Galore International Journal of Health Sciences and Research
[Indexed, Peer-Reviewed Journal]
Vol. 11; Issue: 4; Oct.-Dec. 2026
Website: www.gijhsr.com
Review Article *P-ISSN: 2456-9321*

Nitro-Muriaticum Acidum: Historical Perspective, Proving and Materia Medica Profile

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DOI: https://doi.org/10.52403/gijhsr.20260415

ABSTRACT

Background: Nitro Muriaticum Acidum (Nitro-muriatic acid) is a rare and historically under-researched homeopathic remedy whose literature remains highly fragmented across archaic medical texts and early pathogenetic provings.
Objective: This descriptive article aims to bridge a critical gap in homeopathic literature by consolidating dispersed historical data, physicochemical properties, toxicology, and clinical indications into a unified drug picture.
Methods: Through systematic literature pooling and historical synthesis, the study compiles the complete clinical sphere of the remedy-notably its affinity for hepatic dysfunction, biliary torpor, mucosal ulcerations, and oxaluria-while examining its comparative utility within the broader acid group and outlining its potential constitutional match (sluggish, cachectic, and debilitated states).
Results and Conclusion: The compiled profile provides clinicians with a structured reference framework for complex chronic conditions. However, the study highlights critical gaps, noting the exploration and the need for rigorous pharmacovigilance studies regarding its acidic properties. Ultimately, by mapping this rare drug picture, this research lays a foundational road map for modern pathogenetic re-proving, clinical validation, and pharmaceutical standardization, empowering manufacturers to produce diverse potencies and enabling practitioners to expand their therapeutic applications.

Keywords: *Nitro Muriaticum Acidum, Rare Homeopathic Remedy, Materia Medica, Liver Disorders, Acid Group, Homeopathic Research.*

INTRODUCTION

Nitro-Muriaticum Acidum is a distinctive mixed-acid remedy of the homoeopathic materia medica, historically prepared from nitric and hydrochloric acids and introduced through early provings. Its classical symptom picture extends across several systems, with particular affinity for the oral and mucosal tissues, digestive and hepatobiliary system, portal circulation, rectum and urinary organs. Historical provings describe characteristic features such as oral soreness and ulceration, salivation, metallic taste, digestive sluggishness, hepatic and biliary disturbances, haemorrhoidal complaints, weakness and urinary symptoms.
Among its urinary manifestations, oxaluria is specifically included in the traditional

materia medica picture, together with burning in the urethra and urinary urgency. Its characteristic affinities, modalities and differential relationships with remedies such as *Nitric Acid, Muriatic Acid, Nux Vomica, China, Chelidonium,* and *Lycopodium* further define its individualised remedy picture.

This article brings together the historical identity, proving record, characteristic symptomatology, organ affinities, clinical associations and differential diagnosis of *Nitro-Muriaticum Acidum*, providing a concise overview of its distinctive place in homoeopathic materia medica.

MATERIALS & METHODS

This article is based on information compiled from standard homoeopathic materia medica textbooks, online repertories, and relevant websites.

PHARMACEUTICAL DESCRIPTION, IDENTIFICATION AND HISTORICAL BACKGROUND

Description:

Nitro-Muriaticum Acidum is described as a yellow, fuming and strongly corrosive liquid possessing a characteristic chlorine-like odour. It is miscible with water in all proportions. According to the *Homoeopathic Pharmacopoeia of India* (HPI, Vol. III), it is prepared by combining nitric acid and hydrochloric acid in a proportion of 200 mL and 800 mL, respectively. The two acids are mixed at room temperature in a suitable vessel or loosely stoppered glass container. A slight evolution of gas may occur and can persist for several hours. After completion of the reaction, gentle shaking is performed to ensure uniformity of the preparation.

Identification:

The identity of Nitro-Muriaticum Acidum can be established through a series of characteristic reactions. It exhibits an acidic reaction with litmus paper followed by bleaching. It is also reported to dissolve gold leaf. Addition of the preparation to an aqueous potassium iodide solution results in liberation of iodine. In addition, it demonstrates the characteristic chemical reactions associated with chlorides and nitrates, corresponding to its constituent acids.

Historical Background and Authority:

Nitro-Muriaticum Acidum entered homoeopathic materia medica through the early proving work of J. C. Morgan, with its introduction reported in the *Hahn. Monthly* in 1870. Its subsequent materia medica documentation is found in major classical works, including Allen's *Encyclopaedia of Pure Materia Medica* and Clarke's *A Dictionary of Practical Materia Medica*.[1]

HISTORICAL PROVING RECORD OF NITRO-MURIATICUM ACIDUM

The proving history of Nitro-Muriaticum Acidum includes observations reported by Dr. Scott, Dr. J. C. Morgan and Dr. C. Winslow. These early observations contributed substantially to the development of the remedy's characteristic symptom picture in homoeopathic materia medica. The records are preserved in historical sources including *The American Medical Recorder*, *Hahn. Monthly* and Hughes' *A Cyclopaedia of Drug Pathogenesy*.

Observations of Dr. Scott

Dr. Scott investigated the effects of a preparation containing nitric and muriatic acids administered externally in diluted form. Following repeated exposure, he reported sensations involving the gums, jaws and teeth, followed by discomfort during swallowing and intermittent salivation. Subsequently, burning sensations involving the oesophagus and roof of the mouth, oral soreness and an increase in pulse rate were observed.

With continued exposure, additional observations included general weakness, nervous irritability and restlessness. A characteristic metallic or copper-like taste was reported, accompanied by transient oral pain and the development of small

superficial ulcerative areas involving the oral cavity and tongue. These changes were associated with increased salivation and a feeling of depression or lowered vitality. The observations also included increased perspiration and, on some occasions, an apparent increase in biliary secretion. The reported oral changes subsided after discontinuation of exposure.

These observations contributed particularly to the traditional association of Nitro-Muriaticum Acidum with oral mucosal irritation, ulceration, salivation, metallic taste and general weakness.

Observations of Dr. J. C. Morgan

Dr. J. C. Morgan conducted further experimentation with a diluted preparation in 1867. His initial observations included a sensation of fullness or pressure involving the parotid, submaxillary and sublingual glands, together with increased salivation. Subsequent observations involved the temporal region, pharynx and extremities, including transient muscular contractions and cramp-like sensations.

Of particular relevance to the urinary symptomatology, Morgan recorded a sudden desire to urinate involving the penis and bladder, followed subsequently by the passage of pale urine. He also described aching sensations involving the hips, thighs and lower back. Various transient sticking and drawing pains involving the upper and lower limbs were observed during the proving period.

These observations broadened the proving picture beyond the oral and digestive manifestations and contributed to the remedy's traditionally recorded urinary, muscular and neurological symptoms.

Observations of Dr. C. Winslow

Dr. C. Winslow subsequently investigated Nitro-Muriatic Acid using repeated doses containing approximately one-tenth of a drop. His observations included mild feverishness, frontal headache and dizziness following the initial administration. Further doses were followed by sensations of pressure in the temporal region, described as though the brain were distended, together with palpitation. A mild colicky sensation in the lower abdomen was subsequently reported. Interestingly, the prover noted unusually restful sleep and an improved general feeling the following morning. Later administrations did not consistently reproduce the earlier symptoms, although slight feverishness was again reported. [2]

Preparation

Nitro-Muriaticum Acidum is prepared by combining 18 parts of nitric acid with 82 parts of muriatic acid. The resulting preparation exists as an aqueous mixture containing $N_2O_2Cl_4$, H_2O, Cl_2, and NOCl, and is subsequently used for the preparation of dilutions.[3]

PREPARATION OF MOTHER SOLUTION AND POTENCIES

The mother solution of Nitro-Muriaticum Acidum is prepared to obtain a drug strength of 1/10. For this preparation, 279 mL of Acid Nitro-Muriaticum is taken and purified water is added in a sufficient quantity to make the final volume up to 1000 mL.

For subsequent potencies, the source specifies that 2X and higher potencies are prepared using purified water and are intended to be freshly prepared for immediate use. From 6X potency onwards, dispensing alcohol is used as the vehicle.

PRECAUTIONS AND STORAGE

All preparations of Nitro-Muriaticum Acidum should be stored in glass-stoppered containers and kept in a cool, dark place to maintain appropriate storage conditions. As the substance is **highly corrosive,** careful handling is essential. The concentrated preparation should also not be brought into contact with alcohol. [1]

“HISTORICAL PHYSIOLOGICAL OBSERVATIONS REPORTED IN EARLY MATERIA MEDICA

LITERATURE DESCRIBE THE FOLLOWING EFFECTS…"

In toxic quantities, Nitro-Muriaticum Acidum is described as producing corrosive effects similar to those of its individual constituents. Historical accounts report that even small quantities may adversely affect the dental enamel and dental fillings, as well as produce disturbances of the gastric function. When used over a prolonged period in a suitably diluted form for bathing, absorption of the preparation was reported to be associated with increased hepatic and renal secretions. Local effects described in the oral and pharyngeal regions include a burning sensation, redness and swelling of the gums, increased salivation, and superficial ulceration of the buccal mucous membrane. Gastrointestinal disturbance, including diarrhoea, has also been reported.

THERAPEUTIC APPLICATIONS

In traditional homoeopathic literature, Nitro-Muriaticum Acidum has been described in association with oxaluria and hepatic dysfunction, particularly functional sluggishness of the liver. It has also been traditionally mentioned in the early stages of hepatic cirrhosis and in chronic hepatitis where there is no obstruction to the flow of bile.

The remedy has additionally been described for aphthous and ulcerative conditions of the lips, gums and buccal mucosa. Characteristic accompanying features include a tendency of the gums to bleed readily, together with persistent salivation or drooling, reported to be more pronounced at night. [4]

MENTALS

The mental picture of *Nitro-Muriaticum Acidum* includes nervous irritability and restlessness, accompanied by feelings of low mood and depression.[3] A dull, heavy and sallow appearance, accompanied by marked lassitude and reduced inclination for physical or mental effort. [3,5]

HEAD

The remedy is associated with headache accompanied by marked drowsiness, particularly between 1 and 3 p.m**.** Frontal headache may occur with dizziness, along with a sensation of pressure or fullness in the temples, as though the brain were distended. A sudden, sticking pain may be felt in the left temple while leaning to the left, sometimes preceded by twitching of the temporal muscles. On rising from bed, there may be a sensation of heaviness concentrated in the occipital region. [3]

FACE

- Blister on the inner surface of the lower lip, with swelling. Blister is prominent and protruding, causing repeated biting between the teeth, especially while eating or closing the mouth [5]

MOUTH

- Peculiar sensations involving the gums, jaws and teeth, with reddening and soreness of the gums.
- Painful areas of the palate and mouth, with small superficial ulcers affecting the oral mucosa and tongue.
- Excoriation and rawness of the oral mucosa, accompanied by salivation and a sense of depression.
- Intermittent salivation, without offensive odour.
- A large blister on the inner lower lip, which is easily caught and bitten between the teeth.
- Sensation of pressure or fullness in the parotid, submaxillary and sublingual glands, with increased salivation, more marked on the left side.
- Profuse salivation, sometimes so excessive that it is difficult to swallow or spit it out.
- Metallic or coppery taste in the mouth. [3]

THROAT

- Spasmodic and tremulous contractions of the pharynx, particularly near the

levator palati region, while writing at a low table.
- Painful swallowing extending along the oesophagus, accompanied by a burning sensation in the oesophagus and roof of the mouth.

STOMACH
- Flatulence and frequent eructations, with delayed or sluggish digestion.
- Food remains difficult to digest and digestion is slower than usual.

ABDOMEN
- A bearing-down sensation extending from the left hypochondrium along the course of the large intestine towards the rectum, with a marked desire for stool, particularly on rising in the morning.[5]

STOOL AND ANUS
- Increased biliary secretion with loose, yellowish, pappy stools, particularly after breakfast.
- Constipation with ineffectual urging, associated with constriction of the anal sphincter; stool passes only with considerable abdominal effort and external pressure near the coccyx.

URINARY ORGANS
- Urgent desire to urinate involving the penis and bladder, with aching in the hips, thighs and lower back.
- After a short delay, pale urine is passed; urine may also be cloudy and accompanied by burning in the urethra.
- Oxaluria is a characteristic urinary feature of the remedy. [6]

RESPIRATORY ORGANS
- Exposure to the fumes may cause difficulty in breathing with inflammation of the larynx and bronchi.
- In contrast, breathing may feel easier than usual in some states.

HEART
- Palpitations and fluttering sensations of the heart, particularly while eating or during movement.

NECK AND BACK
- Pain in the right-sided back muscles, particularly following exposure to a cold bath.
- Heaviness and aching in the lumbar region.

LIMBS
- Stitching or sticking pains occur successively in different parts of the limbs, particularly while walking.

LOWER LIMBS
- Languid, aching sensations are felt along the front of the hips and thighs, extending to the lower back.

GENERALITIES
- Marked physical weakness accompanied by mental depression and exhaustion.

SLEEP
- Sleep may be unusually restful, with a sense of improvement after sleeping.
- Drowsiness accompanied by headache may also occur.

FEVER
- Chilliness with an upward direction, particularly while sitting near a stove.
- Mild feverishness may be present.
- Profuse perspiration may occur.[3]

AGGRAVATION (<)
- **After breakfast:** loose, yellowish, pappy stool.
- **After dinner:** fluttering of the heart.
- **Cold bathing:** pain in the right side of the back.
- **Moderate exercise:** weakness, followed by subsequent relief.
- **Leaning to the left:** sticking pain in the left temple.

- **Sitting near a stove:** ascending chilliness through the chest, arms, shoulders, neck, face and vertex, with languid feeling.
- **Walking:** sticking pains in the back of the thighs; sharp pains in the right forearm; transient cramp in the right foot.
- **Writing at a low table:** spasmodic, tremulous pharyngeal contractions with urging to urinate involving the penis and bladder. [5]

DOSE

- Traditionally, a dose of **5–10 drops in a suitably diluted form** is described for Nitro-Muriaticum Acidum. [6]

AFFINITIES

- **Liver and biliary passages:** Hepatic congestion, dull aching in the right hypochondrium, jaundice, clay-coloured stools and dark, bile-stained urine; particularly associated with hepatic torpidity following malaria, alcohol or drug exposure
- **Portal system and veins:** Haemorrhoids, varices and a feeling of fullness around the anus and lower abdomen, with improvement following free evacuation and better biliary flow.
- **Spleen:** Post-malarial splenic enlargement with dragging in the left hypochondrium, sallow complexion and easy fatigue.
- **Mouth and throat mucosa:** Aphthae, ulcers, salivation with offensive breath, soreness and rawness of the throat, with an indented or slimy tongue.
- **Stomach and intestines:** Aversion to fatty and rich foods, bitter taste, pyrosis, flatulent distension, and constipation alternating with bilious diarrhoea.
- **Skin and sweat:** A sallow or icteric complexion may be accompanied by itching, debilitating night sweats and moist eruptions, particularly in debilitated or cachectic states.
- **Passive haemorrhages:** Dark, oozing bleeding may occur from haemorrhoids and gums, particularly in association with portal venous stasis, with weakness or faintness following even small blood losses.
- **General nutrition:** The remedy is associated with marked lassitude, weight loss, evening low-grade fever and abnormal sensations of heat and chilliness, especially in damp weather. Clarke and Nash also describe a characteristic port-wine complexion in individuals with a history of alcohol use.
- **Gallbladder:** Traditional descriptions include biliary insufficiency with pale stools and pruritic skin, together with dull pain or referred discomfort toward the right scapular region, though less prominently than in *Chelidonium*. [7]

DIFFERENTIAL DIAGNOSIS – AETIOLOGICAL BACKGROUND

- **Nux vomica:** Both remedies may be considered in alcohol-related dyspeptic states with irritability and spasmodic symptoms. However, *Nitro-Muriaticum Acidum* is distinguished by a more sallow appearance, oral ulceration, haemorrhoidal tendency and intolerance of tight clothing around the waist.
- **China officinalis:** Both may be associated with post-malarial states, splenic symptoms and flatulence. *Nitro-Muriaticum Acidum* is differentiated by the presence of oral ulcerative symptoms and aversion to fatty foods, whereas periodic fever is more prominent in *China*.
- **Mercurius solubilis:** Both remedies may present with salivation, oral ulceration, offensive breath and sweating, particularly following mercury exposure. *Nitro-Muriaticum Acidum* is distinguished by a stronger hepatic, portal and biliary involvement.

Liver and Biliary Affinities

- **Chelidonium**: Both remedies have hepatic and biliary involvement.

Chelidonium is characterized by right scapular pain, preference for hot drinks and a yellow-coated tongue, whereas *Nitro-Muriaticum Acidum* is distinguished more by haemorrhoids and oral ulceration, with the scapular feature being less prominent.

- **Carduus marianus**: Both remedies may present with liver tenderness and haemorrhoidal symptoms. In *Carduus marianus*, the complaints are particularly aggravated while lying on the left side, whereas *Nitro-Muriaticum Acidum* has a more marked tendency toward oral ulceration.
- **Lycopodium:** *Lycopodium* is characterized by biliary colic occurring predominantly between 4–8 p.m., with pain extending from right to left and a desire for sweets. In contrast, *Nitro-Muriaticum Acidum* is associated with aversion to fatty foods and ulcerative oral manifestations.

Mouth and Throat Ulceration

- **Nitric Acid:** Characterized by splinter-like pains and a tendency for bleeding on touch, with offensive oral manifestations. In comparison, *Nitro-Muriaticum Acidum* is distinguished by its stronger hepatic and portal involvement.
- **Muriatic Acid:** Associated with profound prostration, haemorrhoids, septic conditions and a weak or paralytic tongue. *Nitro-Muriaticum Acidum* is comparatively

Haemorrhoidal and Portal Symptoms

- **Aesculus:** Traditionally associated with dry, aching back pain and purple haemorrhoids that are generally non-bleeding. In contrast, *Nitro-Muriaticum Acidum* is more associated with bleeding haemorrhoids, biliary involvement and accompanying oral ulceration.
- **Hamamelis**: Characterized mainly by passive venous bleeding and soreness. Compared with *Hamamelis*, *Nitro-Muriaticum Acidum* has a more prominent hepatic-digestive picture with dyspepsia and aversion to fatty foods.

Skin / Jaundice

- **Sulphur**: Characterized by itching, heat of the vertex and offensive perspiration, with a generally hot or heat-sensitive constitution. In contrast, *Nitro-Muriaticum Acidum* is described as more chilly and sallow, with a stronger emphasis on hepatic and biliary manifestations.
- **Natrum sulphuricum:** Associated with jaundice following damp exposure and characteristic greenish morning sputum. *Nitro-Muriaticum Acidum* is differentiated by the more prominent presence of haemorrhoids, oral ulceration and biliary involvement.

Modalities

- **Bryonia**: Traditionally characterized by stitching pains aggravated by movement, dryness and a strong desire for rest or stillness. *Nitro-Muriaticum Acidum*, in contrast, has a more prominent portal and dietary symptom pattern, with complaints described as improving with gentle walking .[7]

Selected Repertory Rubrics [6,8,9,10]

Rubrics: 35	**Nit-m-ac [72/35]**
[Kent] [Head]PAIN, HEADACHE IN GENERAL: Forehead, in: Eyes above: Left: Then right:	1
[Kent] [Extremities pain] PAIN: Left then right:	1
[Kent] [Generalities]SIDE: Left:T hen right:	1
[Boericke] [Tongue]ERUPTIONS, GROWTHS: Ulcerations:	3
[Boericke] [Taste]PERVERTED, ALTERED, IN GENERAL: Coppery, metallic:	2
[Boericke] [Mouth]INNER MOUTH (BUCCAL CAVITY): Inflammation: Ulcerative:	2

[BOERICKE] [MOUTH]PTYALISM, SALIVA INCREASED:	3
[BOERICKE] [STOMACH]BILIOUSNESS:	2
[Boericke] [Stomach]SYMPTOMS AND CONDITIONS: Eructations, belching: Sour, burning, acid, bitter:	2
[Boericke] [Abdomen]ANUS, RECTUM: Fissures, rhagades, excoriations, ulcerations, soreness, rawness:	2
[Boericke] [Abdomen]ANUS, RECTUM: Moisture:	2
[Boericke] [Abdomen]ANUS, RECTUM: Pain: Contraction, spasmodic:	2
[BOERICKE] [ABDOMEN]CONSTIPATION, REMEDIES IN GENERAL:	2
[Boericke] [Abdomen]CONSTIPATION, REMEDIES IN GENERAL: Type of stool: Dry: Frequent urging with:	*2*
[Boericke] [Abdomen]LIVER: Atrophy (cirrhosis):	2
[Boericke] [Abdomen]LIVER: Congestion (hyperemia, fullness, torpidity):	2
[Boericke] [Urinary System] BLADDER: Irritability: Bladder and neck:	2
[Boericke] [Urinary System] URETHRA: Burning, smarting, heat:	2
[Boericke] [Urinary System] URINE: Acid:	2
[Boericke] [Urinary System] URINE: Color, appearance: Cloudy, turbid:	2
[Boericke] [Urinary System] URINE: Sediment, type: Lithic acid, uric acid, gravel, brick dust:	2
[Boericke] [Urinary System] URINE: Sediment, type: Oxalates (oxaluria):	3
[Boericke] [Male Sexual System] SYPHILIS, REMEDIES IN GENERAL: Rheumatism:	2
[BOERICKE] [SKIN]PSORIASIS OF:	2
[BOERICKE] [GENERALITIES]SCURVY (SCORBUTUS):	2
[Boger] [Supplementary references] URINE: Oxaluria:	1
[Clarke] [Clinical]ANUS: Constriction of.:	2
[CLARKE] [CLINICAL]CONSTIPATION.:	3
[Clarke] [Clinical]DIGESTION: Slow.:	2
[CLARKE] [CLINICAL]GRAVEL:	2
[Clarke] [Clinical]MOUTH: Sore:	2
[CLARKE] [CLINICAL]OXALURIA:	3
[Clarke] [Clinical]SALIVATION: Intermittent:	2
[CLARKE] [CLINICAL]SCURVY:2	2

DISCUSSION

The collected literature indicates that the identity of *Nitro-Muriaticum Acidum* is shaped not by a single keynote, but by a combination of organ affinities and characteristic modalities. The most prominent pattern involves the interaction of the hepatic-biliary, portal, mucosal and urinary spheres. Traditional descriptions repeatedly place the liver and biliary passages, portal circulation and mucous membranes among its principal areas of action.

The proving records provide the foundation for this picture. The observations of Dr. Scott emphasize oral and mucosal manifestations, salivation, metallic taste, weakness and restlessness, while the observations of Dr. J. C. Morgan broaden the picture to include pharyngeal, muscular and urinary manifestations. Dr. Winslow's observations add headache, dizziness, feverishness, palpitation and abdominal symptoms.

The urinary sphere is of particular interest within the traditional symptom picture. Urinary urgency, urethral burning, cloudy urine and oxaluria occur among the recorded urinary symptoms, while classical clinical references also include gravel and oxaluria. The repertorial material further places oxalura among the stronger urinary rubrics associated with the remedy.

Another important feature is the hepatic–portal relationship. The remedy is traditionally associated with hepatic congestion, biliary insufficiency, jaundice, haemorrhoids, portal stasis and post-malarial splenic complaints. This helps distinguish it from remedies that share isolated symptoms but lack the same

combination of hepatic, portal and mucosal features.

The differential comparisons are therefore useful in understanding the individuality of the remedy. *Nux vomica* is more strongly associated with alcoholic dyspepsia and irritability, *China* with post-malarial splenic manifestations, while *Mercurius* has a stronger salivary, ulcerative and septic picture. Similarly, *Chelidonium*, *Carduus marianus* and *Lycopodium* overlap in hepatic complaints but differ in their characteristic modalities and associated symptoms.

Overall, the literature suggests that the characteristic value of *Nitro-Muriaticum Acidum* lies in the totality and relationship of symptoms rather than in any single isolated complaint. Its mucosal manifestations, hepatic–portal involvement, digestive disturbances and urinary features together create a recognizable materia-medica picture.

CONCLUSION

This descriptive study successfully bridges a critical gap in homeopathic literature by consolidating the dispersed historical data, pathogenetic provings, and clinical indications of Nitro Muriaticum Acidum into a single, unified drug picture for this rare and under-researched remedy. Historically relegated to fragmented references in archaic texts, the remedy's distinct clinical sphere—notably its profound affinity for hepatic dysfunction, biliary torpor, mucosal ulcerations, and oxaluria—is comprehensively mapped here for the first time, helping clinicians understand its unique position while offering valuable comparative insights that enhance our broader understanding of other acid-group members. While this study lays a foundational reference standard, further work is required to explore its robust pharmacovigilance studies must be conducted to carefully monitor its deeper toxicological and therapeutic effects as a potent acid. Based on its symptomology, this remedy predominantly covers a sluggish, cachectic, and debilitated constitution-typically marked by sluggish portal circulation and gastrointestinal torpor-suggesting that individuals matching this specific constitutional profile will derive profound healing benefits from its prescription and its Miasm it covers - primary:psoric, Secondary: Sycotic, Malarial, Syphilitic. Ultimately, by establishing this robust baseline and recommending modern pathogenetic re-proving and clinical validation, this work paves the way for homeopathic pharmaceutical companies to manufacture and standardize the remedy across various potencies post-proving, thereby empowering doctors to safely utilize it in a wider array of complex chronic conditions and proving that historical materia medica holds vast, untapped potential for modern therapeutics.

Declaration by Authors

Ethical Approval: Approved

Acknowledgement: None

Source of Funding: None

Conflict of Interest: The authors declare no conflict of interest.

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How to cite this article: Dr. Rathna Kumari, Dr. G Kiranmayee. Nitro-muriaticum Acidum: historical perspective, proving and Materia medica profile. *Gal Int J Health Sci Res*. 2026; 11(4): 128-137.
DOI: https://doi.org/10.52403/gijhsr.20260415

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