

PROTEUS—A BACH NOSODE

A Non-Lactose Fermenting Colibacillus

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When Dr. Edward Bach became the pathologist and bacteriologist of the London Homoeopathic Hospital in 1919, he started the research on the intestinal flora, mainly the Colibacillus. After many years of hard work, he came to the conclusion that intestinal toxemia produced by certain non-lactose fermenting Colibacilli found in the intestines, was identical with Hahnemann's psora. He proceeded to prepare vaccines from these organisms by the usual homoeopathic method and to prescribe these potentized nosodes orally, repeating the dose only when the effects of the former one had ceased and so obtained outstanding cures. He classified the enormous variety of these organisms cultivated from the patients' stools into certain groups by means of their fermentative action on lactose and divided them into seven groups:

- (1) Proteus
- (2) Dysentery colibacillus (Dys. co.)
- (3) Morgan
- (4) Faecalis alkaligenes
- (5) Mutabile
- (6) Gaertner
- (7) No. 7

At the International Homoeopathic Congress held in London in 1927— which I had the pleasure to attend—'The Problem of Chronic Diseases' was presented brilliantly by Drs. Bach, Wheeler and Dishington and they made homoeopathic history by adding this imposing series of nosodes to our armamentarium. The selection of the nosode, however, was done purely from the culture of the patients' feces—a delicate technique that never was available here in the U.S.A. So, by the gathering of hundreds of cases treated by these nosodes, symptom pictures emerged slowly. The distinguished couple, famous for their homoeopathic research, Drs. John and Elizabeth Patterson, published their precious and practical contributions in the *Homoeopathic Recorder* of November, 1950 (Vol. LXVI, No. 5) 'On Bowel Nosodes' and *The British Homoeopathic Journal* of July, 1960 (Vol. XLIX, No. 3): 'A Survey of the Nosodes.' I propose to limit my remarks on the first group only: *Proteus*, which can be described succinctly as follows:

Rigidity, both of body and mind. The patients are mentally stubborn and unresponsive, and amongst the most difficult to treat, not only because of their mental attitude but also because of the intractable nature of their ailments. Often fixed ideas.

Physically they suffer from chronic arthritis, fibrositis, rheumatoid

arthritis and osteo-arthritis, Meniere's disease, hysteria, brainstorms, irritation of the central and peripheral nervous systems, epilepsy, Raynaud's disease, intermittent claudication, bleeding, chronic ulcers. Cramps in the legs. Numbness and tingling—paresthesias—of the extremities. Angina pectoris. Acidity, heartburn, duodenal ulcers, constipation. Anal and genital pruritus. Dupuytren's contractures. Sciatica. Bronchitis in old people (Farrington). Herpes, hives and intractable dermatitis, usually pruriginous. Photosensitivity. One of the important keynotes of Proteus is violence, spasms, outbursts of temper, particularly in the young.

The homoeopathic drugs mostly associated with the action of Proteus are:

Aurum mur.	Ferrum mur.
Apis	Ignatia
Baryta mur.	Kali mur.
Borax	Magnesia mur.
Conium	Muriatic ac.
Cuprum	Natrum mur.
Calcarea mur.	Secale (Patterson)

There is a most significant relationship between Proteus and disturbances of the *chloride metabolism*.

I wish now to present three cases exemplifying strongly the action of this invaluable nosode.

Case No. 1: Mrs. S. B., a 70 year old married woman, no children, came to see me on July 21, 1964, complaining of her back ever since a fall on her bottom in 1942. She was treated for coccygodynia for two years... could not sit... later, low back pains so severe that only cortisone, first in shots, then orally, for many months controlled them, but it had to be stopped for the last four years because of serious side effects. Between 1950-60, she had three rectal operations for bleeding hemorrhoids requiring several blood transfusions. Meanwhile the back was getting steadily worse to the point of not being able to walk without assistance and needing a wheelchair. Her medication at this time consisted of Darvon, t.i.d., for pain, Milltown, upon retiring for sleep, Equagesic, p.r.n., for pain (usually two or three a day), but apparently with poor results because she required besides, Percodan, once or more daily. All these pain killers upset her stomach, necessitating Cholanthyl two or three times a day plus a number of vitamins and B₁₂ tablets... She was unable to get out of bed alone in the morning because of the severe pains and stiffness of her back, sometimes lightning-type, sometimes like a hot poker on the sacral area. X-rays demonstrated degenerative arthritis of the lumbar spine and the sacro-iliac joints. Her husband, a lawyer, added that she was failing markedly in the last year and was often confused, apathetic, very depressed with laborious mentation and increasing senility; a pathetic contrast to her usual keen intelligence.

Physical examination revealed a 123 lb., 5 ft. 2 in., white-haired, well nourished female with a besotted, rigid and depressed expression, hardly able to stand and make a few hesitant steps without assistance. Blood pressure 170/90, pulse 90, not too regular. The lower extremities appeared wasted with flabby muscles, but exaggerated reflexes. Marked bilateral arcus senilis.

Because of the difficulty of the patient to express herself, due mostly to the abuse of sedatives, I gave her Nux v. 6x, b.i.d., and asked her to stop as much as possible, all the other drugs so as to give her homoeopathic medication a chance to act. Nux definitely helped her for about three days so that she could sit without special cushions... then the pains came back. July 28, 1964. Sulph. 200, two doses, six hours apart, then continue Nux v.

August 4, 1964. Steadier. Weight, 122 lbs., blood pressure 142/88, pulse 78. Was much better until the day before, but the bottom hurt so much that night that she "had to walk the floor." Lightning-like pains in lower back extending down the legs. I gave her that day Proteus 200. That dose worked like a miracle, she said, when she reported August 14. She had gone these ten days without any of her pain or sleeping pills. Her appetite and digestion were much improved. She was now able to walk alone with a cane and rest more comfortably at night. August 31, 1964. Weight, 124 lbs., blood pressure 160/88. Swollen legs—because of the hot weather, she said. Pains seemed to return the last few days, but not to the point of requiring her former pain pills. Proteus M, one dose.

September 17, 1964. Looks like a new woman, ten years younger, smiles and jokes. Has been on a little trip with her husband—for the first time in many years. Pain like a hot poker at the base of the spine at times lately. Phos. 30, b.i.d., six doses, relieved promptly. October 8, 1964. Weight, 125 lbs., blood pressure 140/90. Up and around daily. Restless, aching, low back pains, extending to the heels, worse in bed. Can sleep only on the right side. Rhus tox. 6x, p.r.n. October 29, 1964. Better, but not as well as a month ago. Proteus 30x, b.i.d., for four days helped at once; eats better, sleeps better, walks better without cane or help, does household chores, cooks for herself and husband—which she was unable to do for years... thanks to Proteus, which needed to be repeated every three months or less since.

Case No. 2: Mrs. M. R. J., a 48 year old mother of four children, waddled into my office with great difficulty from her wheel-chair on February 4, 1963, saying that she had been crippled with arthritis of the neck, back, and extremities for over two years. Presently, she can hardly stand without falling. She had a course of cortisone a year ago because she could not get out of her bed. She is now taking from 15-20 aspirin tablets a day. She has suffered a long time with her lungs: cough, expectoration of yellow sputum. X-ray demonstrates a fibrous scarring in the right lower lung field with an elevated diaphragm and pleuro-diaphragmatic adhesions antero-laterally. The hands are typically deformed by rheumatoid arthritis so that

she is unable to make a fist. Small erosions on the margins of the articular surfaces of the phalanges with periarticular soft tissue swelling are shown on the x-rays.

Physical examination discloses further, an overweight—155 lbs.—brunette, 51½ ins., with a blood pressure of 130/90, a good regular pulse, a 2+ edema of the ankles. Feet and legs are icy cold and bluish. Any motion aggravates, better by rest. February 4, 1963: Bry. 6x, b.i.d. February 11, 1963. Better, has been able to cut down her aspirin intake to three tablets a day. Digestion much improved. Bry. 6x, b.i.d. February 21, 1963. Lost eight lbs. (148). Much improved, can move her head and neck easier. Pains in the legs and calves worse in bed. Bry. 30x, A. M. only. March 4, 1963. Lost another 2½ lbs. (145½). Can manage now with one or two aspirins a day. Feet burn and throb at night, has to stick them out of the covers. Poor sleep, very tired, ribs sore. Puls. 30x, b.i.d., six doses. March 14, 1963. 144 lbs. Diplopia looking up, due to strabismus divergence. Pain along the right sternocleido mastoid muscle. Feet very swollen, still burning at night. Sulph. 6x, b.i.d., a.c.

Except for the loss of weight until the end of July (131 lbs.) which enables her to walk better, the basic condition seems to have settled without lasting response, to the apparently indicated remedy, so on July 23, I gave her Proteus 30x, at bedtime for a week, then every two or three days. August 22, 1963. 133 lbs. "Is this last medicine a sleeping one?" she asks. "From that very day I saw you last, I have slept wonderfully." She has such ambition and stamina now that she is doing a lot of housework. Diplopia has almost disappeared. Better in every way than in years. Proteus 30x, twice a week, leads to further improvement and enabled her to take a trip to Arizona. January 9, 1964. Patient got very tired from Christmas shopping and New Year festivities, regained 14 lbs., now 147 lbs. . . . Proteus 10M, one dose brought prompt relief. She has taken *no* aspirin for over six months. Proteus 10M was repeated October 16, 1964, and maintained her remarkable progress until the present time.

Case No. 3: Mr. R. A. N., a pimply, stoop-shouldered, married engineer, consulted me in April 1954, for a backache in the right lumbar region, better by walking and local warm applications, worse lying down. Rhus tox. 200, four doses relieved the symptoms promptly for over a month but recurred with the pains extending down to the left limb. He went to an osteopath who treated him for sciatica during the whole summer of 1954. By September 1954 he had wandering pains, bouts of fever, backache and pains in the limbs, especially the left ankle which is swollen. Kali bi. 10M, one dose relieved the back at once, but the left ankle is unchanged after ten days. The end of October 1954, the ankle is better but the left big toe is now swollen and painful, worse from heat of the bed, worse standing, moving pressure. Ledum 6 helped fairly well. November 5, 1964. X-ray of the spine disclosed a definite rheumatoid spondylitis, involving the cervical and lumbar spine with a right scoliosis and sacro-iliac involvement. The rhus tox. modalities

are again to the fore so that the 200, M and 10M potencies are prescribed with fairly good results for the next six months. Then I did not see this patient for the next five and a half years. He came back in February, 1961. Weight unchanged, 177 lbs., blood pressure 112/70, pulse 55, regular. His main complaint is his neck, which is stiff and painful, worse on the left side. Pains in the right shoulder extending down the arm. Low back pains, worse on the right, worse sitting, evening, on waking at night and in the morning. His father died of cancer of the stomach, but had been treated for tuberculosis for a long time. Blood count and urinalysis were within normal limits. Sedimentation rate elevated 27 mm/h. Blood uric acid 4.8 mg %. X-ray of the spine: rheumatoid spondilitis much worse since 1954. Bac. M, one dose followed by occasional doses of Ruta 30x, Rhus tox. 12, Lyc., Chel., Puls., depending on the symptomatic variations and modalities, gave decided but momentary relief during 1961 and 1962.

Back from the A.I.H. Convention at Atlantic City, where I heard Dr. Benjamin Goldberg's impressive paper on Bach's nosodes, I thought that this unyielding, progressive, inexorable disease of at least ten years' duration required a nosode with similar features, so on July 31, 1963, I prescribed Proteus 30x, 200, then M, one dose daily. . . . The patient was most gratified stating that the improvement was definitely noticeable in 48 hours, not only for the pains but also for the stiffness; he can move his head, neck and back much easier now. These three doses controlled the condition for six weeks. September 6, 1963. Proteus 30x, b.i.d., for five days promptly relieved a recent aggravation. Early in December, 1963, he got a bad cold with a temperature of 102° which brought back the former miseries. Rhus tox. 12 improved the acute symptoms but Proteus 30x, 200, M and 10M was a great boon for two months and needed repetition at the end of April 1964 followed by a good period until August 1964. The sedimentation rate was then up to 36 mm/h showing a definite reactivation. Proteus 30x failed and other medicines had to be prescribed, but it had given this patient a most welcome relief for over a year.

CONCLUSION

Three cases of chronic, advanced, incurable spinal arthritis are described, demonstrating the typical—almost miraculous—response to one of the Bach's nosodes: Proteus. Its keynote is rigidity, intractability, lack of response to the indicated homoeopathic remedy. This group of valuable nosodes needs to be developed and their symptomatology synthesized and evaluated for their practical clinical use.

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