

The Bowel Nosodes in Homeopathy

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Abstract: Bowel nosodes are medicines prepared from the non-lactose fermenting, pathogenic intestinal flora. Extensive research was carried out by Bach and Paterson. These remedies are very useful in confusing cases where the symptomatology reflects multiple medicines and also chronic cases that are not responding satisfactorily to the appropriately selected remedies. They can remove miasmatic blockages and reflect the symptoms clearly, thus hastening cure.

Keywords: bowel nosodes, characteristics of the commonly used; bowel nosodes, indications for use; bowel nosodes

Introduction

The majority of the commensal intestinal bacilli are lactose-fermenting (LF, e.g., *Escherichia coli*, *Klebsiella*, etc.), non-pathogenic, non-sporing, aerobic or facultatively anaerobic. Medicines prepared from cultures of non-lactose fermenting (NLF), pathogenic, Gram negative commensal intestinal flora (e.g., *Salmonella*, *Shigella*, *Proteus*, etc., which are major intestinal pathogens) are called Bowel Nosodes. Although they are not the morbid products of disease, they are classified as nosodes. The intestinal bacteria were first isolated from flora in 1880 by bacteriologist Eberth. Research on the bowel nosodes was first conducted by Dr. Edward Bach (1886-1936) and his co-worker Dr. John Paterson (1890-1955). The first full clinical proving was conducted in 1929 by Thomas Dishington. In 1919, Bach joined the London Homeopathic Hospital as a bacteriologist. A year later he started isolating the bacilli from stool specimens, prepared 'autogenous' vaccines from dead cultures, potentized them, and treated patients with injections. In 1930, he briefly summarized the clinically derived indications for most of the nosodes (*B. Morgan*, *Dysentery co.*, *B. Proteus*, *Gaertner*, *B. Mutable*, and *B. Faecalis*). Following that, Paterson published his works on bowel nosodes (*Morgan Pure*, *Morgan Gaertner*, *Sycotic co.*, *Bacillus No. VII* and *X*, and *Cocal co.*) in 1950. Proving was not conducted in strict Hahnemannian sense; symptomatic indications were based on clinical observations of ill individuals. According to Bach, nosodes prepared from non-lactose fermenting Gram negative coliform bacteria are closely associated with Psora, while Gram negative diplococci are closely associated with Sycosis.

Characteristics of the Commonly Used Bowel Nosodes

Bacillus No. VII (Related remedies: *Arsenicum iodatum*, *Kali bichromicum*, *Kali carbonicum*)

- Extreme mental and/or physical fatigue is the keynote.
- Very sensitive to colds and drafts of air.
- Intolerance of fat: causes eructation and flatulence.
- Asthma, bronchial catarrh; tough, sticky mucus which is difficult to raise; worse at 2 a.m.
- Feeble urinary outflow; loss of sexual function, premature sterility.
- Stiff neck: 'cracks like a nut;' fibrositis of neck and shoulders, spinal osteoarthritis; backache, worse from damp, cold and on beginning to move, better from heat and rest.

Bacillus No. X (Related remedies: *Kali bichromicum*, *Natrum sulphuricum*, *Thuja*)

- Anxious, irritable, depressed.
- Aversion to egg, bread, tomato, tea and breakfast; craving for sweet, chocolates, fried fish; upset of stomach from egg and fatty foods.
- Bowel motion sluggish, early in morning; constipation with pruritus ani; pain in iliac fossa.
- Asthma; cough aggravates in morning; sputum difficult to raise.
- Flat or pointed warts in hands.
- Allergy to anti-asthmatic drugs.

Dysentery co. (Related remedies: *Anacardium*, *Argen-*

tum nitricum, Arsenicum album)

- Anticipatory nervous tension is the keynote.
- Nervous, fearful, lack of confidence, apprehensive, claustrophobic.
- Frequent attacks of cough and cold, recurrent tonsillitis and hay fever.
- Craving for fats, sweets, salt and milk.
- Indigestion for years, distension and discomfort; no heartburn, no vomiting, no nausea, no pain; wakes at 2 or 3 a.m. with pain and discomfort in epigastrium; remarkable action on congenital hypertrophic pyloric stenosis.
- Loose bowel, often mixed with mucus, frequent motion, 5-6 times a day; diarrhea on excitement and worry; sensation of throbbing or as if a plug is lodged in.
- Thyrotoxicosis and tachycardia.
- Osteoarthritis, periostitis, osteoporosis.
- Palms dry, cracked, painful; flat warts in hand; psoriasis.

Gaertner (Related remedies: *Mercurius, Phosphorus, Silicea*)

- Malnutrition and prostration are the keynotes; overactive brain with undernourished body; especially adapted to kids fed on artificial diet.
- Nervous, bites nails, intelligent, excitable, irritable; fidgety of hands and feet.
- Craving for milk and dairy products, egg, sugar and sweet.
- Aversion to bread, butter, meat and fish.
- Acidity and vomiting, aggravates after taking sweets.
- Bowel constipated; offensive diarrheal attack every few weeks; blood and mucus in stool.
- Rheumatic pain aggravated at night.
- Fear of darkness; wants company; late in falling to sleep, restless sleep, somnambulism, night terrors.

Morgan Gaertner (Related remedies: *Lycopodium, Chelidonium*)

- Irritable, quick-tempered, impatient, nervous, claustrophobic; fear of crowds, excitement and company.
- Nasal catarrh with bad taste in mouth, dirty tongue.
- Fond of fats, sweet and salt; aversion to egg and meat; prefers food hot.
- Indigestion, flatulence and excessive eructation, sour mouth and distended feeling, worse between 4-8 p.m.
- Acute renal or gall stone colic.
- Bowel constipated and sluggish; painful, itching, bleeding piles.

- Right-sided rheumatism; better from heat, both internally and externally.
- Insomnia, night terrors; starting in sleep.
- Large, flat or jagged warts on hands.

Morgan Pure (Related remedies: *Calcarea carbonica, Graphites, Petroleum, Psorinum, Sulphur*)

- Congestion is the keynote.
- Weepy, depressed, irritable; fears crowds, but become anxious if left alone.
- Congestive morning headache with sinusitis; cracks at the angles of nose; anosmia, epistaxis.
- Ulcers in mouth; tongue dry, coated, swollen, raw and burning sensation, bad taste, halitosis; cracked angles of mouth; throat dry and burning.
- Fond of fats, sweets and eggs; but cannot tolerate them.
- Biliary tract disorders with constipation and pruritus ani; itching, bleeding, painful piles.
- Menorrhagia/metrorrhagia with pruritus vulva and vagina; offensive, corrosive leucorrhea.
- Bronchitis and asthmatic attacks in each winter; recurrent bronchopneumonia in children.
- Rheumatic pain; worse from cold, damp and at the beginning of motion; better from constant motion and heat.
- Weepy, itching, scaly and pustular eruption and eczema; especially in chin, forehead, scalp, behind ears, neck and chest; worse from heat and washing.

Proteus (Related remedies: *Ammonium muriaticum, Natrum muriaticum*)

- Suddenness of the complaints is the keynote.
- Tense, depressed, stubborn, unresponsive; violent outburst of temper if opposed; kicks and throws objects; can commit a murder if crossed.
- Aversion to butter, pork, meat, boiled egg; intolerance of egg; fond of sweets and salt.
- Acidity, heartburn, sourness and flatulence; hunger pain not relieved by eating; worse after mental strain.
- Constipation; sensation of a ball in the rectum; itching, bleeding piles.
- Skin eruption dry, scaly, itching, papulo-pustular, crusty; Reynaud's disease.
- Burning of palms and soles at night; cramps in calves; feet feel frozen.

Sycotic Co. (Related remedies: *Bacillinum, Natrum sulphuricum, Rhus toxicodendron, Thuja*)

- Extreme irritability is the keynote.
- Nervous, cross, restless, fear of animals, dogs,

and of being alone.

- Puffiness of face in morning, especially under eyes.
- Nasal catarrh; cracks at the angles of nose, epistaxis, enlarged tonsils and adenoids.
- Lips dry, cracked, cracks at the angles of mouth; tongue sore, dry, fissured; deep ulcers on tongue.
- Aversion to and intolerance of egg, even thoughts of egg cause problems; fond of butter.
- Constipation or loose stool with splinter-like pain in rectum; rectal prolapse; mucus per rectum with motion; urgent call for stool as soon as rising from bed.
- Asthma or bronchitis; worse from damp and cold, between 2-3 a.m., on waking; better in seaside; considered a pre-tubercular remedy.
- Rheumatism, polyarthritis and lumbosacral pain – all aggravated after sitting, when beginning to move and at night; better from continuous motion and heat.
- Cracks on finger tips and heels; brittle nails; warts on mucocutaneous surfaces.
- Restless sleep, insomnia, night terrors; profuse sweat of head and body during sleep; dreams of dead people.

Indications for use

New Cases

- It is always better to start the treatment first with the indicated remedy, not with the nosode.
- The nosode can be used at first if the symptomatology does not clearly point out a single remedy, but rather corresponds at best only to a list of remedies.

Old Cases

- In old cases, subjected to considerable number of indicated remedies which have produced a favorable but ill-sustained improvement, the previously used medicines should be compared with the nosode list and the most similar nosode should be selected there from.
- If the percentage of NLF pathogenic bacteria in the stool is greater than fifty percent, the administration of bowel nosode is contraindicated. The nosode given at that time produces a negative phase with a corresponding period of vital depression in the patient. In such cases, a nosode can be used in lower potencies to avoid the chance of violent negative reaction.

Special Use

The bowel nosodes can be prescribed sometimes specifically for antibiotic poisoning (*Gaertner* and *Morgan*), skin drugs (*Morgan*), digestive drugs

(*Proteus*), etc.

Dose, Potency & Repetition

- According to the principles of homeopathy, the more distinct the mental picture the higher the potency. The potency should be lower if irreversible pathology is present. In my practice, I have always preferred the 200th potency to start with and have rarely had to go beyond that. In case of children, however, I have started with the 30th, but if there's not been an adequate response, I have quickly switched over to the 200th. The result was then satisfactory.
- Paterson has advised, though it is not required, not repeating the bowel nosode within three months; it is recommended instead, if required, that the homeopathically-indicated similimum from the group of remedies (previously used) related to the bowel nosode be prescribed.

Mechanism of Action of the Bowel Nosodes

E. coli in the intestinal tract performs normal and useful functions when the intestinal mucosa is healthy, but any change in the host that affects the intestinal mucosa will affect the balance and change the biochemistry of *E. coli*. It should be noted that the primary change; i.e., the disease, originated in the host which compels the bacilli to modify in order to survive. While this alteration in the nature of bowel flora might be a mere concomitant to the disease condition, there is reason to believe that the *E. coli* actually turns pathogenic. Thus the balance of the bowel flora is disturbed in disease. After the administration of the suitable bowel nosode, the curative process begins. The NLF pathogenic bacteria begin to mutate to other non-pathogenic groups (LF and LLF/Late Lactose Fermenters; e.g., *Shigella sonnei*) and ultimately disappear. These happenings occur simultaneously with the disappearance of the symptoms, reappearance of the old symptoms and the efflorescence of the skin eruptions with ultimate clearing (Hering's law). This is associated with a marked increase in the vitality of the patient.

Case study

The case I'm discussing has been under my treatment for about seven months. The patient is male, aged about 42, and had been suffering from hyperacidity for the last eighteen months. Previously he was taking over-the-counter antacids (H₂ receptor antagonists; e.g., Ranitidine, Famotidine, etc. and various proton pump inhibitors; e.g., Rabeprazole, Pantoprazole, Domperidone, etc.) for about six months, but without much relief. Then the case was taken by an eminent homeopathic physician. He advised appropriate

dietary modifications, exercise, and an endoscopic examination, which revealed no pathology. His presenting totality on 12.06.08, as noted by the previous physician, was as follows:

Excessive flatulence, bloating and loud grumbling, not relieved by belching; choking sensation while eating.

Loss of appetite; constant feeling of satiety; excessive hunger at night.

Heartburn, sour waterbrash and sour eructation throughout the day.

Preference for hot food; fondness for sweets, but unable to tolerate.

Constipated; hard stool, every alternate day; sensation as if something is lodged in the rectum.

Irritable; can not tolerate opposition.

The medicines he had taken are arranged chronologically:

- *Robinia* 30: 8 doses; one dose twice a day for 4 days; placebo for 25 days. (date: 12.06.08)
Result: A little improvement in the first week, but after that nothing significant.
- *Anacardium* 30: 6 doses; one dose twice a day for 3 days; placebo for 25 days. (date: 11.07.08)
Results: No improvement.
- *Nux vomica* 200: 2 doses; one dose once a day for 2 days; placebo for 30 days. (date: 10.08.08)
Result: A little better than before.
- *Lycopodium* 200: 2 doses; one dose once a day for 2 days; placebo for 30 days. (date: 11.10.08)
Result: Much better than before.
- *Lycopodium* 1M: 1 dose; placebo for 30 days. (date: 12.11.08)
Report: Immense improvement in the first week, but since then no progress.
- *Lycopodium* 1M: 2 doses; one dose a day for 2 days; placebo for 30 days. (date: 14.12.08)
Result: Considerable improvement for the first 10 days, but since then no progress.
- *Lycopodium* 10M: 1 dose; placebo for 30 days. (date: 11.01.09)
Result: Great improvement in the first week, but since then no progress.
- *Lycopodium* 10M: 2 doses; one dose a day for 2 days; placebo for 30 days. (date: 12.03.09)
Result: Considerable improvement in the first two weeks, but since then no progress.

After such prolonged treatment, the patient lost his faith completely in his physician and came to me on 07.05.09. One thing was evident, *Lycopodium* was a correct prescription according to the totality; but in spite of that, the duration of relief was really ill-sustained. I began to think in another way. I was thinking of some miasmatic obstacles that might have been present, but I got no such clear cut indication

from the patient. He was repeatedly emphasizing the fact that I should concentrate on his present symptoms, and neither his past history nor family history. He became irritated whenever I pursued a more detailed history. Keeping in mind this Sycotic characteristic (extreme irritability) as well as the relationship with *Lycopodium*, I prescribed *Sycotic Co.* 200: 2 doses (one dose daily for two days) on 07.05.09, with placebo for one month.

The next visit was on 08.06.09. The patient entered my clinic smiling and reported that he was feeling extremely well. His hyperacidity had diminished to a great extent, his appetite had increased, and his bloating was much relieved. However, there was no improvement in his constipation and he insisted that I prescribe another remedy for his hard stool. I prescribed placebo again for the next month.

The patient revisited me on 07.07.09. There was marked improvement in his total symptom picture, including constipation. I prescribed placebo again, but this time for two months.

It was 08.09.09, when the patient again came to my clinic. He had an acute coryza and sneezing since that morning and could not go to his office. I prescribed *Aconitum nap.* 30: 4 doses at 3 hour intervals. I was concerned that the action of *Sycotic Co.* might be compromised as a result of the prescription and asked him to visit again on in a week.

No disturbance occurred in the gradually improving symptomatology of the patient. The last date I saw the patient was 11.12.09, when his overall improvement was quite unbelievable.


At this moment, it is difficult to say whether the patient is cured or not; however, it is clear that he is on the path to cure. More than seven months have passed; there are no indications for repeating the *Sycotic Co.*, nor *Lycopodium*, nor any other remedy.

Conclusion

The case I've discussed is but one of my successful bowel nosode cases. I hope my fellow practitioners will consider treating intractable cases, if the symptomatology corresponds, with bowel nosodes. Especially when indicated remedies effect a favorable but fleeting response, these nosodes often prove an essential tool to bringing the case to a successful conclusion.

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