

HOMŌEOPATHY AND THE NOSODES

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It may be aptly said of the nosodes that they have the unusual distinction of being the most abused, unused and misused of all the remedies in the homoeopathic materia medica; some physicians using them routinely, others using them rarely or seldom. Whether one practises Isopathy or Homoeopathy by employing these remedies is beside the point, as for all practical purposes they are one and the same thing.

This paper will concern itself with a short history of the various nosodes, their early use by homoeopaths and their relationship to the modern use of vaccines, sera and other similar measures used in general therapeutics and prophylaxis.

This very interesting and very useful class of remedies is defined by Dewey as "the morbid product of disease, when employed as remedies." The word nosode comes from the Greek word *nosos*, which means disease. Some insist that the nosodes be prescribed on definite indications only, as any other remedy, regardless of pathology, etiology, or circumstance. Others plead that they have a definite field of usefulness in prophylaxis, as can be seen in some case reports of the old prescribers. H. C. Allen in his *Keynotes* says, of Diphtherinum, "the author has used Diphtherinum for twenty-five years as a prophylactic in Diphtheria and has never known a second case to occur in the family after it had been administered. The profession is asked to put it to the test and publish the failures to the world." In this latter respect they approach in theory the use of vaccines as employed by the old school. In this branch of therapy, the schools of medicine approach each other closer than in any other respect, and meet on common ground.

Nosodes have a long and interesting history. In 1830 Hering proposed the use of saliva of a rabid dog as a remedy for hydrophobia. He also used the variolous pustule from small-pox which subsequently came into general use by vaccination. Four years previous to Koch's work on Tuberculin, Hering, Swan and Bigler used Bacillinum and Tuberculinum. Bacillinum is a trituration of tubercular lung, Tuberculinum is a triturate from the sputum of tuberculous patients.

Dr. J. Compton Burnett published *A Cure for Consumption* several years before Koch's experiment with Tuberculin and observed results following the use of a preparation which he called Bacillinum. Koch used a lymph, which was an extract in glycerine of dead tubercular bacilli. In this connection, in regard to the tuberculins, Park and Williams have the following to say, "the Tuberculins have not fulfilled the hope that Koch had for

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them. However, the diagnostic use of Tuberculin is of very great value." It can be safely said that the above quotation does not apply to our own Tuberculinum as brought out by Swan in 1879. This fact may be explained possibly by the vast difference in their forms of preparation. Bacillinum is a compound natural infection, our Tuberculinum is a trituration from a tubercular abscess, while Tuberculin (Koch's lymph) is a product of laboratory experiment. The presence of Koch's bacillus in both specimens of tuberculin gives no excuse for confounding them. In my opinion there are, from a homoeopathic point of view, distinct differences among Bacillinum, of Heath and Burnett, Koch's lymph and our own Tuberculinum of Swan. The original Koch's lymph has had an interesting clinical history. While Koch attempted to cure tuberculosis with his lymph, with disastrous results, the homoeopath has achieved remarkable cures with the same preparation in another great scourge, namely pneumonia. Within a few weeks after Koch's reports on the use of O.T. the most enthusiastic and encouraging reports came from scores of prominent physicians and large hospitals. Within a few months volumes had been written on this subject. A new journal, devoted exclusively to the treatment of tuberculosis with Koch's lymph, had come into existence. It is true that some of the more conservative members of the profession were a little slow in accepting the new doctrine and practice, but the majority followed the current set in motion by the great Koch and his many eminent admirers and devoted followers. It was not long, however, before the glowing accounts of the results of the new treatment of tuberculosis came at longer intervals and in a more moderate tone. Later, case reports were inserted from different parts of the world in which it proved a complete failure, and not in an inconsiderable number of cases it was charged with having caused a speedy and fatal termination of the patient. Then came the timely warning of the veteran pathologist, Virchow, who showed by numerous post mortem examinations, of patients who died under this treatment, that death was caused by a dissemination of the disease from a local focus acted upon by the lymph. Soon medical societies acted to condemn its use and some local governments were moved to restrain its further application by legal enactments. Enough time has now elapsed to judge the merits of the treatment of tuberculosis by Koch's lymph, or, as it was later called Tuberculin or O.T. It has been put to test in the treatment of all forms of tuberculosis, and the result—a miserable failure.

But to this day, Tuberculin of Koch is used by homoeopaths in pneumonias and in pulmonary congestion in tuberculous patients. Far more potent is the action of Bacillinum in non-tuberculous pulmonary conditions and other affections of the respiratory tract. Catarrhal dyspnoea and hypersecretion of mucus responds quickly to Bacillinum. Idiosyncrasy to colds, sinus infections and, in fact, a low resistance to respiratory infections and influenza yield dramatically to a course of treatment of Bacillinum.

It is evident, from the experience of the early workers in the treatment

of tuberculosis by employing Tuberculin, that the results were very discouraging. This was due to the very intensive treatment of this disease by both injecting a most potent agent and by giving it in the most heroic dosage. Even down to the present day, the handling of this disease has shown no improvement in so far as specific treatment is concerned, this in spite of the ever decreasing dose of Tuberculin employed. In this regard Park and Williams say, "Tuberculin is not a cure for tuberculosis. It should be used as an addition to, not as a substitute for, the recognized methods of treatment. It is a two-edged weapon and should be employed only by those who have a thorough understanding of its possibilities for good, and unfortunately, for harm. The treatment is without value in advanced tuberculosis." It might be interesting to note what results the homoeopathic school has had with this same substance over a period of sixty years. First, it is still used by homoeopaths, although if given promiscuously, some dangers may follow its use; but on the whole, its employment has yielded brilliant results not only in tuberculosis but in many kindred diseases. Koch's Tuberculin may be the only remedy which will save a severe moribund case of pneumonia or influenza, both incipient and chronic cases of tuberculosis and influenza when given as an intercurrent remedy. In this regard Joussett quotes Dr. Arnulphy, "I make bold to state that no single remedy in our materia medica, not excepting Ipecac, Iodine, Tartar emetic and even Phosphorus, approaches the singular efficacy of Tuberculinum in well authenticated cases of that affection (broncho-pneumonia), be it in the child, the adult, or the aged. Its rapidity of action in some cases is little short of wonderful, and all who have used it in this line are unanimous in their unbounded praise of its working." Clinically, Tuberculinum produces pneumonia, broncho-pneumonia and congestion of the lungs in the tuberculous patients. Hence, it is homoeopathic in those affections. Tuberculin also produces, in the healthy organism, inflammatory changes in the heart and aorta. Injections into animals produces parenchymatous and interstitial nephritis and albuminuria.

The nosodes have had the distinction of being introduced and proven by the most outstanding figures in homoeopathic medicine for over one hundred years. The following chronology will illustrate:

1830. Hering proposed use of saliva of rabid dogs (*Hydroph.*) as a remedy for hydrophobia. Fifty-two years later Pasteur published his first communication on rabies.

1831. Hering issued small monograph on the nosodes, followed in 1833 by similar work on these remedies by a veterinarian in Leipsic named Lux, who advocated these remedies as isopathic. Hering, however, proved these remedies according to the tenets laid down by Hahnemann.

1833. Lyssin, potentized and proved, was introduced by Hering.

1833. Psorinum introduced by Hering.

1836. Anthracinum was introduced by G. A. Weber in cattle plague.

He cured every case in the animals and in many men who had contracted it. The bacillus producing the disease was not discovered until 1863 by Davaine.

1862. Malaria off. was brought out by G. W. Bowen of Ft. Wayne, Ind. It was prepared from the material collected from the stagnant pools in the malarial section of Ft. Wayne, Ind. It has succeeded in cases of malaria where other indicated remedies have failed.

1871. Variolinum came into use.

1873. Vaccininum came into use.

1875. Medorrhinum was introduced by Biegler of Rochester, N. Y. Medorrhinum was introduced by Swan. The gonococcus was discovered by Neisser in 1879.

1879. Syphilinum was used and in 1880 the proving was published. *Treponema pallidum* was discovered by Schaudinn in 1905.

1879. Tuberculin introduced by Swan. H. C. Allen devotes thirty pages in his *Materia Medica of the Nosodes*, to the symptoms of this remedy. It was three years later, or in March 1882, that Koch discovered the bacillus tuberculosis and not until 1891 did he introduce his Tuberculin lymph or O.T. It is interesting to note here that J. Compton Burnett used Tuberculin or Bacillinum five years before Koch, and that Swan of New York even advocated and used it for many years before Burnett. Later Koch brought out other tuberculins hoping to minimize reactions he obtained from the previous preparation which he had introduced.

1897. Tuberculin residue appeared, also known as New Tuberculin, N.T. or T.R. The bacillary emulsion or B. E. appeared in 1901. The total number of tuberculin bacilli preparations or their products brought out by the old school to date total over fifty. The number of similar preparations employed by the homoeopaths to date total five, and the number designates, not changes in method of preparation as with Koch's tuberculins, but simply a different variety as, human, avian, bovine, bacillinum and Koch's tuberculin. No changes have been made in these preparations from the time of their introduction.

Diphtherinum introduced by Lux and used by Swan.

1880. Pyrogen was prepared by Drysdale in England by exposing macerated raw beef in cold water to the sun's rays for several weeks. About five years previous, Prof. Burdon Sanderson the physiologist, advanced the theory that decomposing organic matter, when introduced into the body, was capable of causing fever. Drysdale, being a homoeopath, applied this principle, and gave us a new remedy, which he called Pyrogen. Swan's Pyrogen was made from a septic abscess. A monograph was published in 1888 in which Burnett, the English homoeopath, cited the marvellous results obtained with this remedy.

1906. Pertussin was brought out by Clarke in England. The same year in which the Pertussis bacillus was discovered by Bordet-Gengou.

1908. BCG, a living culture from bovine tuberculosis was isolated, and

attenuated by frequent reculture on ox-bile. It was first used orally, later intramuscularly and subcutaneously. It seemed to increase the resistance to tuberculosis in infants in France and later in this country, especially in New York City, but the result were not too encouraging.

SUMMARY OF THE INDICATIONS OF THE NOSODES

Bacillinum or Tuberculinum: There is a familial history or tendency to tuberculosis. Takes cold easily. Loss of weight in absence of anorexia. Short and hacking cough, slight expectoration. Tall, slim patient with flat chest. History of frequent colds. Influenza, especially the 1918 variety. Post-influenzal asthenia. History of pneumonia. Bacillinum was used by Burnett as a favourite remedy for ringworm. Also a valuable remedy in euthanasia. Kent said of Tuberculinum, "If Tuberculinum be given in 10M, 50M, CM, and MM potencies, two doses of each potency at long intervals, all children and young people who have inherited tuberculosis may be immuned from their inheritance and their resiliency will be restored."

The indications for the different forms of the Tuberculinum are:

Koch's Tubereulin: Delayed resolution in pneumonias and influenzas.

Tuberculinum (Swan's): For glandular manifestations.

Tuberc. av.: Acts on apices of lungs. Its sphere of action is the post-influenzal bronchitis, in which field it excels. It relieves the teasing, exhausting cough. History of influenza or grippe is an important indication.

Tuberc. bov.: Said to have an affinity for intestinal tract.

Bacillinum: Frequency of colds leading to bronchial irritations. Sudden and deep-seated cough.

Anthracinum: Anthrax, although rarely seen now, is easily overlooked because of its infrequency. Useful in severe sepsis, malignant carbuncle. Terrible burning is the keynote.

Pyrogen: Sepsis following ruptured appendix. Peritonitis, puerperal infections, carbuncle. Pulse and temperature out of all proportion to each other. Tongue smooth, red; skin pale, cold.

Variolinum: Allen says this nosode bears the same relation to smallpox that antitoxin does to diphtheria. Indicated in smallpox, prophylactically and therapeutically, and for the pitting and other scars resulting therefrom.

Psorinum: When well selected remedy or Sulphur fails to act. For the psoric patient. Patient worse cold, worse lying with head low. Sensitive to cold, frequent quinsy, hay-fever and asthma with psoric or eczematous history. Foulness of body discharges.

Malandrinum: An effective prophylactic against smallpox. Cooper used it as an intercurrent remedy in his cancer cases.

Syphilitinum: Pains worse from sunset to sunrise, everything worse at night. Children or adults with syphilitic taint. Useful in chronic syphilitic headaches. Patient constantly washing hands.

Medorrhinum: Pains worse from sunrise to sunset; better seashore.

damp weather. For old, neglected or mistreated cases of gonorrhoea; arthritis of gonorrhoeal origin. Pelvis diseases in women. Dwarfed children. Nocturnal enuresis. Obstinate cases of arthritis and rheumatism. Patient, especially child, assumes knee chest posture.

Parotidinum, Streptococcin, Scarletinum, Morbillinum, Influenzin, Pneumococcin: Dr. Margaret Tyler of London, England, reports a series of cases cured with these nosodes in *Homoeopathy*, the publication of The British Homoeopathic Association. "Never been well since mumps, scarlet fever or measles." By prescribing the specific nosode, the patient made rapid improvement. Many cases have been reported in this country illustrating the beneficial results from these remedies.

Distemperinum: I have used this nosode personally in the prophylaxis of distemper in puppies. I have also given it to a Cincinnati veterinarian, who has used it constantly, giving it to the mother dog and later to the young puppies. He reports gratifying success, after an experience of over three years.

Hydrophobinum or Lyssin: Has been used in prophylaxis and treatment of hydrophobia.

Diphtherinum: For general diphtheria prophylaxis. Severe infection. May be of use in post-diphtheritic paralysis, old residual paralysis. May be useful in diphtheria carriers.

Carcinocin: A nosode, made from the extract of cancerous tissue and used extensively by LeHunt Cooper, of which he says, "I would lay it down as a maxim that there is 'no case of carcinoma that Carcinocin will not benefit at some period of its existence,' so much so, that I would suggest the proverb, 'when in doubt give Carcinocin'."

The Intestinal Nosodes of Bach: Dr. Edward Bach of London has done a great amount of work on intestinal toxæmias and with Dr. Wheeler had brought out in 1927, seven intestinal nosodes made from "non-lactose fermenting intestinal bacilli" in the colon. These bacilli are non-pathogenic and are thought to be morphologically related to some of the more virulent types present in the colon. Because of their passive relation to the intestinal flora, they are generally ignored, as only occasionally do they ever become a clinical entity in colon disease. Bach has performed many remarkable cures. They should be considered in patients suffering from effects of toxæmias, resulting from colonic absorption; gall-bladder diseases, colitis and sick headache. Also when the colon can be considered as a focus of infection. Several cases of headache, where constipation and colon pathology were demonstrated, have responded nicely to these remedies. Bach lists six main nosodes and a combination of all six, called *polyvalent*, which are worthy of trial. Several other nosodes have been added by other workers, including Paterson of Glasgow, Scotland.

In closing, the following quotation from J. H. Clarke, who contributed so much to this group of remedies, is appropriate. He said, "Here I may

remark that the use of nosodes in no way excludes the use of other homoeopathic remedies. Nosodes form a splendid addition to our armamentarium; but if we don't know how to supplement them with other remedies we are just as badly off as if we didn't know how to supplement other remedies by the use of the nosodes. I give it to show that the law of similars is applicable in all respects to the use of the nosodes as it is to the use of other homoeopathic remedies. The nosode of a disease will not cure, or even help, all cases of the disease from which it is derived; but, on the other hand, it will cure cases of great variety."

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