elicited sufficient evidence that the patient was generally improved and this aggravation was only local, so no change in remedy was made.

Two days later, although the weather had presented continuous rainy and cloudy condition, with not a ray of clear sunshine, she reported much improvement in the rheumatism, the sharp pain being entirely absent.

Improvement in this case will continue, probably for many months – a steady gain in general strength and less and less recurrence of complaints. [Reprinted from Vista Vintage]

KALI BICHROMICUM

Potassium dichromate. Potassium bichromate.
$K_2Cr_2O_7$. Chromium 35.3%; oxygen 38.1%; potassium 26.6%.

Generality is, indeed, an indispensable ingredient of reality; for mere individual existence or actuality without any regularity whatever is a nullity. Chaos is pure nothing. [Charles Sanders Peirce]

The regularity of a habit is generally in proportion to its absurdity. [Marcel Proust]

Call it a clan, call it a network, call it a tribe, call it a family. Whatever you call it, whoever you are, you need one. [Jane Howard]

Without a family, man, alone in the world, trembles with the cold. [André Maurois]

CHROMIUM is a member of the transition metals, in group 6, along with molybdenum and tungsten. Chromium[0] is the metallic form and is essentially inert. Chromium exhibits a wide range of possible oxidation states. The most common oxidation states of chromium are [+2], [+3], and [+6].

Chromium[II] is the divalent form [oxidation state +2]; such chromous compounds include chromous chloride [$CrCl_2$] and chromous sulphate [$CrSO_4$]. Chromium[III] is the trivalent form [oxidation state +3], which is the most stable. Trivalent compounds include chromic oxide, chromic chloride, chromic sulphate, and chromic potassium sulphate.

Chromium[VI] is the hexavalent form, which refers to chemical compounds that contain the element chromium in the [+6] oxidation state. Hexavalent chromates include chromium trioxide, chromic acid, sodium chromate, potassium chromate, zinc chromate, and strontium chromate. Hexavalent dichromates are sodium dichromate, potassium dichromate, ammonium dichromate, and zinc dichromate. Potassium dichromate is thus a hexavalent chromium compound.

Chromium[VI], or Cr[VI], is most commonly encountered as oxospecies in the [mono]chromate [CrO_4^{-2}] and dichromate [$Cr_2O_7^{2-}$], which are strong oxidising agents at low pH. Their oxidative property is widely used in organic chemistry. Chromates and dichromates are salts of chromic acid and dichromic acid, respectively. The dark red chromium[VI] oxide CrO_3 [chromium trioxide] is the acid anhydride of chromic acid and it is sold industrially as 'chromic acid'.

Chromate salts contain the chromate anion CrO_4^{2-} and usually have an intense yellow colour. Dichromate salts contain the dichromate anion CrO_7^{2-} and usually have an intense orange colour.

Chromate anion tends to dimerise in dichromate. The proportion of each ion in solution is pH dependent. At very low pH, the dichromate species predominate.

HEXAVALENT CHROMIUM – Cr[VI] – is considerably more toxic than trivalent chromium – Cr[III] –, the form most commonly found naturally. Cr[VI] is generally

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produced by industrial processes. In California, the major emission source of Cr[VI] results from the chrome plating industry. Chromic acid, used to electroplate metal parts, is the most common Cr[VI] compound produced in the U.S. Chromic acid is also registered as a fungicide and pesticide in California for use in wood and lumber protection treatments. Minute emissions of Cr[VI] may result from lead chromate in paint used for road striping and from coatings in the aerospace and auto refinishing industries. Primary routes of potential human exposure to chromium compounds are inhalation, ingestion, and dermal contact.

Cr[VI] forms oxyanions at physiological pH [CrO_4^{2-}], which are quite similar to sulphate [SO_4^{2-}] and phosphate [HPO_4^{3-}] anions. Therefore, it is able to penetrate virtually every cell in the body because all cells transport sulphate and phosphate. Harmful effects are speculated to be related to the reduction of Cr[VI] to Cr[III] intracellularly when it crosses the cell membrane and forms complexes with intracellular macromolecules. Cr[VI] compounds have the potential to injure numerous organ systems. Cr[VI] enters many types of cells and under physiological conditions can be reduced by hydrogen peroxide [H_2O_2], glutathione [GSH] reductase, ascorbic acid, and GSH to produce reactive intermediates, including Cr[V], Cr[IV], and ultimately, Cr[III]. Any of these species could attack DNA, proteins, and membrane lipids, thereby disrupting cellular integrity and functions.

Toxicity following chronic Cr[VI] exposure has been reported in the respiratory tract, gastrointestinal system, eyes and conjunctiva, kidney, and haematopoietic system. Cr[VI] is corrosive and exposure to chromic acid mists may cause chronic skin ulcerations and upper respiratory lesions. In addition, allergic skin and respiratory reactions can occur with no relation to dose.

Chromium exposure frequently causes mucous membrane injuries, including nasal tissue damage, sinusitis, rhinitis, laryngitis, conjunctivitis, and oral ulcerations. Nasal lesions include perforated septum, ulcerated septum, nasal atrophy, nosebleed, and inflamed mucosa. Gastritis and duodenal ulcers, in addition to ulceration and perforation of the nasal septum, have been observed in chrome platers.

Chrome ulcers or chrome holes are typically crusted, painless lesions revealing a 2–5 mm pitted ulcer covered with exudate. Initially nasal septum ulceration may be painless but with continued exposure the *necrotising* effect of chromates to underlying tissues may become painful and lead to permanent scarring and disfigurement.

Chrome ulcers are small crusted skin sores with a rounded border. Ulcers can penetrate deep into soft tissue or become the site of secondary infections. They heal slowly and leave scars. Common sites for these ulcers include the nail root, knuckles and finger webs, back of the hands, and forearms. They also develop readily at the site of insect bites, sores or other injuries.

PROPERTIES Potassium dichromate is found as *orange-red* crystals or powder. It is not hygroscopic or deliquescent, which makes it different from sodium dichromate. It dissolves sparingly in water. The compound is a *strong oxidiser*, so contact with other materials may cause fire. It is incompatible with iron, and any combustible, organic or other readily oxidisable material such as paper, wood, sulphur, aluminium or plastics. It is *explosive* when it comes in contact with small quantities of alcohol, ether, glycerin and other organic substances.

Potassium dichromate occurs in nature as the red-orange mineral lopezite, found in the nitrate deposits of Chile.

SPECIAL USES of potassium dichromate are in the manufacture of *safety matches*, *pyrotechnics* and *explosives*. Other uses are in *tanning* leather, *dyeing*, painting, decorating porcelain, printing, photolithography, pigment-prints, and staining wood. It is

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used for bleaching palm oil, wax and sponges, waterproofing fabrics, in green dyes used in felt and textiles, as oxidiser in the manufacture of organic chemicals, in electrical batteries and as a depolariser for dry cells. In pyrotechnics it is used as a surface treatment to suppress the corrosion and reactivity of magnesium. It lowers the activation energy of the chemical reaction that takes place when the composition burns, making fireworks ignite at a lower temperature.

Other sources include cosmetics containing chromate-containing pigment [usually yellow-green colours]; disinfecting and bleaching agents where chromates are used for colour and stabilising properties; green felt fabric used to cover snooker and card tables, chromates used in fabric dye; paints, chromates used in anti-rust primer paints and also in the pigments for green-yellow paints; tattoos containing chromate-containing pigment [usually yellow-green colours]; radiator coolants, chromates used to stop rusting; internal exposure from dental or orthopaedic implants that contain chromates. [dermnetnz.org]

ESSENTIAL TRACE ELEMENT Trivalent chromium is biologically active and found in food. It is an essential trace element for animals and man. The total body burden of chromium in a 70-kg person is less than 6 mg. It is required in glucose and lipid metabolism and functions as the glucose tolerance factor, which stimulates *insulin* activity. It has also been found to reduce the concentration of cholesterol in the blood. The best natural sources are egg yolk, molasses, meat, shellfish and crustaceans, beer yeast, black pepper, hard cheese and wheat germ.

Absorption of chromium from the intestinal tract is low, ranging from less than 0.4% to 2.5% of the amount consumed, and the remainder is excreted in the faeces. Enhancing the mineral's absorption are vitamin C, and the B vitamin niacin [found in meats, poultry, fish, and grain products]. Absorbed chromium is stored in the liver, spleen, soft tissue, and bone.

The body's chromium content may be reduced under several conditions. Diets high in simple sugars [comprising more than 35% of calories] can increase chromium excretion in the urine. Infection, acute exercise, pregnancy and lactation, and stressful states [such as physical trauma] increase chromium losses and can lead to deficiency, esp. if chromium intakes are already low.

Other causes of deficiency include excessive losses of body fluids, *prolonged slimming regimes*, alcoholism, and prolonged intravenous feeding. Symptoms of chromium deficiency are similar to those of *hypoglycaemia* or to early stages of diabetes. They include irritability, intolerance, mental confusion, weakness, depression, learning disabilities, alcohol intolerance, frequent urination, thirst and hunger, *weight loss* and itching.

CHROME ALLERGY Chromium salts or chromates, such as potassium dichromate, are the cause of chrome sensitivity or *chrome allergy*. The active allergen in potassium dichromate is the soluble chromium salts, which are found in wet cement, welding fumes, chrome-tanned leather and anti-rust paint. Reactions to contact with chromates in an allergic individual include allergic contact dermatitis and irritant dermatitis. It may cause an airborne contact dermatitis.

Primary irritant dermatitis is related to the direct cytotoxic properties of chromium, while allergic contact dermatitis is an inflammatory response mediated by the immune system. Allergic contact dermatitis is a cell-mediated immune response that occurs in a two-step process. In the first step [induction], chromium is absorbed into the skin and triggers the next step – an immune response [sensitisation]. Sensitised individuals will exhibit an allergic dermatitis response when exposed to chromium above a

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threshold level. Localised erythematous or vesicular lesions at points of contact or generalised eczematous dermatitis should suggest sensitisation.

Chromium allergic dermatitis is characterised by symptoms of dryness, erythema, fissuring, papules, scaling, small vesicles, and swelling.

In the homeopathic literature the effects of dichromates on the skin are frequently described as follows: eruption like smallpox; spots of abraded vesicles, presenting a deep hollowed appearance that remains after they are healed; depressed scars, as if scooped out or as if *punched out* with a wadding cutter.

CEMENT DERMATITIS is attributable to dichromates in cement. The condition is most prevalent in construction workers but may occur in artists, do-it-yourself home-builders or other individuals who are exposed to cement through work or hobby. Primary irritant reactions of cement dermatitis include dryness and fissuring of the skin. Individuals can develop cement dermatitis after working for many years without any problems. Cross reactivity is known to occur with cobalt and nickel.

TOXICOLOGY "In a case recorded by MacNiven, a man swallowed a lump of potassium bichromate estimated to weigh 2 drams [7.7 gram]. He recovered after the following symptoms, which began in 15 minutes: Lightness in head; sensation of great heat in body, followed by cold sweat; vomiting in twenty minutes, pain in stomach, giddiness, specks before eyes, insatiable thirst, and loss of power over the legs. On admission to the hospital 2 hours after swallowing the poison, his pupils were dilated, the face was pale and cold, and the pulse feeble; he suffered from intense epigastric pains and a feeling of depression, and there was some stupor. The stomach was emptied by emetics and the stomach pump, the patient was given tepid emollient drinks, subcutaneous doses of sulphuric ether being administered. Bichromate of potassium, being extensively used in dyeing and electric batteries, has given rise, in several instances, to accidental poisoning.

"Locally applied, its action is irritant, causing, in the workmen who use it, troublesome sores and ulcerations upon the hands. Taken in poisonous doses internally, its action is highly irritant also, and death has been caused by it, with the symptoms usually attending the action of irritant poisons. The following was communicated by Dr. Baer to Professor Ducatel: A labourer, aged 35, received a small quantity of the solution into his mouth on attempting to draw it off from a refiner by exhausting the siphon by suction. His first impression was that he had spit it out; but only a few minutes elapsed before he was seized with great heat in the throat and stomach, and violent vomiting of blood and mucus. The vomiting continued until just before his death, which occurred in 5 hours.

"A boy, who swallowed about 2 ounces of bichromate of potassium, was seized in half an hour with vomiting, and became almost totally insensible. He was pale and collapsed, the pupils were dilated and fixed, the pulse feeble, and he had, also, cramps in the legs. He had an attack of gastrointestinal inflammation, from which he did not recover for 4 months. A child twenty months old swallowed a piece of 'red chrome' about 5 or 10 grains in weight, and was found semi-comatose with a livid complexion. The eyes were half closed and pupils were dilated; the respiration was difficult and wheezy, the pulse almost imperceptible. There was tenderness on pressure over the abdomen, and very marked at the pit of the stomach, causing him to cry and draw up his legs. He also had vomiting and purging. He improved somewhat, but 2 hours later he again became comatose, fell into a state of collapse with coldness of the surface, and was bathed in a cold and clammy sweat. He died in nine and a half hours after swallowing the poison." [Robert Amory, Poisons; 1905]

RELATIONSHIPS Potassium dichromate is a chromium salt or chromate.

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SOURCES Provings by Drysdale [UK] with saturated solution, 1x, 2x and 3x dil. on 6 female and 11 male provers in 1844; and by the Austrian Society on 2 female and 11 male provers in 1845 with repeated doses of solution, and of several C- or D-potencies, mostly the lower ones. Clinical observations extensive, among others from Borland [Scotland; B] and Morrison [USA; M]. Symptoms marked • from Degroote's Dream Repertory. Symptoms marked ° from Synthesis Repertory; marked °° from van Zandvoort's Complete 2013 Repertory.

SYMPTOMS

M Everything on a regular basis – dinner, sex, going out, fishing, procedures, tempo, life. Keeping regular hours. Conformist; rigidly adhering to routine. [M]
M Goes by the book. Rules. Narrow-minded.
M Aversion to troubles. Sucking up. Self-occupied. Like to be with family. Mostly interested in their own little existence. [M]
M May give a 5 paragraph answer when a simple sentence would suffice; seems to cling to your attention. It is unusual for a Kali bichromicum patient to complain of mental or emotional problems, instead he focuses on his physical pathology. However when the patient feels his material needs are not being met, he may become irritable or gloomy. [M]
M Anxiety, & flushes of heat; on lying down; in pit of stomach.°°
M Colours, desire for blue or light blue; desire for white.°
M Delusions: About to commit a crime; child was dead; will become insane from pain.°
M Sadness, from least annoyance; > eating.°°
M Family minded.°°
M Fears: Crowds; making debts, using credit cards; being poisoned.°°
M Easily frightened, before menses.°°
M Aversion to noise, during headache.°°
M Dreams: Battles.°° Pleasant.°° Someone sitting crosswise over chest and belly, which caused choking sensation.° Suffocation.°
M Keeping up appearances.•
M Recognises everything but cannot move or speak.•
G Chilliness. Becoming cold <.
G Increased thirst.
G Desire for beer. Yet < beer. The chronic beer drinker is fairly typical of Kali-bi. [B]
G Ravenous appetite on seeing food, ill-humour > eating. Eating > mental symptoms; may also > in general. Feeling of cold, trembling and hunger, > eating.
G Warm wet weather <.
G Summer < fibrositis, skin irritation, acne, sciatica; spells of dizziness.
G Spring and autumn < respiratory affections, bronchitis, asthma, dysenteric diarrhoea.
G 2–5 a.m. <.
G On waking <.
G Pains appear and disappear suddenly.
G Pains shift rapidly from one part to another [e.g. wandering rheumatic pains].
G Pains appear every day at the same hour [regular basis].
G Pain in small spots. Ulcers look punched out. Sore spot in stomach.
G Stitching pain as from needles, all over body, but esp. limbs.•
G Discharges thick, stringy, yellow [or white].
G Rheumatic affections [esp. fibrositis] # digestive disorders.

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G Prostration, & sleepiness.[oo] Desire for rest.[o]
S Sensation of a hair – tongue, nostril, palate, etc.
S Pressing weight on vertex.[o]
S As if vertex would fly off.[oo]
S Eyes as if loose.[o]
S Heaviness as from a weight hanging down nose.
S Nose as if made of parchment.[o]
S Nasal bones as if loose.[o] Septum as if perforated.[o] Nose as if swollen.[o]
S Lump sensation, posterior nares.[oo]
S Food lying like a load in stomach after eating, as if digestion stopped working.
S Stomach pain & sensation of weight in stomach.[oo]
S In morning, gnawing pain in epigastrium, & sensation of emptiness and faintness.
S Coldness in stomach.
S Lump sensation umbilical region.[oo]
S Plug pressing out in rectum.[o]
S Drop of burning urine as if remaining behind far back in urethra after urinating, & urging but inability to expel it.
S Ribs as if broken.[o]
S Cough proceeding as if from a small spot in epigastrium painful to touch.
S Lungs as if stuffed with cotton.
S Cardiac region as if cold. Heart as if weak.[o]
S Smothered feeling, heart, must get out of bed.[oo]
L Vertigo on ascending or descending stairs.[oo] With exhaustion.[oo] Tea >.[o] Warm soup >.[o]
L Migraine, pain in a small spot. Preceded by visual disturbances – blindness, blurred vision, dim vision. Starts at night. Pain > firm pressure on root of nose, warmth. < Cold, stooping. & Nausea and vomiting of white, ropy mucus. & Aversion to light and noise.
L Headache, comes and goes with the sun; > epistaxis; periodical, every day at same hour; > tea.[o]
L Headache, night on waking; > cold; > hot drinks; > during menses; < sun exposure; > vomiting.[oo]
L Sinusitis – pressure and fullness at root of nose, stringy and yellow discharge when acute, stringy and white when chronic. Colds ext. to sinuses.
L Strabismus, > looking with one eye.[o]
L Blinking during epilepsy.[o] Ropy mucus from mouth during epileptic convulsions.[o]
L Vision blurred, before headache.[o] Loss of vision, before or at beginning of headache; vanishing of sight when stooping.[o] Diplopia, horizontal; vertical.[o]
L Hearing impaired, cannot tell direction of sound; & enlarged tonsils or adenoids.[o]
L Dryness inside nose, > cold air; must blow nose, but no discharge; < warm room.[oo]
L Obstruction nose, alternating sides; on reading aloud; in warm wet weather.[o]
L Wants to bite on something hard during dentition.•
L Stitches in throat on empty swallowing; on swallowing and speaking, < moving jaws sideways, ext. to ears; in l. tonsil towards ear, > swallowing.
L Choking, < clothing; while eating; < lying down; < swallowing solids; on waking from nightmare.[o]
L Tight clothing around neck <.[oo]
L Stomach disordered by anything but mildest food. Repletion after only a few mouthfuls of food. Sudden nausea. Stomach pains – in small spot – coming on 2–5 a.m. Heartburn immediately or soon after eating. Heartburn at night; awakes

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with/from it. Marked < starchy food, esp. potatoes. & Thick yellow coated tongue. Fullness < meat. Heaviness, after beer; chocolate; meat. Vomiting after coffee; during menses; after milk; < stooping. Tendency to vomiting from slightest pressure on pit of stomach.

L After breakfast, aching pain beginning at umbilicus and rising up into throat.

L Burning or sore, bruised pain vagina during coition.° Pain sacral region, during coition.°

L Respiration asthmatic, & stomach complaints; < autumn; during and/or after coition.°

L Respiration difficult, > bending forward; when drinking; > sitting bent forward; < undressing; > warmth of bed.°

L Perspiration axillae, before menses.•

L Nipples sore at ovulation, < touch of clothing.•

L Backache < sitting erect. Pain lumbar region on bending head forward; > sitting bent.•

L Restlessness fingers.•

L Pain, sciatica, from clothing getting damp; > drawing up limbs; > motion; < pressure; < sitting; < standing; > walking; > warmth of bed; < change of weather.°°

L Skin eruptions in summer. Itching, > cold air.°

CHARACTERISTIC CASE

F.F. Laird, Clinical Cases – Headache; Hahnemannian Monthly, Vol. III, New Series, No. 6, June, 1882.

Miss A.M.M., schoolteacher, aged 40, of bilious temperament, *pale, sallow complexion, light hair, blue eyes, and tendency to obesity*. Since her earliest recollection has suffered from sick-headaches, which formerly began in back of neck, radiated over head and finally settled over right eye, forcing her to lie quietly in a dark room and seek sleep, which gave her the only relief [what a case for Sanguinaria!]. Generally the headaches come on Saturday, although occasionally she has one in the middle of the week. Homeopathic treatment has somewhat mitigated but "has never succeeded in stopping them"; Nux-v. and Glonoine she thinks have done the most for her. For several years the patient and her sister lived in a malarial climate, where the latter contracted an intermittent fever, which, despite the generous use of quinine, has, until quite recently, been a most unwelcome companion; while its effects upon the patient were manifest in change of locality, with increased severity of the headaches.

The general health is far from perfect, as will be seen from the following record: *Bitter taste in mouth in morning* when first getting up. *Tongue clean, swollen, soft, and flabby, taking imprints of teeth. Thirsty*, drinking little but often, worse during night, when she is compelled to arise several times to drink because mouth feels so dry. Appetite good, but fried cakes and rich food of all kinds cause derangement of the stomach. Years ago, had "terrible acidity of stomach," and even now is frequently troubled with a *bitter, sour waterbrash*. Occasionally has *foetid eructations of gas* tasting something like had eggs. *Cares little for meat*, but is very fond of milk, which agrees. No soreness in epigastrium; at times a soreness across the liver, but can always lie on the right side. Bowels more or less constipated with frequent "false calls"; stools *dry and lumpy* but normal in colour. *Urine light-coloured, watery, with frequent desire to micturate day and night*.

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Sleep disturbed by frequent waking with *desire to urinate*. The least sound arouses her. Cannot lie long in one position. Feels best in the morning, except when she has her terrible headaches. Weak and perspires easily. Very short breath when going up stairs. Feet warm, dry, and no sweat on scalp at night. Never has had swelling of the glands. *Languor with disinclination for any kind of work. Feels rather ill-humoured, but is never petulant* [not Nux-v.].

For 24 hours preceding the headache there is seen surrounding the eyes a very marked red circle, which "is always the warning." The following morning she *awakes with the headache, which gradually increases until noon, and then as gradually diminishes until sunset, when it entirely disappears*. The pain commences at the exit of the supra-orbital nerve, and passes around just above supraorbital ridge almost to external canthus, but "*the worst aching is just above the eye*"; is sometimes on one side, sometimes the other [but never on both sides at the same time], is steady but "very, very severe"; sometimes involves inner canthus, corresponding temple and *vertex*; never commences with blindness, nor does it affect eyes in the least. Face is very pale, yet she feels too warm, motion causing chilliness. At climax [about noon], vomiting, either *bilious* or so acid as to almost skin the throat. Cannot lift her head from the pillow, although she is very restless. Wants plenty of fresh air in the room. *Feels better with eyes closed*. Increased flow of pale urine. No vertigo.

Aggravation. From overwork; talking; moving; by being spoken to [causes nausea]; *stooping*. No worse from reading, thinking, mental excitement, or noise.

Amelioration. *Lying down*; cold applications; closing eyes; mesmerism after headache has passed off; some tenderness of the scalp remains for a few days.

Here, originally, was a case of simple migraine, which, at a later period, became modified or superseded by "dumb ague." The remedies seemingly indicated were Cinnabaris, Iris, Nux-v., and, perhaps, Arsenicum. The direction of the pain, the flabby tongue, and the frequent drinking at night, led me to prescribe Cinnabaris 3x, which was given Oct. 31, 1881, a powder dry on tongue an hour after each meal.

Nov. 12. No sick headache; slight aching over right eye this morning; tongue flabby. Denies ever having been salivated. Rx. Cinnabaris 30, 3 p.d.

Nov. 25. Had a severe headache on Saturday, with bilious vomiting and all the old symptoms. The medicine "seemed to make her feel badly all over." The supraorbital pain, alternating between the two sides, the patient's occupation, the recurrence on Saturday, and the bitter vomiting, now induced me to try Iris versicolor 2x, 3 p.d., although the characteristic blur before the eyes and the afternoon aggravation were absent.

Dec. 12. Has had another headache, but "the pain has changed," and is now "*confined to a small spot* [point of exit of right supraorbital nerve] *which I can cover with the end of my little finger*." Recalls the fact that she had "sore mouth and gums when a child from taking some allopathic pills." The pain in a small spot immediately suggested Kali bichromicum, which a careful review of the symptoms *showed to have been indicated from the first*. Rx. Kali bichromicum 3x in water, 3 p.d.

March 14, 1882. No more headaches; stomach better than it has been for years; constipation and urinary difficulty much improved; sleep normal.

Moral: "Blindness followed by violent headache" is not a *sine qua non* of Kali bichromicum. [Reprinted from Vista Vintage]

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