

a diphtheric patch is not observed by the patient or the attendant at first, but is so by the physician ; a squint is not observed by the patient, but is by the attendant ; a grinding of teeth during sleep at night is not observed by the physician or the patient, but is by the attendant ; pangs of grief arising as an accidental symptom in a given disease are not observed at first either by the physician or by the attendant, but are felt firstly by the patient ; a pneumonia, i.e., an inflamed or consolidated lung during the course of a small-pox is not noticed by the patient or by the attendant, but is observed by the physician.

What a wealth of ideas accumulates round the words 'Krankheitszeichen', 'Zufälle' (und) 'symptomen' ! What a store of knowledge Hahnemann wanted to bequeath us by them !

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UP-TO-DATE WITH NOSODES—A REVIEW

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My paper is a review of an address given by Dr. John Paterson to the Glasgow Homœopathic Hospital faculty shortly before he died in 1953. It was later reprinted in the *British Homœopathic Journal*. Dr. Paterson pioneered with the bowel nosodes for many years. His obituary, given in the *British Homœopathic Journal*, would be an honor to any doctor when his earthly work is done.

This paper today is only a brief review of one phase of the bacteriological research carried on by Dr. Paterson during his outstanding life.

In order that we all have the same concept of nosodes, I should like to define them as the author did in his paper. A nosode is a disease product made up into a homœopathic potency and used according to the law of similia, or like cures like. A bowel nosode is a pathogenic organism isolated from the diseased tissue of the alimentary tract and grown in a laboratory, from which a vaccine is made and potentized and then used on its homœopathic indications. Thus Dr. Paterson's nosodes contain nothing of the disease substance such as is commonly associated with the remedy *Bacillinum*. In modern terminology *Bacillinum* by Burnett is a sarcode, while *Tuberculinum*, prepared by Koch's method, is a nosode. The bowel nosodes are prepared from the so called "causative agent" or pure germ culture rather than the tissue and germs together as in *Psorinum* and *Diphtherinum*.

A short bacteriological review of the normal bowel flora will help in understanding the basis for bowel nosodes in Homœopathy. Normal healthy people have a normal bacterial bowel flora, and *B. Coli* lives there in symbiotic harmony with man as the host. The old theory is that an infective organism enters the body, and upsets this natural balance with resulting disease in man. This is the more common point of view expressed by the Pasteur theory. Recent evidence indicates that "infection" may originate by a disturbance in the host. In this case the *B. Coli*'s normal life is also upset and the *B. Coli* becomes diseased or mutates making it into an organism pathogenic to man. This theory ties in with both the psychosomatic approach and the homœopathic approach. It allows that emotional stresses and strains can produce pathological changes which in turn are reflected in the type of bowel flora. There is ample evidence from many sources showing that emotional upsets do influence bodily functions. Homœopathically, Dr. Paterson states that he has seen potentized drugs alter the bowel flora so that it will change from *B. Coli* to non-lactose fermenting coliform organisms

lasting for some time following one dose of the potentized remedy.

It can thus be demonstrated that a normal *B. Coli* can be mutated into a pathogenic germ within the body of the host. Some observations have been made that the power of pathogenesis seems to be associated with the lack of power of the organism to ferment lactose, and that of the many sugars employed in the bacteriological laboratory, lactose (milk sugar) is the only sugar of animal origin. Dr. Paterson's own observations suggest this thesis that the action of the homœopathic remedy so stimulates the metabolic rate of body cells that they make use of the animal sugar (lactose) and deprive the *B. Coli* of this substance. As a result there is a change in the metabolic processes of *B. Coli* and it becomes a non-lactose fermenting bacillus. This then becomes a pathogenic, disease-producing organism that had to adjust its metabolism in order to sustain its life in a changed environment in the bowel.

The study of the bowel nosodes may be compared to an equilateral triangle, in which all three sides are of equal dimensions. The case history represents one side of the triangle, the materia medica another side of the triangle, and the bacteriological examination of the stool the third side of the triangle. Thus the bacterial examination of the stool helps in the remedy selection.

Dr. Paterson discusses seven of the bowel nosodes and states that none of the Bach nosodes are prepared below the 12c while a few of his own nosodes are available as low as 6c. He gives a brief clinical picture of these seven nosodes and their relationship to other remedies.

Dysentery Coli (Bach)

This was the first nosode to be proven at the Children's Hospital in Glasgow in 1937. The keynote for the use of this remedy is nervous tension. It has a special action on the nervous system, duodenum, and heart. It is closely allied clinically to *Arsenicum*, *Argentum nitricum*, and *Kalmia*. Recently the research committee has added *Cadmium*.

The nervous tension is anticipatory in character. Clinically, duodenal ulcer is found, the kind that comes on in early life

in those people who have inherited a nervous temperament. It has clinically helped children diagnosed as having pyloric stenosis. In all cases tested, the B. Dysentery was frequently found in the stool examination, when it was found the Bach Dysentery Coli Nosode brought about beneficial results. Dr. Paterson states that these cases classed as pyloric stenosis may have been pyloric spasm. The skin symptoms are quite characteristic; small circinate, scurfy patches, often evanescent. It is well to mention that this Bach nosode Dysentery has no relationship to the tropical disease of dysentery, either amoebic or bacillary. The name Dysentery Co. (Bach) has only association with a laboratory technique.

Morgan Coli (Bach)

The keynote of this remedy is congestion. The pathological action is mainly on the skin and portal system. *Sulphur* and *Carbon* form the basis of most of the associated remedies. *Sulphur* suggests redness of the skin and mucous membranes, while *Carbon* calls to mind a stasis of circulation, and lack of oxygen. An outstanding symptom in this nosode is skin eruption in the infant. Another symptom is a 4 to 8 p.m. modality, as is found in *Lycopodium*. In the typical skin eruption of the Morgan Nosode there is intense itching, it need not be worse from heat, but it will always be itching. There are marked attacks of congestive headaches associated with bilious vomiting. This may or may not be connected with gallstones. The Morgan-Gaertner is a remedy in which x-rays have confirmed renal calculi. In each case the Bacillus Morgan Gaertner was found in the stool. It has the peculiarity of having the pain or renal colic on the side which has no kidney stones. The pain will be on the left and the kidney calculi will be found on the right side. This is in keeping with its relationship to *Lycopodium*.

Proteus (Bach)

The keynote of this remedy is brain storm. It seems closely related to the central and sympathetic nervous system. The characteristic is suddenness of action. Sudden œdema, sudden vertigo, Raynaud's disease, a perforated gastric ulcer. Usually there are few if any prodromal symptoms. I associate this

nosode with a long-time nerve strain wearing down the resistance until it suddenly gives way. The remedy which is associated with this is *Apis*.

Bach No. 7 (Paterson)

The keynote of this remedy is mental and physical fatigue. *Kali carbonicum* is the main associated remedy. There is the characteristic weakness of the muscles, particularly of the lumbar muscles, with backache and sensitiveness to touch or draft. The mental weakness is so great that even the thought of work causes physical fatigue. There is indication for its use in myocardial failure, and it has been found in clinical provings of this Bach No. 7.

Gaertner (Bach)

The keynote in this nosode is malnutrition. This nosode is applicable to the earliest years of life. The striking characteristic in the Gaertner (Bach) provings is that the child is undernourished, the physical development is retarded, but in striking contrast the mental faculties seem to be overactive. If we combine the chief characteristics of two associated remedies, *Phosphorus* with its hypersensitive mental symptoms, and *Silica* with its lack of physical stamina, you will get a good picture of the nosode Gaertner (Bach). In the infant prone to disturbances of the alimentary tract, gastroenteritis, both acute and chronic, this nosode is well indicated. In old people it has been found useful in malignancy of the bowel. The characteristic keynote is the malnutrition, and the rest is only suspect. Other remedies in this group are combinations of *Phosphorus*, the *Fluorides*, *Mercurius*, *Zinc* and *Syphilinum*.

Sycotic Coli (Paterson)

The keynote of this nosode is irritability. Its chief action is on the mucous membrane. It is the "catarrhal nosode." Some of the outstanding points are the head symptoms. In children who often complain of frequent recurring headaches, although slight, consider this nosode as it may prevent a tuberculous meningitis. It has an asthmatic symptom with a two a.m. modality, evidenced in a child by a dry, croupy, persistent cough. The symptom complex of albuminuria, especially in children, may be taken as an indication for this nosode. It is

also indicated in catarrhal conditions of the urethra whether they be gonorrhoeal or non-gonorrhoeal, acute or chronic.

The choice of a nosode or remedy should be the result of taking the case thoroughly, repertorizing the case for possible remedy choices. If the majority of your choices fall into one of the nosode groups, that nosode would be his choice to use first.

Extending this principle further, if there is no outstanding group of remedies which would decide the choice of a particular nosode, he starts the case off with Poly Bowel (Bach) formerly called P.B.V. This is the broadest of all the nosodes since it was made from all the nonlactose fermenting bowel organisms excepting the Sycotic (Paterson).

In cases of chronic disease which present symptoms demanding active treatment such as extensive eczema with intense itching or a rheumatoid arthritis with acute pain, it is practical and often beneficial to combine the action of the bowel nosode with a complementary homœopathic remedy. The nosode may be given in 1M potency for four nights, and concurrently given a daily dose of the related remedy during the day in a lower potency. He has found this has a remarkable effect in the treatment of chronic diseases.....

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EPIGASTRIC PAIN AND ITS HOMŒOPATHIC TREATMENT

DR. H. LUNA CASTRO, M.D.

From the aggregate of symptoms and lesions, from the functional and psychological states of the patient, the clinician deduces his pathological diagnosis and his therapeutic indications.

DR. HIGINIO G. PEREZ : *Clinical Propedeutics*, 1916.

Epigastric pain is a symptom of the highest importance in gastric semeiology which appears in different diseases of the