

A REVIEW OF STRONTIUM CARBONATE

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With the event of the nuclear explosions strontium is being blown into the air and to some it is a debatable point as to whether or not strontium is being found in the rainfall thousands of miles away from the explosion. Is this a reason why strontium is being used more in my homœopathic prescribing?

This paper is presented in 3 parts. The first is a review of the drug picture. The second is a review of five cases in which strontium carbonate was used in March and April of 1959. The third is the conclusion.

PART I.

"Strontium owes its name to the Scottish town of Strontian, where it was first found in 1784 in lead mines." Its atomic number is 38 and is located between calcium, atomic number 20, which acts on the skeletal system, and barium, atomic number 56, which acts on the vascular system. All three are classified as alkaline earths in Group II of the periodic table.

Drug Picture

Mind—Apprehensive, anxious, forgetful, peevish.

Head—Threatening apoplexy with congestion, red hot face on exertion, headache better wrapping head up warmly; chilliness over scalp and upper back, worse at night and in cold air; as if scalp too tight; as if head expanded from within; worse head lying low; vertigo worse moving head, worse getting up from supine position.

Eyes—Burning eyes; pressing pain on upper surface of eyes; luminous vibrations before eyes; photopsia worse after operation, objects seemed covered with blood.

Ears—Roaring and tearing pains in right ear; sticking in front of left ear.

Nose—Nosebleed, dark; bloody; scabs blown from nose.

Face—Neuralgic, tearing pain in face; face red, burning hot.

Mouth—Front teeth feel on edge; jerking, tearing pain in teeth and roots; swelling, burning, stitches in gums; taste bitter in morning; bad odor from mouth; mouth slimy or dry on waking.

Throat—Rawsness and dryness provoke hawking, hacking cough; pain on left side of throat on swallowing.

Stomach—No appetite; hunger soon after eating; violent, long continued hiccough, causes pain in chest; pressure in stomach; better eating, worse swallowing; cutting in epigastric region; severe pressure in stomach, after eating, chronic.

Abdomen—Colic, with flatulent distension; diarrhea; chilliness; progressive, bruised pains in hypochondria.

Rectum—Diarrhea, worse at night; is scarcely off vessel before he must return; better toward morning, 3 to 4 a.m.; stool retarded, compact and in large lumps; after stool: contractive sensation in rectum; burning at anus.

Urinary Organs—Urine pale, smelling strongly of ammonia; diminished.

Female Sexual Organs—Menses too early, too short duration; retarded discharge, being serous at first, later clots of blood.

Male Sexual Organs—Increased sexual desire; increased erection, worse at night; lascivious dreams.

Respiration—Dyspnea, with hot, red face, while walking; hoarseness; irritation in larynx causes violent dry cough.

Heart—Dull intermittent pressure in precordial region; violent beatings of arteries and heart, hypertension.

Chest—Sternum painful to touch; burning in left side; constrictive, pressive pain in chest, worse motion.

Back—Tearing tension in nape of neck; drawing, sticking pain in small of back; as if bruised in back and sacrum; worse stooping and touch.

Limbs—Rheumatic-like pains, worse in joints, worse evening and at night in bed; many symptoms in marrow of bones; hard to determine locality.

Upper—Paralytic pain in left shoulder and elbow worse at night; tearing rheumatic pains in shoulders and arms, worse in joints; weakness of right arm as if all power had left it; better in motion; trembling and numbness of forearms, pseudo angina pains, worse left side.

Lower—Rheumatic, paralytic pains; tearing, drawing, jerking, gnawing, as if in marrow of bones; swelling and caries of femur, usually in scrofulous children; diarrhea; cramps in calves and soles of feet, worse in persons who suffer from cold feet; chronic sprains, particularly of ankle point, after failure of *Ruta*, and *Arnica*; edema about joint.

Skin—Sycotic eruptions on face and other parts of body; itching and burning, moist itching grows worse with scratching.

Sleep—Restless with fantastic dreams; fire, grieving, joy; jerking of body and starts when sleeping.

Fever—Pulse full and hard, with violent pulsation in the arteries; chill in forenoon, descending from sacrum to posterior part of thighs; perspiration during morning hours; worse at night, affected parts; chilliness from head over shoulder blades.

Generalities—Pains increase gradually and decrease gradually; excessive emaciation; great lassitude and depression, morning and evening; violent involuntary starts of body keeps him awake; when the pains cease the itching begins and vice versa. *Worse* in general, at night, evening, cold, undressing, after lying down and rising again, rubbing, darkness, right side, walking, motion, draft of air, exertion, stooping. *Better* in light, bright light, warmth, wrapping up warmly, heat, sun, open air.

Antidoted by Camphor, Sulphur, Baryta carbonica

Compare:

<i>Baryta carbonica</i>	chilliness
<i>Silica, Ferrum</i>	headaches
<i>Magnesium muriaticum</i>	diarrhea, restless sleep
<i>Arnica, Rhus, Ruta</i>	sprains
<i>Staphisagria</i>	scrofulous bone affections
<i>Platina, Stannum</i>	pains increase and decrease gradually
<i>Silica, Magnesium muriaticum</i>	head symptoms better wrapping head up warmly
<i>Symphytum</i>	bone injuries

PART II.

Here follow the five clinical cases:

I—M. D. is a 40-year-old white male admitted to the hospital on 3 March 1959. The patient had taken about 26 Nembutal ($\frac{3}{4}$ grain) capsules and had slept about 6 hours. He was brought to the hospital complaining of pain in his left buttock. The patient has been addicted to alcohol and benzedrine. He has been a drug salesman and knew many of the drugs and has tried many. He has a history of maladjustment since childhood and interprets his psychological pattern with words such as "inadequacy," "guilt," "ego failure," "moral deterioration," etc.

In 1954 he developed a "pseudo paranoid" reaction when a benzedrine addict. His wife took his children and left him. He was treated in a sanitarium and the paranoid feelings left after stopping the benzedrine. This was repeated in 1958.

Physical Examination: Negative except for his mental condition, and pain, swelling and slight redness in his left buttock.

Course in the Hospital: The patient evidently had an internal bruise with severe extravasation deep in the left buttock and also a large area of extravasation over the right flank, back and anterior thigh. He developed a foot drop on his left side.

Laboratory studies showed an increase in white blood cells up to 27,000, blood urea nitrogen 64.5 mgm % (normal 12-15 mgm %), creatinin 3.4 mgm-% (normal 1-2 mgm %) and icteric index 11.0 (normal 4-6); all compatible with an extensive hematoma formation. Coagulation time, bleeding time, fragility tests were normal. No fracture shown by X-ray. The patient was under the charge of the residents and was given darvon, benadryl, dramamine and thorazine for pain, histamine reaction, vomiting and restlessness. On March 5, *Thuja* 10M was given at 10 a.m. but, after consultation with Dr. Grimmer, *Calcium fluoride* 10M was given at 6 p.m. The patient continued to be restless and complained of pain in his left buttock. On March 6, *Arnica* 1M was given because of increase in the swelling, pain and extravasation of the left buttock. On March 7th and 8th, *Strontium carbonate* 200, was given at 6:30 p.m., 12:30 a.m., 6-30 a.m. He improved in general, though on the 11th he had hallucinations of being in Massachu-

sets helping people take movies with a new camera and talking with God. Sometimes he believed himself, sometimes he knew these were hallucinations and related to something he had been reading.

The patient improved mentally, his white count came down to 10,000, his BUN to 55 mgm %; he still had his foot drop. On the 18th of March a neurosurgeon was called in for consultation.

He was discharged on 19 March to a veteran's hospital with a diagnosis of psychopathic personality and sciatic neuropathy due to trauma. He was given *Strontium carbonate* 200. to take on April 16 and May 14.

The patient wrote a letter on the 24th of April saying his foot motion was improving and that he intends to continue psychiatric treatment. "... I have always recognized the need of treatment. I am fully determined in this. I plan to defeat it with God's direction."

II—A. F. is an 84-year-old white female who was admitted to the hospital on 4 March 1959. The patient had had low back pains since October 1958 which had been helped by *Kali carbonicum*, *Syphilinum*, *Arsenicum iodide*, *Bryonia* and *Kali muriaticum*. She was in the hospital from 22 December 1958 to 22 January 1959 on bed rest and improved greatly on *Syphilinum*. However, on 27 February she fell over the edge of her chair and the pains increased and became unbearable and she was re-admitted. The pains were in her low back, worse on her right side, shooting and grabbing, much worse on motion; but even at times when she didn't move, the pain seemed to grab her and make her cry out. The patient had had a similar attack in October, 1956 when she was hospitalized for 6 weeks.

The patient is cheerful, industrious, wants to get out of bed and work but will lie quietly because the pain is worse if she doesn't; prays a great deal of the time; hearing impaired.

Physical Examination: Essentially negative except the severe pain in her low back, spasms in her sacrospinalis muscles and deep muscles of the back.

Course in the Hospital: The patient was in such severe pain she was given morphine sulphate 2 doses. *Ranunculus scleratus* 10M was given with marked easing of the pain. She improved, but

a vertigo appeared and a repeat of *Ranunculus scleratus* 10M on March 9 was ineffective. The vertigo was worse on moving her head. On March 10 she was given *Strontium carbonate* 200. The back pains gradually improved as well as the vertigo and the patient was discharged on the 19th.

At home the patient had an increase of her pains with a repeat of the *Strontium carbonate* 200. on 22 March.

On 24 March she had sudden severe pains in her left hip. Because of the increase of pain so soon after the last *Strontium carbonate*, Dr. Grimmer was again consulted. *Lathyrus sativus* 10M was given. She continued to improve until the 7th of April when she stooped over to pick up a pin. This increased the pain, but I didn't see her until the 14th when *Lathyrus sativus* 10M was repeated and she has improved steadily since then.

27 April—still has low back pain but not severe.

4 May—more pain 2 days ago with repeat of *Lathyrus sativus* 10M.

9 May—very gradual diminution of pain.

III—L. B. is a 58-year-old male admitted to the hospital on the 6th of March 1959. The patient had not felt well all week. He was having diarrhea and on going to the bathroom he stumbled and fell and hit his head on the wall. He was knocked out and was very dizzy; worse on motion, better lying still.

Past History: 1955, stroke involving his right side, residual headache. 1958, automobile accident with injury to neck and dorsal vertebrae (increase in headaches and inability to turn his head freely). Coffee gives him diarrhea; aversion to vegetables; warmblooded, perspires easily; very happily married for many years; wife died 9 years ago and he still grieves for her; he feels so very much alone and goes home seldom because of this grief; 5 children and several grand-children.

Physical Examination: Round face, white hair; tongue coated, teeth worn down markedly; no neurological abnormalities. Blood pressure on admission was 200/100 but in his room 150/90.

Course in the Hospital: *Bryonia* 1M every 4 hours for 3 doses was given. Complete blood count, urine, chest X-ray, and electrocardiogram were negative. The *Bryonia* 1M was repeated on 9 March 1959 for 3 doses, 2 p.m., 4 p.m., and 6 p.m. After both

doses of *Bryonia* he could turn his neck more easily. The patient's two complaints after the first 2-3 days were vertigo, worse on rising from lying position and continued stiffness of his neck. The patient was given *Strontium carbonate* 200. on March 10. He complained of a sore throat on the 14th. He spiked a fever of 101° on the 14th, 100.6° on the 15th, and 101.5° on the 17th. With forcing fluids and saline gargles the temperature returned to normal. He was discharged March 21 improved, blood pressure 130/76.

The patient was referred for osteopathic treatment for the stiffness in his neck and he continued to improve. The patient was seen in the office on the:

23 March 1959—Improving.

30 March 1959—B.P. 160/94, improving.

13 April 1959—He still has some dizzy spells when he gets up (or down) quickly.

14 April 1959—*Strontium carbonate* 200. given.

IV—F. A. C. is a 57-year-old male admitted to the hospital on March 7, 1959. Just prior to his admission as he was sitting in his car his wife noticed his talk began to slur and he couldn't move his left arm or leg.

Past History: 1921 appendectomy. 1925 severe airplane accident with fracture of right hip and left wrist. 1954 mild coronary occlusion. Bursitis left shoulder; left inguinal hernia; intolerance to fatty foods, like to eat beef especially; likes the out of doors, catches colds easily; jokes a lot, does not like to be sick; the patient is a draftsman and has been overworking for several months.

Family History: Mother died of diabetes at 67, father died of arteriosclerosis at 76.

Physical Examination: Well developed, well nourished male lying in bed. No voluntary movement of his left hand, left leg, left side of his face. There is involuntary convulsing of the left side of the body, left leg, and left arm and twitching of the muscles of the left anterior chest. Babinski positive on left; right leg is shorter (old fracture), normal plantar reflex present. He coughs when trying to swallow liquids. He has difficulty in talking. Blood pressure in the emergency room was 200/110, but later in his room was 150/100.

Course in the Hospital: The patient was given *Magnesium phosphoricum* 1M about 1 hour after admission. Complete blood count, serology, urine on admission were negative; blood urea nitrogen was 13.2 mgm %. Electrocardiogram showed possible old healed posterior infarction. The patient was given *Strontium carbonate* 200. for 3 doses 6 p.m., 12 midnight, 6 a.m. on the 7th and 8th of March. This was repeated on the 9th of March because his twitching began to return after decreasing slightly. His hospital course was uneventful and he continued to improve. The patient received *Strontium carbonate* 200. on 23 March; his BUN was 20.9 mgm %. On 24 March the patient was discharged, his urine showed 3-6 RBC's per HPF, blood pressure 110/60.

V—W. B. is an 83-year-old male who has been in the office before with hypertension, arthritis, cystitis, asthma, etc. On the 20th of April 1959, he complained of pain in his dorsal vertebrae between his shoulders, worse on the right side. The pain was worse on motion, had kept him awake for 3 nights and he had to sit up in a chair. He had a cold for several days brought on possibly when he became chilly. He had two attacks of similar pains many years ago after a strain and exertion.

Physical Examination: Blood pressure 170/90, otherwise essential unchanged from previous examinations.

Arnica 10M was given and the patient was advised to use hot wet soaks of water or cider vinegar as often as needed.

On 21st of April, the following day, the patient returned to the office feeling worse. His pain was worse after sleep, worse on motion, better from hot vinegar soaks. The patient was sent to get an X-ray and *Strontium carbonate* 200 was given.

On 28th April, the patient reported he slept well the night after the last appointment and has had no pains since. He did not get an X-ray because he felt so much better. Blood pressure 150/60.

CONCLUSION

PART III.

Diagnoses of the five cases follow:

1. Psychopathic personality, sciatic neuropathy with foot drop.
2. Sciatica, muscular spasm.

3. Old injury, hypertension.
4. Cerebral vascular accident, hypertension, old coronary, old injury, bursitis.
5. Old injury, hypertension.

These cases indicate that *Strontium carbonate* does affect the skeletal and vascular systems to a large extent (and also the neuromuscular system). Dr. A. H. Grimmer has found that the remedy can prove dangerous because it can increase the blood pressure markedly before it lowers it. This is particularly true in the higher potencies and especially when given to people with hypertension. It was observed that one patient died of apoplexy ten days after receiving the 200th.

I want to take this opportunity to thank Dr. Grimmer for his gracious and inspiring help. As one of my patients so aptly puts it, "Praise the Lord for that. Amen." In conclusion let me express my sincere thanks for the opportunity to present this paper. Relating the drug picture in the patient to that given by proving the remedy is the essence of homœopathy.

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MATERIA MEDICA AND THERAPEUTIC NOTES

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potency. He often commenced a case with one dose of the cm potency then followed with lower potencies. For severe pain he gave an opiate which was seldom.

"We have a good basis for prescribing *Bacillinum* somewhere in the course of every pleurisy (especially with effusion) and it is my practice to use this remedy very early. Also in cases of cough where no remedy is clearly indicated resulting from neglected colds. *Bacillinum* is also of great value in lung infections resulting from influenza."—Dr. E. Wallace MacAdam (New York).
