

THE NOSODES IN HOMŒOTHERAPEUTICS

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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 homœopathic materia medica. Some physicians use them routinely, others use them rarely or not at all. Whether one practices Homœopathy or Isopathy by employing these remedies is beside the point; 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 homœopaths 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 "a 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 indication only, like 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 25 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 failure to the world."¹ In this latter respect they approach in theory the use of vaccines as employed by the non-homœopathic 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 may be of vegetable, animal or human origin. They 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 variolus pustule from smallpox

which subsequently came into general use by vaccination. In 1882 Pasteur published his first communication on rabbies. Four years previous to Koch's work on *Tuberculin*, Hering, Swan and Biegler used *Bacillinum* and *Tuberculinum*. *Bacillinum* is a tituration of a tubercular lung; *Tuberculinum* is a trituration from the sputum of tubercular patients.

Dr. J. Compton Burnett² 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 *Tuberculin*, Park and Williams³ have the following to say, "The Tuberculins have not fulfilled the hope that Koch had for 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 or 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* and *Tuberculinum* gives no excuse for confounding them. In my opinion there are, from a homœopathic point of view, distinct differences among the *Bacillinum* of Heath and Burnett, Koch's lymph and the *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 homœopath has achieved remarkable cures with the same preparation in another great scourage, 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 and 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

"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 homœopathic school has had with this same substance over a period of eighty years. First, it is still used by homœopaths, although if given promiscuously, some dangers may follow its use; on the whole, however, 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, incipient and chronic cases of tuberculosis and influenza when given as an intercurrent remedy. In this regard Jousset⁵ quotes Dr. Arnulphy.

"I make bold to state that no single remedy in our materia medica not excepting *Ipecac*, *Iodine*, *Tartar Emetic* and even *Phos.*, approaches the singular efficacy in 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 tuberculous patients. Hence, it is homœopathic in those affections. *Tuberculinum* 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 homœopathic medicine for over one hundred years. The following chronology will illustrate:

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

1831. Hering issued a 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. Hahnemann preceded him in its use but his results were not published.
1836. *Anthracinum* was introduced by G. A. Weber in cattle plague. He cured every case in animals and in many men who had contracted it. The bacillus producing the disease was not discovered until 1863 by Davaine.
1862. *Malaria officinalis* was brought out by G. W. Bowen of Ft. Wayne, Ind. It was prepared from material collected from the stagnant pools in the malarial section of Ft. Wayne. 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 Schaudin in 1905.
1879. *Tuberculinum* was introduced by Swan. H. C. Allen devoted 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 than J.

Compton Burnett used *Tuberculinum* 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 various preparations which he had introduced.

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, a physiologist, advanced the theory that decomposing organic matter, when introduced into the body, was capable of causing fever. Drysdale, being a homœopath, applied this principle and gave us a new remedy, which he called *Pyrogen*. Swan's *Pyrogen* or *Septicæmin* was made from a septic abscess. A monograph was published in 1888 in which Burnett, the English homœopath, cited the marvellous results obtained with this remedy.
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 non-homœopathic school to date total over fifty. The number of similar preparations employed by the homœopaths 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.
1906. *Pertussin* was brought out by Clarke of England in the same year in which *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 results were not too encouraging.

*Summary of the Indications for the
Use of the Nosodes*

BACILLINUM—TUBERCULINUM: There is a familial history or tendency to tuberculosis. Patient takes cold easily. Loss of weight in the absence of anorexia. Short and hacking cough, slight expectoration. Tall, slim patient with flat chest. History of frequent colds. Influenza, especially of the 1918 variety. Post influenzal asthenia. History of pneumonia. *Bacillinum* was used by Burnett as a favorite remedy for ring-worm. Also a valuable remedy is *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 would be restored."

Allen in his *Keynotes of Leading Remedies* says:

"The potencies of Fincke and Swan were prepared from a drop of pus obtained from a pulmonary tubercular abscess or sputa. Those of Heath from a tuberculous lung from which the bacillus tuberculosis has been found microscopically, hence the former was called *Tuberculinum* and the latter *Bacillinum*. Both preparations are reliable and effective."

A definite indication for *Tuberculinum* is that the symptoms are ever changing. This is a cardinal feature of the remedy. Not only do the symptoms change but the patient wants to roam around and seek change of scenery to the point of restlessness.

KOCH'S TUBERCULIN: Delayed resolution in pneumonias and influenzas.

TUBERCULINUM (SWAN'S): For glandular manifestations.

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

TUBERCULINUM BOVINUM: Is said to have an affinity for the intestinal tract. Some use it upon indications similar to *Tuberculinum aviare*.

BACILLINUM: Frequency of colds leading to bronchial irritation. Sudden and deep seated cough. Low resistance to upper respiratory infection. MacAdam¹⁰ wrote:

"The bacillus tuberculosis is present in a very large proportion of all cases of so called idiopathic pleurisy. The exudate is usually sterile on cover slips or in culture, but when a large amount of the exudate is used for inoculation purposes, the result proves more than half of the cases tuberculous. The reason for giving *Bacillinum* is a suspected tubercular diathesis. And the suspicion is based not on the physical findings, nor upon the family history, nor upon the x-ray, but upon what we know of the pathology and early clinical history of countless unfortunates. I urge that the time to cure tuberculosis is before it can be diagnosed ; before there are any physical signs; before tubercule bacilli appear in the sputum ; before you can do more than suspect the danger. I urge accusation rather than proof. After the case is proven tubercular, *Bacillinum* may still be used, but its most brilliant work has been done for me on suspicion.

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 and red ; skin pale and cold. Bed feels hard ; intolerable aching, feels as if lying on a pile of rocks. Sherbino calls *Pyrogen* "a grand nosode, one of the greatest monuments to Hahnemann and to Homœopathy, as it covers a very wide range of action, and fills a place of its own that no other can fill."

H. C. Allen says, "When the patient says she has never

London, England, reports a series of cases cured with these nosodes in *Homæopathy*⁸, the former publication of the British Homæopathic Association, and in her volume *Homæopathic Drug Pictures*¹¹. Never been well since mumps, scarlet fever or measles. By prescribing the specific nosode, the patients made rapid improvement. Sometimes another remedy would be necessary to make a complete cure. Many American prescribers have been able to confirm these observations. Many strains of Influenza are available, some dating back to the two-year pandemic of 1888-89 when it was called La Grippe. The newer Influenzins date back to 1918 and 1919 and the latest, and much more ubiquitous, that of 1957. This last strain, the Asian variety, was more unique in its manifestations than the two previous strains. Stearns says of the Influenzins:

"The disease factor is best met by the nosode—the constitutional factor, by the constitutional remedy. In intuitive prescribing, however, the only guide to the follow-up remedies after *Influenzin* has finished, lies in the symptoms as they develop. It is like a house of mystery; *Influenzin* is the key which opens the front door but each room has a secret combination lock of its own. When seeking the follow-up remedies, remember that the prodromal symptoms contain the keynote of the remedy. Get all the details of the original attack. If you find a remedy which covers the original picture, the cure will be furthered. . . . If the similimum for the acute attack be found it will bring improvement and after that we must go farther back, even to childhood, and seek evidence for the basic constitutional remedy. Of course, the foregoing is a generalization which applies to every chronic case."

Influenza is very frequently associated with tuberculosis and often stirs up latent tubercular infections. Because of this, *Influenzin* usually is indicated when we begin the treatment of tuberculosis and, on the other hand, *Tuberculinum* saves the most desperate cases of influenza.

DISTEMPERINUM: I have used this nosode personally in a great number of cases for the prophylaxis of distemper in puppies and also in association with a Cincinnati veterinarian.

HYDROPHOBINUM or **LYSSIN**: This nosode has been used in the prophylaxis and treatment of Hydrophobia.

DIPHThERINUM: For general diphtheria prophylaxis. Severe infection. May be indicated in postdiphtheritic paralysis or residual paralysis. May also be of use in diphtheria carriers.

CHOLSTERINUM: This remedy and nosode was contributed to our hamœopathic pharmacy by Ameke. Mostly used in cases of cancer of the liver especially when there is hepatic enlargement. The patient is cachectic, skin is tawny and the sclera are yellow. Patient holds his hands over the liver region because of the great pain on walking. Dr. Burnett and Dr. E. Schlegel cured many cases of liver enlargement with this remedy. Swan called it a specific for gallstone colic.

CARCINOSIN: A nosode made from the extract of cancerous tissue and used extensively by LeHunte Cooper,⁹ of which he says:

"I would lay it down as a maxim that there is no case of carcinoma that *Carcinosin* will not benefit at some period of its existence, so much so, that I could suggest the proverb, 'When it doubt give *Carcinosin*.'"

THE INTESTINAL NOSODES OF BACH: Dr. Edward Bach of London had done a great amount of work on intestinal toxemias 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 performed many remarkable cures. These nosodes should be considered in patients suffering from the effects of toxemias resulting from colonic absorption, gall-bladder disease, colitis and sick headache. Also when the colon can be suspected as a focus of infection. Several cases where headache, constipation and colon pathology were demonstrated have responded nicely to these remedies in my experience. Bach lists six main nosodes and a combination of

all six, Polyvalent, consisting of all the original. The six he named Gaertner, Morgan, Coli mutabile, Dysentery Compound, Proteus and Faecalis alkaligenes. Several other intestinal nosodes have been added by other British workers, notably 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 homœopathic 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 as applicable in all respects to the use of the nosodes as it is to the use of other homœopathic 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.⁸

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