

CLINICAL USE OF THE BOWEL NOSODES*

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In 1936 Dr. John Paterson of Glasgow presented a paper on "The Potentized Drug and Its Action on the Bowel Flora". In this paper he stated the following findings:

a) Non-lactose fermenting bacilli were isolated in 25% of the stool specimens examined.

b) The appearance of non-lactose fermenting bacilli often followed and seemed to bear a relationship to the previously administered homeopathic remedy—the choice of the remedy being made according to "the law of similars" and prepared by potentization.

He came to the conclusion that the remedy was capable of changing the normal B-coli of the bowel into bacilli usually related to certain disease pictures, although the patient was not, in fact, suffering from that disease. Is the germ therefore the cause of the disease or a result of the body's resistance to disease due to the vital force which characterizes living cells? Whatever conclusion we draw from this, three things become evident.

a) The specific organism is related to the disease.

b) The specific organism is related to the homeopathic remedy.

c) The homeopathic remedy is related to the disease.

By means of this inter-correlation between patient, remedy and organisms and by clinical observation, it was possible for Paterson to compile a list of bowel organisms with their related homeopathic remedies and to associate a clinical picture with each organism, much in the same way as we know the drug picture of our remedies.

Although in recent years experiments in culturing stool specimens have not produced many non-lactose fermenters in Great Britain (this being due possibly to changes in dietary habits, chemicals in foods and plant growth and the use of conventional drugs, especially antibiotics) we have still found the bowel nosode remedies of great value when prescribed in the same way as any homeopathic potency, on the basis of a clinical picture. Without going into further details of the bacteriological techniques in isolating bowel organisms or sub-typing them, let us look at a few clinical pictures and see where the nosodes fit in.

I have selected Dysentery Co., Sycotic Co., and Morgan, the others being Gaertner, Proteus, Bacillus No. 7 and Mutabile.

*Presented to the XXXI International Congress for Homoeopathic Medicine in Athens, Greece, June, 1976.

Dysentery Co.

The keynote of this remedy is "nervous tension", particularly where it is anticipatory in character. The patient's complexion is pink and white. He has a tense expression, an alertness ready to react, rather than fear. He is hypersensitive, anxious, restless, fidgety, timid and shy amongst strangers and easily upset by criticism. Instability of the capillary circulation leads to blushing, and there are often involuntary movements, twitching or even Chorea. Claustrophobia and frontal headache from excitement. Spasm of the pylorus makes it a very useful remedy in the pyloric stenoses of infants, which are not severe enough for operation, and in cases of duodenal ulcer, particularly where the pain follows nervous tension or anticipation.

The remedies most associated are Arsenicum album, Argentum nitricum and Kalmia but it is frequently used with Lycopodium or Nux vomica to follow in ulcer cases.

Mr. D.S. 26 years

This man was seen in December 1973 with a history of stomach pain of 6 years duration. It can go away for a few months and then recur.

< 11 a.m. 4 p.m. > warm drink, food, relaxing.

Chilly person—sweaty feet, hands—tall, slim

Desires: Curries, salt, eggs—hot tea.

Averse: Fat, sweet.

Anxious, irritable at work, particular. Shy.

He responded a bit to Silica and Lycopodium but in April 1974 had more pain. Ba meal showed duodenal ulcer crater.

Dys. Co.
30/3.

6.5.74. Much > Well until 22.7.74—some pain

Dys. Co.
30/3. ,

Did very well until August 1975 with 2 doses Dys.Co.

Again responded rapidly to the nosode, but decided he wished operation. Vagotomy and pyloroplasty 23/9/75. Very fit after this.

Although this patient eventually required operation he did respond very well to Dys.Co.

Mr. R.A.P.—43 years—Clerk

6.9.72—History of duodenal ulcer for 10 years. For several months pain in epigastrium and back > warm drink. No vomiting. Been on Caved -S for months.

Ba meal: Duodenal cap grossly deformed from chronic ulceration. Likes heat but not stuffy atmosphere—cold feet and hands, sweat of feet.

Desires: Sweet, sugar, sauce—hot tea and coffee.

Smokes 15 per day.

Emotional, good natured, quite sociable, fears height, water.

Dys. Co. 30/3

8.11.72. Two months later no pain at all: eating well.

S.L.

Mr. A.M.—21

Young man seen in December 1967. Stomach trouble for 2 years.

Pains in the epigastrium lasting an hour, very troublesome for the past two months. Ba meal showed slow emptying and possible ulcer.

Worse either extreme.

Desires: Sweet—hot tea.

Worries, irritable, tidy, shy.

Dys.Co.30.

Patient not seen for 15 months when he returned for a repeat dose of Dys.Co. Very well in between.

Sycotic Co.

The keynote here is "irritation", particularly in relation to mucous membranes. Hence its value in all catarrhal states of the respiratory tract, the bladder and the vagina, asthma, sinusitis, enuresis, chronic cystitis, vulvovaginitis, leucorrhoea, albuminuria, gastroenteritis. We also find it of value in warty growth, enlarged lymphoid tissue of tonsils, adenoids, glands and the irritation of synovial linings in rheumatism.

The patients are pale, sallow, flabby and soft, with long eyelashes (like Tub. Bov.) and sweat of the head.

Cough occurs about 2 a.m. and is worse from change of atmosphere, and symptoms generally are worse from damp.

There is fear, irritability and temper.

The related sycotic remedies are Thuja, Nitric acid, Natrum Sulph and Bacillinum.

I have found Sycotic Co. very helpful in cases of chronic or recurring cystitis. These patients often have repeated courses of antibiotics which clear up the infection for a short time, only to relapse in a month or two. Usually they require other remedies in addition, particularly a constitutional prescription, but intercurrent doses of Sycotic Co. can be of great help.

Mrs. M.—27 years

This young woman was seen in April 1968 with a history of cystitis 2½ years before. She had been investigated with retrograde pyelogram and given Furadantin, Penbritin and a prolonged course of Negram for 6-8 weeks. Recurring attacks continued with severe pain and bleeding. She was chilly.

Desires: Chips, pickled onions, cheese, milk, eggs. Iced drinks.

Excitable, likes company, sentimental, wants to be liked, untidy, fear of dark, heights. Keen on drama, singing and painting. Small, dark, vivacious girl.

From this picture, as you would expect, she got Phosphorus with Mercurius corrosivus for acute attacks. She had only one bout over the next three months. In July a further bad attack responded in 2 days to Mercurius cor. Then Sycotic Co.30 was given. She remained very well over the next 8 months, had a pregnancy and did not relapse, and reported very well a year later.

Mrs. A.H.—50 years

This lady was seen in October 1971 with recurring bladder infections since a pyelitis 29 years before. Recently she was having antibiotics every 2 months. Her menstrual periods had stopped 2 years ago. She was hot with flushes.

Upset by fat and eggs.

Excitable, irritable, flares up, sensitive, does not weep, likes people.

Upset in anticipation.

I.V.P. was normal, but she has a gallstone.

Sycotic Co. 30/3

In November she felt very much better—bladder fine.

Lycop.30/3

January 1972—Some bladder upset which responded to Cantharis

Sycotic Co.30/3

Over the following year her bladder remained very good with occasional doses of Pulsatilla and Sepia.

Morgan (Bach)

The keynote of this remedy is "congestion". Here we have the combination of the deep internal venous stasis of Carbon, and the hyperaemia of the surface circulation of Sulphur. Hence the red, blotchy appearance, the aggravation from heat, the selective action on skin and liver. A remedy of value in chest infection where the indicated remedy fails to act, or in clearing up residual infection after a bronchopneumonia. I have found it of great help in these cases following Sulphur or Natrum Sulph.

Congestion is seen in headache and high blood pressure, in pelvic congestion and dysmenorrhoea, the flushes of the menopause, in circulatory disturbances of the limbs, chilblains, varicose veins, edema and hot feet. Above all a skin remedy—raw, red eczema exuding freely with itch and heat, bleeding from scratching.

Its digestive sphere concerns liver trouble, biliousness, gall bladder conditions, constipation and piles. Often these patients are introspective, anxious about their health, and irritable with a tendency to depression. The subtypes of this remedy are Morgan pure with the mainly Sulphur symptom and Morgan Gaertner with its relationship to Lycopodium. Graphites, Petroleum and Psorinum, all skin remedies are closely related.

Lorna K (3½ years)

20.5.64. Eczema for 3 months—has had various ointments including synalar from Skin Department.

Weepy, crusting lesions, face, hands, behind knees.

Generals A warm person.

Appetite fair, likes anything.

Mentals Full of energy; a good mixer, untidy, affectionate.

Numerous warts present

Sulphur 4c/3.

24.6.64. Was a little > and then relapsed. Skin dry. Morgan pure 6C/3

29.7.64. Was > for a week after remedy. Generally well, but lesions behind knees and buttocks.

Warts especially on L hand

Sulph. 12c/3

7.10.64. Reports that she was in Cornwall and in 2 weeks the warts disappeared and skin cleared up.

Sulph. 4c/3

Skin has been seen twice since and the skin is very good.

Mrs. M.K.—39 Years.

When seen in April, 1972, she had a history of abdominal discomfort for several years, with wind and pain before stool. Recently she has had quite severe central abdominal pain and loose, brown stools, with a lot of wind. Ba enema revealed bad diverticulitis and the hospital thought she might need operation.

She was a slim, red haired lady—chilly but < excessive heat.

Desires: Sweet, salt, hot drink.

Worries: anticipation causes diarrhea, sociable but shy, sympathetic and better from company.

Morgan Gaertner 30/3

By July she was much improved. A repeat Ba enema showed a marked improvement, and the hospital were delighted with her progress.

Lycopodium 30 has been given at intervals over the past 3 years and she is keeping very well.

Mr. T.B.—57 Years

This man was seen in August, 1973, with a history of peptic ulcer treated by surgery and then periodic diarrhea with pain and mucus. X rays showed diverticulosis and spasm of the pelvic colon. He had lost weight, and was very worried because a further operation had been suggested.

Chilly but < excess heat.

Desires: Tasty food, salt, hot tea, < egg, milk.

Worries ++, irritable—temper. Likes company and sympathy, tidy, methodical, upset in anticipation.

A tall thin man

Morgan Gaertner 30/3.

This was followed in 4 weeks by Lycopodium, the related remedy.

With this he made steady progress until April 1974, when he had more worry, and a bad spell of diarrhea and mucus. Morgan Gaertner 30 was repeated and a month later he reported bowels firm, eating well. Lycopodium was again given and he continued to remain fit and well.

Bowel nosodes are of great help where the physician finds that the patient's symptoms are partially covered by several remedies, without one being strongly indicated. Here a remedy like Morgan may clear the case, or may then be followed by one of these indicated remedies. In a case where a remedy has been working well, and now ceases to act in spite of a change of potency, an intercurrent dose of the related nosode will then allow the original remedy to resume its curative action.

Bibliography

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 No.3.161