Filip Degroote
Notes on Miasms, Heredity and Nosodes

Reading excerpt

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of Filip Degroote
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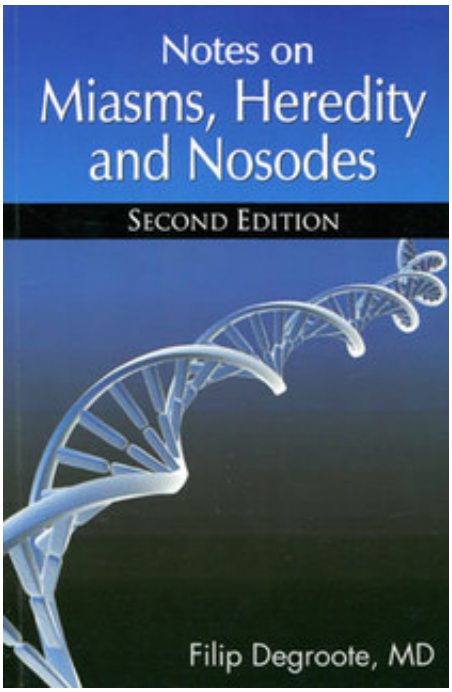

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Chapter 7

Bowel Nosodes

Nosode is used to denote a homeopathic remedy prepared either from actual disease tissue or from disease-associated organisms, i.e. bacteria and viruses.

The stool culture in many chronic diseases shows a presence of non-lactose fermenting bacteria, the so-called 'Bowel nosodes'. They are not really nosodes because they are not morbid products of disease.

It was **Edward Bach** (1886-1936) who started investigation and discovered that certain intestinal germs belonging to non-lactose fermenting, gram negative, coli-typhoid group had close connection with chronic diseases. These germs were present in the intestines of 'all' persons, but they were found to be distinctly increased in persons who suffered from a chronic disease.

When there is no disease, the intestinal flora is in balance and the Bacillus coli performs a beneficial function. But any stress or disease upsets this balance of the intestinal flora and is followed by a change in the habit and the biochemistry of B. coli which may then be called as pathogenic. So, B. coli is the basic organism from which non-lactose fermenting 'bacilli' and 'cocci' originate.

First Bach used the bowel nosodes as injectable vaccine preparations from killed cultures of the organisms. Later, in 1919 he joined the London Homoeopathic Hospital as a house

pathologist and bacteriologist and introduced the bowel nosodes in homeopathic practice by making potentialised preparations of the vaccine of killed organisms.

Dr John Paterson (1890-1955), a Scottish physician who had worked with Bach on the nosodes, continued the research after 1928. He grouped and typed the flora and by continous experiments and observations, he was able to detect more clear indications for each type and a definite relationship between certain homeopathic remedies and certain types of bowel flora (see, addendum : List of relationships).

Bach found that the bowel nosodes were closely associated with the symptoms of the 'psoric miasm'. Paterson went further and made some relations between certain bowel nosodes and certain 'chronic miasms'.

So, Paterson suggested a relation between Psora and most bacillary forms (Dysenteriae compound [Bach], Morgan gaertner [Paterson], Morgan pure [Paterson], Mutabile [Bach], Proteus [Bach]), between Sycosis and most diplococcal forms (Coccal co. [Bach] and Sycotic co. [Paterson]) and between Syphilis and Pseudo-psora and some different forms (Bacillus 7 [Paterson], Bacillus 10 [Paterson] and Gaertner [Bach]).

The energetic examination shows another classification:

1. Psoric : Coccal co. (Bach), Morgan gaertner (Paterson), Proteus (Bach)
2. Sycosis : Bacillus 10 (Paterson), Morgan pure (Paterson), Sycotic co. (Paterson)
3. Syphilitic : Gaertner (Bach)
4. Tubercular : Bacillus 7 (Paterson)
5. Cancer : Dysenteriae compound (Bach), Mutabile (Bach)

This means that an intercurrent use of bowel nosodes can act upon the hereditary layer, like the classic nosodes.

When they act on a hereditary layer, which does not include the psoric miasm, there is always a therapy localization (TL) at Conception Vessel 24 (CV 24).

So, the psoric bowel nosodes, Coccal co. (Bach), Morgan gaertner (Paterson) and Proteus (Bach), do not have the acupuncture point Conception Vessel 24 but have a TL on Governing Vessel-15.

The other bowel nosodes do not have a relation with the Governing Vessel, except Bacillus-7 (Paterson).

The data on bowel nosodes is mainly obtained through clinical experience. This means that a stool examination of chronic patients has been done before administering the simillimum. Afterwards the relation between actual known homeopathic remedies and the types of cultivated bacteria has been made. Also, some provings have been done by Thomas Dishingston with Dysenteriae (Bach).

J. Paterson recommended the following strategy to select the correct bowel nosode :

The choice of a bowel nosode for any case can be determined by a study of the clinical history and noting the remedies which have given the greatest, although not sustained, effect. Tabulate this list of remedies and compare it with the nosode list and associated remedies and choose the nosode which has the greatest number within this group. By energetic examination we can accurately determine the correct moment of administration.

When a patient needs a bowel nosode, he responds to the hand mode for bowel nosodes*. Then, by controlling the handmodes for each miasm combined by executing the specific muscle tests, the correct bowel nosode can be selected.

JUDGEMENT OF THE ACTION OF A BOWEL NOSODE

The action of a bowel nosode is almost identical to the action of classic nosodes. Either they move a hereditary layer, or they act as a complementary remedy.

J. Paterson mentions :

In many cases there may not be much apparent effect from the nosode, but it would seem that the given nosode in some manner had readjusted the case, because thereafter considerable benefit follows the previously given remedy without much effect. If there seems no apparent benefit from the nosode, do not be disappointed but repeat the remedy which had given the evidence of partial reaction before, and this time you can expect a more permanent action.

In my practice, there is never a starting with a bowel nosode. A bowel nosode acts mostly as a drainage for the waste products which, after administration of the simillimum are secreted into circulation and are being retained in the body by an energetic, hereditary barrier.

At the moment the bowel nosode is indicated, the patient mostly returns with symptoms, which belong to the remedy picture of the previously given remedy.

Mostly there is a short period of amelioration, and then the sickness starts again. The energetic examination points to prescribe a nosode and **not to repeat the previously given remedy.**

This fall back is due to the hereditary layer, coming from one of the known miasms or diatheses. This protraction of the disease annoys the patient at that moment, but it gives **opportunity to treat a deeper, normally hidden layer and to save him from some worse evil in the future.**

Also, the symptoms which indicate bowel nosodes are not kept apart, like we do with classic nosodes. That's because bowel nosodes are directly related with their associated homeopathic remedies.

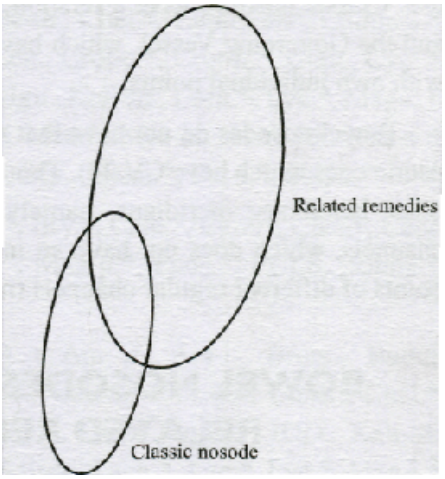


Fig. 7.1: Differentiation between classie nosodes and related remedies.

This means that the simillimum and the bowel nosodes overlap each other perfectly, contrary to the use of a simillimum and an intermediately given classic nosode (see **fig. 7.1).** A **claSSIC nOSOde** can even be administered as a fundamental remedy.

A bowel nosode does not stand as a fundamental remedy (remede de fond). That's why the bowel nosode is never repeated on the following prescription.

Either the previous constitutional remedy is repeated or a new remedy, that is complementary or related to the remedy administered before the bowel nosode is given.

Classic nosodes have more or less some individuality. But bowel nosodes have not. They lean against their related remedies which on the contrary have some identity.

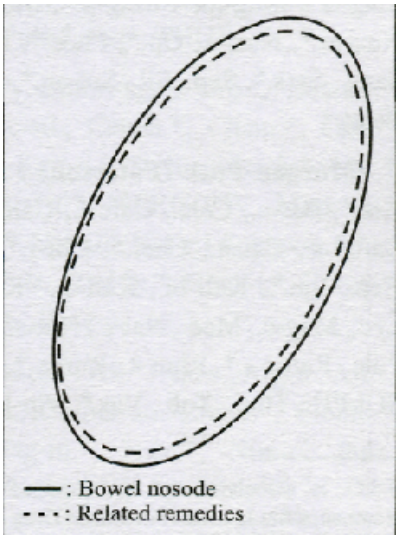
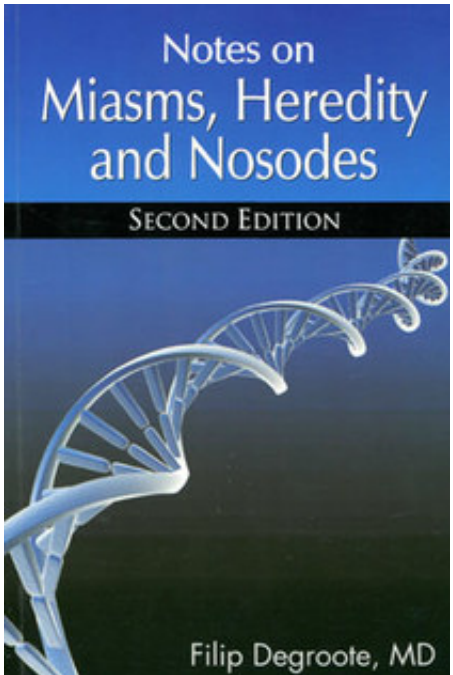


Fig. 7.2: Superposition of symptoms of bowel nosodes and related remedies.



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