

NOSODES AND PHAGES

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During the past fifteen years the Foundation for Homoeopathic Research has concentrated on the problem of potentisation, both from the angle of biology and the angle of physics. This has led not only to a concept of the nature of potentised substances but also to the discovery of certain effects that enable an experimenter to determine if an individual is sensitive to any given drug. These effects manifest themselves in functions that are under autonomic control and they occur when the potentised drug is brought near the individual. One of the easiest to observe is the effect on the pupil. When a drug to which an individual is sensitive is brought close to him his pupils will dilate. There are many other effects, less easily observed, some of which have been described in a previous paper*. Certain of these effects furnish a practical method for testing medicinal substances that have never been proved, and naturally have never been used, thus enlarging the field for the use of others already known. This paper will deal with the type of substances that are classified in Homoeopathy as nosodes.

Long ago it was observed that occasionally, in very old slant cultures, clear spots would occur in the bacterial-coated agar. Around eighteen years ago this phenomenon was studied. In one experiment, F. D'herelle transferred a young broth culture of dysentery bacilli to an agar slant. After a long period of time there appeared on the surface of the slant two bare circular areas which were entirely free from any bacterial colonies. He then placed a platinum loop-scraping of the roughened surface containing the bacilli into a clear bouillon and incubated it. This quickly became turgid and opaque. He then placed a bit of the material in the clear spot in the turgid culture, and within a few hours the bouillon became perfectly transparent and no sign of bacteria could be found, nor was there the least sediment to be found by centrifuge such as would have been left if a germicide had killed the bacteria. When the bacillus-clouded bouillon was placed on a slide and viewed microscopically it could be seen that an invasion of the clear substance caused the bacteria to disappear as though they had been dissolved.

This and other experiment led to the conclusion that in an old culture there sometimes is a spontaneous development of a sub-microscopic living organism that destroys the bacteria. This parasite was called the bacteriophage, meaning bacteria-eater. There have been demonstrated many varieties of phage, each of which will destroy a particular type of bacteria although they will adapt themselves to a certain extent to other strains. Certain phages

* 'Body-Reflexes As A Means of Selecting A Remedy', *Homoeopathic Recorder*, Nov. 1, 1932.

are supposed to constantly reside in the intestine. The spontaneous development of phages in the presence of virulent bacteria has led Dr. Fred H. Albee to depend upon their spontaneous development in bone infections. He claims that when a proper dressing is left in the wound and protected from contamination the spontaneous development of phages will cause the disappearance of all infection in the course of a few weeks.

Two years ago, C. W. Coates of the New York Aquarium estimated that the water in the different aquariums should become so filled with bacteria that no fish could live in it. He found, however, that something kept the tanks from becoming infected, and this finally led to the discovery that skin of certain fish produces something that causes the bacteria in the water to disappear. This 'something' appears to be a bacteriophage; only instead of being specific for one bacteria it is a specific for many varieties, and he has named it polyphage. It has been used experimentally at the aquarium as an external application, and has cured cases of eczema and helped cases of lupus and psoriasis. I received a sample of it from Mr. Coates for experimental purposes.

During the past two years Dr. Isaac Sosenite and Dr. Rosario Ferrara have been associated with me in this research. Our experience leads us to the conclusion that any remedy that is curative works better when potentised, therefore we had Polyphage potentised to the C.M.

All of our clinical material has been of the type met with in general practice. One of the first cases in which a test indicated that polyphage might be useful was that of a man who had an eruption all through his beard, the typical barber's itch. This eruption had been present three weeks and the itching was intense. A single dose of the 200th Polyphage was given to him. After five days the patient's face showed a healthy erythema covered with a very thin crust that looked like a layer of shellac which separated from the new healthy skin. He required no further medication.

There was a similar result in the case of an infant who had suffered first with an eruption on the chin which later developed into impetigo. This cleared up in a short while with Polyphage 200, which was repeated only once in the 500th.

We also used Polyphage in treating an Italian bootblack aged 55, who had suffered for more than 20 years from eczema of the hands and arms. The skin of his hands was thick, dry, cracked and bleeding, with oozing around the joints. He was tormented at night with itching and was worn out from lack of sleep. He was obliged to keep his hands bandaged all the time. During these years he had been to several clinics and skin specialists with never more than slight temporary relief. The first prescription given to him was a powder of the 200th of Polyphage. At the end of two weeks he was markedly better, and under a change of potency every three weeks he improved steadily, until at the end of three months he was nearly well, when improvement ceased. He had served in the army in Italy as a young man, and although

he did not show a Wasserman there was an appearance that suggested lues, so after testing, we give him Aurum ars. 200.

Another case was a man who worked in a slaughterhouse. One day after he had gone into the icebox his legs began to itch; then both of his legs became fiery red and there appeared on the skin small papular and vesicular eruptions that drove him frantic with itching. When he was working in the icebox he always had to wear rubber boots, and this itching was worse whenever he was wearing them. He had undergone treatment for four months by several skin specialists with no relief whatever. Polyphage 200 relieved him overnight and there was no further trouble until he returned to work and again put on the rubber boots, Polyphage 500 relieved him. The trouble reappeared and a powder of the 1000th Polyphage acted, but not as promptly, although the improvement lasted for a longer period. Once more it recurred. Polyphage had no effect, but Mezereum 200 cleared up the case and he stayed well.

A physician had been troubled with an intestinal complaint for about five years. It had sapped his vitality and rendered him miserable, so much so that he felt he would have to give up the practice of medicine. Nothing gave him more than temporary relief until two years ago, when Sepia seemed to start him toward health. Then improvement became very slow and although he was better at the end of each year than at its start, the progress was discouraging. He had an eruption on the scalp as a child that had persisted for some years, until a wise old doctor had prescribed a certain plant preparation to be used locally, which caused the eruption to disappear. Upon growing up and graduating in medicine, this man had built up a remarkable practice during a twelve-year period. Then the present trouble began. Polyphage has given him a lift similar to that which he received from Sepia, although it has not completed a cure.

In these two latter cases, the indications point to a multiple miasmatic cause. In each case Polyphage cured one of the causes while other remedies have to be given to cure the still deeper cause. This is of deep significance to the homoeopathist because it indicates that the action of Polyphage is constitutional instead of local and it covers the chronic state that Hahnemann designated as psora. In quite a few cases of the effect of Polyphage has been to bring out a skin eruption somewhere on the body when improvement started, this notwithstanding that the patients were not suffering with an eruption at the time when the Polyphage was given nor did they give a history of having had one. However, when the eruption appeared they then recalled that at some time in the past they had suffered from skin eruptions which had been cured by the ordinary external methods.

One such case was of tic douloureux. The patient had spent sleepless nights for six months without relief except through narcotics. Polyphage has improved her condition by ninety per cent, although it has not cured it yet. After the last potency of Polyphage was given an eruption appeared on her

left hand on the same side as was the tic douloureux. She then recalled that five or six years ago she had suffered from an eruption that was cured by local treatment.

Another case illustrating this is one of painful urination that the ordinary repertorial remedies were of no avail to cure. Polyphage effected a wonderful improvement. Following its use an eruption of the scalp appeared, and she then related that she had had a similar eruption as a child, but she had forgotten to mention it until it appeared again.

The two above cases demonstrate the working of Hahnemann's concept of psora and indicate Polyphage to belong in the classification of anti-psoric remedies.

Three years ago, we treated a case that had all of the indications of cancer of the stomach. The patient had a mass in the abdomen just to the left of the median line below the ribs. He was rapidly losing weight and had the cachexia associated with cancer. His case was desperate; over a period of four months he was a complete practice requiring daily tests. It looked like a losing battle excepting that we were always able to bring his vitality up whenever it dropped. This was done by prescribing a different remedy as frequently as the last one ceased to help. Finally there was a complete stoppage of the bowels, but at the end of four days they opened. Whereupon, in addition to the pain which had been on his left side, he began to have pain in the right side of his abdomen, and a smooth mass appeared deep in the right upper quadrant. Aspiration revealed pus. An incision was made, and over a quart of unbelievably offensive pus was drained and the man recovered. Whatever he had, whether it was a cancer or a posterior ulcer of the stomach, infection had broken down the tissues and the pus had worked around back of the stomach and under the diaphragm, building a solid wall on its way, until it revealed itself far over on the right side.

This pus was potentised at once, because we reasoned that in it were all the antibodies that had developed during the months of his illness. The potencies of this have served in many cases of infection. We needed a name for this product, and so called it *Staphylococcus abdominalis*. This name was selected because when an abscess forms all previous infecting germs disappear and the staphylococcus takes their place.

A young man aged 19 had been suffering with a severe sore throat for one week, which alternated sides and eventually located on the right side. Swallowing was very difficult and painful. He could hardly open his mouth to admit a tongue depressor. The clinical diagnosis was that of peritonsillar abscess. A dose of *Staphylococcus abdominalis* 200 was given, and inside of two hours the patient felt perceptibly better. He could open his mouth more easily and the following day was able to swallow soft foods. This remedy was given intuitively, because it was reasoned that the evidence pointed to a beginning of abscess, and that our *Staphylococcus abdominalis* being a product of pus, would be the ideal remedy.

In another case, a man of 28 had been suffering with peritonsillar abscess, his condition being similar to the former case. He showed definite symptoms for a homoeopathic prescription, the prominent ones being the pronounced fetor of the breath, with the perspiration and a flabby, indented tongue. This being typical of mercury, Mercury 200 was given and it was not two hours before the patient actually felt a pronounced amelioration of his condition.

Neither of these two people had ever been treated homoeopathically before, and they said they had never seen medicine act so miraculously.

Another case was that of an eleven-year-old girl. For a week she had pain in the right ear, gradually increasing until it was constant. The pain was aggravated from exertion and from eating. Chamomilla relieved for three days, when her symptoms returned with greater intensity and she presented a true clinical picture of acute mastoiditis; high fever, pain and tenderness over the mastoid tip, discharge from the middle ear and involvement of the posterior lymph nodes. Streptococcin was then given, with considerable relief of the pain and development of free discharge. On the fourth day she was given Staph. abdom. which carried the case on to complete recovery. During the period of convalescence some of the discharge from the ear was taken and potentised with the idea that this pus should contain all the immunizing factors of the material that her body had manufactured, in addition to retaining some of the qualities of the original nosode. Our name for this nosode is Staph. maab. the last word being a combination of mastoid and abdominalis.

Shortly after this, another eleven-year-old girl with the following history was treated. At five she developed measles which was followed by an ear infection which eventually invaded the mastoids. Both ears had continued to discharge and an open sinus remained at the back of one of the ears. This discharge was sometimes sanguinous, sometimes pure pus, and always offensive. She had been treated homoeopathically but no remedy had benefited her. She was given a dose of Staph. maab. 200, since which there has been a diminution in the discharge of pus and lessening of the odour; it is not so pussy, is inclined to be watery and in general she is much better. This remedy was given intuitively, the logic of the prescription being that it should have specific relationship to the mastoid region and should contain all of the elements for combating pus formation.

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