

## NOSODES\*

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"A nosode is an isopathic remedy consisting of the product of some specific disease administered in minute doses for the cure of the same disease". (*Century Dictionary*.) This definition applies better to allopathy than to homoeopathy because, in old school practice, a vaccine is administered specifically for its own disease, whereas, in homoeopathy, a nosode is given in potentized form on symptomatic as well as on clinical indications. In the old school, vaccines can be either autogenous or standardized products and are usually given hypodermically. A few years ago, it was discovered that the skin and not the blood is the most active producer of antibodies. This has led, in pelvic and peritoneal infections, to the use of pads on the abdomen moistened with streptococcic vaccine and the claim is made that better results occur than from injection. Homoeopathic experience indicates that the mucous membrane of the mouth and of the digestive tracts is the most protective tissue of all. In allopathic practice, vaccines are used mostly for acute conditions, while in homoeopathy nosodes have been used for chronic conditions as much as for acute. It is in the use of nosodes that the two schools have the most nearly common ground.

Hahnemann made a short proving of *Psorin* (the secretion from the scabies vesicle) but he places isopathic remedies in his list of antipsoric remedies because their effect upon healthy organisms had not, in his day, been sufficiently ascertained. However, he held that *Psorin* was altered to a homoeopathic remedy by the process of trituration and succussion and that it is a *simillimum* of the itchvirus.

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\*Read before I.H.A., Bureau of Materia Medica, June 25, 1936.

Since Hahnemann's time, through provings and clinical experience, several other nosodes have been added to our materia medica. They were brought together by H.C. Allen in *Materia Medica of the Nosodes*. Allen lists the symptoms of *Anthraxinum*, *Diphtherinum*, *Lyssin*, *Malandrinum*, *Malaria officinalis*, *Medorrhinum*, *Psorinum*, *Pyrogen*, *Secale*, *Syphilitinum*, *Tuberculinum* and *Variolinum*. Nosodes can be prepared from diseased tissues and secretions or from bacterial cultures. Occasionally, excellent results have followed the use of potencies of the culture made from a focal infection of the patient himself. H.C. Duncan of New York has given his name to an autogenous treatment wherein he takes any disease-exudate from a patient, puts it through a Berkefeld filter and injects the filtrate. He claims excellent results. Undoubtedly this would work just as well if potentized and given by mouth.

In homœopathy we are taught that when remedies which are apparently well indicated fail to give relief or when there are no characteristic symptoms that call for any of the usual remedies, we should consider the nosodes.

### TUBERCULIN

The most frequently used nosode listed by Allen is *Tuberculinum* and its usefulness, in both acute and chronic conditions, would almost justify considering tuberculosis as a fourth chronic miasm. Apropos of this, Constantine Hering, in his *Preface* to Hartmann's translation of Hahnemann's *Chronic Diseases* says :

Upon the same ground that Hahnemann carefully distinguished from the disease the symptoms which owed their existence to dietetic transgressions, or to medicinal aggravations ; upon the same grounds that he acknowledged as standing and independent diseases the acute miasms, known as purpura, measles, scarletina, small-pox, whooping cough, *etc.* or that he distinguished the venereal miasms into *syphilis* and *sycosis*, we may afterwards, if experience should demand it, subdivide *psora* into several species and varieties. This is no

objection to Hahnemann's theory. Hahnemann has taken the first great step, without denying the faculty of progressive development in his system.

A fairly voluminous symptomatology has been developed for *Tuberculinum* and there are several different preparations in use. Long experience develops the ability successfully to select this nosode. The following case illustrates how an experienced prescriber discerns its need.

The Materia Medica Department of the New York Homoeopathic College used to have get-together meetings at Keene's Chop House. At one of the meetings, the waiter, a tall, thin German who had been in the war, asked the doctors what he should do for a painful boil on the nape of his neck. Dr. James Krichbaum looked at him and, before anyone else had a chance to think, said: "That man is fighting tuberculosis. He needs a dose of *Tuberculinum*." A powder of the IOM. was given and brought relief at once and the condition was cured within three days.

A tragic case was that of a teacher who developed severe pain in her right hip, diagnosed as sciatica. No remedy helped her although her case was studied most carefully. After a few days, a diagnosis was made of acute inflammation of the hip-joint and the leg was placed in an extension apparatus but the pain continued. Dr. Rabe and I had studied the case and, one day at our wits' end, we applied the rule that, where an apparently well indicated remedy fails, one should study the nosodes. *Tuberculinum bovine* IOM. was given with prompt relief. Two repetitions in higher potencies carried her through but she was left with an ankylosed hip-joint. Too much time had been lost at the start.

The next case that I had began the same way. The character of her symptoms, together with a red streak down the middle of her tongue, let me to give her *Chamomilla*, with great relief; but, within forty-eight hours, it ceased to help and a dose of *Tuberculinum bovine* IOM. took up the cure and she recovered without the use of an extension-splint and without any resulting lameness.

By the way, *Tuberculinum* has "red streak in the center of the tongue".

### FOCAL INFECTIONS

Over a hundred years ago, Dr. Rush noted that rheumatism was at times cured by extracting bad teeth. In the present generation, the study of focal infections has shown that not only are the teeth at fault in systemic troubles but also the tonsils, the gall-bladder and the colon. Of these, the colon appears to be the most frequent focus from which chronic systemic diseases spring. Vaccines of stool-cultures have been used with varying success. One well-known gastro-enterologist claims to have good results by making a twenty-four hour culture of a stool-sample and injecting it into the rectum, doing this once a week.

### COLONIC NOSODES

Bach of London isolated the various strains of colon bacteria in his cases and injected the vaccine of the dominant type. From observation and through association with Dr. Wheeler, he gradually adopted the method of potentizing his vaccine and giving it by mouth, allowing each dose to act for several weeks. Later, he built up stock vaccines from a large number of strains of each of the common colonic types. These were potentized and are being used by many homoeopaths. Bach and Wheeler and others have reported on their uses and an extensive symptomatology is available. Listed under Bach's group are : *Coli mutab.*, *Dysentery*, *Gaertner*, *Morgan*, *Polyvalent* and *Proteus*. *Faecalis alkali* has since been added and we have added *Skatol*, *Flexner dysentery bacteriophage* and *Muco coli bacteriophage*. (The "we" mentioned in this paper are Doctors Isaac Sossnitz, Rosario Ferrara and myself, whose group research extends over the last five years). *Faecalis alkali* is a gram positive organism and the nosode fits cases which are upset by fats and sugars. In our work it has been the most frequently indicated of all the intestinal nosodes.

The colonic group are a constellation in themselves and, if we were seeking to enlarge Hahnemann's miasm group, we should place the colonic constellation in importance and in frequency of use ahead of the *Tuberculins*.

### STREPTOCOCCINS

The *Streptococcins* make up another group. The infections of the tonsils, of the teeth-roots, gall-bladder and the stomach ulcers are usually streptococcic. Cardiac infections usually result from tonsillar and tooth infections. This does not necessarily apply to that fatal cardiac infection, septic endocarditis, but it is true of the slowly developing disease affecting the coronary arteries. When animals are experimentally infected with a strain of streptococcus, the germ is apt to invade the same tissues in the new host that it invaded in the old. In our experience, the *Streptococcins* are more apt to be indicated in acute infections, although at times they apply to chronic.

Dr. J.W.S. Powers had a case of acute appendicitis in a woman whose age was in the late sixties. The consulting surgeon, who confirmed the diagnosis, said that most cases at that period of life had an arteriosclerotic appendix and, if operated on, almost always died and he advised that, if homoeopathy could do anything for the case, she be prescribed for. *Streptococcin* in high potency took care of the acute phase. This was followed by *Chlorine* and later by *Iodine* with a perfect cure, although the patient was very ill for a while. At one time, she had such symptoms as would be caused by a rupture of the pus-sac into the peritoneal cavity. This was after the severity of the acute condition had subsided. If there really was a rupture, it was of a sterile fluid such as appears when a clean-cut homoeopathic prescription brings an abscess to a head. In those cured cases where the abscess can be seen, the swelling becomes very small and circumscribed and the discharge is not a thick, pussy discharge but a thin, almost watery one.

### STAPHYLOCOCCINS

Another group are the *Staphylococcins*. They, as would be expected, cover more chronic conditions than the *Strepto-*

*coccins* and are very useful, although they are not needed as frequently as the other nosodes mentioned. In abscess formation, the staphylococcus replaces the streptococcus as soon as pus begins to form. In fact, this organism is probably the cause of pus formation. Whereas the streptococcus frequently tends to run wild and spread through the tissues rather than to come to a head, and often enters the blood-stream, causing a bacteremia, the staphylococcus concentrates the infection and dead leucocytes make up the bulk of the pus. Bacteriophages of both the streptococcus and the staphylococcus, like those of the colonic group, are wonderfully active remedies when indicated. These two groups, the streptococcins and the staphylococcins, represent two *mora* miasmatic backgrounds for chronic diseases.

### PNEUMOCOCCINS

A word about the *Pneumococcins*. We have recently had potentized the four major types of pneumococcus and, in three cases of pneumonia, the response has been equal to that obtained from the best prescriptions we have ever made by the old standard remedies. The action in each case was as though the remedy were a specific. In two cases Type 3 was given and in one case Type 2, the latter an ambulatory case. These nosodes are worth keeping in mind in your pneumonia cases.

### INFLUENZINS

*Influenzin* is the most important of all the nosodes. It is often required in patients who give no history of ever having had influenza. This leads us to believe that influenza is the most common of all chronic diseases. It blends in with all other chronic troubles so that it is difficult to determine from the symptoms when this miasm is the major one. In our experience, all patients, when first treated, have more than one chronic miasm and it is essential, when making the first prescription, that the dominant miasm have its specific nosode. Frequently, *Influenzin* is required when there is no history of the patient having had the disease. However, there may be a history of a severe attack far back in the past or of a series of attacks over a period of years. Where a patient has never been well since an attack of influenza,

the nosode will almost certainly be indicated. Patients requiring this nosode may have trouble in any part of the body, although it has a particularly close relationship to diseases of the central nervous system. Usually a patient with any type of nervous disease will be benefited at the start by *Influenzin*. Chronic heart conditions, particularly with low blood-pressure or with a rapid or arrhythmic pulse, often call for this remedy.

One of our patients, a man in the early sixties, who holds a high executive position, had a constant pulse around 100 with frequent extra systoles and shortness of breath. Along with this, his memory was becoming poor, especially for names. We gave him a series of ascending potencies of *Influenzin*, spaced at long intervals, which greatly improved his condition. After *Influenzin*, he had a course of constitutional remedies and his pulse and general conditions further improved. Then, as occasionally happens, another nosode was required, in his case *Faecalis alkali*, followed by another course of constitutional remedies. And now, for more than two years, his pulse has been in the seventies and he has lost all shortness of breath. At the same time, he has regained his memory and looks ten years younger.

It is a common experience to have stubborn cases which fail to respond, in spite of careful prescribing, until finally they are put on the right course by one of the old nosodes. More frequently than not, we find that if, at the start, we find a nosode which covers the case, the cure is much shortened.

We have four types of *Influenzin*, the *Spanish Influenzin* (the source of which I have not been able to learn), the *Influenzin serum*, *Influenzin antitoxin*, *Grippe pneumonia* (which is rarely useful) and *Influenza meningea*, furnished by Dr. Griggs of Philadelphia. He obtained his nosode from a child's cerebrospinal fluid. (The case was reported at the 1935 I.H.A. meeting). If we were to add another chronic miasm to those already suggested, influenza should be placed at the head of the list. It is vicious, hydra-headed and ubiquitous. Its ramifications are so extensive that a full description calls for the rich vocabulary that Hahnemann applied to psora.

## NOSODES FROM PATHOLOGICAL MATERIAL

*As a generalization, nosodes, made from pathological material, particularly if the persons from whom they are taken have been successfully prescribed for, have a much broader field of action and can be more safely selected intuitively than the nosodes made from individual bacterial cultures.*

Among our disease products is a new nosode that illustrates this : Five years ago we had a patient who had been losing weight and was suffering from severe pain in the left epigastrium. His appearance was cachectic and there was a palpable lump in the upper abdomen just left of the median line. We suspected cancer and the remedies which helped most were those useful in cancer, notably, some of the *Cadmiums*. For six months he was a complete practice and his progress, in as far as the physicians were concerned, was a gradual retreat, although at no time there was a complete giving-out of his vitality. No need to recite the day-by-day study and working-out of remedies which held for only a day or two. He finally thinned down to almost a skeleton and his case looked hopeless. There came a day when action of his bowels ceased, with a great increase of pain. *Merc. viv. IOM.* came in here and, after four days, gas began to move and stools passed. Then he began to complain of pain in the right side of the abdomen below the liver and a smooth rounded swelling could be felt deep in the abdomen just below the liver.

The exploratory needle produced a foul-smelling pus. A simple opening was made and more than a quart of extremely foul pus drained away. This pus was potentized at once. Whatever had been his pathology, it had broken down and the pus had worked around back of the stomach, building up about itself a strong barrier as it sought a vent. A drain was introduced and the patient slowly recovered and, ever since, he has been better than he ever was in his life before. We named this nosode *Staph. abdominalis* because, theoretically, it was a staphylococcic product and it occurred in the abdomen. We are not proud of the long name, but it has proved to be a star performer among the nosodes.

## POLYPHAGE

Another product, which possibly may be called a nosode, is *Polyphage*, which was discovered by Dr. C. W. Coates of the New York Aquarium. It was observed that a cut occurring in the hands of workers in the waters of the aquarium healed rapidly. It occurred to Coates that the water in the aquariums ought to be filled with germs and that no fish should be able to live in the water. He found there was some product from the fish which made the water liveable and he isolated this substance and called it *Polyphage*. We potentized it and have found it a wonderful remedy in skin conditions, particularly in inveterate eczemas.

## RESIDUAL PATHOLOGY

Some work done by Dr. Gregory Schwartzman of the Laboratories, Mount Sinai Hospital, New York City, belongs in the field that has been discussed in this paper. By the use of fluids filtered out from bacteria, but which do not contain the bacterial agents which produced them, he has succeeded in producing degenerative diseases in animals, very similar to those of man. These diseases are such as coronary thrombosis, apoplexy, kidney diseases and diseases of the blood-vessels. In short, he has produced in animals these changes that occur slowly in the aging process, as well as cause the degenerative diseases that result in premature death. It is in these conditions that we have found the nosodes useful. However, we have never known the nosodes to complete a cure in any case. A nosode will improve the patient very much and, in some cases, it will appear to make a cure which lasts for several months to a year or two but invariably, after a time, the symptoms return, although they are less pronounced. When they do return, the nosodes will not help, but constitutional remedies of the type Hahnemann described as antipsoric are necessary to complete the cure. Sometimes a second nosode will be necessary to get the case started. For instance, sometimes *Influenzin* will be the first nosode and *Tuberculin* the second, after which the constitutional remedies must be given. Later on, usually two or three years later, another nosode may be required, to be followed by another course of constitutional remedies. This, of course, is only in

patients who have accumulated much residual pathology through decades of recurrent mild infections and perhaps one or two major illnesses. It is just as though there were layers at different levels which have to be uncovered before a patient is fully restored.

New York, N. Y.

#### DISCUSSION

**D. Carr :** I don't know whether any member here experienced the use of *Tuberculinum*, but in general practice I had several families that were tuberculous in history, and invariably the children will have some skin trouble very similar to eczema in some form, with no distinctive symptomatology whatever. I seldom fail in clearing up the whole skin trouble with *Tuberculinum*, when you have a decided inherited tubercular tint, and it may prove useful in other conditions when they have a tubercular heredity back of it.

**Dr. Campbell :** Just a confirmation of what Dr. Stearns told us about *Polyphage*. I got a potency and used it on two cases of psoriasis. One was in a young individual and one in a lady who suffered from it all her life, practically. The case of recent origin cleared up completely and has had no return in eighteen months. The other case I just had recently, and it was a terrible thing, all over his face, and it is improving beautifully.

I would like to ask the Doctor where those potencies can be secured.

**Dr. Stearns :** Boericke & Tafel have a few, and Ehrhart & Karl have a great many.

**Dr. Miller :** There was a question that arose in my mind. Dr. Stearns made the statement that the nosodes frequently improved, but do have to be followed up by another remedy, they do not cure, that usually the disease will manifest itself within one to three or four years. I just recall to mind several cases of tuberculosis that I have treated. I do not recall that I have had to follow up with any other remedy in three of these cases. One of them dates back over thirty years, another one twenty-five, and then one about

seven years ago. I have some others, but I do not recall positively with reference to the treatment afterward, but in those three cases I do not recall that I ever followed up with any other remedy, but I gave *Bacillinum* in 200th and higher; I don't remember what the higher potency was.

**Dr. A. Pulford :** The nosodes, like all other remedies, have their special indications, and when we wander away from that, we are tramping on allopathic grounds. We want to keep away from that as much as possible. We have in our office, I believe, as complete a set of nosodes as are in existence, but we rarely ever resort of them and we only resort to them, when we cannot cure the case with properly indicated homoeopathic remedies, and whenever we do use them we try to use them according to the indications that Allen or Boenninghausen give.

**Dr. Farrington :** What the last speaker has said is quite true, but as I understand from Dr. Stearns' paper, that is just what he is doing, in cases that do not seem to be touched by remedies apparently indicated—I think that is the way to put it, apparently indicated; they were not really indicated. I agree with that.

This is an interesting field that Dr. Stearns has opened up to us. Personally, it didn't make me very comfortable, because it only adds one more burden to all of those that I have, because this question of nosodes has been brought up at different times, and new ones are being discovered. Nosodes cure some cases but as the Doctor rightly says, the nosodes seldom complete the cure. You have to follow up with some other remedy.

The relation of tuberculosis to influenza is interesting. Swan, you know, was the original nosode developer, and he had some that were foolish, but he was wise, and had a very keen mind and keen appreciation of what medicines would do. After Dr. Swan died, I found in his library eight or ten neatly bound books about a quarter of an inch thick, and 4×6 inches, bound in brown morocco. Swan had written in there symptoms of his nosodes in a very neat hand. I copied some of the things out of there and put them in Allen's book of the nosodes. Dr. Allen used to say that his reputation was made on the nosodes, and

it was a general opinion that he prescribed nosodes empirically and when they were not indicated, but I don't believe any living man understood more about the principal ones, *Psorinum*, *Medorrhinum*, and *Syphilinum*. Like all of these older men who taught that certain remedies were good in certain conditions, he knew more about them than he told, so that he cannot be accused of prescribing empirically. He often used *Tuberculinum* in extreme headaches in grippe in the nineties, he told me.

I have been wondering whether the old potency of the grippe, which I have in my collection of Swan's remedies, would be equivalent to more modern influenza.

I was very much interested in what Dr. Stearns said about the nosode injected into an animal. It reminds me of a case that I cured long ago, and I think I have spoken of it in some of these meetings.

A maiden lady of eighty had a scirrhus of the breast which was about two and a half inches in diameter, hard as a rock, and the skin was grown in. The center was covered with a scab an inch in diameter, bloody, and oozing a fluid. There were fine stitching pains. I gave her three powders of Swan's DMM. of *Schirrhus Mammae*. She asked me how long it would take to show an effect. I guessed thirty days. At the end of thirty days, the tumor began to shrink. After that, every time she got her three doses of nosodes, this tumor would swell, get red and throb, and then it would shrink. It took four years to cure it. At the end of the four years, it was down to nothing but a little cicatrix. She said, "My brother is paying the bill and I don't think it is worth while at my age to continue any longer." A number of years afterwards I heard she died from the after-effects of illuminating gas poisoning at the age of 96.

There is a relation, I think, between tuberculosis and small-pox vaccine. I remember long ago treating a lady who had a tubercular history but no evident symptoms of tuberculosis. I was giving her *Tuberculinum*. Every time she got a dose of

*Tuberculinum*, her vaccination scars twenty years old would swell and get red and sore.

**Dr. Stearns** : Once in a while, through clinical experience, you can intuitively select one of these nosodes. It is tricky business but most satisfactory when the correct nosode is selected. I would not care to present this paper to a medical society that was not composed of physicians who thoroughly understand homoeopathy. It sounds so easy and the results so satisfactory when a nosode that is needed is given, that those who have not the ground-work of homoeopathic-clinical experience are likely to use the wrong ones and do more harm than good.

We have learned how to use them through experimenting with the effect of potentized substances on the reflexes, so we do not have to make a proving to know about the effect of a drug. However, once we have observed the effects of a given nosode, clinical experience leads to successful intuitive use of them. I would like to have all of you get as many of the nosodes as you can. They can be obtained from Ehrhart & Karl and some from Boericke & Tafel. Record your experiences and publish them in the *Recorder*. In this way, you will build up a materia medica. I purposely omitted the details of how these remedies have been selected because it would have encumbered the paper with an enormous amount of detail. The purpose has been to open up the field of the nosodes. There is material enough for a hundred papers if all the details were given. Details of too many remedies become a burden but a few underlying principles that relate to a class of remedies will lead to an understanding of the group and the understanding of a given case will frequently lead to the correct nosode, if one is needed.

I am glad to hear of the result from *Polyphage*. This is a nosode that will occasionally help in intractible skin conditions such as eczema cases. Our first case was an Italian in his early fifties. He had had severe eczema ever since the war and his hands were a mess. He had to wear bandages on them all the time. This was a handicap as he was a porter in a saloon where he cleaned spittoons, shined shoes, etc. He had

been to many clinics. The applications that he was given by them would help for awhile, then he would be just as bad as ever. *Polyphage* helped him wonderfully. Our first prescription was the 500th, then the IM., then the IOM., three doses in all. We never repeat a remedy in the same potency. When we do repeat it is always a higher one. Sometimes we give what in England they call a "plused" potency. That is, we will run the potency, say the 500th, up to the 505th, 510th and 515th. Occasionally within a few days of the first dose, one of these plused potencies is required. After that it is usually a much higher potency, for instance, if we have given the 500th and then the 510th, the third potency will be the IM., with a much longer interval between the 510th and the IM. than between the 500th and the 510th. *Polyphage* was discovered by C.W. Coates of the New York Aquarium. This is supposed to be a bacteriophage. Most bacteriophages are specific for a single strain. If this is a bacteriophage, it is apparently specific for a great number of strains. It is probably a product developed by the fish in the aquarium which protects them from infections.

Wherever there is a tubercular case in a family, you will almost always find that the other members in that family at some time need *Tuberculinum*; usually one or two doses will be sufficient but you will always find the taint running through the family.

Influenza is one of the most subtle of our chronic diseases and *Influenzin* will shorten the treatment of many patients. In four patients who show signs of a beginning cardiac failure, such as rapid pulse on slight exertion, especially with frequent extra systoles, or even with a recurrence of anginal symptoms in a patient who has been recovering from heart seizures, keep *Influenzin* in mind.

[*Courtesy* : The Homoeopathic Recorder, April, 1937].

