

## UNPROVEN NOSODES, THEIR USE AND SOME THOUGHTS THEREON

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Many years ago and in this room I heard how a patient's husband returned to the physician and thanked him for "giving me back the wife of my youth". That expresses in words of one syllable the power that resides in Homœopathy. It is a very great power, privilege, and responsibility to give back youth, or to lessen the remorseless incubus of disease.

When I was asked to write this paper, I thought that I had lots of cases and I looked over 11,000 prescriptions and got quite a surprise, for of that total less than 700 were of the nosodes, and of these almost 450 were proven remedies, *Medorrhinum*, *Psorinum*, and *Dysentery Co.*, totalling 136, and the *Tubercular* group over 300. This leaves only 250 prescriptions of the unproven nosodes and 80 of these were as protective vaccines (over 50 being against polio, thanks to the advertising campaign).

Of the 170 that remain, I propose to give you notes of ten and hope to show where these nosodes are useful, and how used to give health.

Mansell W., age 14. *Pertussin*

Complains of catarrh and nose blocked since he was 5 years old. Frequent colds cause a cough and tight chest. Excitement causes shortness of breath. Bruises cause such hæmorrhage under the skin that he has been to hospital for treatment. He has had chicken-pox, measles, German measles, and whooping-cough at 4. This was in autumn and it was a long and severe illness and he did not recover (if one can use that word) until the late spring.

—*Pertussin* 200, 1m. In a week his nose was much clearer and at a fortnight he was breathing through his nose most of the time, coughs now only to move phlegm, and was brighter, "had more life".

Baby H. *Rubella*

Navel protrudes and has a red and sore perineum.

—*Medorrhinum* 200, 1m, 10m—cleared rash and baby has been marvellous.

December, 1958. Face—red rash, began round mouth, no itch, but scales as if had had measles.

—*Medorrhinum* 200, 1m, 10m—no good.

January, 1959. Cold, running nose; cough tight, only in bed, off food and rash has lit up again, fiery red.

—*Pulsatilla*. Cough went and baby was happy, but face flared up again, scaly, but with no itch. Enuresis about 10 p.m. Mother had had German measles badly at 17, and had been long recovering.

—*Rubella* 30, 200—result face clear and her old happy self once more in a few days and no trouble since.

Priscilla B., age 9. *Rubella*

A poor wee thing, three inches shorter than twin brother. Pustules on skin and in nose, these cause nose to swell. Head-aches, eyes inflamed, sleeps lightly, wakes tired; tires too easily. Giant urticaria makes life a misery occasionally. Always ailing.

Had German measles at 4 years, very poorly for one week; and again at 6, when she was very ill with a vivid rash and a high temperature for a whole week. It was three weeks before she was allowed out of bed.

*Rubella* 30, 300 was given, and caused a lot of reaction. Tickling here, there and everywhere (an old symptom), but no rash. Her sinuses hurt, scabs blown from nose and septic spots on skin. A nettle rash continued to come, and wax and wane, and several pustules came during six months of placebo with great mental and physical improvement.

Eileen F., age 6: *Influenzinum*

Weight 31 lb. (normal 37-50 lb.).

Began life well, was blue-eyed with long lashes, clear skin, pink cheeks and furry back that makes one think of *Tuberculinum*. At 18 months had influenza, and was weeks getting over it, then measles. At 3 was queried as a T.B. abdomen, but improved with U.V.R. At 4½ had influenza, and a third time at 5. This left her with a pale, dirty skin, large abdomen, and pain in right

side, and a head that became alive easily. She eats coal or anything gritty, and is queried as "coeliac" disease.

She had *influenzinum* 200, seven daily plussed doses in September, 1941. After the second dose she complained of pain in the knees, and could not walk for a few hours. In a week she was full of energy mentally. In a month she was running about and full of life at school. I did not hear of her for four months, but in January, 1942, when she was 6½, I was told that home conditions were "impossible" and food of the worst. I sent *Influenzinum* 200, 1m.

In December, 1958, when she was 24, I was informed that she had only had two days in bed in the 17 years interval, that she is now happily married and had just given birth to a lovely baby with a 3 or 4 hours' confinement.

Four months is rather a short interval between doses for these nosodes, but it paid in this case. I expect you have noticed the great similarity to the tubercular child in this *Influenzinum* case, and the beautiful homœopathic aggravation from the second of the seven daily doses.

Mrs. L.

*Yellow Fever Vaccine*

Here I have one case of infectious jaundice in a lady of 39 when I first saw her in 1955. This illness lasted a long time in the summer of 1953 in India, because she had to nurse most of her family at that time. She had never been really free from pain in the G.B. region since, and had gone a good way downhill. Tests showed nothing but a slightly enlarged and tender liver. A growth was suspected since she had lost 35 lb.

Various remedies helped and then failed. Those that helped longest were *Aconite* (the first remedy given), and *Cobalt* found by emanometer.

Working on the great similarity between infectious jaundice and yellow fever I gave one dose of *Yellow Fever Vaccine* 30. This helped very satisfactorily for six weeks, when up came a series of shivering turns typical of malaria but recurring every hour. Temperature running up to 102°F. and pulse 120. This was symptomatically the same as the malaria which she had had several times before the jaundice. I felt I had to stop the

malaria with one dose of Camoquin. Two days later I had to give *Causticum* 200 for the cough and headache, which were also typical of the previous malaria. She has improved steadily since, but this case is not finished. (April, 1960. After other remedies the colour is coming back into her cheeks, but it seems to me that the *Yellow Fever Vaccine* unlocked the case.)

Paul B., age 9. Twin of Priscilla      *Morbillinum* and *Tub. bov.*

Looks well, tall and thin, and is very forward mentally. Teeth of second dentition coming very late, each causes him to go off colour, lose flesh, and run a temperature up to 104°, and face blue. Abdominal pains cause him to double up and vomit greyish matter. When not well weeps for nothing. At 3 years he had been unable to walk and was knock-kneed; at this time they went to live in a hard water area and after a few weeks of looking poorly he improved fine. Always much better at the sea.

Because he had had measles when 8 years old, was exceedingly ill, delirious all of two nights, and three weeks in bed, he was given *Morbillinum* 200, 1m, 10m. In two months he had improved vastly in all ways, but after this began to show a violent temper, even to kicking his mother; yet after the storm has blown over he would go up to his mother and hug her to ask forgiveness.

For this he was given *Tub. bov.* 30, 1m, 10m. His temper became happy and he did well again all ways, but required *Kali phos.* for the work of the 11-plus exam. He had done excellently since. Notice how the *Morbillinum* reaction uncovered the deeper tuberculous imbalance.

Miss B., age 63      *Pertussin*

Indigestion with much pain and rumbling, increases during the afternoon and evening, and goes on half the night; much worse during the menses. Buccal ulcers and B.O. costive all her life, the stool so large it hurts. Headache constant all life till some easing at C. of L., had been so severe she would hit her head on something. Worse during thunder. Is frustrated, suffers from indecision, and has many fears. M.P. had been very heavy, with sickness, faintness, and diarrhoea; sending her to bed for two days. Menses had been irregular and usually late up to six weeks,

but would appear if anything special had been arranged. C. of L. sudden.

She had had chicken-pox, mumps, and measles, but whooping cough was much the worst—bed for six weeks, and too weak to walk for a further six weeks.

I gave *Pertussin* 200, 1m, 10m, and repeated this in six months. A month after the final doses she was very much better in every way. Now has lost her panicky and frustrated feelings, and does not now procrastinate. Perfectly well now for two years.

Miss M., age 40.

*Morbillinum* and *Bacillinum*

Seen January, 1957, for an incapacitating cough for over six years. Worse at night, in wind, in fog, in damp, in rain, and in fumes of the street. Only eased in dry, frosty weather. M.P. regular, with severe hypogastric pain extending into the pelvis, occasionally with headache and vertigo, and worse on movement. History; bronchitis at 12 months, was very ill. At 12, measles badly, was slow recovering. Also chicken-pox, tonsillitis, and at 16 had mumps. (Family history: mother had bronchitis at 45, and suffers from bronchial asthma ever since.) Heat eases; fear of thunder; fears to be near or see open water. Aversions to pork and salt.

—*Morbillinum* 200, 1m, 10m, which improved her a long way. Two months later cough returning night and morning, but not so devastating; breath short if she hurries. Appetite very much better, but none for breakfast.

—*Bacillinum* 30, 200, 1m. Two months later still, a nice cold, only coughs to move phlegm. *Amm. carb.* 30, 200. Very well every way ever since.

Miss L., aged 33 in 1956.

*Dys. Co.* and *Tub. bov.*

Previous seven years in India. Left breast, yellow discharge from nipple with pain far in, worse at menses, for 18 months. Digestive discomfort under mid-sternum—burning—extends to left armpit—since 1951, and shoots to left scapula. Physically she was not too bad, but was very, very tired mentally—so bad she had been advised and given a year's leave. Eased in open air and high winds. Had had scarlet fever, measles, chicken-pox, and

whooping cough. Sleep very light, wakes in 3 or 4 or 5 hours and cannot get off again. B.O. twice a day usually, more loose at M.P. Easily excited, any emotional upset causes her to be very tired, but has schooled herself to be steady—that is, she suppresses it. Anticipates.

—*Dysentery Co. 30, 200, 1m.* Six weeks later is much better, mentally less tired. Brought out a skin rash (old symptom of 1952), but without the nervous tension she had had before. Five months after *Dys. Co.* the rash which had been bad and irritable was now gone. Breast pain decreasing in frequency and intensity. A cold which she got in Scotland brought back her tiredness. Sleep, which had been good, was becoming poor and indigestion returning. This caused me to repeat *Dys. Co. 30, 200, 1m.*

Five months later reported herself as being very fit in every way and no troubles. Another five months reported several heavy (influenza type) colds in India, with tonsillitis, ulcerated throat, and discharge from breast but no pain—*Tub. bov. 30, 1m,* and no reports of trouble since (i.e. fifteen months).

J.W.K., age 41.

*Pneumococcin.*

At 21 years had sinuses washed out because of findings of neurologist. At 30 had crop of boils, ended with carbuncle. Penicillin. Off work 8 weeks. At 32 abscess right groin—lanced—heat treatment, off work three months. At 34 growth under right axilla, thought to be a fatty tumour, removal advised. Removed 14 months later, believed to be malignant. Deep X-ray with much pain after each regular dose. Age 40 lump under left arm—hospital—more radiation. December, 1958, headache came suddenly, right side, worse after each sinus wash-out, worse with head down, must sit up in bed. March, 1959, right eye bloodshot and very dark under, said to be acute iritis, with even more severe headache. Cortisone eased and he got back to his work as a very expert teaching laboratory technician for one week only.

In April, 1959, his wife came for my help, because headache was continuous day and night. He is going downhill, wants to be alone, and hates noise. He is chilly, craves fresh air. His chest has always been a weak spot with a fair amount of phlegm. Coughing makes him hold his head even though touching the

hair of the right side hurts. His sleep used to be very good, now gets hardly any. Fog and mist or fumes cause cough. Sense of smell very acute. Is averse to fats. Has had some eczema for over 20 years, wool irritates.

Shy, averse company, has always been very quiet, almost morose. Lacks self-confidence though a most brilliant technician. Recently a pain in the throat, a tickle causes him to swallow all the time.

Out of all this we would normally take the symptoms: Averse company, lacks self-confidence, sensitive to noise, indisposed to talk, aversion to fat, desires fresh air. There are also; Chilly, smell very acute, scalp and hair tender to touch, cough worse by fog or mist or fumes, and skin irritated by wool. Repertorizing gives *Nat. carb.* 8, *Phos.* 9, *Carbo anim.* and *Carbo veg.* 11 each, *Bry. a.* and *Nat. mur.* 12, and *Pulsatilla* 15.

But I have kept you in the dark; when I dug deeper into his history I found that he had had pneumonia at 5, so badly was not expected to live, and again 18 months ago when he was 39 or 40. This attack came after Asian influenza, when he was very ill, and since this illness has rapidly gone downhill. These two illnesses had not been told me by his intelligent and very cooperative wife as they had (to her) no obvious relation to this illness which is regarded as a probable cerebral tumour by the hospital authorities. He has no relish for further use of X-rays.

My prescription was: *Pneumococcin* 30, 200, 500, 1m, in daily doses. In six days he was fit to travel, in eight days he began to have a little energy, though he was wise enough to lie down for an hour every afternoon. Within a fortnight the headache had gone.

It is much too early to do more than say it is a very interesting case. (He has required no further prescription up to April, 1960.)

But I think I have demonstrated my point, that the history can show up an illness which almost had the patient down for the full count, and may indicate an unproven nosode as the remedy of choice. In this last case the illness was repeated and from that time the patient has been going steadily downhill, with

many, from the diagnostic angle, apparently unconnected symptoms.

In writing out this case I am caused to think that here we have a great deal of suppression of disease, and the best definition I have seen is that "*suppression simply causes an energy storage effect that leads to eventual explosive release*".

So far I have given you cases which everyone who has used these remedies can equal, and my observation is that these unproven nosodes are less often wanted than those of our remedies which are proven thoroughly, and much less often than the polychrests, but that when they are needed nothing else will take their place.

The symptom that calls for them is in the history, which must be definite— an illness, sometimes repeated, sometimes also very severe, but especially from which the patient did not recover reasonable health for a much longer time than normal and, better still, from the effects of which they have not yet recovered. Then give the dose, a single dose, or repeated in daily ascending potencies, and do not repeat for a long time, 4 or 5 or 6 months, if really required then.

#### SUMMARY

Out of 11,000 prescriptions only 170 were of the unproven nosodes, and most of these have had other remedies so that conclusions would be mere opinions. But I am able to give the cases of five children and five adults (from 33 to 63 years old) in which the help was quite definite and the results due entirely to the nosode—in one child even decent food was lacking (beyond the school dinner during the war). My conclusion is that when these are needed, each is just as important to that patient as any other remedy would be if it were indicated. In two of the cases a neoplasm was feared. In three the whole mental outlook was changed for the better. In one a mental breakdown was feared (she had been given a year's leave, but went back to India rejoicing before the end of that time).

The one rule for their prescription must be a most definite "never well since so and so". The "so and so" being an illness from which recovery was very slow or never complete. The other

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but the person cannot be identified from the heap. For proper identification of the person the parts must maintain their respective natural qualities and must bear their normal relation to each other. Similarly, if a collection of symptoms fails to represent an individual case in all its aspects, it is anything but a totality of symptoms, in the technical Homœopathic sense of the phrase. A totality of symptoms, properly drawn, will clearly depict the individual case with all its features, its personality, genius, characteristic peculiarities—leading to exact identification of the case, from therapeutic point of view (therapeutic diagnosis) and also, of course, from pathological point of view (nosological diagnosis). Such a totality of symptoms must have the following attributes, to which the case record can be easily analysed:—

(i) Each of the symptoms must have the qualifications given above.

(ii) The symptoms should have a chronological order of development and progress.

(iii) The symptoms must be divisible into *subjective* and *objective* ones.

(iv) They must be divisible into *generals* and *particulars*.

(v) Each of the general or particular symptoms must be clearly differentiated as *common* or *uncommon*.

(vi) The *grade* of each of the symptoms must be clearly noted.

(vii) Then peculiar combination or concomitance or alternation of certain symptoms, if there be any, must be noted.

(viii) Of the generals the mental, emotional and habitual features must be especially emphasized.

(ix) Then the background of the case from (a) the past history (with special reference to various forms of suppressions) and (b) the family history (inherited miasmatic influence), must be depicted.

(x) Environmental, occupational and other exogenous influences on the case must be in the purview.

We are forced to use some technical terms like general symptoms, particular symptoms, common symptoms, uncommon symptoms, graduation of symptoms etc. each of which has some technical connotation; but the clarification of them will lead us far beyond the scope of this article. The precise meaning of these