

CLINICAL EXPERIENCE WITH NOSODES

DR. W. KARO, M.D., (WURSBURG)

(A lecture delivered at the Oxford Hall, Manchester,
before the Manchester Homœopathic Group on
March 30th, 1950).

Mr. Chairman, Ladies and Gentlemen,

It gives me great pleasure to be with you again and I appreciate more than I can say, your having invited me to lecture a second time. I wish to express my thanks to you, Mr. Chairman, and to the members of the Committee for having so kindly arranged this meeting and I trust that the subject chosen by me will prove of interest to you all.

It is possible that some of you are not quite sure what is meant by the term "nosode"; one of my patients thought that "nosode" must refer to the *nose*. Needless to say, such is not the case. Nosodes are potentized disease-products obtained from patients. The word "nosode" is derived from the Greek word *nosos* meaning disease.

These nosodes, like all our remedies, have been tested on healthy people and may be prescribed according to our rule of similars for the treatment of any disease when the symptoms of the patient are similar to the drug-picture of the nosode. Moreover, there is an even more important field for their use, namely as a prophylactic immunization for any infectious diseases. It is in this field of prophylaxis that Homœopathy and orthodox medicine approach each other more closely than in any other one. Professor Behring, for instance, stresses the point that his diphtheria serum is a real homœopathic remedy.

The nosodes have a long and interesting history. Hahnemann was the first to use three nosodes, namely *Medorrhinum*, *Psorinum* and *Syphilinum*. Hering in 1830 introduced *Hydrophobinum* i.e. potentized saliva of a rabid dog, as a remedy for hydrophobia and thus anticipated

Pasteur who, in 1882, published his first article on treatment of hydrophobia. The same Hering also introduced *Variolinum*, the serum of a variolous pustule, as a prophylactic against smallpox. Dr. Burnett introduced his *Tuberculinum* or *Bacillinum*, i.e. a trituration of a tubercular abscess, as a remedy for tuberculosis long before Robert Koch introduced his *Tuberculinum* for the diagnosis and therapy of tuberculosis. Burnett also immunized people with *Variolinum* 30 with the result that not a single person thus treated developed smallpox. Dr. McClaren, Dr. Knerr and Dr. Swan confirmed the preventive and curative power of *Variolinum*.

The number of nosodes largely increased as time went on. Products of nearly all infectious diseases were added, such as *Anthracinum*, *Diphtherinum*, *Influenzinum*, *Malandrinum*, *Morbillinum*, *Parotidinum*, *Pertussin*, *Pneumococcin*, *Scarlatininum*, *Staphylococcine*, *Streptococcine*, *Typhinum*, etc. Drs. Bach and Wheeler made the discovery of a new group of *intestinal* nosodes and finally four more nosodes were got from the intestinal bacilli by Dr. Paterson. These four were: 1, the dysentery nosode; 2, the Morgan nosode; 3, the Gaertner nosode; and 4, the sycotic nosode. Dr. Paterson has thoroughly proved these nosodes and he has given us our knowledge of their symptom pictures and their indications. Dr. Paterson says that very good effects have been got by the use of these nosodes with a number of patients suffering from chronic diseases which did not improve by any other homœopathic remedy. My own experience with a number of cases in the last five years has been even more surprising and I am certain you will be interested in hearing more about these nosodes, specially as the general public has very little knowledge of them.

The dysentery nosode will be most readily kept in mind by the fact that it is marked by *nervous tension*. We have to think of it in patients who have been troubled by dysentery. These persons generally gives signs of loss of strength and of being to a greater or lesser degree in poor

condition. They may have all sorts of intestinal troubles, constipation, general pain and a lowered resistance to colds and diseases of the chest. They frequently have rheumatic diseases (specially in the knees and the shoulders), skin trouble and septic foci all over the body. The blood condition of all these patients is somewhat poor and they are white-faced and light-skinned. They are over-quick in their reactions, self-conscious and uncertain of themselves with a tendency to go red in strange company. When we keep in mind that their trouble is marked by *nervous tension*, it is possible to get an explanation of the quick motions of separate parts of the muscles of the face, legs and arms, frequently seen in young persons with chorea and St. Vitus dance.

In addition, this nosode has a special connection with the duodenum and pylorus and its use has to be taken into account in cases of duodenal ulcer and the shutting of the pylorus end of the stomach, a condition we come across sometimes in babies a short time after birth. This is a serious condition causing great wasting as all food taken in comes up again. It is almost impossible to overcome the condition by the orthodox medicine without an operation. It is in these cases that a few doses of the dysentery nosode have a good effect straight away, a fact which gives proof of the connection between the spasms of the disease and the nervous tension and spasms produced by the nosode.

Summarizing, we may say that the complete symptom picture of the nosode is parallel to the drug picture of *Silica*.

Here is a case in which the use of the dysentery nosode had a very surprising effect. Mrs. E.H., 53 years old, seen first in June, 1948, six years after her appendix had been taken out. Mrs. H. never got over that operation. She became very thin, had little desire for food (what food she took, frequently not being kept down), had diarrhoea and constipation in turn, pain in the head and pains in the right kidney. When I saw her, her nerves were very bad, she

was unable to keep quiet, she had little colour and her blood was in poor condition. Her tongue was dry and coated. Her reaction, even to a slight touch on the abdomen, was very quick, especially on the right side. The right kidney was loose and gave great pain when pressure was put on it. Urine was normal, blood pressure 140, pulse not very quick, heart not working strongly but in normal condition. The death of her father had been caused by cancer, that of her mother and one brother by tuberculosis. She had never had any chest trouble and was healthy when she was young. When she was 16 she had a number of attacks of dysentery after which she had serious constipation, and her general health was not good for some years. Then she became quite healthy for a time till she had her operation after which she became increasingly feeble with frequent diarrhoea and vomiting. I made a start by giving her *Formic acid 6x*, *China 3x* and *Ipecacuanha* and, at the same time, gave her the right food for building up her general condition. For three months after this, her general condition slowly became better, she kept down her food better but the attacks of pain in her head got worse, especially at night, and again she was troubled by diarrhoea, frequently mixed with blood. In view of the fact that she had had dysentery a number of years before, I gave her two doses of the dysentery nosode 200, to be taken once a week. This was the turning point. A few days after taking the first dose, a surprising change took place. Mrs. H. had no more pains or diarrhoea. She was able to keep down her food, she quickly became more interested in her food and put on weight and, after a week or two, she was able to do her house work. When I saw her again after four weeks, she was a healthy woman in every way. This was a case in which the condition was completely put right. Mrs. H. never had any further trouble.

The Morgan nosode gives an entirely different symptom picture; it is marked by Dr. Paterson by *congestion*, which reminds us of the drug pictures of *Carbo veg.* and

Sulphur. Carbo points to congestion in the intestinal organs and *Sulphur* to congestion in the skin.

Morgan patients suffer, as a rule, from defective digestive organs. Moreover, many of these patients, especially children, are characterized by a specific eczema which starts, as a rule, on the scalp or on the face, extending later over the body, especially to the bending sites of the extremities. The skin becomes red, sore and discharges. Unbearable itching forces the patient to incessant scratching which increases the discharge to such a degree that it spoils linen and clothes.

Congestion of the bronchial tubes leads to bronchopneumonia and it is in these cases that the Morgan nosode has an almost specific effect. Cases refractory to the seemingly indicated drugs, such as *Ipecacuanha*, *Antimon. tart.*, *Lycopodium* or *Sulphur*, often improve at once with a single dose of Morgan 30. Again, cases of epidemic jaundice, due to the Morgan bacillus, have been repeatedly cured by the Morgan nosode. Morgan patients are very liable to get œdematous swelling of hands and feet which often leads to chilblains. Morgan children, generally, have a specific appearance. Their faces are red, raw and spotted, whilst the skin of the body is rather pale and white.

The following two cases may illustrate the usefulness of the Morgan nosode. 1. Mr. T.W., aged 57, first seen in December, 1947, for the previous eight years had been suffering from frequent attacks of jaundice, inflammation of the gall-bladder, constipation and bronchitis. He was rather anæmic, yellowish, his tongue dry and coated and he had a bad taste in his mouth. Examining the patient, I found the region of the gall-bladder very sensitive to the slightest touch, the abdomen was distended, there was flatulence, the bowels were full of hardened stool. The patient perspired a lot, especially on the forehead. Lungs were in good condition, but he had a diffused bronchitis with stringy sputum. Pulse rapid, heart in good condition, blood pressure 150, urine normal. *Nux vomica* 3x and

Lycopodium 12x improved the general health and appetite but did not diminish the constipation nor the flatulence. After twelve months' treatment, during which the condition varied very much, I gave him three doses of the Morgan nosode 30, to be taken on three successive evenings. The result was striking: for the first time in many years of suffering the patient could empty his bowels without taking any laxatives. The flatulence diminished gradually. There was no pain in the gall-bladder, the tongue became clean, the bronchitis almost cleared. The patient regained his strength and had nothing of which to complain. A real cure without any relapse.

2. Mrs. S., aged 40, first seen in January, 1949, had had whooping cough at the age of six, otherwise had always been healthy till four years before when a septic abdominal gravidity led to a complete removal of her genital organs. She had never recovered from this operation. General debility, permanent vomiting, sleeplessness due to cough at night and a gradually increasing corpulence developed. Mrs. S. became very flabby, pale, anæmic, her legs and arms became double their size. Her abdomen distended, there was serious constipation, rheumatic pains in the right shoulder. Frequent flushes but no perspiration at all. Blood pressure 150, pulse rapid, weak, regular, urine normal. *Phytolacca 1*, *Iodine 6x* and *Oophorin 2x*, to be taken three t.d. alternately and *Formic acid 6x* every fortnight improved her general health almost at once, and gradually reduced the swelling of the extremities. The cough, however, got worse and worse. Two doses of the nosode *Pertussin* were of no avail, neither many other drugs, such as *Bryonia*, *Hyoscyamus*, *Drosera*, etc. As the symptom picture of the patient became similar to the drug picture of the Morgan nosode, I gave two powders of *Morgan 200* to be taken on two successive evenings. There was no improvement of the cough though the patient on many days felt much better in herself. Then suddenly an acute attack of influenza brought about a serious setback with profuse

discharge from the vagina. After eleven months of treatment, the patient discontinued availing herself of my service and gave up homœopathic treatment as a bad job, although the treatment was not a complete failure, and I am sure that with perseverance, I could have achieved a cure.

The *Gaertner* nosode shows an entirely different picture. Dr. Paterson earmarks it by the term *nutrition* because the majority of the *Gaertner* patients are characterized by manifold digestive disorders, weak muscles and thin extremities. This nosode will, therefore, scarcely ever be indicated in well nourished patients. The weak, undeveloped body of the *Gaertner* patients is coupled with a definite hypersensitive state of the general nervous system. These patients are, so to speak, nothing but brain, all their muscles are extremely weak, their skull is proportionally enlarged, also their whole mental make-up is advanced, a feature which we sometimes meet in children whose symptoms often call for the *Gaertner* nosode. These children are in many respects precocious, their mental symptoms preponderate, they are hypersensitive to mental and bodily irritations, they are fearful of darkness and of being alone. All their symptoms correspond to the drug pictures of *Silica* and *Phosphorus*. *Silica* reminds us of the underdeveloped muscular system, whilst *Phosphorus* covers the hypersensitive nervous system.

The following case will be of interest to you. Boy, H.R., eight years of age, first seen in 1946, a very highly strung child, nervous, speaking four languages fluently, very small for his age, thin in spite of a ravenous appetite. He had had frequent attacks of eczema, since his fifth year asthma, which started after an attack of typhoid fever followed by diarrhœa for about 18 months. The asthma was worse after mental excitement. Profuse perspiration as soon as an attack of asthma developed. Breathing was very noisy. On examination, I found his lungs full of dry wheezing sounds, the expansion of the chest very insufficient, shortness of breath when walking. *Arsenicum alb.*,

Sulphur, Lycopodium, Antimon. tart. did not improve the condition although the boy felt much better in himself. After two months' treatment with a number of other drugs such as *Senega, Formic acid*, etc., I prescribed two powders of the *Gaertner* nosode which seemed to be indicated by the whole mental picture of the boy. In less than a week's time the asthma simply faded out and there was no relapse during the following two years after which the boy returned to his home in Palestine.

Lastly, I should like to sketch the *Sycotic* nosode, earmarked by Dr. Paterson with the term *excitement*. This nosode is, in the first place, the remedy for the many catarrhal conditions of the respiratory tract and is, therefore, indicated in the common nasal and bronchial catarrh during childhood, especially in croupy cough with its aggravation after midnight, a condition similar to the attack of asthma. Moreover, this nosode has a definite relationship to the urinary organs and is often the remedy for nocturnal bed wetting, albuminuria, and the prostate troubles of old men. Then again, there is a relationship to the lymphatic system. Many of these patients suffer from enlarged tonsils or enlarged lymphatic glands on the neck, in the chest or in the abdominal cavity. The mental symptoms of these patients are, on the whole, almost identical with the *Gaertner* symptoms. They remind us of the drug picture of *Lycopodium*. These patients are characterized by their fears, irritability and outbursts of bad temper. In some patients we see clear symptoms of serious cerebral irritation, even convulsions or attacks of epilepsy or St. Vitus dance.

Sycotic patients are, generally, fat and indolent; they often suffer from increased perspiration at night, especially from the head (similar to the drug picture of *Calcarea carb.*). Their skin shows all kinds of warts together with impetigo and similar eruptions. Their face is, as a rule, pale or pale-yellowish, and they have long dark eyelashes, a picture common in tubercular patients. Moreover, these

patients are very liable to get rheumatic diseases or intestinal disorders.

I should like to quote two cases, both responding equally well to the *Sycotic* nosode, though clinically they were of a totally different character.

1. Mrs. R.R., aged 47, first seen in February, 1942, had been suffering for the last 13 years from frequent attacks of tonsillitis. These attacks started after a miscarriage which was followed by a general sepsis and erysipelas of the face. A year later the patient's eyes became affected, then the thyroid gland and gall-bladder. At the same time serious constipation developed from which she was still suffering. Mrs. R. underwent many operations. 1936, operation of the thyroid gland; 1937, two operations for glaucoma of the right eye, in the same year an abdominal operation for removal of the right ovary; 1938, four operations on her left eye and finally, in 1939, an operation for piles. When seen first, her chief complaint was her constipation. For the previous ten years, there had been no movements of the bowels without the taking of daily large doses of allopathic laxatives and having daily enemas. Her abdomen was swollen, distended, the region of the gall-bladder very sensitive to the slightest touch. Tongue yellowish, coated and dry. Both tonsils inflamed with many septic spots, the lymphatic glands at the neck hard, swollen, sensitive to touch, blood pressure 148.

Barium carb. 6x, *Lycopodium* 12x and *Sulphur* 30 reduced the inflammation of the tonsils and lymphatic glands but had no effect on the constipation, the flatulence or the inflammation of the gall-bladder.

The symptom picture of the patient, especially her mental symptoms, her great irritability with outbursts of bad temper, coupled with all kinds of digestive disorders, became similar to the drug picture of the *Sycotic* nosode. Two doses of *Sycotic nosode* 30, given on two successive evenings brought about immediate relief. The patient felt better than ever before, all trouble gone, the function of the

bowels restored; there was no further need for enemas. I continued the treatment with *Sycotic nosode* 200, one dose to be taken every fortnight and gave her as a prophylactic measure for the next three months two doses of *Phytolacca* daily. The patient recovered entirely. There was no symptom of any disease, nor any relapse during the following three years. A perfect cure.

My second *Sycotic* case concerns a patient who complained of chronic arthritis.

Mrs. F.R., aged 50, first seen in March, 1948. At the age of 15, she had measles very badly, one year later she had had scarlet fever. At the age of 25, she developed acute rheumatic fever with flying pains in almost all the joints of the lower extremities. Under homœopathic treatment she recovered in a few weeks without any relapse following. Two years later she had three attacks of pneumonia. Seven years previously an abdominal operation for removal of the appendix and gall-bladder. For the last fifteen months, she had suffered from gradually increasing stiffness and burning pains in both knees, the pains being worse when moving.

Examining the patient I found both knees sensitive to touch, slightly swollen, the skin over them cold, not irritated. The patient rather stout, corpulent, her heart in good condition. Blood pressure 160, abdomen distended. The patient was a typical *Graphites* case. *Graphites* 6x to be taken twice daily did not, however, improve the condition of the knees, nor was there any definite improvement when I replaced *Graphites* by the nosodes *Morbillinum*, *Scarlatininum* and *Pneumococcin* which were given during the following three months to counteract the many infectious diseases she had suffered from in earlier life.

Studying her symptoms thoroughly once more, I found some definite indications for the *Sycotic* nosode, especially her mental symptoms, her rather timid character and irritability, her corpulence, her increased perspiration at night

were similar to the drug picture of the *Sycotic* nosode. I, therefore, prescribed *Sycotic nosode 30*, a dose every seven days. After the second dose, a definite aggravation of the rheumatic pains developed, followed by an immediate relief some days later. In less than three weeks all troubles were gone, a perfect cure on the basis of our rule of similars.

I am afraid that I cannot give you any more interesting cases as the time at my disposal is already exhausted.

In conclusion, I can only stress the point that the nosodes, though they will not cure all cases of diseases from which they are derived, will cure many and varied cases when prescribed in accordance with our rule:

"Let Like be Cured by Like."

—Heal Thyself, June & July, 1950.

Homoeopathic Treatment of

ASTHMA

By Dr. Fortier Bernoville, M.D.

(Translated from French by
Dr. Rajkumar Mukherjee, M.A., L.H.M.S.)

It contains the Chapters on:—

- (1) Therapeutic Plan of Asthma
- (2) Nosodes and Constitutional Remedies
- (3) Functional and Drainage Remedies
- (4) Asthma with Catarrhal Element
- (5) Asthma with Nasal Flow
- (6) Asthma associated with Digestive Troubles
- (7) Asthma with Circulatory Troubles
- (8) Asthma with High Blood Pressure etc.

PAGES 158

PRICE Rs. 1|8

Publishers HAHNEMANN PUBLISHING CO.,