

CLINICAL PROVING AND RESEARCH OF THE INTESTINAL NOSODE DYSENTERY COMP

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About thirty years ago I was introduced by Dr. John Paterson of Glasgow, Scotland, to the non-lactose bacilli of the intestinal tract. I worked steadily and continuously with him for over twenty years. I have personal records of over 1100 stool examinations done by my two pathologists—Dr. George Hopp of Philadelphia and Dr. John Wertz who came from the Shadyside Hospital in Pittsburgh.

We collected the stools of every patient who had a unique complex of symptoms, and I carefully analyzed the clinical symptoms where the bacilli were found to be more than 25% in the stool. Most of my work was done in the pediatric wards of the Women's Homœopathic Hospital and the St. Luke's and Children's Medical Center of Philadelphia.

In presenting to you a brief summary of the proving of the non-lactose organism *Dysentery comp.* in relation to the diseases of children, it is particularly fitting to open with the nosode prepared from cultures of the bacillus of dysentery. It has a particular application to diseases of children, and lends itself to easy demonstration of the means by which the busy physician, by retaining in his mind a simple, fundamental point, may build a very complex structure, and thus become acquainted for himself with the clinical provings of this individual nosode.

A "keynote" for *Dysentery comp.* is nerve tension. A peculiar nerve tension, as Dr. Paterson calls it, is an anticipatory tension. Throughout all of the clinical provings you must search for this indentifying factor, and it will help you to understand the pathogenesis of the symptoms.

The *Dysentery comp.* child is of hypersensitive nature, which expresses itself as shyness or timidity, and you cannot fail to note this in the typical facies of the child. In the presence of strangers the whole attitude of the child expresses nerve tension felt within, and you will observe the tenseness of the facial expression which is not altogether an expression of fear, but more of an expression of alertness, a tuning up of the nerve centers to the full pitch of expectancy to enable an immediate response to be made on the reception of the slightest external stimulus. For example, if you address the child, or make a complimentary remark, there will appear almost immediately a hyperemia of the surface capillaries of the cheeks—a blushing of the skin which is the more noticeable because of the peculiar white background of the rest of the skin area.

The instability of the capillary circulation under the influence of the sympathetic nervous system is a characteristic you must remember in the clinical proving of the *Dysentery comp.* If you continue your observation,

that is keep the child under tension, you may note the fibrillary muscular twitchings of the face or lips, which would suggest to your mind the symptom complex so common in the child, namely St. Vitus' dance or chorea.

It is not considered good homœopathic practice to prescribe for disease names, but if you are called upon to treat chorea in a child you would be fully justified in immediately recalling to your mind the fact that the nosode, *Dysentery comp.*, has much of this characteristic—muscular twitching—in its clinical proving.

At the Women's Homœopathic Hospital in Philadelphia very successful results were obtained from the use of *Dysentery comp.* in cases of chorea which had defied other forms of treatment.

In the clinical proving of the nosode, as indeed in the proving of many remedies, a selective tissue action is to be noted, and the bacillus dysenteriae seems to have a specific relationship to the duodenum. This to the pathological prescriber suggests the use of *Dysentery comp.* in duodenal ulcer of the adult, and in fact duodenal ulcer is outstanding in the clinical provings of the bacillus dysenteriae.

At the moment, however, we are concerning ourselves with diseases of children. Has this pathological fact any application in the treatment of the child? In the newly born infant congenital pyloric stenosis is often a fatal disease without recourse to surgical procedure.

Once more my hospital records prove the successful use of *Dysentery comp.* in infants who have thus been diagnosed, and the immediate response to treatment warrants the conclusion that many of these cases are in reality suffering from pyloric spasm. Is this not in line with the generally accepted opinion that nerve tension plays an important part in the pathogenesis of duodenal ulcer?

Bacillus dysenteriae, likewise, has a selective action on the cardiac muscle. In the adult you will find many symptoms of cardiac disorder with, of course, the characteristic mental tension, but in the child the more typical symptom is that form of rheumatism commonly described as "growing pains," which so frequently are to be found associated with valvular heart disease. You will recall the muscular twitching (chorea) which is a feature of *Dysentery comp.*, which is also a rheumatic manifestation.

The skin has no definite eruption, and where it does appear, it has a characteristic circinate form, dry and scaly and scantily but symmetrically distributed on the body and upper limbs.

Such, then, is the brief clinical picture of the nosode *Dysentery comp.* in its application to children's diseases, and may I remind you of this fundamental keynote, nerve tension of the anticipatory type.

I shall now give authentic cases proving the value of this nosode.

1. John A., nine years of age, developed high fever, pains in the joints of the upper extremities, aggravated on moving. *Byronia* was prescribed. There was considerable relief in 48 hours then the pains shifted to the lower

extremities accompanied by pain in the chest with dyspnea. *Kalmia latifolia* was prescribed. This brought complete relief of all the rheumatic pains, but on physical examination there was a gallop rhythm in the heart, and a soft systolic murmur over the mitral area transmitted to the axilla. This child showed marked nerve tension and anxiety.

Here I prescribed *Dysentery comp.*, and within three weeks I established normal rhythm, both sounds of the heart normal, and completely eliminated the mitral leak. This boy fully recovered, has grown to be an athlete and has been given perfect physical reports as to his heart. So much for a complete cure of rheumatic endocarditis by *Dysentery comp.*

2. Infant, five weeks old, born in the Maternity Ward of the Women's Homœopathic Hospital. The history of this child since birth showed continuous regurgitation. Owing to the constant vomiting, the child was retained in the hospital and put under my service in the children's ward.

On examination I found an emaciated infant reduced to its birth weight with continuous vomiting. I observed also reversed peristalsis starvation stools. My diagnosis was pyloric obstruction due to spasm. I prescribed *Nux vomica* 30, with very little relief.

Dr. John Wertz, the pathologist, found dysentery bacilli in the stool. I then prescribed *Dysentery comp.* in the 200th potency. Within five days the child had normal stools and no vomiting. This child had a progressive gain in weight, and in two weeks was discharged from the hospital perfectly cured.

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avoiding the middle 10 days of the menstrual cycle, goes far in the matter of limiting the number of children in any particular family. This measure is known to our experience to act positively, even notwithstanding the unavoidable existence to various *maintaining causes* of frequent conception, viz., prolonged co-living of the couple in too small residence, lack of other pleasant or congenial occupation for either of the spouse, excessive irritation of the parasympathetic nervous system by hunger etc., and so on.

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