Frans Vermeulen
Monera Kingdom Bacteria & Viruses

Reading excerpt

Monera Kingdom Bacteria & Viruses
of Frans Vermeulen
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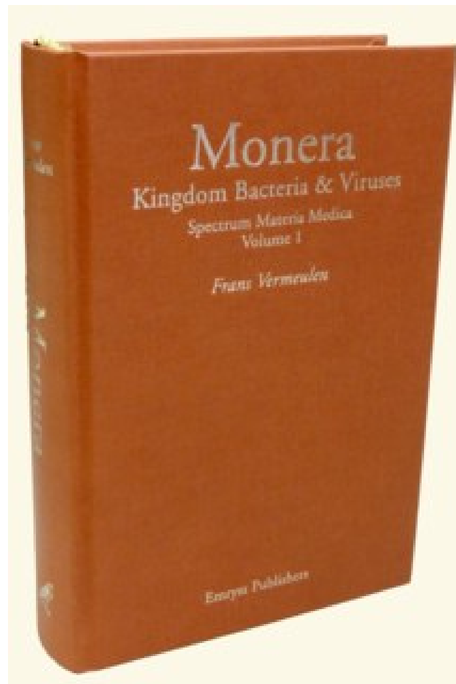

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II. ORDER NEISSERIALES

IIA. FAMILY NEISSERIACEAE

Neisseria gonorrhoeae
Neisseria meningitidis
Neisseria subflava
Neisseria catarrhalis

GENUS NEISSERIA

- Gram-negative, oxidase-positive, aerobic or facultative anaerobic cocci characteristically coffee bean-shaped and paired.
- Part of the normal flora of oropharynx, nasopharynx, and genitourinary tract.
- The genus includes saprophytic as well as pathogenic species.
- Many species in the genus have been isolated from animals:
  Neisseria animalis
  Neisseria canis
  Neisseria caviae - found in the pharyngeal region of apparently healthy guinea pigs.
  Neisseria cuniculi - rabbits.
  Neisseria dentiae - found in the dental plaque of domestic cows.
  Neisseria iguanae - iguanid lizards.
  Neisseria macacae - from the oropharynges of rhesus monkeys.
  Neisseria ovis - associated with infectious keratoconjunctivitis of sheep.
  Neisseria weaver! - commensals in the mouth and nasopharynx of cats and dogs; human infection may occur from a cat or dog bite.

NEISSERIA **GONORRHOEAE**

Scientific name	Neisseria gonorrhoeae (Zopf 1885) Trevisan 1885
Old names	Micrococcus der gonorrhoe Neisser 1879
	Merismopedia gonorrhoeae Zopf 1885
	Micrococcus gonorrhoeae (Zopf 1885) Fliigge 1886
	Micrococcus gonococcus Schroeter 1886
	Diplococcus gonorrhoeae (Zopf 1885) Lehmann and Neumann 1896
	Gonococcus neisseri Lindau 1898
Common name	Gonococcus
Family	Neisseriaceae
Homeopathy	Medorrhinum - Med.
Bk>:>-	Medorrhinum Americana - Med-am. [not in repertory]

FEATURES

- Occurs typically as non-motile pairs of flattened cells.
- First observed in urethral and conjunctival secretions of gonorrhoea and purulent ophthalmia by the German dermatologist Albert Neisser in 1876.
- Found primarily in purulent venereal discharges. "Can be found in the urethral discharges of gonorrhoea from the beginning till the end of the disease, and often for many months and even years after recovery from it." [McFarland]
- Considered a pathogen of human origin.
- Requires 5-10% carbon dioxide and a humid atmosphere. Does not survive dehydration and cool conditions.
- Ferments glucose but not maltose ["sugar and sex, but no beer"].
- Leading cause of septic arthritis in adults.
- Gonococcal infections are 1.5 times as common in men than in women, although serious sequelae are much more common in women.
- Small quantities of "gonotoxin" introduced into the urethra cause suppu ration at the point of application, fever, swelling of the adjacent lymphatic nodes, and muscular and articular pains. [McFarland]

DISSEMINATED GONOCOCCAL INFECTION

Disseminated gonococcal infection [DGI] occurs following approximately 1% of genital infections. It is seen more frequently in women, especially during

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menstruation and pregnancy. Patients with DGI may present with symptoms of rash, fever, arthralgias, migratory polyarthritis, septic arthritis, endocarditis, or meningitis. Joint or tendon pain is the most common presenting complaint. About 25% of patients with DGI complain of pain in a single joint, while up to 2/3 describe polyarthralgia, which often is migratory. Severe pain, swelling, and decreased mobility in a single joint suggest a purulent arthritis with effusion. The knee is the most common site of purulent gonococcal arthritis. Tenosynovitis also is common, usually affecting the small joints of the hands. Skin rash is a presenting complaint in approximately 25% of patients, but a careful examination will reveal a rash in the majority of patients with DGI, including maculopapular, pustular, necrotic, or vesicular rash, typically occurring on the torso, limbs, palms, and soles. The rash usually spares the face, scalp, and mouth. Haemorrhagic lesions, erythema nodosum, urticaria, and erythema multiforme occur less frequently. Headache, neck pain and stiffness, fever, and decreased sensorium may indicate gonococcal meningitis. This disease may be clinically indistinguishable from meningococcal meningitis on presentation, although the course of gonococcal meningitis usually is less rapid than that of meningococcal meningitis. Gonococcal endocarditis is more common in men than women. Patients with collagen vascular disease [especially those with systemic lupus erythematosus] also may be more prone to this complication. DGI can cause abscess formation within the soft tissues, presenting as localized tenderness, oedema, and pain with motion. [Behrman, *Gonococcal infection;* website University of Pennsylvania Medical Center]

Graffiti on the London Underground: Life is a sexually transmitted disease.

MATERIA MEDICA MEDORRHINUM Med.

Sources

Proved by Swan & Berridge [collection of provings] — 45-50 provers [about 50% females, and 50% males], *c.* 1888; method: various high potencies, such as 1M, 10M, 20M, 40M, 60M, and MM; manner not stated; contains also cured symptoms.

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SYMPTOMS

Mind

Time and space. Times passes too slowly.
Hurry; always in a rush and anticipating, yet lacking the desire for realisation.
Lacks clear-set goals; chases shadows. Hurry, everybody seems to move too slowly. Anxiety if a time is set. Everything feels *far off.* Objects seem small.
Dazed dreaminess, as if'stoned'.

fulfilment - emptiness. Everything seems *unreal.* Sensation of unbearable inner *emptiness.* Vacant staring.
Easily bored. 'Attention junkies; party animals.'
Forgetful; confused - common things escape him.
Seems to herself to make wrong statements because she does not know what to say next; begins all right but does not know how to finish [Grimmer]

Extremes; exceeding all limits. No bounds; lack of orientation points. Chasing shadows or chased by shadows.
Bouts of hopelessness alternating with episodes of hopeful optimism.
Strokes of genius or inexplicable blackouts. Extroversion - introversion. Wild feeling in head or vacant feeling in head. Clair-obscure: lucid after sunset, obscure after sunrise. Arrhythmia.

VECTOR
Human
Found in mouth, nose, throat, genital and urinary tracts.

Shuns responsibilities.

Generals
« Craves fresh air.

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« Feels better in evening/night. Night person.
» Seaside >.
~ Lying on abdomen or in knee-elbow position >. Desire to cross the ankles when lying on the back. ~
Great thirst.
= Desire for sweets, green fruits, ice, acid foods, salt. = Craves beer; alcohol; tobacco. ~ Walks on sides of feet [due to extreme sensitivity of soles of feet].

Local heat - coldness
= Boiling sensation in head.
= Burning hands and feet; wants them uncovered.
» Heat in eyelids.
= Hot flashes cervical region.
= Severe burning in the base of the tongue, extending down the bronchi as if he had inhaled hot steam
= Sensation of coldness in eyes, as if cold air blew on them. = Coldness of tip of nose; breasts, esp. nipples; abdomen; liver region; right lumbar region. =» Chilliness on urging to urination; before urination.

Discharges
= Discharges >.
« Discharges mucopurulent or purulent; yellowish-green or yellowish-white.
« Fishy odours.
= Yellowish staining sweat. Greasy face.
<= Pungent body odour; penetrating pungent odour to stool.

Affinities
Since the drug picture of Medorrhinum is partly based on cured cases of gonorrrhoea, the classic complications of gonococcal infections may be expected to present themselves in the drug picture. Above all this concerns Pelvic Inflammatory Disease [PID], characterised in women by infertility, PMS, purulent vaginal discharge, uterine tenderness, intermenstrual bleeding, menorrhagia, enlarged tubes, elevated temperature, urinary tract infections, dysuria, and especially bilateral lower abdominal pain with nausea and vomiting. Due to painful genital swelling difficulty in walking may develop. Intrauterine devices [IDDs] significantly aggravate PID; hence intolerance of

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IUDs may be an indication for Medorrhinum, if symptoms agree. There is an increased risk of ectopic pregnancy. Epididymitis-orchitis is the male equivalent of PID.

Acute infectious arthritis occurs somewhat more often in women, with menstrual periods and pregnancy as the most common triggers. Most have joint pains or tenosynovitis involving wrists, knees, ankles and small joints of hands and feet, in combination with skin eruptions, which consist of petechial-pustular lesions on an erythematous base. After a migratory stage the pain/inflammation usually settles in a "hot joint," commonly the knee. Pharyngitis is also frequently observed, as are proctitis and conjunctivitis. Proctitis may present with minor symptoms such as pruritus, pain, pressure, fulness, mild diarrhoea or discharge, or mucus on stools. Less frequently more severe symptoms are present, such as tenesmus, purulent discharge, and bleeding. Conjunctivitis presents with pain, chemosis, oedema of lids, and purulent yellow discharge.

Medorrhinum symptoms such as "sensation of a tumour in the right side of abdomen," "grasping pain in liver," and "pain extending from liver to right shoulder," show a similarity with gonococcal perihepatitis [Fitz-Hugh-Curtis syndrome] observed in women with a history of gonorrhoeal salpingitis. The syndrome consists of acute upper right-quadrant abdominal pain and tenderness aggravated by breathing, coughing, or movement, with pain extending to the right shoulder.

Children

Based on 37 case histories, Jutta Gnaiger-Rathmanner and Mirjam Bohle provide a summary of indications for the treatment of "allergic and nervous children" with Medorrhinum.

> All of these children, mostly boys, love to move, happy whenever they can ramble outdoors. They love practical things, and feel extremely bored by the requirements at school. Often the intensity on the one hand and the flightiness and contrariness on the other hand lead to the selection of the remedy. Often having a sensation of heat they like to undress and sleep uncovered. In early childhood striking or hitting seems to be an important form of expression when other ways to express themselves are not accessible. In school the aggression seems to be reactive - they are followers, ready to join every nonsense. If there is a storm centre, they follow without hesitation. Mostly the leaders are other children. One often hears the mother say, 'I don't understand

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his behaviour at school. If he is alone with me, he is obedient and a good boy.' Medorrhinum-boys charm their mothers - possibly in competition with their fathers?
Medorrhinum-boys feel attracted to girls in a premature and excessive way?
Prematurity manifests itself as:

= Vigorous denial of all kinds of conformity and book learning, long before puberty.
•«• Great interest in all kinds of technology.
= Precocious curiosity for fashion, trends and eroticism.

The clairvoyance of these children is revealed by their ability to detect every weakness and tension in their surroundings. They are the children who unerringly expose adults to ridicule. The negative and disharmonious moments of life inevitably attract them.
Regarding early infantile development, many remarkable deviations are found. Also these children present very particular disabilities, such as attention deficit disorder. A whole string of symptoms in the Medorrhinum picture corresponds with this:

=» Sleep position genupectoral.
= Opisthotonus.
= Motions of head - rolling head.
= Awkwardness.
<= Lack of perseverance.
=> Concentration difficult.
= Makes mistakes - in writing; speaking; spelling; in time.

Regarding symptoms such as 'ailments from reproaches,' 'sensitive to reprimands,' and 'despair from the slightest criticism,' it should be noted that these children need encouragement and real help, not criticism. Jealousy of siblings; quarrels in the family; overcharge at school; heavy competition at school, are mentioned as causations observed by the authors. The main symptom 'restlessness' culminates in symptoms such as biting nails, masturbation, facial twitching, and various sleep disorders. Furthermore there is a tendency to dyslexia. Left-handedness as well as refusal to go to school are frequently observed, the latter being the result of learning disabilities and impaired co-ordination of movement. Common physical complaints include headache, stomach pain, putrid tonsil-

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litis, putrid otitis, gastro-enteritis, or dry spasms including laryngitis and asthmatic bronchitis. There is high fever during infections or no fever at all. Food intolerances, in particular to milk, may lead to fussiness about food and a bias towards monotonous nutrition. Cravings change frequently, but always with the same intensity to exclude/refuse everything else.

[Adapted from: Jutta Gnaiger-Rathmanner and Mirjam Bohler, *Medorrhinum - a remedy for modern children;* Horn. Links 2/03]

CASES

(1) Mrs. C.F.A at 32; married ten years, one child three years old; one miscarriage. Irritable and nervous; hurried, restless, especially after lying in bed or sitting for a long time - feels as if she would scream if she could not move; queer "nervous feeling in the abdomen." Fear of the dark [as a child would go anywhere in the dark].

Memory failing; leaves work unfinished and starts on something else. Although thin and scrawny, her appetite is unusual; craves salads, salt things, fruit; vety little thirst; constipated since early childhood; absolute inactivity of the rectum, but bowels are normal during menses. Going too long without action of the bowels results in an attack of tonsillitis; has had many attacks during the past few years. Heavy, full feeling in the stomach after eating; much belching, especially after fat and rich foods. Menses every twenty-six days, lasting four or five days; uterus falls so low as to protrude from the vagina, worse during, better after stool. Rheumatic pains here and there, < damp weather. Varicose veins. Excruciating pains in the cervical and dorsal spine, extending to the shoulders, for many years, soreness of the coccyx since the birth of her child, < lying on the back, at night, while sitting and especially when rising from a seat. Excessive desire to yawn.

The treatment was carried on entirely by mail so that the record may not be complete, especially as to the possibility of infection. A dose of Med. DMM was sent April 22, 1919.

On May 10th she reported improvement in all symptoms, even the bowels showing some signs of renewed activity. A repetition was required, August 27th. On October 21st, she wrote that her neighbours and friends had remarked about the wonderful change that had taken place in her general health and especially in her face, which had rounded out and lost its pale, sickly look. The "dreadful pain" in the spine had almost entirely disappeared.

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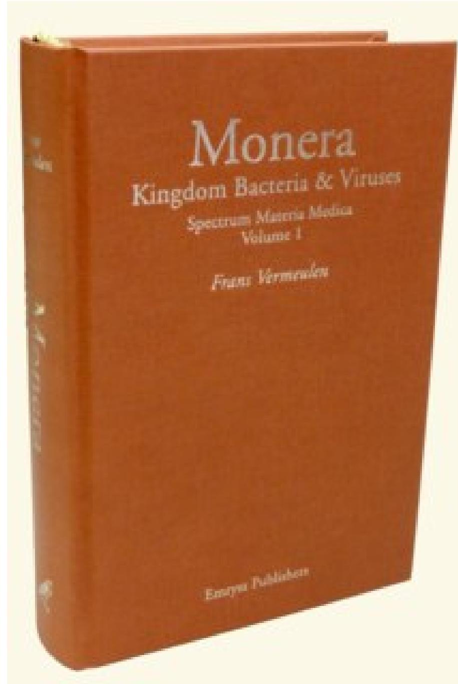

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