

rate bottles, unlike the system of the single bottle advocated by Korsakoff.—British Homœopathic Journal, July—October '54, Page: 145.

2. **O/VI, O/VII etc.:** About which Dr. Schmidt writes to Dr. S. M. Bhattacharjee, in a personal letter:

Phosphorus O/VI, O/VII, O/VIII etc. means 1 *Globule* of the indicated dynamization, 6, 7, 8, etc., O representing symbolically a round poppy-sized pellet.

We hope this will satisfy our readers.

—S. M. B.

### BARYTA CARBONICA\*

DR. HILARIO LUNA CASTRO, M.D., MEXICO

*Synonyms.*—Carbonate of barium, Barytæ carbonas, Barium carbonicum, Barium carbonate, Barii carbonas, Carbonas baryticus.

*Formula.*—Ba. CO<sub>3</sub>.

*Molecular Weight.*—197.37.

*General and Elective Action.*—Baryta carbonica has an elective action upon the thyroid gland, hypophysis, testis, ovaries, lymphatic system, cardiovascular and respiratory apparatus.

During infancy and the prepuberal phase its action is manifested by pluriglandular dysfunctions of the hypophysis and thyroid glands with delay in mental and physical development that are very often associated with hypertrophy and induration of the lymphatic ganglia, amygdalas and adenoids.

Among young people and adults the action of Baryta carbonica is characterized by the phenomenon of precocious senility, with disturbances in nutrition due to insufficiency of the hypophysis, thyroid and genital glands in both sexes. Among the adult and the senile are observed multiple and progressive sclerosis with induration of the arterial walls,

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essential hypertension, arteriosclerosis, cardiac asthma, aortic aneurysm with tachycardia, Branham's bradycardia, clinostatic bradycardia, hard and full pulse, edema of the eyelids and lower extremities with intense pains and numbness of the feet with cold, sticky and offensive perspiration.

Upon the respiratory apparatus a chronic catarrhal state is characteristic, with a tendency to thrombotic pulmonary infarct, particularly during senility.

*Characteristic and Psychosomatic Symptoms.*—Children of a thin type, and old in appearance, with manifestations of delay in mental and physical development, timid, that have an aversion to the presence of unknown people and do not show any desire for playing, and like to be seated in the corners of the rooms without any physical or intellectual activity; they cannot remember recent or past events, they are slow in understanding and also in learning to speak and to read. Mental deficit.

Asymmetries. Osseous deformities.

A small and pyriform head, adenoid facies, globular abdomen, thin extremities, the inferior ones curved. Cervical, axillary and inguinal adenitis and micropolyadenitis. Marfan's micropolyadenopathy. Hypotonic and hypotrophic muscular system. Flatfoot. Propensity to colds.

Infantile or prepuberal obesity in which Baryta carb. is indicated, is a hypophysaric or dysthyroid subject that is preferably observed in those between five and twelve years of age. Although among the thin or lean type, mental and physical backwardness is observed, the subject is usually of large size, with vigorous prognathous jaws, idiotic laugh, zones of adiposity,—especially on the chest, abdominal and pubic symphysis. Genital hypoplasia and in some cases transitory cryptorchidy. Feminine appearance. In the male sex is found accentuated infantilism among the puberal and adolescent. Obesity with delay in puberty in both sexes.

The obese child of Baryta carb. shows, beside the above-indicated symptoms, great drowsiness, apathy, hypothermy, slow pulse and breathing, tachycardia and polyuria. There exists melancholy with low basal metabolism among the young, adult and old people.

In the adult forms of hypopituitarism and in dysthyroidism, Baryta carb. is indicated when the woman shows markedly an appearance of virility, marked hypertrichosis of the face and arms accompanied by amenorrhœa and atrophy of the mammary glands.

Frigid individuals without faith in themselves, scrupulous, puerile with mental anorexia. Diverse congestive states. Cephalalgia due to arteriosclerosis, with marked pain in the mastoidal and occipital regions, that is accompanied by a sensation of vertigo, rush of blood to the head, intellectual dulness and on the march. The patient improves in the open air and in the cold, and becomes worse in warmth. Menace of apoplexy during senility.

Acute or chronic amygdalitis in subjects of lymphatic constitution. In chronic cases hypertrophy and hyperplasia of the amygdalas. Great dysphagic troubles with manifestations of respiratory stenosis and nightly snoring, especially among children. Troubles of the voice. Aeromucophœgia and laryngo-broncho-pulmonary phenomena accompanied with mucopurulent secretions with cough, especially at night. Chronic cryptic amygdalitis with profuse purulent secretion or caseous in great quantity. Cough of amygdaline origin. Deafness through obstruction of the Eustachian tube due to hypertrophy or hyperplasia of the amygdalæ. Adenoid vegetations. Smoker's laryngitis.

Asthmatic phenomena as much in the child as in the adult, with nightly aggravation. Cough due to hypertrophy of the adenoid and amygdalæ, which is accompanied by nasopharyngeal mucosities. Submaxillary and cervical lymphangitis. Amygdaline tuberculosis and pulmonar pretuberculosis.

Nightly aggravation and during humid weather and the *Baryta carbonica's* patient can only drink liquids. Spasms of the esophagus.

*Baryta carb.* is indicated in senile asthma with a cough which is worse at the dawn of day, especially in arteriosclerotic subjects. Bronchorrhea. The cough is provoked as if the patient had inhaled smoke. Chronic aphonia, secretions of thick, yellow-greenish and frequently sanguinolent mucus. Atrophy of the nasal mucosa.

Dry mouth, bad taste, bloody gums, halitosis, bloody gingivitis, paralysis of the tongue of apoplectic origin with pains, burning and exaggerated salivation. The spasm of the esophagus is frequent.

Anorexia with sensation of hunger and nausea, belchings with hyperchlorhydria and epigastric pain immediately after dinner with abdominal sensibility, worse for warm food, hard, distended, sensitive abdomen with spasms of the transverse colon and hypertrophy of the mesenteric glands. Borborygmus and colics in the periumbilical region that improve by warmth and bending. Hard, knotty evacuations with proident hemorrhoids that are producing when the patient urinates or defecates. Perianal pruritus. Rectal catarrh. Constipation due to rectal atony.

Adenoma or hypertrophy of the prostate. Loss of libido sexualis in both sexes. Testicular induration in man and amenorrhea with mammary atrophy in woman.

Eczema humidum retro-auricular and of the scrotum. Forunculosis. Whitlows. Lipomas in diverse regions of the body.

*Baryta carbonica* gives great utility in the precancerous states of the skin or Bowen's disease, as well as in definite cases of dyskeratosis multiple and incipient carcinoma of the skin. Keratosis senilis of the skin.

Heredosyphilis with stigmas and manifestations of the Fournier type. Endocrinous troubles and dystrophias due to the same cause, such as the face of the little heredosyphilitic old man. Athreptic facies with rachitism and

infantilism, accompanied with tardy dentition and walking delayed between the second and fourth year. Saddle nose. Multiple dentinal erosions. Hutchinson's teeth. Perforation of the palate.

Infantile hemiplegia and Little's disease. Athetochoreic children.

*Modalities.*—Worse when the patient thinks of his symptoms, lying down on the sick side, damp weather and washing with cold water.

Better upon walking in the open air and in being alone.

*Dose.*—From 6x to 30x.

Baryta carbonica is slow in its action and must be repeated according to the cases.

*Relationship.*—Baryta iod, Baryta mur., Calcarea carb., Calcarea phos., Calcarea iod., Agraphis nut., Hepar sulph., Sulphur iod., Silicea.

*Clinical Indications.*—Babinski-Frölich's syndrome. Transitory Fröhlich. Hypogenitalism in both sexes. Delayed basal metabolism. Vagotonic subjects. Infection of the Waldeyer's ring. Adenoid and amygdaline hypertrophy. Divers chronic lymphangitis. Mesenteric tuberculosis. Arteriosclerosis and arterial hypertension. Arterial atheromas. Senile aneurysm. Chronic broncho-pulmonary catarrh. Bronchorrhea. Heredosyphilis. Precancerous-states.

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