or choking
Prolonged or incessant cough giving rise to hoarseness

Generals and modalities

Worse after midnight
Worse on lying down
Better sitting upright in bed and remaining quiet

Clinical Indications

Whooping cough
Tuberculosis of lungs and larynx
Bone pain or osteomyelitis



Watch a short presentation on *Drosera rotundifolia* by Dr Todd Rowe
<https://youtu.be/nP6Klf1YI7c>

Further Relevant Reading

Keller G
 Uber Grundlichkeit und
 Bequemlichkeit in der arztlichen
 Tatkraft
 homeopathy, history, Drosera,
 eclecticism
 Z Klass Homoeopath 1987 Jan-
 Feb;31(1):3-14

Lewis D
 Double blind controlled trial in
 the treatment of whooping
 cough using Drosera
 whooping cough, Drosera
 Mid Homoeopath Res Grp
 Newsletter 1984 Feb;(11): 49-58

Gordon Ross AC
 Two insect-eating plants,
 Drosera (sundew) and
 Sarracenia-purpurea (pitcher
 plant)
 Homoeopathy 1985 Sep-
 Oct;35(9-10):117-9

Vikramaditya, Varma P, Gupta
 H
 Pharmacognostic studies on
 Drosera rotundifolia linn
 Hahnemann Glean 1983
 Feb;50(2):88-96

Koppikar SP
 Allergic bronchitis in children
 bronchitis, Drosera
 Indian J Homoeopath Med 1988
 Jul-Sep;23(3):197-9

Lewis DM
 A study of homoeopathic
 treatment of whooping cough
 pertussis, Drosera, whooping
 cough
 Mid Homoeopath Res Grp
 Newsletter 1982 Aug;(8): 12-16

Duprat H
 Drosera rotundifolia
 Homeotherapy 1976 2(2): 9-12

Tyler ML
 Drosera. Drug pictures
 Homoeopathy 1934 Jan;3(1): 24-
 34

Anon
 Whooping cough
 Homoeopathy 1975 25: 16

Anon
 Little cases
 Thuja, Drosera, Cicestra virosa,
 meningitis
 Homoeopathy 1934 Aug;3(8):
 250-5

Anon
 Little cases
 Drosera, cough, lachesis, mental
 symptoms
 Homoeopathy 1935 Feb;4(2): 50-1

Tyler ML
 Some remedies for whooping-
 cough
 Homoeopathy 1935 Mar;4(3): 72-
 6

Anon
 Go and do thou likewise
 Drosera, cough, chilblains,
 opium, prostatic neoplasms
 Homoeopathy 1935 Apr;4(4):
 128-9

Anon
 Little cases Erysipelas, Baptisia,
 Cantharis, Drosera
 TUBERCULOSIS, BACTERIAL
 INFECTIONS
 Homoeopathy 1936 Feb;5(2): 51-5

Tyler ML
 Whooping cough - Drosera.
 Little case
 Homoeopathy 1939 Apr;8(4): 118

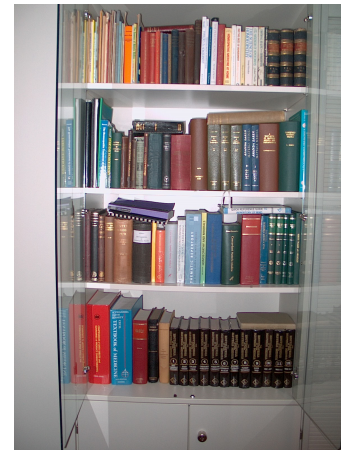
Shepherd D
 Drosera
 Hahnemannian Gleanings 1982
 Mar;49(3): 121-9

Ross AG
 Insect eating plants
 Drosera
 Homoeopathy 1981 31: 152-3

Gibson DM
 Remedies compared
 Drosera, Ipecacuanha, Spongia,
 drug relationships
 Homoeopathy 1971 Jan;21(1): 4-8

Gibson DM
 Drosera - source and significance
 Homoeopathy 1973 23: 130-3

Drosera
 Homoeopathy 1974 24: 123-4





SAQ 33.1

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



Mind



General, environmental and constitutional features



Local



Frequent pathological indications



Now read *Drosera* in your *materia medica*:

Page 400 Vermeulen

Page 679 Clarke

Page 258 Boericke (2nd British ed)

Page 439 Neatby and Stronham

Page 238 Phatak

Page 142 Jouanny

Rumex crispus

Mucocutaneous dryness, irritation and pain

Tissue Affinity

Mucous membranes (especially larynx and trachea)

Skin (pruritis)

Lymphatic system

Joints especially ankles

Mind Symptoms

Restlessness especially in the evening

Generals and Locals

Diminished secretion of mucus membranes (causing stickiness and burning pain)

Worst from exposure to least cold air
(inhaling cold air <)

Better from warmth, covering the mouth and generally wrapping up

Worse lying on the left side, better for lying on the right

Continuous cough < talking or inhaling cold air

Clinical Indications

Laryngitis

Tracheitis

Hoarseness (after exclusion of serious pathology)

Urticaria and pruritis

Wheezy bronchitis

Recurrent upper respiratory infections

Further Relevant Reading

Read these three articles relevant to *Rumex*.

Gamby F

Un cas de toux

cough, *Rumex crispus*

Cah Group Hahnemann Doct P Schmidt 1987;24(10):405-7

Voorhoeve JN

Tuberculosis

Rumex crispus

Homoeopathic World 1921 Feb;56(2): 61-5,90-6

Anon

Rumex Crispus

Homoeopathy 1971 Mar-Apr;21(3,4): 36-8



Watch a short presentation on *Rumex crispus* by Dr Todd Rowe

<https://youtu.be/VKSCPwBAe0s>



SAQ 33.2

Without looking at the text, how many of the keynotes of *Rumex crispus* can you remember?



Mind



General, environmental and constitutional features



Local



Frequent pathological indications



Now read *Rumex crispus* in your *materia medica*:

- Page 831 Vermeulen
- Page 1022 Clarke
- Page 558 Boericke (2nd British ed)
- Page 799 Neatby and Stronham
- Page 507 Phatak
- Page 349 Jouanny

Bronchitis – Acute (or Acute on Chronic)

Let's now move on to consider remedies for acute bronchitis.

Acute bacterial infection of the bronchial tree may occur as a primary viral infection (see table on page 3), or when bacterial superinfection intervenes, particularly when ciliary clearing or surface immunity has been impaired as a result of smoking, stasis, or after long-term use of inhalers.

The analysis below highlights the most common remedies for acute bronchitis according to the symptoms most commonly associated with the condition. All the remedies listed may be indicated on the basis of their pathological features. You will also notice a number of prominent polychrests in this analysis. These might prove highly effective when they also conform to the patient's constitutional sensitivities. You have already explored the remedy pictures of many of these polychrests. Make sure, however, that you are also familiar with the main respiratory symptoms and general modalities of those remedies marked *.

<input checked="" type="checkbox"/> Polychrests <input checked="" type="checkbox"/> Frequent <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> Nosodes <input checked="" type="checkbox"/> Psoric <input checked="" type="checkbox"/> Sycotic <input checked="" type="checkbox"/> Syphilitic		<input checked="" type="checkbox"/> Apply weightings <input checked="" type="checkbox"/> Stress significance <input checked="" type="checkbox"/> Emphasise S.R.P. <input checked="" type="checkbox"/> Emphasise small <input checked="" type="checkbox"/> Totality <input checked="" type="checkbox"/> Miasmatic <input checked="" type="checkbox"/> Expert <input checked="" type="checkbox"/> Eliminative WinCARA Chart		P	H	O	I	S	P	I	N	H	S	C	I	K	A	L	A	N	D	U	L	E	B	N	I	T	B	A	R	O	A	C	O	M	A	R	S	F	E	R	R	C	O	L	C			
Rubrics Covered	6	6	5	5	4	6	5	4	4	5	5	4	4	5	5	4	4	5	5	4	4	5	5	4	4	3	4	4	5	5	4	4	3	4	4	3	4	4	3	4	4	3	4	4	3	4	4	3	4	4
Grades score	15	13	12	11	11	11	10	10	9	9	9	8	8	8	8	8	8	8	8	8	8	8	8	8	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
Weighted score	378	421	247	360	360	357	391	113	380	452	338	187	334	289	95	96	299	332	266																															
GREENISH	3			3	3	3	2		2		1	1																																						
DISCOLORATION-BLUISH LIPS	2	2	2			1		3	1															2	1	1		1																						
PURULENT	3	1	3	2	2	2	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
BRONCHITIS-INFLAMMATION ACUTE	3	3	2	3	3	3	3	3	3	3	2	3	3	3	2	3	3	2	3	3	2	3	3	2	3	3	3	2	3	3	3	2	3	3	3	2	3	3	3	2	3	3	3	2	3	3	3	2		
BRONCHITIS-TOXEMIC									2						2																																			
WHEEZING-EXPECTORATION	3	1																																																
WHEEZING	1	3	2	1		1	2			1	2																																							
RATTLING	3	3	3	2	3	1	2	3	3	3	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	

We have selected a few of these remedies for more detailed study. Please examine the *materia medica* summaries that follow.

Antimonium tartaricum (*Tartrate of Antimony and Potash*)

Debilitating respiratory infections
Debilitation of alcoholics

Tissue affinity

Mucus membranes, especially in the respiratory tree
and gastro-intestinal tract
Skin and conjunctivae
Synovium

Locals

Coarse rattling of mucus in the chest
Dyspnoea aggravated by suppressed expectoration
Suffocating cough with moisture of the hands and perspiration on the head
Hoarseness
Drowsiness
Nausea ameliorated by vomiting
Psoriatic eruptions
Finger clubbing
Finger ends dry, hard and dead looking

Generals

Synovial swelling and effusion
Contractures

Clinical Indications

Apthae
Neonatal respiratory distress syndrome
Asthma
Bronchitis
Chronic catarrhal affections
Cough and croup
Delirium tremens
Dyspepsia
Exanthematous and hyperkeratotic skin conditions
Laryngitis
Rheumatic conditions



Watch a short presentation on Antimonium tartaricum by Dr Todd Rowe

https://youtu.be/IIPlYt_09Ds

Further Relevant Reading

Try to read as many of the following articles, relevant to *Antimonium tartaricum*, as possible.

Thibaut D
Antimonium tartaricum
Cah Group Hahnemann Doct P
Schmidt 1989;26(5):199-200

Schmidt P
Antimonium tartaricum
d'apres le 'decachord'
Cah Group Hahnemann Doct P
Schmidt 1990;27(4):127-30

Tyler ML
Antimonium tartaricum. Drug
pictures
Homoeopathy 1933 Nov;2(11):
335-41

Clarke JH
Antimonium tartaricum
Homoeopathic World 1929
Jun;64(762): 155-61

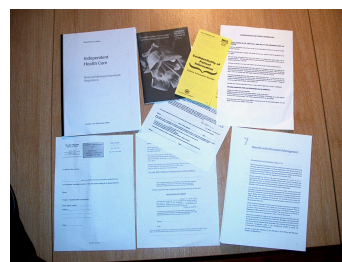
Burford G
The values of high potencies in
surgery. A Sulphur case
Homoeopathic World 1925
Mar;60(711): 63-6

Guild-Leggat SL
An eye - symptom of
Antimonium tartaricum
Homoeopathic World 1924
Nov;59(706): 283

Day R
Cases from the Children's
Homoeopathic Dispensary
Homoeopathic World 1918
Oct;53(10): 409-14

Tyler ML
Antimonium tartaricum. Drug
pictures 33
Homoeopathy 1934 Sep;3(9):
291-300

Gibson DM
The killer that cures (IV)
Antimonium crudum,
Antimonium tartaricum
bronchitis, lung dis,
homeopathic drugs, poisoning
Homoeopathy 1972 May;22(5):
68-70





SAQ 33.3

Without looking at the text, how many of the keynotes of *Antimonium tartaricum* can you remember?

Mind



General, environmental and constitutional features



Local



Frequent pathological indications



Now read *Antimonium tartaricum* in your *materia medica*:

Page 399 Vithoukas

Page 82 Vermeulen

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