ANTIMONY REMEDIES

The form of antimony found in nature is stibine, stibnite, or antimonite (Sb₂S₃). Intoxication in exposed subjects manifests as respiratory (lung inflammation, chronic bronchitis, asthma, acute pulmonary edema), gastrointestinal (abdominal pain, diarrhea, vomiting and ulcers) and skin disorders. Dermatitis associated with exposure to airborne antimony is characterized by epidermal cellular necrosis with associated acute inflammatory cellular reactions. Women exposed to antimony in the workplace have reported menstrual disturbances and a higher incidence of abortions. Although in Homeopathy, the pathogenetic profile of antimony has been enlarged, these remain the main organic affinities.

ANTIMONY ROOT

There is no homeopathic proving of pure antimony – Antimonium metallicum; to have an idea of its effects, we may extrapolate from the symptoms common to its most used and time-verified salts – Antimonium crudum (black sulphide, Sb₂S₃) and Antimonium tartaricum (a complex salt of potassium). We have large experience with the homeopathic preparation of the native salt, Antimonite – chemically identical to Ant-c – especially in skin disorders, observing both curative and pathogenetic effects, which may be added to compose the image of the antimony root.

The most common sign of Antimony remedies in the materia medica is vesicular eruptions. Their occurrence and characteristics could be confirmed through the involuntary proving made by a 11 month-old infant, who was prescribed Antimonite due to recurrent bronchial spasms and muscular hypotonia:

*Antimonite*: Small, isolated vesicles on a congestive base. Vesicles are filled with clear fluid and depressed in the center, as in chicken-pox.
The first stage of the eruption consists of pimples on a red inflammatory base. Antimony remedies are also characterized by a tendency to obesity, present already in children.

**ANTIMONIUM CRUDUM IN CHILDREN**

One of the main features of the antimony root (hard thickening of the skin) is not obvious in children. This kind of characteristic vesicular eruptions, therefore, may constitute an indicative sign, especially when associated to the typical digestive and/or respiratory symptoms.

*Case illustration:* Impetigo and increased airway secretion. Initially, vesicles filled with clear fluid, which expanded and broke, giving place to deep, thick crusts. Eruption is slightly itching.
It may look like a regular impetigo, but certain signs may be strongly individualizing. To find them, there is a simple and consistent practical principle: *to look for the initial signs.* In this case, the initial signs included:

Isolated, moderately itching pimples; a few vesicles. The skin gives the impression that “every lesion needs to be scratched”. It is as if each and every follicle of the skin makes the child scratch, giving the aspect as if pricked by many needles. This is the typical aspect of “follicular dermitis”.

In more advanced cases, the characteristic thick crusts appear, in layers up to 4 mm.

Differential diagnosis must be established with *Graphites* (glutinous, honey-like secretion); crusts under the nose may indicate remedies with a tendency to bore the fingers into the nose (*Arum triphyllum, Cina*) or that elicit irritating nasal discharges (*Arsenicum album, Kalium muriaticum*).

*Antimonium crudum* is an important remedy for skin, lung and digestive disorders in children. In the skin, the characteristics features are: isolated vesicles, especially on the distal extremes of limbs, rarely confluent, but with a tendency to central depression, filled with a clear fluid; slightly pruriginous, after scratching leave a thick crust. A particular localization is the soles of the feet.

Antimony remedies
**ANTIMONIUM TARTARICUM IN CHILDREN**

*Antimonium tartaricum* must be thought of when, to the general traits of the antimony root, the characteristic respiratory symptoms are associated (difficult expectoration, pneumonia, etc.) As a member of the antimony class, it also presents a tendency to produce isolated vesicles, resembling chicken-pox, which umbilicate fast in the center. Differential diagnosis must be established with *Rhus toxicodendron* (smaller, closer and more itching vesicles) and *Phosphorus* (isolated, larger, not itching vesicles that may quickly ooze a hemorrhagic fluid).
On the exclusive ground of the aspect of lesions, sometimes it is difficult to distinguish between both main antimony remedies. Therefore, after suspecting a possible antimony root, we must take into account the effect of the second component of the salt. The potassium root in *Antimonium tartaricum* always adds a strong element of respiratory secretion, so that anamnesis will yield antecedents of airway ailments, such as bronchitis, with large, wet breath sounds (at times, audible without the help of the stethoscope), attended with fatigue and weakness. All these elements combined are responsible for the characteristic difficulty to expectorate; the young patient’s face expresses suffering, although the cough is painless, and tries to fixate the thorax, by pressing the hands against a fix spot. Often, but not necessarily, *Antimonium tartaricum* suits slimmer children.

On the other hand, a sulphur root is suspected in cases where itch is more severe and digestive symptoms predominate. Even in acute illnesses, *Antimonium crudum* children keep a fair level of energy; skin ailments are regular or recurrent, with production of thick crusts, even in trivial urticaria.
Case illustration: 3 year-old child, coughing for a long time. From age 6 months to 2 years, he had frequent vomiting without apparent cause; later, vomiting reappears every time he is ill, related or not to cough. He also presents frequent episodes of painless diarrhea, when stools are mixed with stripes of red blood. Cough is wet, secretory and attacks end in vomiting (in the photograph, the child covers his mouth as vomiting is imminent).

During cough attacks, the eyes become red and teary; distinct blood vessels:

On the inner angle of the eyes, constant whitish non purulent discharge:

Concomitantly, hemangioma behind the left ear:

Antimony remedies
Skin on the cheeks and arms is rough, as expression of follicular dermitis:

A most interesting and revealing sign was the concomitant presence of what his mother called an “irritation” on the neck, namely distinct, separated papules surrounding the skin follicles; these papules are constantly present and become more accentuated when the child becomes ill, excited or heated, as e.g. after bathing. Lesions exhibit the characteristic antimony traits of follicle congestion and rising above the surface of the skin.

ANTIMONY IN ADULTS

One of the main traits of antimony on the skin of adults is a tendency to produce extremely hard proliferation (hyperkeratosis), due to the affinity of this element for the *stratum corneum* of the epidermis. In the repertories, this characteristic is described as “horny”. On the other hand, antimony remedies are strongly associated to proliferative lesions (corns, warts, condylomas, etc.), requiring therefore differential diagnosis with *Thuja occidentalis* and other remedies classically known as anti-sycotic. Warts, characteristically, appear on the distal areas of extremities (fingers and toes) and, especially, on the soles; the warts might expand in depth and sometimes are very painful.
** ANTMONIUM CRUDUM **

Together with the hard hyperkeratosis characteristic of the antimony root, this remedy presents other typical visual signs. Hardening and thickening of the skin appear especially on the hands and soles.
Hyperkeratosis affects also the nails, which are thick, distorted, as hard as horns.

The skin, in general, is dry and thick; it may present cracks and desquamation.

Follicles are accentuated ("follicular dermitis"), appearing as red spots, as if the skin had been prickled by a thousand needles, very rough to touch. These lesions are commonly associated to voluptuous, but not necessarily impetuous, itch. Sometimes they appear on large areas, especially on the back and the limbs.

Often, this sign is discrete, and the main localization to look for it is the lateral side of the arm.
Follicular dermitis is highly specific of Antimony remedies. A closer look shows it consists in the congestive accentuation of the skin follicles which become distinctly colored (red, purple or a brownish hue) and rise above the surface of the skin.

Observation under a magnifying glass shows that these elements associate to the hair follicles, producing distinct, circumscribed areolar whitish scales on the top of elevated, discolored papules.

In this case, the patient, a 17 year old female, consulted for eczema on the hands, with painful cracks; initial symptoms were intensely itching vesicles.

The tongue is large, usually covered by a heavy, thick, white coating, resembling from milk to cream or cheese, or the characteristic “furry coating”. The edges of the tongue are typically rough.

A more discrete form is the presence of two longitudinal lines of whitish coating, like thick saliva, parallel to the middle line, which is accentuated and eventually, fissured.
Most frequently, the tongue is large, may present indentations and cracks. When the white coating lacks, the tongue is wet, reflecting increased salivation.

Both main antimony remedies may present in men so-called “barber’s itch”, a follicular infection of the beard. This ailment points out to these remedies when associated to other signs, as in the case below: warts in fingers and pseudo-cystic folliculitis on the abdomen:

This kind of hard nodular lesion appears frequently in *Antimonium crudum*, cystic sebaceous glands, lipomas, etc., and in women, ovarian cysts and fibromas. The presence of these signs opens the path for an active search of concomitant signs. Perhaps, the most stable configuration of *Antimonium crudum*, illustrated by the case below, is the simultaneous presence of:

- Obesity
- Follicular dermitis
- Cysts
- Warts on the distal extremes of the limbs
- Cracked tongue
In women, the characteristics traits are frequently associated to menstrual disorders (especially copious bleeding), genital cysts and myomas, as illustrated by the following case. The patient consulted by infertility after six years of marriage. Gynecological complaints included retarded, prolonged, abundant (with large clots), painful menstruations, ovarian cyst and a small myoma (about 2 cm. diameter). Follicular dermitis on the face, arms and back:

Large, wet, indented, cracked tongue; middle-line fissure.  

Thickening of the skin on the articulations of the fingers. She also complained of corns on the soles.

Ultrasonography showed a 4 cm diameter ovarian cyst. 

After treatment with *Antimonium crudum* 200cH, menstrual pain disappeared and cycles became regular. At the next consultation, the ovarian cyst had disappeared; six months later, she was pregnant: