

PHOSPHORUS IN ACUTE DISEASES OF INFANCY AND CHILDHOOD

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The appearance of the *Phos.* child is usually helpful.¹ The child is tall and slim with fine skin, and this is a guide in acute as well as in chronic conditions. A characteristic symptom is the way the *Phos.* child follows with his eyes every movement of the doctor or nurse, even when suffering from considerable toxæmia. Indifference or apathy is not common. This acute awareness of the surroundings is one of the most reliable symptoms and is rarely absent. Less often hyperacuity of the senses is apparent by emphasis on sensitivity to noise or touch. The position in bed adopted by the *Phos.* patient is relatively unimportant—except for two positions. It is useful to remember that *Phos.* has the knee elbow position along with some other drugs;² also in pneumonia, or other chest conditions the child may have a marked preference for being well propped up, sitting almost upright with the head thrown back.

Linked up with awareness is what might be called responsiveness, it is well known that the *Pulsatilla* child often craves affection; *Phos.* very frequently has this too, but with a difference usually easy to detect. The *Pulsatilla* child absorbs affection, so to speak, but does not return it, whereas the *Phos.* child responds by giving out affection. *Phos. returns affection.* The *Phos.* child is responsive to every external stimulus. *Silica* and *Phosphorus* may have to be distinguished. Both have fear and just occasionally, like its relative *Pulsatilla*, *Silica* may crave affection. There are many differences, including the tendency to a sickly pale face in *Silica* and persistent discharges. Offensive sweat of the feet, often cold, or at least cold clammy toes, is a useful confirmatory symptom of *Silica*. Its absence would make one query the prescription.

Also linked up with the acute awareness of *Phos.* is apprehension or fear. *Phos.* is said to be full of fears—fear of the dark, fear of being left alone, of what the doctor is going to do—are common symptoms. It is almost always the correct remedy for pre-operative anticipation³ in children, including a visit to the dentist. It is so often indicated that it is given routinely for this condition unless there are positive indications for another remedy. About one in twelve children undergoing tonsillectomy require *Phos.* I give *Phos.* 200, a single dose if time does not permit more, but usually a few doses are given two-hourly. It seems to work perfectly well along with the routine *Arnica* 30. *Phosphorus* is one of the homesick remedies when the general symptoms agree.

The main symptoms suggesting *Phos.* are in my experience the four just mentioned—the appearance of the child, the eyes following every move-

ment in the vicinity, responsiveness, and may be fear. There is almost always some degree of fear or anticipation more prominent in some than in others. In a minority it is the main presenting symptom. Once the *Phos.* picture is really recognized, not just the adding up of symptoms, it is, as in other remedies, the most helpful guide to its prescription.

Usually there are other confirmatory symptoms such as desire for cold milk. *Phos.* is often thirsty for cold drinks in large quantities. A desire for warm drinks is a symptom which should make one hesitant in prescribing *Phos.* In such cases the most likely remedies are *Ars. alb.*, *Lyc.*, or one of the others having a desire for warm drinks. Sometimes one can be misled by the mother giving a history of a desire for warm drinks when in fact she has given only warm drinks, supposing that cold drinks might be harmful. A desire for cold milk is a good symptom of *Phos.*, but a desire for cold drinks is usual in children suffering from fever and therefore is not a high value symptom. A desire for frequent sips of liquid is a strong pointer to *Arsenicum alb.*, but occasionally other remedies, including *Phos.* may be indicated. Thirst for cold drinks which are vomited about ten minutes later is a well-known pointer to *Phos.* or *Pyrogen.* The combination of intense thirst and aversion to touch may suggest *Bryonia*, but the appearance and mental symptoms are very different.

The impression of constriction of the chest out of proportion to physical signs is often present in pneumonia, bronchitis and asthma when *Phos.* is indicated.⁴ It has been the most commonly prescribed medicine in both pneumonia and bronchitis in Barton Ward in the last twelve years.

The tendency to bleed is also a well-known feature of *Phos.* and it seems to be useful after tonsillectomy, when there is oozing of bright red blood not sufficient to require ligation.

The toxic effects of *Phosphorus* on the liver are well known and *Phosphorus* covers the majority of cases of infective hepatitis in children.

Calc. phos. and *Ferrum phos.* are by far the most likely of the *Phos.* compounds to give an initial impression of *Phos.* They may both have the alertness "eyes following the doctor", responsiveness, and perhaps fear. "Consolation aggravates" is very much less common. Almost always, however, the *Calc. phos.* child is of heavier build and tends to have localized perspiration, usually on the head.⁵ *Phos.* may have localized perspiration, but more often has a mild, generalized, slightly sticky faint sweat, if sweat is present. The *Calc. phos.* patient tends to have trouble especially during dentition, and bronchitis during dentition is very often covered by *Calc. phos.* Pneumonia apparently related to primary dentition does not occur very often, but for any complaint it is a remedy to be considered during dentition.

Ferrum phos. may closely resemble *Phosphorus* in some cases, the only difference being a marked tendency to easy flushing of the face, or the patient presents a picture making one think of *Phosphorus* and *Belladonna*. Not infrequently the appearance, alertness, etc., of *Phosphorus* is present

together with intense heat of the skin so strongly suggestive of *Belladonna*—heat remaining long after on the examiner's fingers. Circumscribed redness of cheeks or alternating pallor and flushing of the face may be present in the *Ferrum phos.* patient.

Sometimes *Belladonna*-like symptoms predominate and, in fact, it may be difficult to decide on the remedy. The full bounding pulse of *Belladonna* is absent in *Ferrum phos.* and *Ferrum phos.* is more useful at a later pathological stage, as for example when pus has definitely formed in otitis media. *Ferrum phos.* may want warm drinks—a symptom rarely if ever found in *Phosphorus*. *Ferrum phos.* was indicated in two cases of follicular tonsillitis seen last month. Both children had the *Phosphorus* appearance and mentals, together with circumscribed redness of cheeks plus intense heat of the skin. Both had a temperature of 104° and with that degree of fever the children would almost certainly have been dull mentally and delirious if *Belladonna* were the remedy. One of the children was a boy of 8 years of age, the son of a doctor friend who described the effects of *Ferrum phos.* 200 as "miraculous". The other was a boy, 12 years old, who was admitted to Barton Ward with follicular tonsillitis, mesenteric adenitis, and there was evidence from the history and radiologically of a resolving broncho-pneumonia. He had a white blood count of 38,000. *Ferrum phos.* 10m was followed overnight by a considerable improvement. *Pyrogen* 200 completed the treatment and within three days his throat was free from Vincent's organism and his temperature and pulse had returned to normal.

Among the remedies occasionally to be distinguished from *Phosphorus* are *Arsenicum alb.* when fear predominates, but other symptoms such as desire for warm drinks, restlessness and periodicity will usually make the decision fairly easy. *Kali phos.* may be similar very rarely, but symptoms from the *Kali* element such as 3 a.m. aggravation, intense reaction to noise, will be apparent sooner or later. *Psorinum* may have a *Phosphorus*-like appearance as well as the unwashed look. *Dysentery Co.* may simulate *Phosphorus* and only after observation in the ward it becomes apparent that mental tension as the keynote.

Zincum may give a strong initial impression of *Phosphorus*, but the history and restless feet or other characteristic symptoms of *Zincum* usually make the distinction easy. The *Tuberculins* may also resemble *Phos.*, but intense obstinacy which in a child almost always calls for *Tub. bov.*, or other symptoms make the selection straightforward as a rule. *Tuberculinum* follows *Phos.* as a complimentary remedy.

Finally, it would seem that *Pyrogen* and autogenous pus potencies are frequently indicated in patients of the *Phosphorus* type, and I have not hesitated to alternate these remedies with apparent success.

SUMMARY

Four characteristics of *Phosphorus* are described—the appearance;

alertness, reaction to affection and anxiety which can easily be observed in children. The main differences between *Phos.*, *Calc. phos.* and *Ferrum phos.* are discussed, and a few other remedies occasionally resembling *Phos.* are mentioned.

REFERENCES

- ¹ Tyler, M., *Drug Pictures*, pp. 622, 623.
² Foubister, D. M., "The Carcinoin Drug Picture", *British Homœopathic Journal*, July, 1958, p. 203.
³ Kent, J. T., *Materia Medica*, 4th, edition, p. 777.
⁴ Borland, D. M., *Pneumonias*.
⁵ Tyler, M., *Drug Pictures*, p. 158.

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HOMŒOPATHY AND THE HYPODERMIC NEEDLE

(Continued from page 119)

Law of Similars, he was describing a resemblance between a medicine and an individual person. Since no such thing exists as a malady apart from a person, the Jenner concept has no reality. This is why as time goes on the Jenner-Pasteur theory runs to ever higher complication and cost with no end in success.

According to the Jenner-Pasteur scheme, there is indiscriminate blanket therapy. According to Homœopathy there is individualization.

Finally, starting with Hahnemann and continuing with his successors, therapy was found by experiment to be curative only when it agreed with biologic law. Biology everywhere teaches and shows that life of every kind proceeds from center to outside, from center to periphery, from within outward. The skin is outward but is made from within. The purpose of skin is two-fold. The skin is a principal organ for discharge of waste; the skin is the protective coat meant for preservation. Medicine in order to cure must start centrally and work outwardly. To jab medicine inwardly through the skin with a hypodermic needle outrages the very design of nature and never produces either a cure or an improvement in health. Its only final result is greater liability to be sick. The ebb tide of smallpox since Jenner's day coincided with the rise of living standards and sanitation, not with the use of vaccinia, and in practice there are cases by the thousand where chronic illness dates from the day of vaccination.

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