

Usefulness of the Bowel Nosodes: Two Cases

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Abstract: Two cases are presented, the first of which showed few significant improvement from conventional homeopathic remedies and the second of which, after a satisfying response to *Sepia*, then developed intractable recurrent urinary tract infections. Both of these cases then responded very well to their respective bowel nosodes, *Dysentery-co* and *Morgan pure*. The cases illustrate the utility of bowel nosodes when evidence of dysbiosis (the first case of the respiratory tract, with additional history of ulcerative colitis and ongoing menopausal complaints; the second of the urinary tract, with green leucorrhea and a history of hemorrhagic uterine fibroids; both cases had been previously treated with several antibiotics) is present and conventional remedies either fail to act or obstacles to further action arise.

Keywords: bowel nosodes, *Dysentery-co*, *Morgan pure*; recurrent sinusitis, allergic rhinitis, recurrent urinary tract infection

“...if the cause maintaining the disease still persists. Some circumstance is to be found in the regimen or the environment of the patient which must be eradicated if the cure is to permanently come to pass.”

Samuel Hahnemann, *Organon of the Medical Art*. Para. 252 Trans. Steven Decker

With the above quote, Dr Russell Malcolm opened his consideration of the bowel nosodes, entitled *Systems and Symbiosis, the Bowel Nosodes*. Dr. Malcolm, a Scottish homeopathic physician, had been invited by the American Institute of Homeopathy (AIH) to present a two-day seminar to licensed providers October 25, 26, 2008, at Tarrytown, NY. Co-sponsored by the AIH, the Homeopathic Medical Society of the State of New York (HMSSNY), and the New York Medical College, it was the first homeopathic conference ever to grant Category I CME to its participants. (For a thorough review by Richard Moskowitz, MD, DHT, see *American Journal of Homeopathic Medicine*, Vol.102, No. 1, Spring 2009)

In the Preface to his *Syllabus*, based on his collation of the limited literature and his several years' clinical experience, Dr. Malcolm writes of his disappointment in the responses of some of his chronically ill patients to a seemingly carefully prescribed *simillimum*. His introduction to “a group of immunotherapeutic medicines...the bowel nosodes” transformed his results

in these “stuck” patients.” As I attended his two-day seminar, some of my own “stuck” patients sprang to mind. I was all eagerness to try the appropriate bowel nosode in them.

Homeopathic physicians are familiar with “blocks to cure” in their chronic or constitutional work. One such obstacle may be an intestinal dysbiosis. In the face of such dysbiosis, the patient may not respond as thoroughly or as well as the physician would have expected to the classical homeopathic prescription.

Dr. Edward Bach (Royal London Homeopathic Hospital) and Dr. John Paterson (Glasgow Homeopathic Hospital) showed that, following the administration of a homeopathic remedy, the stool's bacterial profile is changed in a way corresponding to the remedy given. Thus, there can be a correlation among the individual bowel nosodes and classical homeopathic remedies.

In a patient who, as a result of infection, prolonged stress, and/or antibiotics, has developed a chronic bowel dysbiosis, an appropriate bowel nosode may unblock the case to its resolution or facilitate response

to a remedy that has been partially effective.

The following are two cases in which a bowel nosode has proved useful.

Case 1

TW was a 43 year-old female when she first consulted me January 21, 2003, referred by other patients. She gave her complaints as follows: non-allergic rhinitis, spring and fall; Staphylococcus carrier, she thinks; candidiasis; status-post colectomy secondary to ulcerative colitis; abuse in childhood; headaches, premenstrual; and nephritis.

Until 5 years of age, she lived with both natural parents, each of whom committed infidelities, until the mother filed for divorce. At 6 years of age, she began living with her paternal grandmother when her father granted custody. At age 8 years, her father remarried and the stepmother subsequently abused her, but not her brother, striking her and making her responsible for everything—the cooking, the cleaning, and the rearing of the stepmother's own baby. The biological mother and father would steal the patient and her brother back and forth. At 18, she left, and her father and stepmother divorced within one year. The mother had never remarried. She had no relationship with her father. Her mother was murdered by the boyfriend at age 46 when the patient was 26 years old; he was never charged. Her mother had not been allowed any visitation rights at the parents' divorce and did not press it for concern of further trauma to the children.

Family History:

Maternal grandmother, 80, anorexia and bulimia. Maternal grandfather died at 38 of alcoholic cirrhosis of liver. Paternal grandmother died at 84 of cancer of the throat, esophagus. Paternal grandfather died at 53 after having two strokes. Mother was murdered at 46, shot in head. Father is 65; brother 40. She has a son with Pervasive Developmental Delay.

Mind

Rage, easily ignited; grudge holder.
Perfectionist, does everything two hundred percent, fastidious housekeeper.
Laughs a lot, her children say.
Fears for her children.
Yells a lot, at her children.
Talks to herself.
(Note: trouble responding to questions about emotion, laughs at serious things, suppressed anger)

Biopathography

0-7 years

Mother had nausea of pregnancy all day.
Constipated, small balls, dug out; her mother gave her and her brother enemas.

At 5 years old she had a tonsillectomy.
Postnasal catarrh started, with coughing all night.
At 6 years old her parents separated.

8-14 years

Parents divorced; custody awarded to father; she wasn't allowed to see her mother for 10 years.
She wasn't allowed to be sick; her stepmother beat her for it.
She lived in many places.
Menarche at 14 years old; began in school class

15-21 years

When 18 years old, she left her father and step-mother; she was not allowed to see her brother and step-sister.
Her nail-biting resolved when she left home.
She worked for a man who sexually harassed her and other female employees. She developed bulimia and anorexia while working for this man, which resolved when she left.
At 20 years of age she developed ulcerative colitis, first in descending colon and sigmoid; it was treated with prednisone and azulfidine.

22-28 years

At 25 years-old she had a total colectomy with ileo-anastomosis pull-through; it took one year to recover.
At 28 years of age she gave birth to her first child by cesarean.

29-35 years

At 29 years old she began to frequently contract acute viruses and developed chronic postnasal drip.

36-42 years

Continuing frequent upper respiratory infections in the spring and fall.
She miscarried in 2000.
At 41 years old she contracted nephritis, treated with ciprofloxacin.

Generalities

Her energy was better at 10 or 11 a.m. to noon, and bottomed out at 4 p.m.
She ran regularly.
She hated being cold and loved hot, humid weather.
Rain made her feel droopy, and barometric changes caused headache.
She craved fruit. She was thirsty since her colectomy.
She slept on her abdomen; she would uncover her feet to regulate her temperature in the summer. Dreams unremembered. She talked in her sleep a few times when younger.

Rx: *Carcinosin* 30C

February 23, 24, 2003 (telephone)

| | Carc. | Nat-m. | Calc. | Hep. | Nux-u. | Med. | Sep. | Hyos. | Alumn. | Ars. | Verat. | Nux-m. | Lyc. | Puls. | Sulph. |
|---|-------|--------|-------|------|--------|------|------|-------|--------|------|--------|--------|------|-------|--------|
| Total Rubrics Family | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| MIND; AILMENTS from; abuse (10) | 1 | 1 | | | | | | 1 | | | | | 1 | | |
| AILMENTS from; abuse: childhood, in (3) | 1 | | | | | | | | | | | | | | |
| MIND; RAGE, fury (139) | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 2 | 2 |
| INFLAMMATION, peritonitis, enteritis; ... (8) | 1 | | | | | | | | | | | | | | |
| COLD; tendency to take, taking cold ... (161) | 1 | | | | | | | 1 | 1 | 2 | 1 | 2 | 2 | 2 | 2 |
| SEASON; Autumn and Spring agg. (6) | | 1 | | | 1 | | | | | | 2 | | | | |
| AFTERNOON, one pm. - six pm.; agg.; ... (53) | | 1 | | 1 | 2 | 1 | 1 | 1 | | 1 | | 1 | | 1 | 1 |
| WEATHER; warm and wet, sultry; agg. (40) | | 1 | 1 | | | | | | | 1 | 2 | | 1 | 1 | |
| LAUGHING; tendency; serious matters ... (24) | | 2 | | | | | | | | | | 1 | 1 | | 1 |
| FOOD and drinks; fruit; desires (46) | 1 | 1 | 1 | 1 | | 1 | | | 1 | 1 | | | | 1 | |
| EXERTION, physical; amel. (39) | 1 | 1 | 1 | 2 | | | | | 1 | | | | | | |
| UNCOVER, inclination to; Feet (18) | | | 1 | | | | 1 | | | 1 | | | | | |
| RECTUM; CONSTIPATION; children, in (55) | 1 | 2 | | 2 | | 1 | 2 | | 2 | | 1 | | 1 | | 1 |
| MIND; FASTIDIOUS (34) | | 2 | | | 2 | 1 | 1 | | | 2 | | | | | 1 |
| MIND; ANXIETY; others, for (31) | 1 | | | 1 | 2 | | | | | 2 | | | | | 2 |
| MIND; TALK, talking, talks; himself, to (35) | | | 1 | | 1 | | | 2 | | | | 1 | | | |

She consulted me by telephone for acute sinusitis and pharyngitis. *Kali bichromicum* 30X and then *Lycopodium* 30X resolved the problem.

March 10, 2003 constitutional follow-up
Spring was problematic: non-allergic rhinitis, often treated with strong antibiotics (Cipro).
She was having headaches resembling cluster headaches in the left frontal, temporal area.
Rx *Natrum muriaticum* 30C

May 14-June 4, 5, 19, 2003
Urinary symptoms, with concomitant headache and joint pain and stiffness. She had had recurrent UTIs since the nephritis in 2001.
Responded to *Cantharis* 30C and *Sulphur* 30C, then 200.

July 15, 2003
Menses of 06/25/03 started on time, then stopped four days later only to resume after three days with severe cramps and heavy bleeding, worse on running. No associated fatigue.
Exam: Uterus firm, Vagina: dark blood, Cervix: blood at os; left ovary mass.
Rx: *Sabina* 2C diluted in water three times a day. The bleeding stopped after two days, having slowed on the first. Pelvic ultrasound on August 7th showed a hemorrhagic follicle of the left ovary.

September 23, 2003
Non-allergic rhinitis flare, with frontal headache, rhinorrhea, sneezing.

Rx: *Pulsatilla* 30X

November 21, 2003

Reports feeling very well, better than she has in years.

January, February, 2004

Began to have symptoms suggestive of climacteric with menstrual irregularities. Breast fullness. Cystic acne, the latter much like that she had in pregnancy.
Rx: *Lac canium* 2C

April 2007

Night sweats. Sleep disturbance. Menorrhagia. Fatigue. Irritability: lashes out at everybody, especially at her children.
Rx: *Sepia* 200

November 12, 2008

She had called to say she had consulted an alternative physician several months ago who prescribed pregnenolone that she took off and on, even though she was reluctant to do so.

Her symptoms at this time were:

Acne, hard nodules, of chin, sides of face, forehead.

Difficulty finding words, unable to spell.

Varicosities of lower extremity, left worse than right, and inner left thigh, worse before menses.

Itchy, offensive vaginal secretion before menses.

Menses irregular.

Wakes with hot flushes.

Breast tenderness before menses.

Very angry for no reason.

the L side, covered to her ears.
Wore socks to bed, removing them later.

Foods

Liked all kinds of pie.
Used to crave chocolate, avoided when ill, wanted it more lately.

Female

Menarche 15. Regular. Gr2 P2 Ab0. Her first pregnancy was breech (Cesarean); second birth also by Cesarean section. Menopausal now.

She'd had a tonsillectomy as a teen secondary to recurrent tonsillitis.

Sarsaparilla, Cantharis, did not seem to give her more than transitory relief. She took Ceftin, finally, based on a urine culture that grew Klebsiella. Then her urologist prescribed Macrochantin for the Enterococcus faecalis that grew next. (She was allergic to penicillin, sulfa, and clindamycin and had intolerance to metronidazole.)

In late October, after the bowel nosode seminar, I suggested that we try that approach.

***Repertory**

FEMALE GENITALIA: Fibroids: uterus: Morg-p
Bleeding: intermenstrual: Bacis-7, Morg-p, Syc
Leucorrhoea; green: Bacis-10, Morg-p
BLADDER: Inflammation (cystitis): E coli, Morg-g, Morg-p, Mut, Syc
BLADDER, Inflammation, recurrent: Morg-p

| | Calc. | Nat-c. | Sep. | Nat-m. | Bar-c. | Sulph. | Lyc. | Puls. | Mag-c. | Lach. | Alum. | Cimic. | Ars. | Phos. | Hep. |
|---|-------|--------|------|--------|--------|--------|------|-------|--------|-------|-------|--------|------|-------|------|
| Total | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Rubrics | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Family | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| LOSS of fluids; general; blood (17) | | | 1 | 2 | | | | | | | | | | 1 | |
| STOMACH; NAUSEA; morning (147) | | 1 | | 2 | 1 | 2 | 1 | | 2 | 2 | 2 | 1 | 1 | 1 | 1 |
| PAIN; burning; unaction; after (13) | | | 1 | | | 1 | 2 | | | | 1 | | | | |
| GENERALITIES; HEAT; vital. lack of (219) | | 1 | 2 | 2 | | 2 | 2 | 2 | 2 | 2 | 2 | 2 | | | |
| MIND; DESPAIR; recovery (66) | | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | 1 |
| STOOL; FORCIBLE, sudden, gushing (93) | 1 | | 2 | | 1 | 2 | 1 | 1 | | 1 | | | 1 | 2 | |
| COLD; agg.; heat and cold (55) | | 2 | 2 | 1 | 1 | 2 | 2 | 1 | 1 | 2 | 2 | 1 | | | |
| GENERALITIES; AIR; open; desire for (142) | 1 | 1 | 1 | 2 | 2 | | | | 2 | | 2 | 1 | 2 | 1 | 1 |
| RESPIRATION; SNORING (82) | 1 | | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 1 | | 1 | | 2 |
| FOOD and drinks; chocolate; desires (23) | 2 | | 1 | 2 | | 1 | 1 | 1 | | | | | | | |
| MIND; CARES, worries; full of (73) | 2 | 2 | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | | 1 | 1 |

Rx *Sepia* 200

December 18, 2002

She felt really good. She had started to swim again, and was doing well at concert performances.

Over the next six years, the patient continued to respond, often to *Sepia*. She was able to lead a less limited life, with good energy and less anxiety.

Her urinary symptoms were often accompanied by a greenish vaginal discharge and urging to stool. Her occasional urine cultures, even before consulting me, did not always reveal a pathogen. *Sepia* seemed to help her when she would get the greenish discharge; later she said that *Phosphorus* helped her when she had burning and frequency of urination. Sometimes she responded to *Sulphur*.

In September 2008, she began to have bearing down as if to stool, bladder urgency, and found herself weepy. Trying remedies that had helped her before and even acute ones, such as *Pulsatilla, Thuja, Staphysagria,*

MIND: Anxiety: Bacis-10, Dys, Morg-g, Morg-p, Syc about health: Morg-p

***Materia Medica**

Mind: Tense, active, weepy, depressed, anxious and apprehensive about health
Urine: Cystitis, with frequency and pain.
Genitalia: Menorrhagia and metrorrhagia, fibroids of uterus, leucorrhoea green.
Bowels: loose in the morning.

November 12, 2008

Rx *Morgan pure* 30C, one dose in am and afternoon; 200C, one dose at night.

Early March 2009

The patient sent me a note about her beloved chocolate Labrador dog who was suffering in his post-op time after neutering. In passing, she mentioned that the bowel nosode had really helped her. First of all, we

were able to halt the chasing of urinary culture results with antibiotics to which she had succumbed in mid-October 2008 (two antibiotics for first Klebsiella and then Enterococcus faecalis) after trying many remedies unsuccessfully, as described in above. Ten days after the taking of the nosode, *Morgan pure*, she reported better energy (She had complained of fatigue, tired by 10am) and less dizziness. Her urging to stool and stools had returned to normal (She had complained of urging to stool that were black, driving her to the bathroom earlier and earlier. Historically, her chronic recurrent urinary complaints with urinary urging were frequently coupled with urging to stool, especially in the morning.) Initially having experienced an increase in her characteristic green vaginal discharge after the taking of the bowel nosode, she found that that had resolved, as well.

She did not consult me again for herself until March 6, when she developed a recurrence of her green vaginal discharge, general fatigue, and acute anxiety. *Sepia*

1M, her constitutional remedy, resolved this entire episode, working again beautifully, as it had before the set back in her situation that had occurred in September and October of 2008. Moreover, in my telephone conversation touching base with her Wednesday, May 13, she has not had to repeat that remedy or take any others since March 2009.

About the Author: Sandra M. Chase, MD, DHt, serves, among other positions, as a Trustee on the Board of the American Institute of Homeopathy, Vice President of the AIH Foundation, President of the American Board of Homeotherapeutics, Secretary of the Homeopathic Pharmacopoeia Convention of the United States, and Secretary for Public Relations of the Liga Medicorum Homeopathica Internationalis. She has been practicing as a consultant in homeopathic family medicine, using classical homeopathy, for over thirty-three years in the City of Fairfax, Virginia. A1H

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