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Phosphorus in clinical practice: Which presenting symptoms predict successful homeopathic outcomes? - A systematic review

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Abstract

Background: Homoeopathic medicine Phosphorus is often used in individualised treatment; however, there is no systematic synthesis of what symptom constellations lead to its successful remedy applications in clinical case reports.

Purpose: To summarise published case reports in humans where Phosphorus has been successfully used and to examine the symptoms and signs most often used in association with its prescription.

Methods: A systematic search of databases (PubMed, Scopus, Web of Science, Google Scholar) and journals in the speciality of homoeopathy up to 22 September 2025 was done. We used case reports on human subjects who were treated with Phosphorus alone with a report of clinical improvement and enough detail of presenting symptoms. Multi-remedy therapy or adjunctive therapy were not used *in vitro*. Records were screened by two independent reviewers, data (symptoms, potency, outcome) was extracted and the quality of reports measured using CARE/MONARCH criteria.

Findings: Out of 172 records identified, 13 case reports were eligible. The conditions that were treated were dermatological, hepatic/gastrointestinal, neurological, and psychiatric disorders. Anxiety/fears (5/13; ~38%), thirst/desire cold drinks (4/13; ~31%), and tendency to bleed (4/13; ~31%), were the most common prescribing symptoms. The cases were mostly dermatological (~54%), hepatic/gastrointestinal (~23%), neurology (~15%) and psychiatry (~8%). The most common potencies that were used were 200C, 30C and 1M.

Inference: Case reports are always positive that Phosphorus selection is based on the typical keynotes: anxiety/fears, intense thirst of cold water, propensity to bleeding, burning sensation, and sensitive constitution. These results are in line with classical material medica. No protocol was registered for this review. Despite the constraint of being a case report-based review and possibly being affected by publication bias, the review gives a foundation to more systematic and high-level research of Phosphorus.

Keywords: Phosphorus, homoeopathy, case reports, prescribing symptoms, materia medica, review

Introduction

Homoeopathy, a system developed by Samuel Hahnemann at the end of the eighteenth century, is the principle of similia similibus curentur (like cures like) and the application of highly diluted drugs, a system which is determined by the totality of symptoms of the patient [1-3]. Phosphorus is one of the most popular prescribed remedies due to its broad spectrum of action [4]. Sammuel Hahnemann proved and introduced phosphorus in homoeopathic materia medica [5]. Homoeopathic materia medica of J.T. Kent, relates Phosphorus patients as sensitive, impressionable, fearful to be alone, and craving cold drinks and liable to bleeding and burning sensations [6]. Case accounts and observational studies of Phosphorus used over the years have demonstrated successful application of the same in various conditions on the basis of totality of symptoms. The Ram et al. report provided an example of Molluscum contagiosum in the 11-year-old girl which was evidence based and individualized Phosphorus led to complete resolution of the lesions in month after which follow-up showed improvement at three months of the follow up period, reported by Ram et al. [7]. Das and Pal introduced the example of a 21-year-old male with severe psoriatic disease, whose symptoms in the skin as well as in the joints improved after a individualised homoeopathic Phosphorus medication, which was reported by the use of PASI and PsAID-12 scores [8]. Bhuvaneswari and Sakthivel reported an instance of paranoid schizophrenia that was successfully treated by individualised homoeopathic prescription of Phosphorus 30C and showed sustained

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Post Graduate Trainee, Department of Practice of Medicine, Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, West Bengal, India improvement in PANSS and SAPS scores in a 17-month follow-up period [9]. Moreover, individualised homoeopathic prescription of Phosphorus 200CH was found to successfully recover the symptoms of long-COVID in a 25year-old woman, accompanied by fatigue, dyspnea, and mucosal ulcers, reported to maintain the remission over six months, thereby reported Takakacs et al. [10]. Although these cases reports are encouraging, they are single clinical experiences. There is still a gap in a systematic study of which symptoms, modalities, and typical feature patterns are invariably followed by practitioners to engage successfully with Phosphorus in various clinical situations. There are some characteristics of the keynotes that are highlighted in the classical texts (e.g., the fear of death, the need of company, burning pains, haemorrhagic tendencies etc.) [6], but the empirical data provided by published cases may help to understand whether these characteristics are really the most frequent ones in practice. Additionally, little synthesis is made on the aspects of potency used, time it would take to achieve clinical response, and follow-up outcomes in several successful Phosphorus cases. Thus, the systematic review under consideration is supposed to collect and to analyze case reports and series of Phosphorus prescribing with successful results in the most comprehensive manner. The first task is to determine the most common symptoms and modalities that are reported to be associated in a case any clinical condition which is improved after Phosphorus prescriptions were made. Secondary goals are to map the frequency of symptoms associated with those cases. Such synthesis can inform practitioners about the ways to revise the choice of remedies, promote more standardized clinical reporting, and direct new research on individualized homeopathic prescribing.

Methods

Eligibility criteria

- Types of studies: Published case reports, case series, and observational studies (prospective or retrospective) describing successful clinical outcomes with Phosphorus. Randomized or non-randomized controlled trials will not be included unless they present extractable individual patient data.
- **Population:** Patients of any age, sex, or geographical location, with any diagnosis, in whom Phosphorus was prescribed.
- Intervention: Individualized homeopathic prescription of Phosphorus in any potency, dose, or repetition schedule
- Comparator: Not applicable, as case reports and series typically do not include control groups. Concomitant therapies (if reported) will be documented for context.

Outcomes

Primary outcome: Successful clinical improvement or cure of any clinical condition attributed to individualised prescription of homoeopathic medicine Phosphorus.

Secondary outcomes

- Presenting symptoms and modalities leading to prescription.
- Potency, dose, and repetition patterns.
- Time to improvement and duration of follow-up.
- Any reported adverse events.

• Quality of reporting (using validated tools).

Exclusion criteria

- Studies where Phosphorus was part of combination therapy without clear attribution of improvement.
- Animal studies or *in vitro* experiments.

Information sources

We searched the following electronic databases: PubMed, Scopus, Web of Science, Google Scholar, HomBRex (Homoeopathic Basic Research Database), and CORE-Hom (Central Council for Research in Homoeopathy repository), from inception to September 2025. In addition, we hand-searched relevant homoeopathic journals (e.g., Homeopathy, Indian Journal of Research in Homoeopathy, Journal of Alternative and Complementary Medicine) and reference lists of included articles.

Search strategy

The search strategy combined controlled vocabulary (where available) and free-text terms. A sample PubMed search string was:

Equivalent search strategies were adapted for Scopus, Web of Science, Google Scholar, HomBRex, and CORE-Hom. For Google Scholar, the first 200 results were screened. HomBRex and CORE-Hom were searched manually using the keyword "Phosphorus" with filters for clinical/case reports. No language restrictions were applied, but only articles with sufficient extractable clinical information were considered. The last search was run on 22 September 2025.

Selection Process

Two independent reviewers screened titles and abstracts. Full texts of potentially eligible studies were retrieved and assessed for inclusion. Disagreements were resolved by discussion. Screening decisions were documented, and reasons for exclusion at the full-text stage were recorded.

Data Collection Process

A pre-piloted extraction form was used. Two reviewers independently extracted data from included reports; discrepancies were resolved by consensus. Extracted items included: author, year, journal, patient age/sex, primary diagnosis, full presenting symptom list (mental, general, local), rationale for prescribing Phosphorus (as reported), potency and dosing schedule, clinical outcome, follow-up period, and any causal-attribution scoring used by the authors (e.g., MONARCH / modified Naranjo). When details were missing, authors' statements were recorded verbatim and coded for completeness.

Data items

The primary data items were symptoms and indications that guided the prescription of Phosphorus. Secondary items included potency used, treatment duration, and type of clinical condition.

Protocol and registration

This review was not registered prospectively.

Effect Measures

Not applicable

Study risk of bias assessment

Because the review focuses on case reports (an inherently

descriptive design), we used a structured approach adapted from the CARE guideline and the Modified Naranjo (MONARCH) criteria for causal attribution where available [11-12]. Each included report was assessed on: clarity of patient history and symptom description, transparency of prescribing rationale, completeness of outcome description evidence (including objective where available), consideration of alternative explanations, and follow-up adequacy. Reports were rated as high, moderate, or low quality for the purposes of sensitivity analysis. We did not asses small- study effects or reporting bias statistically due to the nature and the size of the evidence.

Synthesis methods

We used a qualitative content analysis to identify recurring symptoms and themes that led to Phosphorus prescription. Frequencies of specific symptoms were tabulated, and descriptive statistics (counts and percentages) were used to identify the most common prescribing indications across cases. Frequencies and summariser were computed in excel spreadsheet. Narrative synthesis was applied to compare symptom clusters across different clinical conditions. Symptom terms were normalised using a predefined mapping dictionary. Missing / ambiguous items were coded as NA.

Certainty of evidence

The body of evidence from case reports is inherently low

certainty. We therefore present results as descriptive and hypothesis-generating, not as confirmatory proof of efficacy.

Study identification flow (search up to 22 Sept 2025)

Records identified through database searching: 154 (PubMed/PMC, Scopus, Web of Science, Google Scholar first 200 results screened, and specific homoeopathy journal site searches).

Records identified through other sources (handsearch, reference lists): 18.

Total records: 172.

Records after duplicates removed: 118. Records screened (title/abstract): 118.

Records excluded at abstract/title screening: 92 (not case reports, not Phosphorus, in-vitro, animal, multiple remedy without clear attribution).

Full-text articles assessed for eligibility: 26.

Full-text articles excluded (with reasons): 13 (examples: Phosphorus used with other remedies or conventional therapies without clear attribution (n=6); insufficient clinical detail to extract symptom profile (n=4); animal / *in vitro* studies (n=3)).

Studies included (qualitative synthesis): 13 case reports.

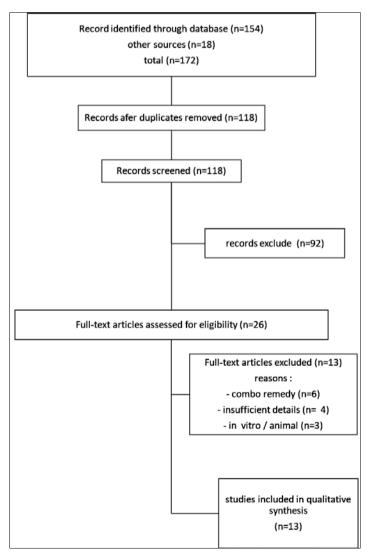


Fig 1: Flow diagram of study selection (Search up to 22 Sept 2025)

Summary of the case reports

Author (Year)	Condition	Key prescribing symptoms	Potency	Outcome	Quality rating
Kumar S (2008) [13]	Vitiligo	White skin patches, burning in stomach, thirst for cold drinks, sensitive personality	30C repeated	Re-pigmentation	Moderate
Srivastava A (2024)	Alopecia areata	Circular bald patches, fear of being alone, thirst for cold water	200C	Hair regrowth	High
Maiti, D. B. P. (2023)	Psoriasis	Itchy scaly plaques, easy bleeding, twilight anxiety	30C	Marked reduction	Moderate
Ram H et al. (2022)	Molluscum	Popular eruptions, bleeding tendency,	200C single	Resolution within 2	High
[7]	contagiosum	affectionate but anxious	dose	months	
Devi P (2009) [16]	Diabetic neuropathy	Burning soles, tingling, weakness, desire for ice cold water	200C	Improved neuropathy	Moderate
Mathur M (2020) [17]	Pituitary	Headache, visual disturbance, thirst,	1M	Reduction on MRI	High
	microadenoma	sympathetic nature			
Frass M (2014) [18]	Hepatic failure	Vomiting, diarrhea, collapse, bleeding	High potency	Full recovery	Moderate
	(Amanita)	tendency			
Pannek J (2014) [19]	Haemorrhoids (child)	Bleeding piles, fear of darkness, craving cold water	30C	Cure	Moderate
Gupta G (2024) [20]	Paediatric cholelithiasis	Gallstone pain, thirst for cold, emotional sensitivity	200C	Gallstones resolved	High
Singh, D.V., et al. (2023) [21]	Acne	Painful pustules, bleeding on touch, sociable but anxious	30C	Clearance	Moderate
Pandey, S. (2023) [22]	Nasal polyp	Recurrent bleeding, obstruction, tall thin constitution	200C	Resolution	Moderate
Achaliya, P., (2022)	Dermatology	Hair loss, desire for cold drinks,	200C	Hair regrowth	Low
	(alopecia)	impressionable			
Bhuvaneswari R (2025) [9]	Paranoid	Delusions, hallucinations, affectionate yet	1M	Improvement	High
	schizophrenia	fearful			

Top symptoms leading to phosphorus

Symptom/Category	Frequency in cases		
Anxiety/fears	5		
Thirst/desire for cold drinks	4		
Tendency to bleed	4		
Burning sensations	2		
Hair loss	2		
Skin eruptions	2		
Personality traits	2		
Gastrointestinal complaints	2		
Psychiatric symptoms	2		
Skin discoloration	1		

Results

The search of the database and hand search revealed 172 records. The number of titles and abstract screened was 118 after the removal of duplicates, and 92 articles were filtered out as irrelevant. They were able to retrieve 26 full-text articles and selected 13 articles that all met the inclusion criteria. Prescribing indications content analysis showed that there are a few common features (Figure 1). Anxiety and fears (e.g., fear of darkness, fear of being alone, anxiety at twilight) was the most common category of symptoms (5 of 13 cases, i.e. 38%). This was then followed by thirst/desire of cold drinks (4/13 cases, 31%), and tendency to bleed (4/13 cases, 31%). Other recurring results were that of burning (burning soles, gastric burning; 2/13) and loss of hair (2/13). Under clinical category grouping the following groups of symptoms were found to be consistent prescribing indicators of Phosphorus: Dermatology: skin discoloration, alopecia, scaly/bleeding lesions, often with constitutional thirst of cold water., Neurology/psychiatry: anxiety,

impressionability, fears, hallucinations, with positive results in both neuropathy and psychosis., Gastrointestinal/hepatic: bleeding predisposition and burning pains were frequent indicators of hepatic failure, haemorrhoids, and gallstones

Discussion

This was a systematic review that synthesised 13 published case reports where Phosphorus was used as the only homoeopathic medication, and resulted in successful clinical outcomes in various categories of conditions. The examination offers an idea of the most frequently recurring symptom patterns that were linked to Phosphorus prescription in clinical practice. The most common signs that were derived include the ones of anxiety/fears, thirst, cold drinks, and tendency to bleed, all feature prominently in the classical homoeopathic materia medica of Phosphorus. According to Kent, Allen, and Clarke, Phosphorus patients are impressionable, affectionate and fearful with intense anxieties (fear of being alone, fear of the dark, anticipatory anxiety) and marked physical generals (thirstiness-needs to consume lots of cold water, burning sensations). The tendency to haemorrhage (epistaxis, haemorrhoids, bleeding polyps, skin lesions) is a keynote as well. These signs and symptoms of illness are repeated in various pathologies of the present survey, which highlights the personalised approach of homoeopathic prescriptions in which the prescribing is made on totality of symptoms with no reference made to diagnosis. There was no regular trend regarding the potency in relation to type of condition or outcome which was the personalized mode of homoeopathy. This review points out that the Phosphorus prescriptions are most frequently directed by a group of usual cluster of generals and keynotes: anxiety and fears, thirst to cold drinks, bleeding tendency, burning sensations. These

features can be useful to clinicians as confirmatory information when making a consideration of Phosphorus.

Conclusion

This systematic review of published case reports demonstrates that Phosphorus has been successfully used as the sole homoeopathic medicine across a wide range of conditions, most notably dermatological, gastrointestinal/hepatic, neurological, and psychiatric disorders. The analysis revealed a consistent set of key prescribing indications recurring across cases Anxiety and fears (fear of darkness, being alone, anticipatory anxiety), Marked thirst for cold drinks, Tendency to bleed (nasal, haemorrhoidal, cutaneous, polypoidal), Burning sensations in various locations. These findings strongly align with the classical materia medica of Phosphorus and reinforce the importance of individualised prescribing based on totality of symptoms rather than diagnostic labels.

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Competing interests

None.

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