

LOUIS KLEIN FSHOM
MIASMS AND NOSODES
ORIGINS OF DISEASE
VOLUME **2**

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PART 1

GUIDELINES FOR MIASMS AND NOSODES

Identifying the Continuum of Diseases and Miasms

Ask most conventional doctors about a particular disease and they will immediately talk about the pathological symptoms. Ask a homeopath about a disease and you may get a more complex answer (much to the chagrin of orthodox medical professionals). For homeopaths, disease is a continuum that starts prior to the pathology manifesting. This chapter will focus on, and discuss this continuum extensively in a practical way.

Within this concept, there may be no dividing line for the homeopathic mind between non-pathological and pathological symptoms. In our repertories, you will find both types of symptoms, and homeopaths may treat them with similar emphasis in order to solve a particular case.

Even so, the distinction between pathological and non-pathological symptoms is very important in recognizing how well the treatment is working and also the challenge and even dangers that are being presented by the patient's condition. Knowing the state of pathology is also important in order to follow up effectively and to assess if the remedy is working. The key is that, as practitioners, we use the patient's general state to find the homeopathic remedy *simillimum* in order to help the patient effectively deal with the disease state. You know the remedy is working when the patient's pathology is better and health is restored. Yet the actual process of determining a solution for the patient lies within the continuum and the overall state of the patient.

This continuum is also part of the miasmatic picture. As homeopaths, we say that there is an energetic connection to prior generations' disease histories that is beyond even genetic predisposition. This is the miasmatic impetus, which lends itself to how the patient deals with both challenging life problems and also other disease manifestations.

Starting with Hahnemann, homeopaths have said that disease starts with an energetic shift resulting in a change in the disposition or a change of state. I've lectured and written about this extensively, including in the first volume of *Miasms and Nosodes*, where I gave a definition along these lines: Disposition shapes each person's unique way of responding to events. It includes the consistent positive and negative attributes that form our attitudes and actions.

Positive **and** negative - this does not sound like pathology or disease! Yet in many ways it is essential to understand the overall disposition presented in a remedy, a nosode, or a miasm in order to help the patient. The more we understand the dispositional features of a remedy the more likely we are to help **prevent** pathology from even manifesting.

Disease starts with a change of state reflected most prominently in the mind, and then problems and challenges develop for an individual, eventually resulting in actual pathology. The core of this change of state and the whole continuum has to be understood in order for a homeopath to understand the patient and grasp the solution by matching to the homeopathic remedy.

This is also what I call the context of the **totality** of symptoms rather than simply using a small subset of symptoms, or keynotes, that have traditionally been used in certain fossilized homeopathic circles. This tracing of the picture prior and during pathology I have found to be the most reliable way to identify and distinguish each nosode or remedy from the other. Hahnemann expanded his context of prescribing when he published his theoretical work on miasms following over a decade of active, practically-oriented research into the origins of

chronic disease and ways to further improve the success rate of homeopathic treatments. Five years before the appearance in 1828 of his first volume of *Chronic Diseases* he had confided his excitement over his ongoing discoveries to a senior government official, Dr. Baumgartner:

By thousands of trials and experiences as well as by uninterrupted meditation I have at last attained my object. Of this invaluable discovery, of which the worth to mankind exceeds all else that has ever been discovered by me, and without which all existent homeopathy remains defective or imperfect, none of my pupils as yet know anything.

[Bradford, *The Life and Letters of Dr. Samuel Hahnemann*, p 174]

This larger materia medica context, supplementing his remedy provings and prescribing guidelines, has been expanded in ways that create a beautiful and effective tapestry of natural interrelationships and categorization. Hahnemann's younger contemporary Boenninghausen used information from the miasmatic treatises and teachings to draw up rubrics of remedies applying to each meta-miasm. And modern homeopathy continues to utilize and extend these categorizations.

It has been emphasized in these two volumes that although miasms and nosodes are energetic resonances of disease matter, the materia medica and the methods used to select remedies focus more on the state of the patient than the specific disease pathology. As noted, pathological symptoms do have value, especially in helping to identify and to confirm remedy choices and as important warning signs for monitoring treatment.

The rest of this chapter aims to set out and clarify methodologies to evaluate both these pathological and non-pathological states. Chapter 2 continues by illustrating how the periodic table can be used as an additional tool for understanding remedies and patients within a categorized, interrelated array.

In subsequent chapters in Part 2, I attempt to help you perceive and identify specific miasms directly in their fullest extent, and give individual indications for a range of particular homeopathic nosodes.

My suggestion is to touch lightly on all new information on first view, and to return after you have attempted to utilize some of it. The second time it will become clearer.

Discerning the Miasm and Nosode

The pair of books *Miasms and Nosodes Volumes 1 and 2* is an attempt to put forward a more robust homeopathic materia medica of miasms and nosodes that will help give you more confidence in prescribing nosodes within homeopathic treatment of chronic disease.

Many times, miasms and nosodes are part of a substrate in the overall picture and treatment of a patient. What I mean by that is that the miasmatic quality of a case mostly has to do with hereditary factors and other general peripheral elements in the case history that are not always very clear, yet may have great impact on the rest of the case.

Eventually a nosode may be needed, but not always as the first or even second prescription. By the time it is required the case may no longer have the robust symptomatology and dispositional indications that were present in the beginning. For the purposes of prescribing, the case may be fragmented and a nosode may be prescribed with just a few indicative symptoms and modalities present.

In his book *Chronic Diseases*, Hahnemann stated that even with the use of proven homeopathic remedies, many times "non-venereal chronic diseases" returned after treatment. He then went on to say that the homeopath will encounter symptoms, which are actually "some separate fragment of a more deep-seated original disease" [Vol. 1, p 5].

This fragmented symptom situation is one of the indications for a nosode. It is another way of saying the symptoms do not add up to a cohesive picture and that there is a "paucity of symptoms."

Hahnemann continued by stating that the homeopath must discover the original malady and equated this with the miasmatic disease:

That the original malady sought for must be also of a *miasmatic*, chronic nature, clearly appeared to me from this circumstance, that after it has once advanced and developed it can never be removed by the strength of any robust constitution, it can never be overcome by the most wholesome diet and order of life, nor will it die out of itself.

[*The Chronic Diseases 1*, Hahnemann, pp 7-8]

Hahnemann's methodology for matching the homeopathic proving symptoms to patient symptoms involved direct clinical observations and experience. When introducing and describing miasms and miasmatic treatment, he also collated information from his study of medical literature, including conventional case reports, as well as homeopathic patient histories. In treatises such as *The Chronic Diseases* and the *Organon*, he presented the results of his pioneering research, identifying historical diseases, generalized pathological conditions, clinical manifestations and dispositional features associated with his three main miasms - psora, syphilis, and syphilis. He attempted to validate his determination that the Psoric miasm is the common thread of all the different (fragmented) disease conditions he listed.

Modern research into miasms builds on Hahnemann's original trio, characterized here as *meta-miasms* in contradistinction to *specific miasms* based on modern disease identification and classification. As I discussed in Volume 1, classic homeopaths gradually introduced more and more nosodes with modern microbiology enabling practitioners to describe and prescribe further remedies sourced from individual species, each with unique chronic disease implications. It is the nature of the disease condition that many times can give a crucial clue to the miasm and nosode of an individual case.

The correct timing for giving the nosode is essential. I feel individualizing the nosode to the right situation, the right timing and of course to the individual patient is critical. This precludes throwing a nosode at a case simply because the patient possibly or definitely had the infection at one time or another. There has to be more than that present to prescribe successfully and to move the patient towards a state of health.

It may seem like a quandary to someone unfamiliar with homeopathy as to why one particular infectious disease agent would have prominence (physical and energetic) for a particular patient. After all, there are estimated to be trillions of viruses and bacteria present in the body.

The answer to this lies in what I've stated both here and in Volume 1 about the continuum leading to disease symptoms and even infections. Hahnemann also gives an explanation in the *Organon* §31:

The - partly psychical and partly physical - inimical potences in life on earth (which we call disease malignities) do not possess an absolute power to morbidly mistune the human condition. We become diseased by them only when our organism is just exactly and sufficiently disposed and laid open to be assailed by the cause of disease that is present, and to be altered in its condition, mistuned and displaced into abnormal feelings and functions. [Brewster O'Reilly translation, pp 78-79]

He says the prominence happens when someone is "sufficiently disposed" and this has to do with energetic disposition. The disposition is the key to unlock treatments that effectively

safeguard against future susceptibility.

Microbiomes, Epidemics, and Homeopathy

Another perspective has to do with the microbiome in the human body and even outside the human body. Out of the millions of contagious viruses, bacteria, and fungi found, there is one that becomes prominent and needs treatment. This prominent one is the keyhole that will, when treated energetically, stimulate balance for the whole biome.

The homeopathic treatment or nosode directs itself to the consciousness, the core correcting purpose of the prominent virus, bacterium, or fungus, and thereby stimulates healing and balancing of the whole microbiome and body/mind dysfunction, whether in the body or, in the case of an epidemic, outside the body. The wisdom that we apply to the treatment in a deep and receptive way aligns with the evolutionary purpose of these microbiological entities. From prehistoric times, they have been involved in the development and evolution of life. From the Mind and Disposition sections on miasms and nosodes, we can get clues as to their individual specific purpose.

In the case of a nosode or miasm, the infection it represents exhibits another phenomenon in epidemic situations. That is, the infection starts as a prodigious group social dysfunction and problem, a more universal prospect that needs repair. The epidemic itself has a consciousness with a set of symptoms.

In the case of viruses, especially influenza ones, the core correcting purpose is the meaningful repair leading to the evolution of those *influencing* and those *influenced* as is suggested by the word "*influenza*". The type of influence is usually insidious and poisonous, and the viral disposition seeks the most homogenous response, which spreads the virus. Although I will discuss viruses more intensively in Volume 3 of *Miasms and Nosodes*, it is interesting to note that homeopaths have been safely using potentized nosodes made from viruses for almost *two centuries*. For many years, I have been studying and teaching about the dispositional state of individual patients who need a nosode potentized from a virus, as well as the more universal virus aspects. With the recent pandemic, the prior social and political attitudes and strife leading to the pandemic, as well as the response, have been consistent with what I have been teaching concerning the general dispositional and energetic state of viruses.

The primal fear and panic as a first response I know as a general part of a phase of viral disposition. The push to increase this fear and panic, and then the process of lock down with obedience and isolation followed by resistance, are also hallmarks of the phases of virus disposition.

The competition to influence public opinion and create a "viral" unopposed, homogenous opinion is also an important feature of viral energetic disposition. Over the years, I have seen this in the personal coercive interactions of patients who need a viral nosode, particularly in parent and children relationships. It is awe inspiring to see it played out on the world stage. In fact, the ability to influence on such a large scale through the interconnectivity of the internet has been a key element of the intensity of the virus energy. The last severe pandemic, the Spanish flu, occurred at the beginning of the 20th century in a similar fashion. Nations and their populations went from local narrow perspectives to activities and knowledge of an interwoven *world* political scene, where the conflicts resulted in the first "World" War. It was also the time of the advent of the radio where world wide communication was possible. The Spanish flu pandemic occurred in the context of these developments and again informs the general elements of viral miasmatic choices.

In the case of bacteria, it is more about changing social interactivity, and less subtle and coercive. There are some bacteria, like Mycoplasmatales, that have similarities to viral dispositional aspects. Bacteria and their dispositional qualities in a larger context have also been discussed in the miasm sections.

And in epidemics there exists a considerable impact as a result of the larger consciousness being diseased. We may see peripheral issues in comorbidity with the prominent infection. And these may also be repaired by virtue of successfully and energetically treating the prominent infective agent. In the clinical treatment of families I have seen that when even one person in the family is treated homeopathically, there is a good, sometimes dramatic shift in the health and dynamics of the whole family.

The homeopathic solution is always to take the individual case through observation and grasping the remedy needed; the general more universal qualities play an important role in informing the choice. Many times there is a consistent remedy for many individuals in the epidemic and that is what is called the genus epidemicus.

This energetic solution, therefore, results in personal evolution and changes, as well as resultant social changes. Precautions that no longer encourage the spread and multiplication of the material infection can be important as well. What is needed is a full transformative experience that the gift of homeopathic remedies can trigger and prompt.

Effective Prescribing

To effectively prescribe in an individual way, even while faced with many general social factors, we use a variety of methods. Over many years of teaching, I've always recommended a four step method, distinguishing, as noted, between disposition and pathology:

- Firstly, to identify the true disposition and true pathology that the patient is suffering with
- Secondly, to translate this to homeopathic language including repertory, materia medica, and other categorization processes
 - Thirdly, to select a remedy
- Fourthly, to evaluate the response especially as to improvement in pathology

Even though the ideal is to have as much confirmatory dispositional information as possible, many times these indications are less evident, especially when it comes to miasms and nosodes.

Case Attributes

Here are the various aspects that we prescribe on, when prominent, particularly in cases of chronic disease:

1. **Mind and Disposition** including the context of the totality of symptoms. This requires exemplary case taking to find the full extent of the disease process that is closest to the energetic dysfunction - the mind symptoms. Identifying what is relevant, and what is in the unconscious requires techniques of perceptive ability that are being brought to the forefront by smart-thinking homeopaths committed to excellence.
2. **Chronic Diseases and Pathology** related to a particular kind of infection, with suffering from diseases attributed to a particular infectious agent. For example, in Volume 1 I talk about how chronic symptoms of Crohn's disease are related to *Mycobacterium paratuberculosis* in the *Johneinum Nosode* (an association which is also found in modern conventional research).
3. **Modalities:** for some well known nosodes, as in *Medorrhinum*, modalities better in the evening, lying on abdomen etc. are plentiful and clear; but this is not the case for many

less known nosodes.

4. **History of the Infection** in the individual's lifetime - recent, in distant years, or in the family history.
5. **Family History Circumstances** as well as combinations of the above.

There are many aspects of a case that may inform us about the remedy to be prescribed. Of course, the ideal is when the case shines brightly and illuminates all the various aspects of symptomatology. When all the above factors line up, it is exciting and easy to prescribe a remedy.

This bright unmistakable beacon does not always appear, because of the fragmented quality of nosodal indications, especially where the miasmatic state results from a long-term continuum of affections within family histories. As well, there is a natural tendency for a patient to cover up their deeper, painful motivations, and to be unaware of unconscious forces that prompt disease states; many times the family history is not known.

A good example of this is a case I had of a young girl who was having severe temper tantrums and antisocial behaviors. She could scream for over an hour and the mother even brought in a recording of the tantrum since it was so remarkable. The child had done well on *Cina* but then it had stopped working.

After reconsidering the full extent of the case, I determined that this child needed the nosode *Malaria compound*. I therefore asked the mother if anyone in the family had ever had malaria. She was adamant that no one in the family had and skeptically claimed that this was a rather exotic and almost non-existent disease for anyone in the area she lived in. In spite of that, I prescribed the homeopathically prepared nosode, and asked the mother to make enquiries about malaria within her family.

After one month, the mother returned with her daughter and described a profound positive shift in the child generally, and also a decrease in both the frequency and length of the tantrums with none occurring most recently, which was unusual. The mother then went on to say that the girl's grandfather had revealed that he had contracted malaria when he was in the military and stationed in the South Pacific during the war.

Building Nosode Symptom Pictures

As much as perceiving the state in the patient is essential, materia medica information is just as important. We can build a good picture of the total remedy symptoms including disposition by utilizing information based on various homeopathy methodologies:

1. **Provings:** Hahnemann's sole original source of information that he subsequently expanded by introducing the miasm theory.
2. **Clinical Experience:** an important source of information for most miasms and nosodes. When we start to prescribe successfully we can develop an appropriate focus and thereby garner a deep grasp of the nosode.
3. **Hahnemann's Totality of Symptoms:** It is interesting that in various places in the *Organon* (such as §17 and §18) Hahnemann expresses notions of totality using three different German terms. These have slightly different emphasis or even polarities that do not always come across in English translations.

German "*Total*" here indicates the overall nature of disease as the sum of its two interrelated parts - both the inner vital disturbance, which is not accessible to human intellect, and the outward manifestations, on which our prescriptions should be based.

A second phrase for a symptom totality, *Cesam(m)theit der Symptome*, highlights their coherence as a *comprehensive list*. It is a linear perspective - a list.

The *Inbegriff der Symptome* in turn implies *intuitive grasping* of the symptoms and the patient. The word is related to the verb *begreifen* 'to see, recognize, understand, grasp.' This is more of an intuitive, perceptive process of comprehending. I see it as including the ability to really grasp the symptoms and the patient as a dynamic, living essence. This process requires the ability to transform the materia medica or symptom lists into a dynamic living entity that can be essentially grasped and matched to the patient.

We can utilize both the logical full list (*Cesamtheit*) of the patient's complaints and the unconscious, illogical motivations of the patient - the strange, rare and peculiar, as Hahnemann would say. And new techniques have been developed to bring these deeper and more vital aspects to our attention.

The real *Inbegriff* or grasp of specific homeopathic remedy information ultimately comes when the homeopath perceives the point of congruence between the most individual information about the source material on one hand and the individual themes of the homeopathic proving and/or clinical information on the other.

In this way, we can successfully distinguish even similar remedies from each other and also find the deepest simillimum. The application of the simillimum comes when this individuality core or point of congruence is also perceived within the innermost core of the patient's idiosyncratic continuum of symptoms and therefore matched.

4. **Miasmatic Categorization:** For miasms, as noted above, homeopathic categorization started with Boenninghausen's rubrics listing remedies associated with Hahnemann's meta-miasms.
5. **Source Material Categorization:** With more and more remedies being added to our materia medica, broader methods of classification and categorization have become an increasingly important part of the homeopathic process. Computerization of information has also greatly extended the resources available to us.

Recently, identification of the remedy kingdom has been used in grouping remedies. And within the plant and animal kingdoms, scientific taxonomy systems have been employed for purposes of mapping relationships between remedies drawn from the same family or order. Homeopaths have looked at how plants line up in the Cronquist or ARC classification systems, for instance.

With reference to miasms, biological taxonomy similarly allows us to see relationships between various microorganisms classified in the same family or order. We may also see similarities reflected energetically in the mind and disposition symptoms of nosodes within the same family or order. It is such scientific groupings that are used to organize the information presented in these two volumes on *Miasms and Nosodes*.

Through work led by Jan Scholten, the periodic table of elements has become a riveting tool for understanding both disease and mind states for remedies from the mineral kingdom. And of course all types of source materials for remedies (apart from imponderables) have at least one mineral within their primary components. The periodic table has been used to explore how element remedies are interrelated, and the themes related to each row or column' have been further applied to remedies from other kingdoms, offering good general clues to tracing the correct remedy. Even the miasms have been assigned to particular stages within the periodic grid.

In the next chapter, I will focus on this method based on the periodic system, since it is such a beneficial tool for the homeopath. It offers a broader way of understanding nosodes, and infuses more information to help our grasp of these miasmatic remedies that often prove elusive.

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Miasms and Stages on the Periodic Table

The periodic table is an important and useful general tool for homeopaths as a means of mapping and grasping patient states, problems, and pathology as well as understanding the core features of element source materials for homeopathic remedies. Looking at the overall periodic table and its general categorical construct helps us to understand relationships between groups of remedies as well as the grasp of specific remedy knowledge.

Historically in chemistry, the periodic table has been used to show the placement of various elements in an orderly fashion and primarily follows principles published by Mendeleev in 1869.

But for quite a few years now, it has been used in homeopathy as a template for the human psyche and endeavors and ultimately for pathophysiology. This is as a result of one of the most impressive and important discoveries of the 20th century. Jan Scholten, the brilliant Dutch researcher, homeopath and medical doctor started to describe his profound breakthrough in 1995, and first published it in his book, *Homoeopathy and the Elements* in 1996.

The homeopathic periodic table is a bold statement confirming that, in nature, there is a systematic tapestry and reflection of the state of human beings. Much of the development of consciousness and the activities of living things are reflected in this astute model of the periodic system.

Over many years of practice, I and other senior homeopaths have confirmed its practical and precise predictive quality. Various rows (series) and columns (stages) have been shown to represent significant aspects of dispositional states and problems. More complex mathematical patterns and practical features have evolved, expanding our understanding of the positioning of elements and the relationships between them.

The original discovery included only mineral remedies, but now the schema can be applied to remedies from all the kingdoms. More recently, Jan Scholten has presented a system whereby the evolution of plant families and plant orders can be discerned in combinations of locations on the periodic table, incorporating what he calls phases and subphases.

It is the stages (running across the period grid in columns) and especially their miasmatic affinities that are the main focus of this chapter. Of course, the series (rows) and phases or subphases also offer valuable pointers

for prescribing. Not only do individual stages have affinities with sets of remedies, echoing similarities in the chemical state of elements in the same column, but particular stages also have connections to particular miasms.

I have recently developed some further ideas about the stages, miasms, and their relationships with each other, giving more depth and insight into their use. An understanding of the overall scheme and the specific features of its various areas can help give a grasp of miasms and vice versa. These ideas are discussed in this chapter, while more general information can be gleaned from Scholten's book *Homoeopathy and the Elements* as well as the website Qjure.com.

Each stage has a core way of handling problems. But it is important to understand that health is the ability to move through a problem and become free of it, whatever the problem

is and however it is experienced. While health entails the capacity to free oneself from particular problems, in chronic disease states there is an inability to move through these. Therefore, because of predetermined miasmatic factors, there is a specific area where the patient is stuck and bogged down. This area always includes qualities associated with a stage, but could also involve other aspects of the periodic table schema such as series and phases. This resonating troublesome area needs to be freed up and the specifics about the area give us indications as to the homeopathic simillimum.

Scholten's slightly adapted version of the periodic table, referred to in this chapter, is shown below with the usual grid arrangement of:

18 stages (columns) reading across the page

7 main series (rows) reading downwards (with the Gold series and Lanthanides shown separately within Series 6)

Jan Scholten's Stages and Series of the Periodic Table

		Stages																	
Series\Stage		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Series	1 Hydrogen	H																	He
	2 Carbon	Li	Be	B							C					N	O	F	Ne
	3 Silicium	Na	Mg	Al							Si					P	S	Cl	Ar
	4 Ferrum (Iron)	K	Ca	Sc	Ti	V	Cr	Mn	Fe	Co	Ni	Cu	Zn	Ga	Ge	As	Se	Br	Kr
	5 Argentum (Silver)	Rb	Sr	Y	Zr	Nb	Mo	Tc	Ru	Rh	Pd	Ag	Cd	In	Sn	Sb	Te	I	Xe
	6 Lanthanum	Cs	Ba	La	Ce	Pr	Nd	Pm	Sm	Eu	Gd	Tb	Dy	Ho	Er	Tm	Yb	Lu	
	6 Aurum (Gold)				Hf	Ta	W	Re	Os	Ir	Pt	Au	Hg	Tl	Pb	Bi	Po	At	Rd
7 Uranium/Actinide	Fr	Ra	Ac	Th	Pa	U	Np	Pu	Am	Cm	Bk	Cf	Es	Fm	Md	No	Lw		

General Overview of the Stages

First, a general overview of the periodic table is necessary to build an understanding. The sequence of the stages represents the way someone engages in the world and solves problems. Each individual stage from 1 to 18 has specific implications within the whole progression across a series, described by Jan Scholten in *Homoeopathy and the Elements*: The eighteen stages are stages in a cycle. Each cycle consists of the beginning of a project, the successful accomplishment of this project and then its eventual decline and final breakdown. It describes the rise, the success and the fall of any undertaking, project, business or kingdom.

The stages could be seen as separate moments fixed in time in this overall process. They describe the continuing process as if it consisted of different steps that can be lifted out separately.

[p 29]

We can start with a basic view of rise, peak, and decline. In the beginning stages, there is a naive and doubtful inception. As you might presume, the person who belongs in the first stage would be just starting projects, life, relationships etc., but in an impulsive and simple fashion. In the center, Stage 10, the person is at a pinnacle, representing success. But by the time they are in the 18th stage, they are completely out of touch with the world. There are groupings of stages from Stage 1 to 9, then Stage 10, and then Stage 11 to 17, with Stage 18 being a final transitional stage. Broadly speaking, Stages 1 to 9 are attempting to gain, and Stages 11 to 17 are about loss. Stages 1 to 9 lack the confidence, which is possessed by Stages 10 to 17, peaking at Stage 10.

It is like climbing a mountain, reaching the summit and then going down the other side of the hill. Stages 1 to 9 are the uphill and the primary generalized feeling is one of having doubt yet engaged effort. The patients in this group doubt that they can complete their tasks, but they nevertheless push onward and upward. Different aspects from this general picture are prominent in different stages. For example, doubt is present throughout this group of stages, but is especially strong in Stage 5 and doubt is an important feature of the corresponding Malaria miasm here. In Stage 8 a last strong push is required, so persistence and perseverance are key qualities of this stage.

Hahnemann's three meta-miasms can likewise be correlated with similar groups of stages, namely:

Psora	Stages 1 to 9
Sycosis	Stage 10
Syphilis	Stages 11 to 17

Or as authors including Jan Scholten have put it:

Psora	Stages 1 to 6
Sycosis	Stages 7 to 12
Syphilis	Stages 13 to 18

In other words, these meta-miasms as traditionally described by classical homeopaths are part of a wide swathe of dispositional states. When seen as more specific miasms their extension is more limited, as described in this volume in the sections on Neisseriales and the Syphilitic miasm, along with the spirochetes and the Syphilitic miasm.

So, looking at the periodic table stages, while "doubt" is a significant trait of the psora meta-miasm and the earlier stages, "excess of success" characterizes sycosis and Stage 10. Right after this stage, in Stage 11, we see an attempt to hold on or to maintain the success. This would be the primary momentum of a person who needs a remedy or nosode from this stage. The downhill trend from Stages 11 to 17 matches Hahnemann's Syphilitic meta-miasm. But in terms of the individual constituent miasms we can put the Syphilitic miasm and the nosode *Syphilinum* in Stage 17.

The remaining Stage 18 (which has also been called Stage "0") is most readily understood by looking at the periodic table in a spiral format. Stage 18 remedies are a bridge, so to speak, between different series (horizontal rows in the standard grid). In the spiral diagram, for example, Neon at Stage 18 is flanked by Fluorine (Stage 17, near the end of the Carbon series) and Natrium (Stage 1, at the start of the following Silicon series). Therefore, remedies in Stage 18 correspond to situations where the overriding problem is that major life transitions are denied or not well made.

What is also important to understand is that although the dispositional state may be more profound as the numbers of the periodic table increase, severe pathology can be found in any of the stages of the periodic table.

Ulrich Welte's book titled *The Periodic Table in Homeopathy: The Silver Series* offers further delineation of similar stage groups:

We can also interpret the stages as the principle of creation, preservation, and destruction.

All things go through this cycle in time and space. All things arise and grow (Stages 1-6), have their prime (Stages 7-12), become older, decay, and die (Stages 13-17), before going through an intermediate state of rest and invisible transformation (Stage 18). [p xiii]

Another way of looking at the overall process is that there is engagement in Stages 1 to 9 (on the left side of the periodic table) and a loss of engagement in Stages 11 to 18 (on the right side). The notion of engagement can also be perceived **within** each individual stage, and is included as one of three key concepts discussed in the new analysis given below.

More Insights and the Clinical Application

Two new developments are outlined in this section:

1. Applying a set of three terms used to characterize the distinctive features of an individual stage which then links it to a miasm.
2. A discovery of a way to effectively connect the stages found on the two different halves of the periodic table. This involves defining the core themes, including comparisons and contrasts, between the earlier stages (on the left side of the periodic table) and the later stages (on the right).

This helps to determine the miasmatic quality in the case. It can also help to place the individual and their symptoms more accurately within the periodic table schema.

1) Impetus, Engagement, and Momentum

Each step or stage of this overall cyclical process for dealing with a particular problem can be explained in terms of the **impetus**, the type of **engagement** (or lack thereof) and then the subsequent **momentum** undertaken by the individual in response to it. These aspects reflect how an actual microorganism associated with a miasm functions within its environment.

It also describes how a miasmatic trait in a patient motivates certain susceptibilities and behavior. Just as the position of each stage within the overall set suggests specific issues and limitations when a person encounters challenges, the characteristics of particular

miasmatic or nosodal microorganisms determine (and can be perceived by) the underlying *impetus*, *engagement* and thereby active *momentum* in a patient's life. This information relating to the source substance is found below in the descriptions of stages for nosode remedies.

By observing the nature of someone's undertakings, the problems they encounter and the ways in which they deal with different types of difficulties, we can determine the way their life is moving, i.e. their general momentum. This can assist in grasping their miasmatic state and also their stage on the periodic table.

As well as indicating the locus of expression for an individual, the concepts of *impetus*, *engagement/disengagement* and *momentum* can also be applied on a broader socio-political scale. The chapters exploring individual miasms include examples of such wider socio-political ramifications.

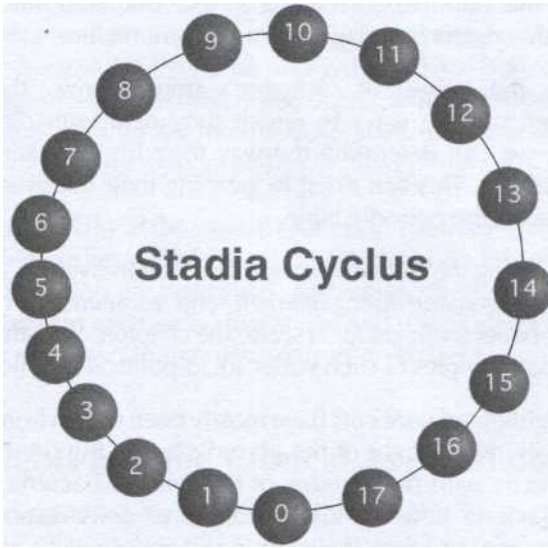
These three highlighted concepts have mostly been drawn from the natural progression within the stages of the periodic table. But they can also be correlated directly with the patterns of behavior of bacteria and viruses themselves. Bacteria develop via a process of colonization, invasion/ evasion, adherence, and then toxigenesis and endotoxicity, and these sets of actions can be compared as follows:

Bacterial Action	Stage Action
Colonization	Impetus
Invasion/Evasion	Engagement or lack thereof
Adherence	
Toxigenesis, Endotoxins	Momentum

2) Discovery of Connections Between Right and Left Sides of the Periodic Table

You can simply utilize the concepts that the periodic table holds by looking at each individual stage and how it unfolds. However, understanding the connections between the left and right halves of the periodic table can add valuable insights. The counterparts between the earlier and later stages are best illustrated using a circular chart.

Scholten has offered a "stadia cyclus" or life cycle diagram for the eighteen stages, analogous to the birth, growth, degeneration, and death of a generation in biology.



Here Stage 0 at the bottom of the circle marks the start of an individual cycle, while also doubling as Stage 18 at the end. You can say that there is upward motion from 1 to 10, proceeding clockwise towards 10 at the top of the circle. Then Stages 11 to 17 go downward, matching the trajectory of rise and fall within the familiar rectangular form for the periodic system.

As I looked for connections between the two sides of this circular depiction, I attempted to connect and match various stages in the circle together. After much contemplation and many tryouts, I had a flash of insight about the most effective and straightforward way of making the connection and pairings.

I came to the conclusion that the best way to see the connection between these stages was to use numerical factoring (part of what is called "gematria" in Judaic studies) such that the connection is based on the sum of each number's components. Certain single digit stages equal certain double digit stages based on the addition. So Stage 18 actually aligns with Stage 9 since $1 + 8$ equals 9; Stage 17 aligns with Stage 8, since $1 + 7$ equals 8; Stage 16 aligns with Stage 7, since $1 + 6$ equals 7, and so on. In this scheme, each earlier stage has a single numeral (from 1 to 9), while the later stages have two-digit numbers (from 10 to 18). Therefore, two equal divisions are set out with nine stages in each half i.e. Stages 1 to 9 on the left, matched with Stages 10 to 18 on the right. *This also equates with the similarities of dispositional states between the paired reciprocal stages.*

Because two sets of nine are involved, a numerical way to see the stage pairs is to imagine two columns of figures: Stages 1 to 9 on the left (all single digits) and Stages 10 to 18 on the right (all double digits). The single numeral on the left is always the sum of the two digits that make up its right-hand partner.

Stage	Reciprocal Stage	
1	10	$1 = 1 + 0$
2	11	$2 = 1 + 1$
3	12	$3 = 1 + 2$

4	13	$4 = 1+3$
5	14	$5 = 1+4$
6	15	$6=1+5$
7	16	$7 = 1+6$
8	17	$8 = 1+7$
9	18	$9=1+8$

As mentioned, in these reciprocal pairs it became apparent to me that dispositionally *the seeds of problem-solving in the first stage were reflected in the later matched stage*. After very careful thought, I have selected a **single core word** for each related pair that sheds light on the themes or qualities shared by both its stages. This can aid in identification of the appropriate stage or miasm, hence selection of the correct remedy.

The parallels between the two halves can account for some of the difficulties we encounter when trying to pinpoint a particular stage (or phase). Once aware of these shared aspects, we can focus on differentiating between a predominantly left- or right-sided emphasis, in relation to the periodic table stages, for an individual patient. The two halves often reflect complementary aspects of a single theme, like two sides of the same coin.

For example, in both Stage 7 and Stage 16 the core word is *help*. In Stage 7, the patient will exhibit signs of being helpful, wanting to teach and learn. In Stage 16 the patient will exhibit this core concept of help mainly by being *helpless*, even begging, which is part of the Leprosy miasm and Stage 16. The helpfulness reflects the positive upward trend on the left side while the helplessness in Stage 16 illustrates the downward trend found in the later, declining portion on the right side.

This has important implications for the placement of miasms in particular stages and clinical applications. The Tubercular miasm, for instance, has been "placed" in Stage 15, which has many qualities of tuberculosis. But you can see that Stage 6, its reciprocal stage on the left side, **also** has qualities of *Tuberculinum bovinum* and other Tubercular miasmatic nosodes. On a practical level, this means that when a patient presents in a way that makes you think of Stage 6 it is important to consider its counterpart Stage 15 as well. Ultimately, based on other information in their history, you may settle in some cases upon the Tubercular miasm in Stage 15 rather than a miasm or nosode associated with Stage 6. A similar situation and solution may present in reverse too.

This table summarizes the selected core words that are shared by reciprocal stages:

Left Side Stages		Core Word	Right Side Stages	
Stage 1	Obvious, from simple spontaneity	OBVIOUS	Stage 10	Obvious and distinct within the pinnacle of success
Stage 2	Protect from crisis & criticism	PROTECT	Stage 11	Protect and preserve success
Stage 3	Rivalry from split identity	RIVAL	Stage 12	Rival becomes enemy with cancerous

				doppelganger
Stage 4	Amaze during inception and starting	MAZE	Stage 13	Maze (confuse) with on-and-off withdrawal
Stage 5	Cautious from avoiding	CAUTIOUS	Stage 14	Circumspect with indifference and formality of full withdrawal
Stage 6	Dare from imperviousness	DARE	Stage 15	Daring and provocation with loss
Stage 7	Helpful, learn, teach from care	HELP	Stage 16	Helpless with rot and laziness
Stage 8	Persistence from forceful persevering	PERSIST	Stage 17	Perseveration with destructive condemnation
Stage 9	Retreating, almost at the pinnacle	RETREAT	Stage 18	Retirement with denial of transformation

These core words can be understood in the context of more substantial miasmatic and stage information given below.

Key Pointers for Individual Stages and Miasms

To supplement the broad stage and meta-miasm groupings already noted, individual stage information and affinities, such as in the above table of reciprocal stages, are concisely described here.

STAGE 1: Acute Viral Miasm

Shared [Stage 10] Core Word: OBVIOUS

Specific Core Theme for Stage 1: *Obvious, from simple spontaneity*

Expression:

In some ways, this is the most self-confident stage because of their naive, instinctive and spontaneous expression, and inherent lack of restraint. You could also say it is the most self-evident and simplistic stage, hence the key word "obvious."

Instinct is said to be blind - that is, either the end is not consciously recognized by the animal, or the connection of the means with the end is not understood. [Century Dictionary, cited in Online Etymology Dictionary]

The reaction in this stage is instinctual, unthinking, and unpredictable. It is a stage of panic, primitive self-focused survival reactions and not looking at the long term impact of spontaneous actions. In this stage, the type of expression is more like a spark and lacks the long-term fortitude to consistently express confident accomplishment.

In describing *Kalis* which are in this stage, James Tyler Kent calls their behavior "whimsical," a notion that can now be grasped from this new periodic table perspective. It could apply to someone just at the genesis of an idea or activity, or someone who continually expresses naive enthusiasm reserved for the beginning of a project even though they are far into it.

Another aspect is that their moods and activities can be easily changeable, easily impacted by external circumstances. In the extreme, there can be bipolar conditions.

Stage 1 is technically the stage of oneness (*Hydrogen*) and from a spiritual perspective is what the other stages are trying to attain. The closeness or distance of each stage from this goal of oneness can be indicative of the quality of its impetus and momentum. That is why in the spiral periodic table depiction each stage is interconnected to *Hydrogen*, number 1.

In *Hydrogen* and other remedies and nosodes in this stage, there may be a desire to be alone, the "one." But on the other hand, they can, in a polarity type of way, be very attached to their one partner/spouse or idea. They may continuously talk about the person to the point of being tormented, as in the remedy *Lyssin*. This attachment to one thing and breaking away or burning through is the basis of the disposition of Acid homeopathic remedies, which have *Hydrogen* as a primary constituent.

We see this self-confidence and instinctive expression again in the reciprocal stage for Stage 1, namely Stage 10, which is in the central part of the periodic table and the pinnacle. Stage 10 matches the Sycotic miasm which has hints of Stage 1 in the overall expression. In Stage 1, we have many viral miasmatic expressions such as *Lyssin*, the rabies miasm, where the animal instinct is sparked, manifested and feared. It is also a stage to be considered where there is panic and severe anxiety, a desire to isolate which has proven to be a part of viral epidemics and pandemics.

Impetus: instinctive, first, spontaneity, impulsivity, enthusiasm

Engagement: naively, prefix "in-," sparking, uneven, changeable

Momentum: aloneness, oneness, isolate, connect, whimsy, pure, rash, enthusiastic, animalistic, attached to one, childish, unpredictable

Other key words: initiative, simple, single minded, stubborn, one sided, thoughtless, fool, simpleton, prefix "in-," first, aloneness, whimsy, panic

Scholten from Qjure:

"These are people who take the initiative to start something."

"Because they never pause to think about what they are doing they may seem very naive."

"The prefix that is associated with this stage is 'in-.' This often indicates a beginning: to introduce, to initiate, to induce, to incarnate, impulsive."

"One sided, thoughtless ... Single minded, stubborn."

STAGE 2: Typhoid Miasm

Shared [Stage 11] CoreWord: PROTECT

Specific Core Theme for Stage 2: *Protect from crisis and criticism*

Expression:

Typhoid is the main miasm in Stage 2, whereas Cholera is the main miasm in the reciprocal Stage 11 (1+1 =2). Typhoid is less well known than acute cholera for creating hypovolemic shock but does have this feature. This life-threatening condition results when you lose more than 20 percent (one-fifth) of the body's blood or fluid supply.

This type of critical effect, with resulting shock and crisis, means that the body desperately holds onto fluids and protects vital organs. The core idea of protection reflects this even on the dispositional level.

In Stage 2, with the doubt and lack of confidence of the left side of the periodic table, the protection is about shielding from criticism and evaluation. Each beginning loss, whether emotional or business, is considered a critical or crisis situation which creates anxiety and needs urgent adaptation. In Stage 11 the protection is more about holding onto the success of Stage 10, the pinnacle.

In the Typhoid miasm, as I described in Volume 1, there is also a feeling of crisis at times and an urgent need to respond. They make good business people because they feel that

every detail in a business deal has critical importance. In the Typhoid miasm, there is a fear of sudden loss and therefore a critical response to even a small amount of loss (compare the Psoric miasm on the left side of the periodic table). In the Cholera miasm, Stage 11, there are more long-term protective issues about holding onto wealth and luxury. Moving on from the self-observation of Stage 1, Stage 2 remedies and miasms have an awareness of another person (duality) and therefore there is protective shyness with sensitivity to any kind of observation and criticism. Stage 2 remedies have concerns about self-worth and can be yielding and passive with this type of sensitivity.

Impetus: duality, looked at, self-deprecation, criticized, criticizing, duality, evaluating, crisis mode, fear loss, inadequate

Engagement: shyly, passively observing, consciousness of two-ness, continual critical crisis, needing support

Momentum: adapting, unsure, covering up, protecting from criticism, dictating, immediate action, irritable

Other key words: sensitive to being looked at, evaluating, judged, timid, phlegmatic, apologizing, giving in, passive observing, protecting, covering up, hardening, consciousness of duality

Scholten from Qjure:

"They are sensitive to being looked at and quickly feel criticized."

"There is a danger that the negative side takes over, and that they only see the negative sides in themselves and others."

"They feel so unsure of themselves that they don't dare to say or do anything."

"They have the tendency to protect themselves and not to show who they are."

"This is the stage where the number two comes in: they have become conscious of a duality." [The other person, thus criticism]

Typhoid Nosode from Miasms and Nosodes Volume 1:

Creating crises, *whirlwinds* needing quick resolution, intense and sudden fear of loss

Desire for luxury and protective comfort

Money-making

Also in this miasm is recurring chronic pancreatitis (*self-deprecation* is part of pancreatic issues).

STAGE 3: Ringworm Miasm

Also: Bacteria Pleomorphism Miasm

Shared [Stage 12] CoreWord: RIVAL

Specific Core Theme for Stage 3: Rivalry from comparing and split identity

Expression:

I chose the word "rival" for this stage and also Stage 12 even though it may be hard to see at first glance. This is an important and complex stage with many serious dispositional, mental, and physical problems developing when the number 3 - a rival outside of the dual nature of one and two - is introduced.

Rivalry means that comparisons are to be made. Jan Scholten talks about Stage 3 as one of discovery, investigation, and comparison. The definition of the word comparing is: 'liken, make a comparison, *represent as similar*.' The latter is the basis of neoplastic cancer growth - new similar growth that does not differentiate. Making something similar could also mean forgery. Both these ideas are found in this stage, but develop in a more pronounced way in the reciprocal Stage 12.

In Stage 3, there is a stronger internal feeling of being an imposter although this can also be seen and acted out more in Stage 12. In Stage 12 we see the forger, while in Stage 3, the individual struggles with feeling a fake.

In Stage 3, we see a confusion of identity developing because of the indirectness of the three. With one, the relationship is within oneself. With two, it is with another person. But when the third person or object comes along, rivalries develop and the "eternal triangle" starts.

This is one of the most important stages on the periodic table because we see both the Lanthanides and Actinides starting here as a subset.

Jan Scholten talks about the Lanthanides in homeopathic understanding and usage having autoimmune disorders with the Actinides having a proclivity to cancer. It shows that at this point there may be, as in its counterpart or reciprocal Stage 12, a pleomorphic breakdown of bacteria leading to these types of conditions.

This becomes more extreme in Stage 12, and thus in Stage 12 there is the Cancer miasm: cancer cells are neoplasms that fail to differentiate into the right type of cells. In Stage 12, rivals become enemies as we may see in the Mercuries in this stage.

Another theme in Stage 3 is "trying unsuccessfully and then discouragement," which Rajan Sankaran talks about as an aspect of the Ringworm miasm. It comes from an underestimation of the self. In this miasm, the circular eruption is analogous to the way the patient goes in circles trying to make a decision or accomplish something.

There is constant need to adapt and a feeling of not being seen or heard. There can be an individual lack of purpose and self-awareness such that the patient is, even as an adult, still trying to figure out "what they want to be when they grow up." And the inability to get solid grounding may be reflected in their easy loss of physical balance, vertigo, and motion sickness.

The lack of significant individual identity can lead to dissociative disorders as well as the subsuming of their individuality into a group or even cult.

Impetus: rivalry, comparing, rivaling, investigating and discovering, unable to differentiate, underestimating, three

Engagement: hesitation, threesome-like, prefix "under-," eternal triangle, scanning, unsuccessful

Momentum: trying, changeability and easy loss of balance, instability, confusing, discouraged, conditional love

Statement: investigating with unsuccessful trying

Other key words: finding potential, changeable, unstable, unofficial, uncommitted, invisible, prefix "under-"

Scholten from Qjure:

"These people start to look beyond themselves and begin to investigate other possibilities and ways of doing things."

"They like to compare the different possibilities to see what suits them best."

"They underestimate their own potential."

"Their own changeability can make them feel very confused."

"The prefix 'un-' or 'under-' is often seen in this stage. They are under age, unofficial, under the mark."

"The electric charge of the ions in this stage is three. The act of comparison is only possible when there are three people present, i.e. the observer and two others. 'The eternal triangle'

is also a theme in this stage."

Ringworm Miasm from Rajan Sankaran, *The Soul of Remedies*:

"The task at hand is just beyond where the person can be sure of success. The main action of the prover or the patient is therefore trying to do something, trying to accomplish a task. He starts with a kind of lack of confidence, becomes hopeful, tries to accomplish the task and struggles at it."

STAGE 4: Measles Miasm

Shared [Stage 13] Core Word: MAZE

Specific Core Theme for Stage 4: Amaze during inception and starting

The definition of "amaze" is: 'Overwhelm or confound with sudden surprise or wonder.'
[Online Etymology Dictionary!]

In this stage, there is uncertainty with a feeling of amazement whereas in the reciprocal Stage 13 there is confusion and the actual desire to confuse or create a maze. Both aspects involve uncertain fronts.

Unlike projects and actions in prior stages, in this stage there begin to arise projects with longer term momentum. As a reaction to the underestimation in Stage 3, the individual pushes forward, with a sense of amazement at the world, especially the natural world and its "treasures."

It is the time of initiation into societal achievement which requires developmental leaps for a child and thus the dispositional substrate for the Measles miasm. The eyes are wide open (in amazement) as we see in *Cerium metallicum*, in this stage.

I have found patients in this stage can be interested in esoteric subjects that "amaze" one. Stage 4 is half in, whereas Stage 13 is half out. On this left side, Stage 4, we see, for example, the element *Hafnium* considered for a "half-hearted director."

Impetus: grounding, forging, committing to the impossible, officially starting, half doing

Engagement: uncertain, unsure, half in, impossible

Momentum: amazement, half full, initial foundation, empowerment

Statement: committing to the impossible with uncertain amazement

Scholten from Qjure:

"When they have finally started a project they are amazed that it is actually happening."

"They can become very unsure of themselves, get panicky or have a nervous breakdown just before the start of the job, or the wedding, or the journey etc."

"We could imagine the situation of someone getting into a boat: one foot is already on board and the other foot is still on land. He wants to start his journey, but he is torn in two."

STAGE 5: Malaria Miasm

Also: Clostridium perfringens Miasm, Leptospirosis Miasm

Shared [Stage 14] Core Word: CAUTION

Specific Core Theme for Stage 5: Caution from Avoiding

Expression:

This is the median stage of the left side (between 1 and 9) and thus the doubt, which is part of the left side, is at its height. This can ultimate in extreme cautiousness and depression we see in the Malaria miasm.

The doubt also prompts skepticism and a lack of faith. Again, this can be part of deep-seated stuck depressions that are seen in the Malaria miasm and also the homicidal urges of this miasm.

In the reciprocal Stage 14, the skepticism becomes a complete disengagement, with

bureaucratic precision, whereas in Stage 5 it is more self-focused or impulsively expressed. There can be guilt and self-reproach as a result of this doubt as well as doubt and skeptical anger about others, particularly family members.

The Stage 5 patient can take two steps forward and two steps back and change their mind forgetting their initial positive clarity and intentions. They suddenly stop and then blame the practitioner. They have big ideas but don't implement or realize them.

Impetus: strong doubt, proposal, preceding, dread, presentiment

Engagement: postponement, avoiding, alternating, prefix "pre-," tantalizing, judicious

Momentum: cautiousness, skepticism, stuck, unrealistic, homicidal impulses, anger, avoidance, discouragement, anxiety and panic, long term grief, selfsabotage, blaming

Other key words: toxic, deserving

Scholten from Qjure:

"They are the front runners, the ones who show what is to come."

"They try to get the knack of the game but they often fail at this stage."

"So they remain skeptical and suspicious towards any plans or suggestions."

"They prefer to avoid the real confrontation, because they have too many doubts about their abilities."

"They feel as if they will never make it, as if they will always fail."

Malaria Nosode from Miasms and Nosodes Volume 1:

Toxic emotions

Stuck in toxic grief, emotion or thoughts

Stuck in a long-term project that doesn't complete

Deserving of wealth from others, the family

Family feuds

Parasitic

Homicidal thoughts and actions towards family

Anorexia

Big ideas

Excessive doubt

Retribution and fear of retribution

STAGE 6: Corynebacterium Miasm

Also: Diphtherinum, Propionibacterium acnes Nosode

Shared [Stage 15] Core Word: DARE

Specific Core Theme for Stage 6: Dare from Imperviousness

Expression:

"Daring" has the definition: 'to have the necessary courage or boldness for something; be bold enough'.

As mentioned in Volume 1, the Corynebacterium nosodes (e.g. *Diphtherinum*, *Propionibacterium acnes*) need to shine, take dramatic risks, and prove to their family that they can accomplish something.

And like the thick coating of diphtheria there is a veneer of toughness yet underlying courteousness even internal vulnerability. This physical membrane has a dispositional counterpart in the way they hide their daringness. *Chromium* is found in this stage of the periodic table. *Kali bichromicum*, which has this element as part of its make up, can have thick mucus and coating that is likened to the diphtheria membrane, and so can the nosode *Diphtherinum*.

In the larger order of Corynebacteria, the person becomes the hope for the family and dares

to move outward and upward (upward being part of the left side of the periodic table) from the family destiny.

Since they are not fully confident there can be doubt necessitating the hiding of weakness. They can attempt to compensate for this and for example, get into bodybuilding and exercise to bulk up and look strong.

Impetus: challenge, daring, initiation, prove something, avoiding weakness

Engagement: hidden, hiding, hidden force, imperviousness, awkward, family heritage and obligations

Momentum: force, daredevil, initiating, tough, courageousness, challenge, rogue-like, extreme sports

Other key words: rascal, danger, untouchable

Scholten from Qjure:

"They love challenges and even go looking for them."

"They are daredevils."

"They have a great need to prove themselves, to show what they can do."

"They are afraid that the task is too much for them."

"They first want to know for themselves that they can do it, before they will show it to others."

Diphtherinum from Miasms and Nosodes Volume 1:

Proving they are tough

Ordeals

Attachment to tradition, commitment to ancient roots

Family stories

Daringness and courage

Death of relatives

Propionibacterium acnes Nosode from Miasms and Nosodes Volume 1:

Conflict of family obligations and expectations

STAGE 7: Herpes Zoster Miasm

Shared [Stage 16] CoreWord: HELP

Specific Core Theme for Stage 7: Helpfulness - Help learn and teach from caring wisdom

This is the stage of "fine tuning" according to Jan Scholten's schema, also involving learning, teaching and even wisdom. Stages 6 and 8 which are on either side of this stage have progressive action whereas Stage 7 has a more pensive, ebbing quality. In this sense, you can see how the Stage 7 theme of getting feedback requires stepping back. There is also a sensitivity to feedback. The Herpes Zoster (shingles) miasm has particular affinities with older people whose advice and wisdom are ignored, setting the stage for the infection.

In this stage, there is giving from the point of view of being *helpful*. In the reciprocal Stage 16, there is *helplessness* and taking. Here there is a desire for compliments and in Stage 16 there is begging and wanting to get things for free. We call something that is free "complimentary" so the reciprocal seed is in this stage: the idea of giving compliments is in Stage 7, but wanting complimentary things, begging, is in Stage 16.

Impetus: helpfulness, helping, extending, need for feedback, cooperation

Engagement: cooperation, learning, feedback, doubt about task, when lying down

Momentum: training and developing, prefix "co-" or "con-," compliments, teaching, learning

Other words: extending, training, development, wisdom, advice, the teacher, learning new skills, lifelong learning, not being appreciated for work or teaching

Scholten from Qjure:

"The theme is extending the knowledge that has been gained so far."

"They enjoy learning new skills. They are good teachers."

"They like to have feedback."

"They like to receive compliments."

"The theme of training and developing skills makes them eager to cooperate with others."

STAGE 8: Tetanus Miasm

Also: Burkholderiales Miasm

Shared [Stage 17] Core Word: PERSIST

Specific Core Theme for Stage 8: *Persistence from forceful persevering*

Stage 8 patients exhibit endurance and constant planning which creates persistent actions and perseverance. So it is interesting that many of the miasms and nosodes of the Burkholderiales (in this stage) such as *Hippozaeninum* have to do with horses. Horses, especially those involved in horse-racing, are very much associated with qualities in Stage 8: ambition, intense persistence, forcefulness, etc. Even tetanus affects primarily horses in the animal kingdom and I discuss this relationship in the chapter on tetanus in Volume 1. Tetanus has spasms and heaviness and a feeling of pressure. In this stage you can see feelings of heavy pressure and force. It is also a stage having to do with related physical conditions such as migraine headaches.

Impetus: heavy pressure, forcing, breaking through, calculating, ambition

Engagement: endure, planning, taking more on, concentrated, absorbed by work

Momentum: persevere, force, fight on, persistence, concise, burdens, tremendous effort, building, pushing through, stiffening

Other words: weighing heavily, weight, crush, sacrifice, soldiering, task, burden

Scholten from Qjure:

"Their life consists of getting on with it."

"They feel that it is a tremendous effort to carry on."

"They have a tendency to force themselves and others."

"Pressure weighs heavily on them. But they are up to it."

"They hate opposition."

"They are very concentrated on their work, totally absorbed by it."

"This stage is the most courageous of them all: they can brave any danger."

Tetanus Miasm from Miasms and Nosodes Volume 1:

Love of, or affinity for, horses

Preventing others from stretching their consciousness

As if had committed a crime, after stretching consciousness

Excitability alternating with control

STAGE 9: Yersinia Miasm

Also: Mycoplasma Miasm

Shared [Stage 18] Core Word: RETREAT

Specific Core Theme for Stage 9: *Retreat from success when almost at the pinnacle*

Expression:

We see in the Yersinia miasm, as described in Volume 1, the desire to severely test authority or those who are successful.

It is as if they arrogantly say they do not need the success (of Stage 10) or to prove themselves. Therefore, they retreat from the final step and stay in the transition to this

successful stage.

Being immediately to the left side of Stage 10, ironically, we find leftist politics and the desire to tear down the success of those in Stage 10 to create an egalitarian atmosphere.

The retreat of Stage 9 is therefore temporary in some ways, since they are still quite engaged in the process and even actively work against the process of gaining success. Both Stage 9 and the reciprocal Stage 18 involve retreat from a transitional position or important turning point - to reach the pinnacle of Stage 10 or begin the initial impulse of Stage 1. But in Stage 18 the retreat is much firmer. There we find inertia, as in the "inert" gases of this stage. Here in Stage 9, we find the "wise guy" still proving they are supremely smart and even a savior for others yet not fully getting to the pinnacle.

Another way of expressing the themes of this stage is using the word "blunder." There is blundering during the last upward push, while relying only on self-approval - "who cares about others' approval?" In this stage, there is testing of those who are above them, while constantly calling things off. This creates a state of almost getting there, or not quite succeeding, along with idolatry and self-worship.

Impetus: false testing, testing upward, blundering (stumbling about blindly), incomplete retiring and retreating

Engagement: penultimate, not quite, last push, call it off just before success, only self-approval, rest before success, sabotage (self and other)

Momentum: upward, prefix "up-," almost, wise guy, savior, fighting injustice by the successful, not allowing themselves to make the last step to success

Other key words: retreating, retiring, withdrawing or pulling back

Scholten from Qjure:

"The final sprint."

"Finishing touches."

"But there is still a nagging doubt whether they will succeed."

"If they get stuck in this phase, they never quite reach the summit."

"They are inclined to call the whole thing off at the last moment."

"The mood of this stage is 'upwards'."

Yersinia Nosodes from Volume 1:

Sabotaging authority

Looking for an idol

Self-amusement

On the verge of success

Egalitarianism

STAGE 10: Neisseriales, Sycotic Miasm

Shared [Stage 1] CoreWord: OBVIOUS

Specific Core Theme for Stage 10: *Obvious and distinct within the pinnacle of success*

Expression:

This is the very middle of the periodic table cycle and the stages, hence it can be called the pinnacle of success. But I also describe the Sycotic miasm as 'the excess of success' since it is the stage of desiring extreme eros, which is mistaken for spiritual oneness found in its reciprocal Stage 1. There is further elaboration on this theme of mistaken eros in the section on the Neisseriales and especially *Medorrhinum*.

In this stage, the naive instinctual sparks of Stage 1 become intensified and more consistent. The impulses are either acted upon, or there is an attempt to hide them. These impulses can alternate with the need for balance. We see this in the themes of

Medorrhinum, also in the fixed ideas of *Thuja*, other sycotic and Stage 10 remedies.

The core word of "obvious" in this stage relates to the distinctiveness of being successful, even distinguished, and therefore haughtiness and egotism can be strong. The Sycotic miasm is known for the remedies that have fixed ideas and rigidity. Thereby, they feel their perspective should be "obvious" to everyone.

In *Medorrhinum*, the main nosode of Stage 10, the individual attempts to hide some of their more impulsive thoughts and actions. Yet they have difficulty doing so, since there is such a natural tendency to let it all become *obvious*.

As well, there is a desire to balance, be centered, and seek stability. Yet there can be extremes of going to opposites and thereby instability, as if someone is balancing on a large pole or platform that is moving like a pendulum side to side, from a central place. They may feel they are teetering on the edge, which may prompt a feeling of lack of confidence - the polarity.

Impetus: self-confidence, fruition, instinct and eros modified by need for balance, pendulum swinging, haughty

Engagement: balance and stability, easy instability, standing firm, fixed and rigid, lack of adaptation

Momentum: egotism, self-confidence, excess and glitter of success, central, fixed, ease of success

Scholten from Qjure:

"This is the summit of the cycle, where everything has come to fruition."

"They can be very exuberant."

"They are full of self-confidence, they can even be quite domineering, wanting to force their will on others."

"Becoming too fixed in their ideas is the main danger at this stage."

"All elements in this stage are hard and unyielding."

***Medorrhinum* Nosode from Volume 2:**

Desire to hide extremes but cannot conceal them effectively

Extroversion/Introversion

Love/Hate

Genius clarity/ADD-ADHD

Excess of friends and party acquaintances

STAGE 11: Cholera Miasm

Also: Toxoplasmosis Miasm

Shared [Stage 2] Core Word: PROTECT

Specific Core Theme for Stage 11: *Protect and preserve success*

Expression:

The protection from criticism in Stage 2, although present in this stage, now progresses to preservation consistent with the elements of the right side of the periodic table. There can be a zealous need for preservation and maintaining the successful accomplishment of Stage 10. This can include the need for rules, control, and guarding.

Stage 11 has the Cholera miasm. Patients with cholera can quickly and dangerously go into hypovolemic shock whereby the body needs to hold on to fluids and protect vital organs. We see in this stage the need to tenaciously hold on, even ultimating in severe cramping of both body and mind.

In Stage 11, this translates into maintaining wealth and status by holding onto gains made in the previous stages. Rather than the climbing uphill we have seen in the left side (Stages 1

to 9), here we see an evening off, moving towards decline on the right side (Stages 11 to 17). The integrity of the striving seen in the left side of the periodic table is now compromised by the desire to hold on to wealth and rewards.

The two stages bordering Stage 10 have some commonality. Interestingly, in Stage 9, we see criticism or discounting of those with success and abundance along with a desire to create an egalitarian society. It is a more leftist political perspective, even a radical one, involving overt attacks. Stage 11 is more conservative in the political sense and can be ultra-conservative especially in the realm of religion.

Behavioral rules are important in this stage. *Cuprum* has been described as a good remedy for those who are ultra-conservative and rigidly follow the rules. It is, of course, also an important remedy for cramping and Hahnemann described it as an important remedy for cholera, as further discussed in this volume of *Miasms and Nosodes*.

Impetus: effluvia, protect success, hold on to and maintain success and achievement, privilege, social position

Engagement: privileged, impatient, rules, rituals, conservative

Momentum: unwavering belief, preservation, guarding, religiosity, retain wealth and religion

Scholten from Qjure:

"The theme is holding on to that which has been achieved."

"Maintaining: It is quite an effort for them to maintain their position."

"Preserving."

"Protecting: They try to protect their own achievements, but they also feel protective towards other people."

"Possessions, wealth: Because they have built up their possessions over the years they tend to be quite wealthy."

"They are metals that keep their value."

"Enjoyment, privileged."

Cholera Nosode from Volume 2:

Holding on to social position

Following the rules; rituals

Maintaining, protecting

Conservation, conservative

Ailments from loss of wealth, status

STAGE 12: "Cancer Miasm"

Also: Staphylococcus Miasm

Shared [Stage 3] Core Word: RIVAL

Specific Core Theme for Stage 12: *Rival becomes enemy with cancerous doppelganger*

Expression:

The instability of the identity arising in Stage 3 because of comparing and rivalry involving three-sided relationships now becomes more extreme. Rivals become real enemies as in the Mercuries, which are strong remedies for infections like those we see in *Staphylococcus* nosodes, one of the miasms in this stage.

This stage has also been called the Cancer miasm, even though we would, technically speaking, associate miasms with contagious diseases. In a sense, you could equate the loss of cell identity in cancer with the pleomorphism of various bacteria and other infectious agents. This relates to the idea of repetition and forgery at this stage. Cancer cells are like forgeries or copies of specific cells, yet they do not individuate, thus creating neoplastic growths rivaling healthy tissue for survival.

This is why I stated the theme for this stage is "rival becomes enemy with cancerous doppelganger." This extends beyond the physical process of undifferentiated cell duplication to a more important spiritual sense. In cancer, the weak surrounding energetic and secondary counterpart of a person is given strength by various factors. It forms and takes over and feeds off the power and the energy of the real person leading towards death. Another harmful person or third energetic force is necessary for this malignant cancerous process to happen; thus the threesome seen in Stage 3 and this stage (1+2) is an integral characteristic.

And in the Cancer miasm there is the idea of "over-": overshooting, overdoing, and exaggerating. They overcompensate and perfectionism is a strong part of it. There can be a fear of being taken over.

As well, in the Cancer miasm and in this stage there is a "governor" on emotions. By this I mean that when an emotion is expressed, this only happens to a certain degree and then a mechanism comes in which stops its full expression. The patient will effectively never quite express what they feel. So you see rubrics such as 'Anger' followed by or with weeping etc. The lack of full, individual expression is also like the cell not individuating.

Impetus: disintegration, codependency, lack of discernment, inability to compare, forgery, malignant energetic force corrupting, perfectionism, fear of being taken over

Engagement: prefix "re-," overestimating, overshooting, lack of discernment and individuation, governor on emotions

Momentum: enemies, polluting, rivals, repeating and copying, malignant perfection

Scholten from Qjure:

"Overshooting the mark."

"Exaggerating."

"Dramatize and get things totally out of proportion."

"Repetition: They like to repeat successful actions of the past."

"Pollution: Endless repetition can lead to pollution of the environment."

"Decline, decay and division: This is the stage where decay is just around the corner."

"Enemies: Their power is being threatened."

"Manipulation, bribery and corruption are the only methods left to keep some sort of control over matters."

STAGE 13: *Prion and Amyloid Miasm*

Also: Chlamydia Miasm

Shared [Stage 4] Core Word: MAZE

Specific Core Theme for Stage 13: *Maze (confuse) with on-and-off withdrawal*

Expression:

A maze is designed to puzzle and disorient people, and refers more broadly to something that is deceptive and perplexing. In the reciprocal Stage 4, there is a sense of being "amazed," expressing the initial sensation of dazed bewilderment when beginning to truly engage in the world, for example in relationships or at work. At Stage 13, there may be more deliberate efforts to "maze" others or profound feelings of confusion and disorientation like those intended by a maze. This can even include behaving like a sorcerer or guru, through use of magical ceremonies or talismans, and by exploiting qualities such as seduction, charisma, or removal of inhibitions.

As mentioned, Stage 13 is half out whereas Stage 4 is half in. In the earlier reciprocal Stage 4, the individual is just *starting to engage* and therefore is half *in*. In Stage 13 the individual

is *starting to disengage* fully and is *half out*. With feelings of confusion and obfuscation, they alternate between continuing to engage, and disengaging. There can be disbelief and a feeling of restriction - the polarity of wide-eyed amazement.

Starting from the Stage 4 seeds of initiation and wonderment about the world, both spiritual and physical, we see more negative expression and even corruption in the Stage 13 counterpart in the right side of the periodic table. Here we can see sarcasm as well as cursing and gossiping about others. They attempt to control others by confusing and weakening them, or they may just have an internal feeling of confusion as a result of falling behind and being suspicious.

Similar sensations are associated with miasms corresponding to this stage, such as the prion disease Creutzfeldt-Jakob disease ("mad cow disease"). Similarly, pathogenic amyloids have also been implicated in Alzheimer's disease and other neurodegenerative disorders. There is a loss of cognitive abilities and thereby confusion - the person enters the *maze of dementia*. There are no specific nosodes made in this miasm, though other types of remedies, particularly certain plants and fish, can be used from this stage.

We also see many of these qualities in the Chlamydia miasm with the idea of creating a cloak or cover for true intentions. The *Chlamydia* patient may also have problems with expressing themselves and memory issues, presenting with a disengaged quality that is part of Stage 13. In both *Thallium metallicum*, which is in this stage, and the *Chlamydia Nosode*, there is a suspicion that they will be poisoned or murdered.

This is also the stage of online computer culture where you may cover your true identity but attack, gossip, and create confusion around the truth.

Impetus: lagging behind, starting to feel powerless, suspiciousness

Engagement: can't keep up, out of date, giving up, outgrown, starting disengagement, withholding and withdrawal, connecting then retreating, half out

Momentum: creating a maze, confusing others, stubbornness, cloaking, sarcasm, nostalgia, lagging behind, cool and hip vibe yet old fashioned, confusion, losing memory, magician, cursing others, certainty alternating with uncertainty

Scholten from Qjure:

"Behind: They lag behind, behind the times, behind in their views, behind in their work, behind in upkeep, etc."

"Outgrown: Success ran away from them."

"Nostalgia: Nostalgia for the good old days."

"Out of date and stubborn."

"Falling behind."

"Withholding."

"Suspicion."

"Loss of faith."

"Withdrawal, giving up."

Chlamydia Miasm from Volume 2:

Cloaking, secrecy, hiding

Charismatic appearance

Indifference alternating with expressive sensitivity

Drawing others into their sexuality, in their world and games

Sarcasm, biting wit

STAGE 14: Polio Paralysis Miasm

Also: Botulinum Miasm, Pneumococcinum Miasm

Shared [Stage 5] Core Word: CAUTION

Specific Core Theme for Stage 13: *Circumspect with indifference and formality of full withdrawal*

Expression:

"Circumspect" is defined as 'cautious, wary,' literally 'looking about on all sides.' [Online Etymology Dictionary]

The cautiousness seen in Stage 5 now advances and formalizes into circumspection meaning "looking about on all sides" before acting. Therefore, there is an emptiness of real action with a facade and 'just the rules' approach. *Reaction* becomes more important than action. This is a stage of bureaucracy and formal diplomacy.

This is also the stage of the Polio miasm. In this miasm and nosode, there is a narrow perspective where conformity, grayness, and normality are dispositionally important. Of course, we see paralysis, particularly of single parts, as an important pathological sign. So the cautiousness is paralyzing now, with both physical and mental paralysis as part of the symptomatology for remedies and nosodes in this stage. We can see great weakness. In this 14th stage, the individual masks their reactions; they feel and display indifference, amidst empty rituals. This can ultimately result in institutional behavior as they have an affinity for it. They hand their responsibility over to others or to the institution or rules. Thus they can exhibit either empty "by the rules" presence, or the polarity of irresponsible behavior as a result of disengagement.

Just as Stage 5 at the center of the left side has accentuated doubt characterizing that half, Stage 14 is at the heart of the downhill plunge through disengagement unfolding in the right side.

You get a sense of distance and formality from the patient's presentation and interactions.

Impetus: feeble, weak, paralysis, caution, discarded, diverted/diverting

Engagement: indifferent, mask, facade, empty, bureaucratic, circumspect, conform, fully disengaged

Momentum: paralyzing, formality, distanced, disinterest, weak, drained, diplomatic, just the rules

Scholten from Qjure:

"This makes them weak and feeble, makes them feel empty, as if all life has drained away."

"They feel as if they are being discarded, they are being put out of action, placed on a side track."

"They are not interested, they are bored, can even seem blasé."

"This mask makes them stiff, reserved, stoic."

Botulinum from Volume 1:

Paralyzing effect on others

Indifferent to suffering of others or over-concern

Inability to manifest action effectively

STAGE 15: Tubercular Miasm

Shared [Stage 6] Core Word: DARE

Specific Core Theme for Stage 15: *Daring and provocation with loss*

Expression:

By Stage 15, the daring of Stage 6 is no longer hidden and controlled. It comes out in the tubercular need to react passionately to what they consider bankrupt authority and emotional or physical loss. This reaction can be defiant and even destructive or dramatically

passionate. This stage also has a tubercular desire to venture and change. They challenge the downhill momentum of the right side of the periodic table.

The deep feeling of loss (bankruptcy of emotions) as well as the strong tubercular pathology focus in the chest stirs the soul. So there is deep passionate pining that is all part of the Tubercular miasm. This sentiment can also be seen in elements such as the Antimoniums (Stibiums) in Stage 15.

Impetus: loss, dare, imminent death, poisoned, failure, soul passion, pining

Engagement: bankrupt, sacrifice, superfluous, surrender, unfulfilled longing, enthusiasm in the face of loss

Momentum: daring defiance, mutilation, passion, pathos, expanding, break free, travel, desire for change

Scholten from Qjure:

"Past loss."

"The power has gone and they no longer keep up the facade either."

"They feel everybody is letting them down."

"Bankrupt: The business is handed over to someone else."

"They have a great fear of death and they think about it a lot."

"Handing over, sacrificing."

"Poison: They are always on their guard."

"Unforeseen: Any moment something could happen."

"They refuse to cooperate."

Tubercular Nosodes from Volume 1:

Bacillinum

Break free of conventional restrictions

Saving others from imminent threat or mass death

Hectic

Tuberculinum bovinum

Discontentedness

Purposefully malicious behavior

Desire for change

Burning candle at both ends

Torment

STAGE 16: Leprosy Miasm

Also: Bowel Nosode Miasm, Colibacillinum Miasm, Borrelia Miasm

Shared [Stage 7] Core Word: HELP

Specific Core Theme for Stage 16: *Helpless with rot and laziness*

Expression:

The helpfu/ness seen in the reciprocal Stage 7 now becomes help/essness in this stage, Stage 16. Whereas in Stage 7 there is a desire for giving compliments, in this stage there is a desire for *complimentary* receiving - in other words, begging - as everything seems lost.

On the left side in Stage 7, there is the engagement of teaching, yet here in Stage 16 on the right side, there is neglect, loss and decline.

The decline is even worse than in prior stages; now rot sets in. This is like the physical and psychological effects of leprosy (the miasm for this stage) as described in Volume 1.

Historically, many with leprosy were shunned and ostracized. They were pushed into a life of begging and existing on the edge of society (and relationships).

In this stage and related miasms, you see many bowel problems, a sign of the decay.

Oxygenium, located in this stage, has bowel problems intensively and either this element alone or combined as a salt with other elements should be considered for such issues. Many of the other miasms that I have included with this stage share characteristic bowel problems. Whereas Stage 14 had rules and formalities, in this stage and also in Stage 17, we move away from the formality into a more pronounced decline and breakdown. Stage 16 has laziness and theorizing along with living in a world of fantasy, as traditionally seen in the remedy *Sulphur* positioned here.

Impetus: helplessness, needing help, lost, loss, rotting, decomposition, abuse, neglect, despised, used, abused, selfishness, indignation, corruption

Engagement: faded, fantasize, diversions, memories, theorizing, seduction and luring, on the edge of society

Momentum: decay, tempting, lazy, deep philosophical reviewing, victimized, luring others to help them

Scholten from Qjure:

"Everything is gone, lost, spilt, used up, ruined, all that is left are some crumpled and yellowed relics from a distant past."

"The situation is one of decomposition. The harmony has gone."

"They expect that other people will notice their needs."

"They try to lure people into helping them."

"They live on the relics of the past."

"Strong dislike of ugliness."

Leprominium Nosode from Volume 1:

Despised and ostracized

Isolated by society yet accepting fate

Body distorted

Welfare cycle, needing help

Street person, beggar

STAGE 17: Syphilitic Miasm

Also: Mycobacterium Paratuberculosis (Johne's Disease) Miasm

Shared [Stage 8] Core Word: PERSEVERE

Specific Core Theme for Stage 18: Perseveration with destructive condemnation

Expression:

The word "perseverate" shares its etymology with "persevere" (with the sense 'continue, persist, endure') but goes towards a much different polarity. While Stage 8 in the left half displays tough, steadfast persistence, by Stage 17 in the right half, this has degenerated to devoid inner ruminations, continuing regardless of changing stimuli or circumstances. Perseverative cognition refers to constant inner worry or brooding. This starts at the beginning of the right side of the periodic table but culminates in this stage. Here the individual is so bogged down in negative thoughts that they lose the capacity to maintain effective action.

Such obsessive, negative, nihilistic thinking may go hand in hand with a persistent desire to erase and destroy, directed against oneself, and others, as in the Syphilitic miasm. In the Syphilitic miasm, there is no hope, therefore destructive behavior and pathologies are exhibited.

On the periodic table in this stage we have halogens, (such as chlorine, bromine, iodine etc.) which are used for disinfection and sterilization, a theme that runs through the Syphilitic miasm (with fear of contagions, xenophobia, exiled etc.).

In this volume of *Miasms and Nosodes*, I talk extensively about the Syphilitic miasm generally and also the qualities that are specifically present in Stage 17.

Impetus: The end, betrayal, erase, erosion, condemned, sterilizing, exiled, banned, persecuted, fear contagion, deep guilt

Engagement: letting go, fleeing, lack of persistence, erased, twisted, rejected, unwanted

Momentum: climax, criminal, hard, cold, cheat, lie, war, desperation, perseverative thinking, nihilism, uncontrolled, obsessive compulsive, complete outsider, outcast

Scholten from Qjure:

"Final end: it won't make any difference."

"Letting go is often accompanied by feelings of pain, disappointment, sadness, guilt."

"Aggression and criminal acts."

"It is the end of the story."

"Exiled from the group."

"Condemned because they have been banned from the group."

"Unconditional and final."

***Syphilinum Nosode* from Volume 2:**

Ulcerated joy

Absence of hope

Fear of contagion

Tormented, tortured, twisted

Erosive, erasing personality

Indifferent to pleasure

***Johneinum Nosode* from Volume 1:**

Persecuted

Part of a large group that is persecuted

Prison

Isolated feeling yet compelled to take control of others

Conscientiousness

Stool problems

STAGE 18: *Trypanosomiasis (Sleeping Sickness) Miasm*

Shared [Stage 9] Core Word: RETREAT

Specific Core Theme for Stage 18: *Retirement with denial of transformation*

Expression:

The remedies in this stage are called inert or noble gases. The idea of inertia is very strong. The blundering and retreating just prior to success seen in Stage 9 is similar in this stage but it has much more finality and is now a complete retirement. There is an inability to make a necessary transition in this stage, just as in Stage 9 there is a difficulty in making the last transition to the pinnacle of success found in Stage 10.

On the spiral periodic table, the Stage 18 transitions are between series, the rows of elements. So for example, in Neon, a noble gas, there is a transition between the Carbon [childhood] series and the Silicon [relationship] series. You could therefore say that *Neon* is fundamentally for someone who is "stuck at, but not quite part of, *beginning of life* preventing transition to *healthy relationships*." I have created and then taught about this type of statement as a template for each of the inert gases.

So remedies in this stage are good for assisting patients who are stuck, bound up in substantial transitions. Numerologically, both stages are transitioning toward a "one" - a

stage of unity and success: either Stage 1 (described as the stage following a noble gas) or Stage 10 (1+0). The remedies in this stage are also effective for individuals who have led a life locked up in a place of retreat and "retirement" and have never made appropriate maturations and transitions.

Jan Scholten talks about the prefix "non-" and it is as if they are a nonperson, cocooned in their own world. So you can see states of autism and Asperger's. The concept of monasticism and this stage being good for monks or nuns came out in the various provings of inert gases by Jeremy Sherr.

Impetus: complete denial, transcend, retire, retreat, transitioning

Engagement: complete retreat, cocoon, free, non-existence, comatose, rest/sleep, inactive

Momentum: cocoon, locking up, blocking off, disassociating, floating, inactivity, complete freedom

Scholten from Qjure:

"They don't want to have much contact with other people, they don't feel the urge to do anything at all."

"It is the stage of the caterpillar that changes into a pupa. In this stage it looks as if nothing is happening."

"They feel very locked up in their isolated condition."

"Free, without ties."

"Stage 18 has really let go of everything, there are no more ties, there is total freedom."

"The prefix 'non-' or 'in-' often describes this stage."

Placement of Miasms in Specific Stages is a Guideline Only

Boenninghausen, after developing the first repertory or organization of symptoms relative to remedies, suggested starting from general symptoms and proceeding to more specific ones in order to solve a case. The stages and miasmatic perspectives just discussed give a general area to look at but not necessarily a specific choice. It is still important for the homeopathic clinician to always individualize the case. There are other clinical indications beyond the stages, both general and specific, that help reach a conclusion and a specific remedy choice.

It is important not to utilize the information in this chapter in a rigid kind of way. The nosodes and remedies that are part of a miasm cannot always be determined by looking at a specific stage of the periodic table or a specific word given for that stage. For example, *Aurum* is considered a strongly syphilitic remedy, yet it is not in Stage 17 where the miasm is assigned. The stages construct is a guideline and the totality as well as individuality of each case should always be considered.

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PART 2

INDIVIDUAL MIASMS AND NOSODES

BACILLALES

The Bacillales are an order of usually Gram-positive bacteria, classified within the Firmicutes phylum. They are placed along with Lactobacillales in the Bacilli class, or alternatively grouped with Lactobacillales and also Clostridiales among the Endospora. Representative genera include *Bacillus*, *Listeria* and *Staphylococcus*.

BACILLUS

There is potential confusion over the term "bacillus." As a general term, it can refer to any rod-shaped bacterium. As a taxonomic term, *Bacillus* indicates an individual genus. Along with many other genera, this genus falls within the class named Bacilli. Many, but by no means all, members of this class are rod-shaped; rod-shaped bacteria are also found in other classes.

Members of the *Bacillus* genus have been much studied since the early days of microbiology. These aerobic spore-formers are ubiquitous and diverse. Predominantly soil-dwellers, the tough spores of some types are toxic to insects. It produces one "short incubation" type with symptoms resembling *Staphylococcus aureus* and another "long incubation" type which is similar to *Clostridium perfringens*. These represent intoxications rather than infections. Both types usually last less than 24 hours.

They have been investigated for use in production of antibiotics as they are usually easy to isolate and culture in the laboratory. Bacterial pest control employs *Paenibacillus* (formerly *Bacillus*) species against beetles and chafers causing "milky disease" in crops in Japan and Europe (so called because of the appearance of larvae on leaves). *Bacillus thuringiensis* (a variety of *B. cereus*) produces protein crystals toxic to various moths and butterflies, marketed as Bt insecticide.

The taxonomy of the *Bacillus* genus was substantially revised in 2004, when the results of genetic analysis led to the reassignment of many species into different families and genera, although *B. anthracis* and *B. cereus* have remained here.

Staphylococcinum

Homeopathic abbreviation

Staphycoc.

Synonyms

Staphylococcus aureus Nosode

Staphylocin

Differentiation

Along with the main staphylococcal nosode used in homeopathy, prepared from *S. aureus*, there are a number of related products: *MRSA (Methicillin-resistant Staphylococcus aureus) Nosode* has been potentized. Other pharmacies offer both a *S. aureus* Nosode and a *Staphylococcus* Nosode homeopathically prepared from three other *Staphylococcus* species, *S. epidermidis*, *S. haemolyticus* and *S. simulans* (synonyms: *Staphylococcus Bacteria*, *Staphylokokkeneiter* [in German]).

Julian has a short entry for *Staphylotoxinum*, the anatoxin of *Staphylococcus aureus*, which has the homeopathic abbreviation *Staphytox*. Julian describes collection of the endotoxins from lysated bacterial debris cultured on a meat-based medium. *Staphylococcinum* is prepared from the resulting filtered suspension, while anatoxins (toxins treated with formaldehyde and heat, in a similar way to those used in vaccinations) are used to make the remedy *Staphylotoxinum*. Remedia has the German synonym *Staphylokokkentoxin* for this remedy.

A homeopathic remedy combination of *Staphylococcus aureus* and *Streptococcus pyogenes* is also available under the name *Staphylo- Streptococcinum Nosode*.

A staphylococcus infection can become a serious condition. It is important that a patient is diagnosed and monitored by a licensed physician. Under certain circumstances, emergency medical care may be required. Information from homeopathic literature describing treatment of this condition should be read subject to this caution.

Scientific Names

Staphylococcus aureus subsp. *aureus* Rosenbach 1884

Staphylococcus pyogenes aureus

Micrococcus aureus

Micrococcus pyogenes

Staphylococcus pyogenes citreus

(The genus has also been known as *Aurococcus*)

Description

Staphylococcus aureus is a pus-causing bacterium that can infect wounds. It is spherical and occurs in clustered masses, producing a golden yellow pigment. This bacterium mainly colonizes the nasal passages but also the mouth, skin and gastrointestinal tract. The organism's resistance to certain antibiotics has resulted in increased health risks within the community and in healthcare facilities from strains of MRSA (Methicillin-resistant *Staphylococcus aureus*).

Commentary

As mentioned above, several species of bacteria in the family *Staphylococcaceae* have been energetically resonated as homeopathic *Staphylococcus nosodes*. The main one used for homeopathic purposes, though, is the more common *Staphylococcus aureus*, discussed here as *Staphylococcinum*. This nosode has been used by homeopaths since the late 1800s with the main indication of 'never well since' this type of infection, but minimal dispositional information was recorded. Yet there are some dispositional themes and some complicated patterns evident, especially in regards to identity and leadership that I will identify and describe.

First, there are some insights, including dispositional ones, that we can gain from the actual nature of these bacteria. *Staphylococcus aureus* has an astonishingly quick reproductive and micro-evolutionary rate, including co-evolution with humans. Some of the complications in understanding and utilizing the nosode can be understood in terms of this changeable nature of the source material. A large percentage of the population has Staph bacteria, especially *Staphylococcus aureus*, in their body, particularly in the naso-pharyngeal and bowel areas.

The bacteria exchange reduced virulence for increased drug resistance and many strains are antibiotic resistant. Not only that, multiple types of this bacterium can join together to increase their ability to infect. The bacteria also give off toxins that can have serious

consequences such as toxic shock syndrome. *Staphylococcus* strains can survive in a dormant state for many years under harsh environmental conditions. As well, recent research suggests that common types of *Staphylococcus* may be implicated in certain cancers (see below).

Core themes can still be discerned that are also congruent with the homeopathic proving and clinical application of the energetic nosode over the years. But with all the source material complexity, you can see contradictory symptoms even in the same patient.

There are interesting similarities between *Staphylococcinum* and the traditional homeopathic nosode *Pyrogen*. *Pyrogen* is "a product of the decomposition of chopped lean beef in water, allowed to stand in the sun for two or three weeks" [Clarke's Dictionary, p 931]. Both have traditionally been prescribed homeopathically for patients with a history of general recurring infections, septic states and fevers. Some of the dispositional mind indications recorded in our historical literature for *Pyrogen* also feature in the modern proving by Riley.

In *Pyrogen* we have symptoms such as:

Mind; Delusion he is double

Mind; Delusions errors of personal identity

Mind; Delusion she existed in another person

This confusion of identity also appears in *Staphylococcinum* proving symptoms such as disorientation, forgetfulness about what direction they are going in, confusion in general and in various dreams. We can see how the highly changeable, evolving nature of this bacterium is reflected in the confusion of identity.

In my experience, the *Staphylococcinum* patient can have a quick intellect and be quite perceptive, grasping things easily. They have a strong self-awareness, and may cling to their own ego and identity as a compensation. But this can break down into a complete loss of identity and dissociative disorders, even with multiple personalities.

This can start in a family where their personal identity and their sense of themselves is not a given (or the parents themselves had a tenuous sense of their identity). In the beginning, they feel they have to struggle to find where they fit in and who they are in their family. They feel different from others in their core and struggle to find commonality with those around them. Although many people, particularly young adults can have this feeling, it is accentuated in the patient who needs *Staphylococcinum*. There is no real causative factor or actual trauma as we typically see in most remedies, especially plant remedies that have similar problems.

Their tenuous sense of self-identity can also be easily influenced and changed depending on the circumstances and their peers. Like other remedies in the Bacillales bacterial order, they can also develop a "sheeplike" obedience, and become part of a group that demands obedience, including the military. At the other polarity, in their confusion and struggle to feel similarities with others they may fight against someone who tries to change who they are. So we see both extremes, sometimes in the history of the same patient.

There was also uncertainty about gender with a prover of *Staphylococcinum*; she had a dream that she was a man. With this remedy, there can be strong issues about whether they are male, female, or neutral or which sex they are attracted to. This remedy helps to give a connection to what they truly desire and a more solid feeling about their direction for the future. Compared to the time over 40 years ago when I started practice, I now see more frequently a state of confusion of sexual identity and sexual orientation in many young people.

Although their identity is not solidified as children, their parents or others around them will

tend to think very highly of them. This motivates them to become leaders and achieve great things. As a compensation for the lack of clear identity, with this motivation their ego may take over and they develop a belief that they have a special destiny of greatness. They can desire luxury, as if they are "royal," but at the same time may harbor anarchistic beliefs and behavior. They can have delusions about deserving wealth and get into addictive gambling. They also feel that they need to be respected and they seek revenge if disrespected.

Their egos can eventually swell to the point where they believe they are the centre of the world. They especially have a great belief in their personal intellectual capacities. On the other hand, this egocentric quality is a compensation and it is modified by the fact that they feel they can't completely stand up on their own and need support. So while they can grow up with egocentricity, they also feel the need to be part of a group and even to be in a support role. They typically find jobs where they work with a group or enjoy group efforts. All these aspects are not always so apparent in young children or in earlier stages of this remedy. In the case of children, we may see someone who is quite sheltered, but at the same time attempts to succeed only if they receive strong support and protection from their parents.

There is ultimately a broken-down state for the patient needing *Staphylococcinum*. Before the end stage of severe dissociative disorders, the pathology is more emotional, with weeping and a feeling of hopelessness and anxiety about the future. This feeling of tearful self-pity is similar to *Pulsatilla*. There can also be disorientation and memory problems. This broken-down state reflects the way that *Staphylococcus* bacteria themselves can become pleomorphic (variable in size, shape, and characteristics); they start to lose their integrity and then both autoimmune disorders and cancer may follow.

The nosode is to be thought of in autoimmune conditions, which are also highly variable with over 100 types. The modern source Dr Reckeweg's has stated: "It may be of value in retoxic phases which are founded on damage from staphylococcal toxins, e.g. autoimmune diseases of all kinds, in which staphylococci were involved, or where such conditions are found in the medical history."

A conventional medical article by Wainwright states: "The literature linking highly pleomorphic bacteria with carcinogenesis is presented here in an attempt to add weight to the view that bacteria, notably those expressing the morphology of common species of staphylococci, cause cancer." [<https://www.ncbi.nlm.nih.gov/pubmed/10790733>]

Periodic Table Stages

Due to its crucial identity issues, I have placed this nosode in Stage 3, the main stage associated with the Bacillales order of bacteria. The feeling of being victimized (as well as the diarrhea mentioned below) is also found in Stage 16; however, both Stage 3 and its reciprocal Stage 12 can share these two features.

We can see similarities between *Staphylococcinum* and two element remedies strongly reflecting the latter two stages: *Boron* in Stage 3 (traditionally prescribed as *Borax*, Natrium bitoracicum), and *Mercurius* in Stage 12.

Jan Scholten talks about *Boron* having dissociative disorders, and a desire to be held with a fear of downward motion or falling, showing typical Stage 3 qualities. But interestingly, *Borax* has been used homeopathically for individuals with infective eruptions and pimples on the face, nose, cheeks, mouth and in other places on the skin.

As well, the Lanthanide (lanthanoid) minerals are all sub-categories of Stage 3. Along with

the Actinides, these remedies start at Stage 3 and develop along the periodic table. Jan Scholten has described the Lanthanides as important for autoimmune conditions and, of course, the Actinides have cancer as a strong pathology component. Stage 12 itself, the reciprocal stage of Stage 3, is considered the primary stage for cancer.

In the mid 20th century, Guy Beckley Stearns had a remarkable case that exhibited the reversing of what was thought to be a large cancerous tumor which then transformed into a large pustular abdominal abscess. The first part of treatment included remedies relevant to cancer, like *Cadmium* (Stage 12). Then *Mercurius vivus* was used when the infection developed. This was followed by an auto-nosode he made which he termed *Staphylococcus abdominalis*. He then went on to utilize this *Staphylococcus abdominalis* Nosode for many other patients with various problems, including those never well since Staphylococcus infections, with very good results. [Guy Beckley Stearns, *Nosodes*]

Other Indications

There are more reflections of the autoimmune state in the general picture of this nosode. *Staphylococcinum* patients are very reactive, and oversensitive to their environment. They may have extreme responses, for example, to certain smells, which can make them irritable, fearful or even exhausted, as echoed in dreams of skunks. They may have profound allergies, especially to chemicals. Petrochemicals may provoke infections either on the skin, or in the sinuses and lungs. They can suffer from sore throats, chronic coughs, and have a history of croup or even pneumonia.

As well, *Staphylococcinum* is an important remedy in chronic digestive problems, particularly diarrhea with cramping in the lower abdomen. In the proving and also from clinical experience, there is uncontrollable watery diarrhea, with much flatulence and ineffectual urging to stool. There can be fistulas in the rectum, resulting from infection or inflammation. Within his *Pyrogenium* entry, Boericke recommends *Staphylococcinum* for "diseases where the staphylococcus is the chief bacterial factor, [such] as acne, abscess, furuncle; empyema, endocarditis, etc." So firstly, you can see many skin problems especially chronic infections, boils, and acne. There may also be itching all over and smooth pink rashes, especially around the waist. The patient with infected desquamating eczema may eventually need this remedy. It is also indicated for recurring cellulitis, wound infections and even osteomyelitis. Julian also gives a number of case examples of the successful use of this remedy for patients with herpes zoster or zona.

As Boericke notes, it was traditionally an important homeopathic remedy for patients with endocarditis, as well as urinary tract infections leading to bacteremia, including in association with diabetes.

The nervous system can be affected with trembling and shaking either in essential tremor or those found in Parkinson's disease.

The patient needing *Staphylococcinum* can have difficulty sleeping with startling on waking. Their dreams are anxious, or frantic and profuse, including dreams of dying and insects. They have periods of racing thoughts or feverish thinking, accompanied by a hot head and a physically feverish feeling. This may occur as an echo of a particularly intense acute infection in the patient's history.

Names and Meanings

Staphylococcus - Creek, σταφυλή, *staphyle*, a bunch of grapes, a swollen uvula + κόκκος, *kokkos*, a berry, grain or granule. "So called because the bacteria usually bunch together in irregular masses." [Online Etymology Dictionary]

Aureus - Latin, golden (from the bright yellow color)

Pyogenes - Creek, pus-forming, πύον, *puon*, pus, discharge from a sore + γέν-, gen-, to produce

Bumblefoot (in chickens) is caused by *S. aureus*.

Family

Of the Staphylococcaceae family, in the Bacillales order.

Source Notes

[Adapted mainly from the Todar, CDC and Wikipedia websites]

Most types of Staphylococcus bacteria are generally benign, and *S. aureus* is part of our normal flora of the skin and mucous membranes. It is found in around one in three of the human population and also occurs in animals. When it becomes pathogenic, it can cause a wide range of suppurative infections, *some potentially severe or fatal*, as well as food poisoning and toxic shock syndrome.

It affects people across the age spectrum, with serious consequences more common in healthcare settings, especially for patients undergoing invasive procedures, among IV drug users, and those with pre-existing chronic conditions such as diabetes, cancer, vascular disease, lung disease, or eczema. A percentage of hospital patients are reckoned to carry MRSA in their nose or on their skin. Risks are increasing due to development of antibiotic resistance to both methicillin (in MRSA strains) and, more recently, vancomycin (in VRSA strains).

Discovered in 1880 in abscesses by the Scottish surgeon Alexander Ogston, this bacterium is a Gram positive, non-motile, non-sporeforming facultative anaerobe. It produces mainly lactic acid when fermenting glucose. The irregular clusters of perfect spheres and the golden yellow color observed in cultured colonies are highly characteristic and give rise to its Latin names (see Names and Meanings). The vivid yellow pigmentation of *S. aureus* may be a factor in its virulence. A related species, *S. epidermidis*, with smaller white clusters (formerly known as *S. albus*), occurs on the skin and is the only other significant human pathogen in this genus.

Infection can cause superficial skin lesions (such as boils, styes, impetigo) or involve deeper tissues, leading to internal abscesses, osteomyelitis, meningitis, cellulitis, endocarditis and pneumonia, as well as mastitis, sinusitis and urinary tract infections. In the influenza epidemics of 1918, 1957-58, and 1968, added infection with *S. aureus* was a common complication.

Most infections remain localized at the point of entry, but low immunity and high virulence factors may combine to increase their spread and severity. The body responds with inflammation, swelling, pus accumulation and tissue necrosis. A characteristic pus-filled boil or abscess may form around the inflamed area, as a fibrin clot walls off bacteria and leukocytes.

Food poisoning and scalded skin syndrome arise due to toxin build-up rather than infection; toxic shock syndrome is triggered by the release of superantigens into the bloodstream.

Antibiotic resistant strains

At the time of Fleming's accidental discovery in the 1940s of the effects of penicillium mold on a *S. aureus* culture, the organism was highly susceptible to antibiotics. However, it developed widespread resistance to penicillin during the 1950s, the rate monitored in hospital samples rising from 40% to 80% over the course of the decade. Resistance to the semi-synthetic penicillins increased from the 1970s onwards, till it compromised treatment

with these drugs in areas worldwide by the 1990s. The term MRSA is thus associated with resistance across a range of betalactam antibiotics generally (including penicillins and cephalosporins), not just methicillin.

With the growing reliance instead on vancomycin antibiotics, reports of resistance to these too emerged in Japan in 1996. Although the incidence in the US remains very low (with 14 cases of VRSA infection documented there by the CDC up to May 2015) there is real concern over future risks. Resistance to other antibiotics beyond these two types is also found. The term VISA (vanomycin intermediate Staph aureus) is further employed, indicating partial resistance to this second treatment agent.

S. aureus has been a major cause of hospital-acquired infections for several decades. Although other bacteria have now replaced this bacterium overall as the leading cause of these, *S. aureus* is still a major cause of infections involving surgical wounds, blood, the urinary tract and lungs. In 1974, MRSA infections accounted for only 2% of the total number of Staph infections; in 1995 it was 22% and up to 63% in 2004. This prompted concerted efforts to implement infection control regimes (e.g. frequent handwashing, use of disposable protective clothing and improved cleaning regimes). The steady reduction in MRSA infection rates (by around 17% each year between 2005 and 2012) has stalled more recently, with no drop recorded for the period 2013 to 2016.

However, the spread of the enhanced MRSA "superbug" outside hospitals has continued to accelerate. Most cases in the community involve skin infections, often resembling a "spider bite," with a pustule or boil that is red, swollen, and painful, accompanied by pus or other drainage. They tend to appear around trauma sites such as cuts and abrasions or in hair-covered areas, such as the nape, groin, buttocks, armpits and, in men, the lower face. Other factors linked to the spread of MRSA skin infections include: close skin-to-skin contact, as well as sexual contact, contaminated items and surfaces, crowded living conditions, and poor hygiene.

Food poisoning

Staphylococcus aureus produces seven different toxins that are a common cause of food poisoning (being one of the "top five" germs responsible). Contamination occurs through contact with food workers carrying the bacteria or from bacteria multiplying in milk and cheese products, with hand-prepared, uncooked foods (such as sandwiches, pastries, sliced meat and puddings) having the highest risk. The bacterium is salt tolerant and resistant to heat and the toxins cannot be destroyed by cooking.

Staphylococcal toxins are fast acting. Symptoms typically last no longer than a day, and include nausea, vomiting, stomach cramps, and diarrhea. In a small minority of patients, such as very young, very old or immune-compromised individuals, the usually mild condition may be more severe.

Clinical Focus Guide

Mind and Disposition Focus

Confusion of identity

More than one person in bed

Disorientation

Poor sense of direction

Feeling lost

Tenuous sense of self-identity

Sheep-like obedience

Complete loss of identity

Dissociative disorders**Confusion of sexual identity****Egotistic - special destiny**

Desire for respect

Yet need support

Luxury with anarchy**Delusion wealth**

Gamblers

Delusions enemies**Weeping**

With feeling of hopelessness and anxiety

Consolation aggravates

Mind racing

Profuse thoughts at night

Feverish thinking and dreams

Fear of smells

Dreams of skunks

Dreams dying**Dreams insects and cockroaches****Forgetfulness**

Where they are

What they just did

Names

Physical Focus**Autoimmune conditions****Cancer & pre-cancer****History of infections**

Never well since

Staphylococcus infection

Fever with limb pain

History of

Suppurative infections

Abscesses and fistula

High fever

Sepsis

Headaches and migraines

Pain in left to right temple

Skin

Boils, abscesses, acne, impetigo

Cellulitis

Smooth pink rashes around waist

Desquamating eczema

Impetigo

Erythrodermic psoriasis (severe, inflammatory type)

Herpes zoster**Eyes**

Conjunctivitis

Fistula of lachrymal ducts

Foul secretions**Heart and circulation**

History of endocarditis

Conscious of heart

Pericarditis

Phlebitis

Urinary tract infection

In diabetes

Ailments during puberty**Abdominal pain, cramping and diarrhea**

Dysentery

History of staphylococcal enteritis and food poisoning

Abscesses

Colitis

Nervous system

Essential tremor

Parkinson's disease

Sudden fever with flushed face**Limbs**

Bruised soreness

Fibromyalgia

Restlessness

Osteomyelitis

Swelling knees

Allergies, profound, environmental**Worse after hair cut****Desire peanut butter**

Selections from Traditional Homeopathic Sources

Dr. Percy William Shedd, a doctor and keen bacteriologist from New York, published information on his *Staphylocin* preparation in 1910. It is reproduced in Anshutz, *New, Old and Forgotten Remedies*. Extracts are included here:

It may interest to know that in the making ... of this particular drug, *Staphylocin*, the writer was compelled to get out of the room several times because of a decided, though indefinite, malaise. The odour, aroma, or effluvium was ambrosial compared to the atmosphere of the dissecting room with its lumps of putrefaction, but it had much greater expellent power, not nauseating, but sickening, and chemically probably due to some of the fatty acids.

Considering the natural pathogenesis of *Staphylocin*, a formal pathogeny, as for any drug, e.g. *Rhus*, should be had. The natural pathogenesis which *Staphylocin* brings with it is, however, incomparably greater and more valuable than the data afforded by the small boy or girl or unsophisticated adult who plucks the glossy ivy leaf.

In the following morbid states and conditions the staphylococcus is the prevalent bacterial factor and where it does not figure as the prime disturber of the peace, its omnipresence as a saprophyte and its easy metamorphosis into a virulent parasite, leads to many a symbiosis. In the human economy (unlike some infections where a predilection is shown for the young and apparently robust individual) the staphylococcus (with one exception to the rule) does best where weakness of the protective mechanism or debility due to other than bacterial agencies, e.g. overwork, worry, lack of proper food, heredity, excess, etc., is prominent.

The exception is found in puberty, where the individual may be, as a rule, in excellent health even though in eruption as an acne exhibit. At this period there is decided imbalance of glands of inner secretion, notably the ovaries and testes, and probably others; suprarenals, thyroid, thymus, hypophysis cerebri, Luschka's gland {near the coccyx} etc. ...

Morbid conditions, then, where the *Staphylococcus pyogenes aureus* or *albus* or *citreus* is

notably symbiotic or is the direct and chief bacterial factor:

Acne, abscess, furuncle, impetigocontagiosa, parotitis, mastitis, phlegmon, carbuncle, mastoiditis, empyema, ecthyma, cellulitis, pyelonephritis, phlebitis, lymphadenitis, pemphigus, sycosis, conjunctivitis, dacrocystitis, osteomyelitis, septicemia, pyemia, some renal conditions, gelatinous oedema, endocarditis, valvulitis, aortitis.

As already mentioned, other bacteria may cause some of these suppurations. In a dacrocystitis, for example, the Pneumococcus may be present in almost pure culture. In any case, (save, perhaps, in furuncle, [dermal] abscess, acne), bacteriological examination of blood, pus, tissues, must precede the use of a toxin. The value of *Staphylocin* where the infection is pneumococcic (as in the possible case just mentioned) would be neither rational nor homeopathic - two terms which should be synonymous.

Selections from Modern Homeopathic Sources

From David Riley, 'Proving of Staphylococcus Nosode'

(The 1995 proving of 12C involved 17 provers: 11 women and 6 men).

Mind: Loss of sense of direction or forgetful of where she is going.

Dreams: Dream of insects. Bizarre dream that she was a man. Dreams that I died. Anxious dreams.

Feeling emotionally trapped or victimized. Amorous thoughts. Laughing much. Weeping about hopelessness of future. Disoriented and forgetful of thoughts while writing or misplacing things.

Generalities: Flushes of heat.

Desires for peanut butter and chocolate cookies. Craving spicy food.

Hyper like a caffeine buzz.

Head: Pulsating throbbing pain in temples especially tenderness in right temple. Pounding pain in occiput. Pain in forehead like pressure or pain on side as if the head would explode. Dull pain above the eyebrows. Constricting pain at the temples.

Eye: Lids heavy and sore. Right eye twitching. Eruptions on eyelids.

Ear: Ear drainage. Ringing noises.

Nose: *Discharges.* Dry sneezes. Clear coryza. Nasal discharge stops. Allergy symptoms of post nasal drip congestion, and thick catarrh clearing rapidly.

Face: Prickly sensation on left side of face.

Lips chapped. Fever blister on upper lip.

Mouth: Very dry even with increased water intake.

Sore on side, tip of tongue, or cheek. Tongue feels sore.

Taste: Sour taste in mouth with headache.

Throat: Thick yellowish-green mucus in morning.

Sore pain on right side agg. swallowing.

External throat: Muscles stiff and tender. Glands on side of throat swollen.

Stomach: Extreme thirst even with increased water intake. Hungry sensation. Nervous stomach that is queasy.

Abdomen: *Cramping pain.* Cramping pain in lower abdomen before diarrhea. Diarrhea after eating. Sharp cramping pain from flatus on the sides.

Rash eruptions on abdomen and around waist.

Rectum: Uncontrollable diarrhea or ineffectual urgency to stool. Watery diarrhea. Flatulence before and during stool. Flatulence all day. Difficulty passing stool.

Stool: Long and dark stool difficult to pass. Loose diarrhea that is watery. Explosive stool.

Frequent stool.

Bladder: Desire to urinate but unable to. Sudden desire to urinate and with dribbling.

Genitalia, female: Menses too long.

Respiration: Difficult from contraction and tightness of chest.

Chest: Stiff and contracted feeling making breathing difficult. Tingling in lungs.

Red rash eruption above the clavicle and on neck.

Back: Coccyx and SI soreness decreased.

Extremities: Tightness in left bicep and stiffness in elbow and right shoulder. Trembling in hand.

Aching pain. Dull ache in right wrist on extension of arm. Aching and soreness in right shoulder and in thigh muscles.

Sleep: Falling asleep early, easily and without difficulty. Restless sleep with a sudden start. Waking early.

From O.A. Iulian. *Materia Medica of Nosodes with Repertory*

Oulian describes the preparation of *Staphylococcinum* from two stocks of *Staphylococcus pyogenes aureus* Marcy No. 435 and No. 436. The bacteria are lysated, cultured on a meat-based medium, and subjected to heat before the suspended endotoxins are collected and filtered. Minor translation amendments have been made to the extracts below).

Clinical cortico-visceral protocol or clinical pathogenesis

Generalities: Pre-diabetic conditions. Allergoso-mesenchymatous conditions (Psorosycotic). Syndrome of acute septicemia: Oscillating fever with great chill, general condition is weakened, splenomegalis.

Neuro-endocrino-psychic system: Radiculitis. Myelitis. Meningitis. Abscess of the brain.

Cardio-hemo-vascular system: *Endocarditis:* Extinction then veiled but hard, reappearance of the first apexian sound or of the second sound at the base; later on, the durable organic sounds of valvular insufficiency.

Pericarditis: Pericardiac rubbing. Myocardia: dull noises, tensional fall and arrhythmias.

Respiratory apparatus: Disseminated pulmonary condensation; miliary, disseminated or multiple abscesses. Purulent pleural exudations.

Urogenital apparatus: Pyuria. Peri-nephritic phlegmon. Prostatitis. Acute prostatic abscess.

Locomotor system: Spondylitis. Osteitis. Osteomyelitis.

Skin: Follicular pustule. Abscess of the nasal fossa. Abscess of the eyelids (styes). Sycosis of the moustache. Folliculitis of the integument. Hydrosadenitis of the armpits. Ecthyma. Panaris. Onyxia. Perionyxia. Purpura, vesiculo-pustular.

Differential diagnosis: *Rajania subsamarata* (O. A. Julian *Materia Medica*). High fever, prostration, neuro-hemo-vascular congestion, swelling of the neck and of the parotidian region, circumscribed inflammation of the skin with tumefaction or ulceration.

As well as classics: *Rhus veneta* {sic = *venenata*} or *vernix*; *Anagallis arvensis*.

Clinical diagnosis: Furuncle. Impetigo. Panaris. Osteomyelitis. Peri-nephritic phlegmon. Zona (Lamasson).

From Foubister, *The Significance of Past History in Homoeopathic Prescribing*

Tyler mentioned *Streptococcin* in relation to a rheumatic fever history, meaning that such a history would suggest *Streptococcin* should there be the indications for a nosode, as a constitutional remedy. Staphylococcal infection is common too, and *Staphylococcin* may be a useful remedy. A [Down's Syndrome] child of eight years suffered from furunculosis of her back and perineum which was sluggish in responding to treatment. *Staphylococcin* 30 was

followed by a rapid clearing of the condition. Several months later there was a recurrence and again *Staphylococcin* 30 cleared it up, and it is still clear after some months.

A lad of 15 years of age had suffered from eczema practically all his life, accompanied by secondary infection on many occasions. It was widespread, and he had been in hospital almost half his life, partly because of the severity of his condition and partly because home conditions were far from good. He responded slowly and unsatisfactorily to homeopathic treatment, till it was noted that he was always worse at night. A nightly aggravation is covered by about two hundred remedies, but when this remains an outstanding feature after apparently well-indicated remedies have been given, *Lueticum* is nearly always required. He was given *Lueticum* 30 and this was followed by great improvement. Then a month later, he developed widespread furunculosis. *Staphylococcin* 30 was given and there was a dramatic improvement. *Staphylococcin* had to be repeated six months later and he has been practically free from eczema and furunculosis for a year.

It is, of course, impossible to assess the part played by *Staphylococcin* in this case, as *Lueticum* is associated with "successions of abscesses," a point also to remember in utilising the past history for prescribing. I mention this case as it illustrates the kind of case in which *Staphylococcin* seems to be indicated, that is to say, when there have been recurrent staphylococcal lesions over a long period of time and when staphylococcal lesions are widespread. At least, it is worth a trial in these circumstances when all else fails. It would take careful analysis of many cases to establish a "clinical proving" of *Staphylococcin* which I believe would be of value in respect of many of the nosodes of acute infections.

From P. Sankaran, *Elements of Homoeopathy*

Sankaran cites Foubister's information, along with a comparison by Sukekar between *Staphylococcinum* and *Streptococcinum* in which he comments:

There is very little difference in action between these remedies although *Streptococcin* is more useful in acute and *Staphylococcin* in lingering and chronic cases.

These nosodes are very effective in dysentery of the Bacillary type. *Streptococcin* is very effective in acute dysentery with excessive haemorrhage and high rise of temperature and with toxæmia. Here it competes with *Merc-c*. It is particularly useful in dysentery occurring in summer.

Streptococcin is also an excellent remedy for the sequelae of tonsillectomy and impetigo - conditions which are very obstinate.

Staphylococcin is indicated in chronic dysentery. It cures this condition quickly. Here a dose of anti-psoric remedy can be given to complete the cure.

Adapted from S K Banerjea, *Materia Medica of a Few Rare Remedies*

Banerjea lists *Staphylococcinum* for acute as well as chronic problems, generally with insidious onset, commenting that it acts best for ailments appearing during the rainy season (in India, June to September) and continuing till late autumn (summer diarrhea).

Under clinical indications he identifies its use for:

- a past history of infections identified as staphylococcal, especially if recurrent, protracted or widespread
 - NBWS such infections, with a list including:

abscess, acne, aortitis, boils, carbuncle, cellulitis, conjunctivitis, dacrocystitis, ecthyma, edema, empyema, endocarditis, furuncles, impetigo contagiosa, lymphadenitis, mastitis, mastoiditis, osteomyelitis, parotiditis, pemphigus, phlebitis, pyemia, pyelo-nephritis, septicemia and valvulitis.

The remedy is also recommended for chronic fistulas associated with much pus and mucus.

Banerjea describes it as a triad of:

Silicea eg. chronic skin infections with pus formation

Merc. Sol. eg. acute and chronic recurrent infections *Tuberculinum* eg. chronic cases of dysentery with discharge of pus (++)

and gives the following short case and clinical tips:

Recently I have cured a case of anal fistula, with creamish-white putrid discharge of years standing, not healing [with] anything (even allopathic palliatives) though the blood-sugar was normal, and lastly I resorted to *Staphylococcin* 200C with miraculous result, simply keeping in mind that the prolonged staphylococcal infection is persisting in the fistula!

Potency of Choice: 200C, 1M, 10M. Miasmatics: psora (++) , syccosis (+), syphilis (+++), tubercular (++) .

Relationships

DD:

MRSA [Helios]

Staphylotoxinum (*Staphytox.*)

Bacillus Coccac co (Paterson) - see Vermeulen, *Monera: Kingdom Bacteria and Viruses*, p 359

Compare:

Borax

Lac caninum

Mercuries

Staphylotoxinum

In his *Materia Medica of Nosodes*, Julian has briefly described this remedy, prepared from anatoxins of *Staphylococcus aureus* (toxins attenuated by formaldehyde and heat treatment). He notes the term "Staphylotoxinum" has also previously referred to the simple filtered staphylococcal culture.

Although there has been no homeopathic proving, he suggests: "Its use is indicated as a complementary to *Staphylococcinum* and with the same indications, by its anatoxic specificity," listing clinical indications for:

Contractions. Purpura. Convulsions. Hemophilia. Alimentary intoxication.

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CHLAMYDIALES

CHLAMYDIALES

This is a small order of bacteria which consists of only a few families, themselves containing a low number of species. Once considered viruses, they are all obligate intracellular bacteria, requiring hosts from the animal, insect, or protozoan kingdoms. Unlike viruses, they contain DNA, RNA, and ribosomes capable of manufacturing proteins and nucleic acids; however, they are energy parasites since they cannot produce their own ATP, required to sustain metabolism.

Members of the Chlamydiaceae family are tiny, non-motile, Gram-negative bacteria that infect birds and mammals. There are three species from the *Chlamydia* and closely related *Chlamydophila* genera that cause human disease. *Chlamydia trachomatis* occurs naturally only in humans, while *Chlamydia pneumoniae* and *Chlamydia psittaci* are pathogenic in both humans and some animal species. In humans, these three types of bacteria may colonize and infect tissues of the eye, urogenital, or respiratory tract. There has been uncertainty and confusion over their classification, with *C. pneumoniae* and *C. psittaci* shifted from the *Chlamydia* genus over to a new *Chlamydophila* genus, then reverting back again. [Adapted from CDC, Merck Manual & Wikipedia websites]

Chlamydia trachomatis Nosode

Homeopathic abbreviation

Chlam-t. (Complete), *Chlam.* (Synthesis)

Synonyms

Chlamydinum

Chlamydia Nosode

Bedsonia Nosode

Infection with *Chlamydia trachomatis* is less often referred to as Miyagawanella, Ehrlichia, Rakeia, or Colettsia, named after individuals involved in the discovery process.

Description

The bacterium *Chlamydia trachomatis* is named after trachoma, the bacterial eye disease for which it is responsible, a common cause of blindness in the developing world. The same organism is also responsible for chlamydia, the most frequently reported sexually transmitted disease in many Western countries. Although the STD symptoms are usually mild or absent, it may permanently damage women's reproductive tract, and is a major cause of female infertility and neonatal eye and respiratory problems in babies born to infected mothers. Different strains (serovars) also cause a chronic infection of the lymphatic system, lymphogranuloma venereum, typically in the anal or genital area.

Although C. trachomatis (chlamydia) infections can be mild or asymptomatic, the condition can have serious consequences. It is important that a patient having this condition is diagnosed and monitored by a licensed physician. Emergency medical care may be required. If this disease is notifiable in your area, the appropriate steps should be taken. Information from homeopathic literature describing treatment of this condition should be read subject to this caution.

Scientific Names

Chlamydia trachomatis (Busacca 1935) Rake 1957

Chlamydozoon trachomatis

Rickettsia trachomae

Rickettsia trachomatis

Commentary

There are a number of foundational indications for this important nosode that we can glean. First, the word *chlamydia* means "cloak," and this conjures up secrecy and concealment, a strong theme in this remedy: "The mission was cloaked in mystery"; "He conducts his affairs under a cloak of secrecy", "cloak and dagger." As well, *Chlamydia trachomatis* causes a sexually transmitted disease. So we can see that the main dispositional themes are about sexual transmission and also the cloaking of symptoms, emotions, and even the truth.

The *Chlamydia* patient appears rather distant and shy, even dreamy, particularly on first meeting people or in your office. When they do engage, there can be intensity with a demanding quality along with anger and dramatic expression. These states can alternate or they may just present with one side. This makes it a difficult remedy disposition to perceive. In spite of being rather distant and retreating at times, the patient feels that they need to protect their inner world. As a result they can be clingy and dependent on their parent or partner/spouse for this. Yet they resent this attachment, like in *Asterias rubens*. Therefore, there may be an alternation of states: withdrawal followed by engagement primarily on their terms. This alternation may also be seen sexually - strong impulsive sexuality alternating

with withdrawal and even an aversion to sex. These alternations, both general and specific, can be from hour to hour, but can also occur between longer periods.

In children, they may withdraw in the house and spend days inside, playing on their own or with one or two friends. This may alternate with being very engaged and "bright." They may take on activities yet not fully engage in them. This retreating tendency may also manifest in a different way, where the adult or child appears not to care so much about the consequences of their actions or shirks responsibility. As a result, they can even get into more criminal behavior.

They also can be very concerned about their appearance and, as a result, can dress and look very stylish. In the interview, although friendly, they may withdraw and "cloak" information.

In more advanced states they can become quite suspicious and can have an especially strong feeling that they will be, or have been, poisoned. We have a rubric in the homeopathic repertory: "Delusions, that he is about to be poisoned." This delusion, or deep belief, can manifest in different ways. It can simply be a fear or belief that there is someone who is going to poison them with what would be considered traditional poisoning agents. But it can also manifest as items in their environment poisoning them - a state of being allergic to specific allergens in something they may ingest or come into contact with. It can also be that they have a fear and issue with medications and even homeopathic remedies and their effects.

They can have difficulty in communicating and be averse to expressing their feelings to their partner or parents, even though they want to.

The adult patient may appear timid, although their sexuality will be strong and somewhat hidden. They can even feel victimized by their sexuality. There is some conflict about their sexuality and this is a very strong remedy where homosexuality is characteristic, especially where this sexuality in the beginning created conflict and a desire to withdraw. It is a remedy in the rubric "Mind; Confusion of mind as to his sexual identity."

Chlamydia Nosode shares many characteristics with remedies derived from other bacteria that are sexually transmitted, especially *Medorrhinum* and Sycotic miasmatic remedies. In some ways, it has replaced *Medorrhinum* as the modern underlying sexual miasm, but is quite difficult to spot. However, there are some differences between *Medorrhinum* and *Chlamydia*. *Medorrhinum* has more extremes, and sometimes wants to be in the limelight when in the overt stage, whereas *Chlamydia* has a tendency to withdraw or disengage in general and to shrink from the limelight. They are also placed in different stages on the periodic table schema, as discussed below.

The central theme of secrecy is linked to the disease transmission method, since STDs in general are still seen as shameful, and hidden from friends and family. In a certain way, the level of hiding in *Chlamydia* is particularly high. Despite its prevalence and its significant health consequences, a great many people have never heard of what is called a "stealth disease." And most people are not aware they have it, because of the generally hidden nature of the symptoms.

A case report included in the homeopathic proving reflects the depth of this perception. Despite being advised to take a chlamydia test after her first ectopic pregnancy, a woman who went on to have seven miscarriages and two more ectopic pregnancies did not take the advice because she felt "embarrassed and wondered what other people's perceptions of her might be."

In my experience, the patient who needs *Chlamydia Nosode* typically comes in with skin

problems, or reactive arthritis (Reiter's syndrome), as well as many symptoms that might be considered undefined. The other main condition that I have seen more frequently in children, but also in adults, is attention deficit disorders (ADHD or ADD).

The patient can also have some unusual sexual proclivities, and you may see many tattoos, piercings, and other indications of an unusual way of life. But even in the more florid stage of expression of sexuality the patient needing *Chlamydia Nosode* does not necessarily go to extremes but actually retreats. They do not express as much confidence or the extremes that *Medorrhinum* might exhibit. Therefore, in spite of the sexual expression in *Chlamydia* there is what appears to be a shyness.

In the proving, there was "masculine behavior in women":

Have found myself doing "manly" things e.g. lifting up my coat to put my keys in my trouser pocket like a man and putting my foot up on a wall to retie my shoelaces - I never do that. I was aware of doing something different and of what other people may think, but it didn't really worry me. I just thought, this is strange.

I noted I was walking along and was aware I was striding out more than I usually do; like a man's walk. This also happened this afternoon in the town. I checked myself and reverted back to my usual walk.

Clinically this is confirmed in women where there can sometimes, but not always, be a masculine quality and in men there can be quite a feminine quality. In boys and girls, there can be a sort of refined androgynous beauty, like we see in models and modern fashion magazines. This also reflects the way they can exhibit a smoldering sexual charisma in spite of being rather shy and withdrawn. They draw people into their protected inner world.

In both sexes, there can be a concern about how other people see them, yet they may choose to present themselves as being different through tattoos and unusual clothing choices. This difference of expression may cause consternation for them at times, and therefore, there is a conflict and alternation of states as mentioned above.

The conflict comes from an internal feeling of being oversensitive combined with a sense that they have never made anything of themselves. This then leads to withdrawal and impatience, yet there is still a desire for a reconciliation and relationship - keep in mind that this a miasm transmitted by sexual interaction. So we may see an alternation of states, where there is withdrawal and then a dramatic, impulsive creative expression followed again by withdrawal.

In this withdrawal state, the patient can have sudden flashes or dreams of disasters in general or loss or death of their family or family members. This can even manifest as an irritability and aversion to their own children or partner. In a similar fashion, their tendency to resentment can become accentuated when they get into an internal state leading to thoughts and a desire to kill - they can fantasize about killing others. The inner anger and violence can be expressed as sarcasm or biting wit, which is a repressed and indirect way of expressing anger and disapproval.

They can be quite dictatorial and run the household or their relationship but it is not done in an overt way. Like viral nosodes, there can be an insidious and cloaked quality to how they dictate to others, usually behind the scenes and not openly.

Children can be quite obstinate and dictatorial, but then will withdraw into their own world, suspicious of others. In this place, they will enjoy activities in which they play and discover on their own. Here they can become fascinated with animals and nature. One child who did well on the nosode suffered from ADHD and digestive problems and had withdrawn from school, wanting to be more by himself. When the parents in the interview started to discuss

many of the social problems (withdrawal) and ADHD he was suffering with, he pulled his hat down and then put his hands in front of his face as if to hide and not be seen.

As children or adults, they may also attempt to draw other people into their unusual internal world which includes the fantasies of killing and in adults, unusual sexual fantasies and sexual games.

There can also be a kind of nostalgia that they experience. We find in the proving, "Dream, smell odors of Christmas cake" and other rubrics related to this feeling of nostalgia. They retreat into a dreamy world of the past.

And along this line, the main quality that I have seen clinically in patients needing the homeopathic remedy *Chlamydia* is "dreamy." This was subsequently reflected in the proving such as in these entries:

I have felt a bit dreamy, airy. I did have to try and concentrate a little bit more to push the right buttons at work - and did make mistakes punching in numbers.

Had to double-check all the numbers I was punching into the till -

I don't know if it is my eyes having trouble focusing on different distances all the time, but I don't have it with letters. I feel I could easily make a mistake.

This dreaminess can also come from a feeling of forgetfulness and confusion while attempting to concentrate or memorize. This is a remedy where there is quite a bit of forgetfulness, in particular of what they have just thought about. The significant memory problems are reflected in poor concentration and difficulty at school. They easily forget words, including specific categories of words; for example, words that begin with the letter "S."

As I mentioned, this can be a very strong remedy for ADD and ADHD where they struggle with their confidence and eventually just give up in school or work. This can be accentuated by restlessness, especially while sitting or concentrating.

Their sense of their body in space can be quite poor, and they can also have difficulties with a sense of direction. They can appear to be physically awkward.

From the physical pathology point of view, we see in conventional medicine that contracting chlamydia has certain long-term physical consequences. Yet it is also called "the silent disease," because many individuals who contract it have no initial symptoms. The delay of 1 to 3 weeks after exposure means that when symptoms are noticed a connection with the sexual relationship may not be recognized.

The infection primarily affects the genitourinary area. And it is in this area that we see the most chronic symptoms indicating the use of the homeopathic remedy.

From the conventional perspective, pelvic inflammatory disease, or PID, is linked to chlamydia infection. And symptoms relating to this condition may call for the homeopathic remedy *Chlamydia*. These symptoms include chronic pelvic pain and infertility. There can be pain in the ovaries either during the menstrual cycle or during ovulation. It is a remedy to be considered after homeopathic *Folliculinum*.

It is also a remedy that I think of when well-prescribed remedies fail to act or fail to continue to act, where there are strong symptoms involving either the urinary tract or the genitalia, male or female.

On the urinary level, there are many symptoms such as frequent, burning urination, and dribbling or involuntary urination. One peculiar symptom is involuntary urination while walking. It is a valuable remedy to be considered where there is frequent urination without any cause.

Also, one of the symptoms of chlamydia infection is premature birth and even sterility. I see

that in many of the children where I have given this remedy, there is a history of premature birth. It is also a remedy and miasm to consider where there are frequent miscarriages and also ectopic pregnancies. There can be frequent menses and profuse leucorrhoea. In men, you can see epididymitis and also prostatitis. *Chlamydia* is an important remedy in benign prostatic hypertrophy. There is pain, urgency, and constriction on urinating. There can be pain in the prostate, and even fever, but swelling in the testes is uncommon. Also, as in *Medorrhinum*, there can be joint symptoms with both infections being considered to cause reactive arthritis (Reiter's syndrome). In the remedy *Chlamydia* you can have arthritic pains that can wander and feel as if they are extending to the back. The pains are shooting or stitching, and often there is a feeling in the body as if there is a great weight being held up either by the extremities or in the back. Thinking of the pain aggravates and again the *Chlamydia* patient typically withdraws into an inner world when they experience pain.

It is a strong remedy for headaches that can look very *Thuja-like*. And it is a remedy to be thought of where *Thuja* fails to act - there are even dreams of falling, as in *Thuja*. The pain can be focused on the left forehead above the eye, and is also worse in the cold and from noise, while pressure ameliorates.

It is the primary remedy to think of where there is a history of scalded skin syndrome or a rash or eczema with intense peeling of the skin - the skin comes off in swathes or sheets. In chest problems or as a concomitant symptom, there can be a feeling of weight in the chest behind the sternum.

There can also be a tendency to conjunctivitis and many of the symptoms or acute exacerbations of any of the symptoms can be accompanied by burning, stinging, and watering eyes. Typically, like in the disease, there is a sensation as if there are tiny hairs in the eye.

Names and Meanings

Chlamydia - New Latin *chlamydia*, a cloak, from Greek *chlamus*, a cloak, short mantle, from the way the bacterium drapes itself around infected cell nuclei (Vermeulen). Compare too the fact that there are often no symptoms revealing its presence in STD infections.

Trachomatis - New Latin *trachoma*, of the disease trachoma, from Greek *trachusma*, a roughness, caused to the inner eyelid surface. Applied to the bacterium causing the disease.

Bedsonia - applied to a group of pathogenic bacteria from the *Chlamydia* genus, named after the British bacteriologist Sir Samuel Phillips Bedson (1886-1969)

Reticulate - in the form of a net or having a network of parts. Compare the idea of being caught in a net, and the way this partly reveals and partly hides the contents, as with fishnet stockings. Casting a wide net in sexual terms means that you maximize the opportunities provided by "plenty of fish in the sea."

Family

Of the Chlamydiaceae family in the Chlamydiales order.

Periodic Table Stage 13

If we look at this remedy from the point of view of the periodic table stages, we see that this miasm is primarily in Stage 13. In this stage, there is the idea of retreating but not fully withdrawing: on-and-off withdrawal. *Medorrhinum* by contrast is a remedy primarily in Stage 10. In Stage 10, we have the idea of being at the peak, and also the idea of the "excess of success." In Stage 13, there is more of the idea of withdrawing and the alternation of states from impulsive sexuality to withdrawal.

It is interesting that in this stage we see the remedy *Indium metallicum*. In many of the old textbooks, there are references in this remedy to homosexuality, which was a taboo subject at the time of Kent and Allen.

We can also see in this stage that *Thallium* is a remedy that has much suspicion and even a fear of poisoning, which was a symptom that came up in the proving of *Chlamydia*.

There are also many of the memory issues of Stage 13 in the *Chlamydia trachomatis* *Nosode*. You could say the idea of active Stage 13 "mazing," or creating confusion and purposeful obfuscation is similar to what is found in the cloaking activities of the patient needing this nosode.

Some of the key phrases of Stage 13 are: maze, lagging behind, outgrown, nostalgia, overtaken, going down, holding back, suspicion, disbelief, withdrawal, and giving up.

Source Notes

The Remedy

A proving was conducted by at the South Downs School of Homeopathy in the UK in 2000, with master prover Richard Bocock.

The Bacterium

The Chlamydia family has developed unique mechanisms, with some details uncertain, to survive in the hostile intracellular environment. Like cyanobacteria, they have retained some unusual plant-like traits. Unlike most other bacteria, they cannot survive or reproduce without input from host cells, a feature shared by viruses. They take different forms during their life cycle. They travel between cells, and between hosts, in the form of a virus- or spore-like elementary body, which is **infectious but inactive**, carried around passively in bodily fluids. Once inside a host cell, this changes into a reticulate (net-like) body, which is **active but not infectious**. These reticulate forms send out 'straw-like' structures to obtain energy from the host cell cytoplasm and divide by binary fission. They swell and multiply to the point where, having exhausted the host cell's resources, they reorganize into intermediate forms, before reverting to elementary bodies, exiting the cell, and restarting the process.

Chlamydia trachomatis is a Gram-negative bacterium that occurs naturally only in humans. It is very small, smaller than many viruses. It is non-motile and cannot live outside the body's cells, since it depends on the host for its energy needs. This makes culture-based laboratory testing difficult and expensive, so that alternative, indirect methods are required to detect its presence, as for gonorrhoea. Some strains carry plasmids that may increase their virulence, for example, DNA outside their chromosomes allowing bacteria to transfer resistance to naturally occurring antibiotics or produce toxins against competitors.

Though records of trachoma-like eye disease appear in ancient Chinese and Egyptian texts, the disease agent was identified and classified only relatively recently. Following general descriptions of organisms of the Chlamydia type in 1907, isolates were collected and then officially recognized from the mid 20th century onwards. The recent shift to a new Chlamydia genus of several species originally named as Chlamydia has been contested.

The Diseases

[Adapted mainly from the CDC website]

Different strains (serovars) of *Chlamydia trachomatis* cause a number of important diseases in humans:

- Sexually transmitted Chlamydia localized to mucous membranes in the genitourinary

system (serovars D to K)

- STD leading to lymphogranuloma venereum (LGV), invasive lymph node disease (serovars L1 to L3)
- Trachoma and inclusion conjunctivitis, abbreviated asTRIC (serovars A, B, Ba or C)

It is the sexually transmitted infection chlamydia, the commonest STD in the Western world, which is the main focus here. There were over one and a half million reported cases in the US in 2016, with actual incidence estimated at double this, and thought to include around 1 in 20 sexually active young women aged 14 to 24 years.

As an STD chlamydia can lead to

- nongonococcal urethritis and epididymitis in men
- cervicitis, urethritis, and pelvic inflammatory disease in women
- proctitis in both sexes, via direct or indirect transmission
- reactive arthritis (Reiter's syndrome) in both sexes (also associated with other STDs)
- conjunctivitis in both sexes
- lymphogranuloma venereum, most often among men who have sex with men

Maternal transmission of *C. trachomatis* also causes neonatal conjunctivitis and pneumonia, along with postpartum endometritis in mothers. The organism is occasionally isolated from the throat in adults but rarely causes symptomatic pharyngitis. However, most people who have chlamydia are unaware they have it, since the "silent" disease often has no symptoms. The CDC recommends annual testing for young, sexually active females, and older women with new or multiple sex partners, since the disease is easy to treat and cure but has potentially serious and irreversible effects, including female infertility, if left untreated. Repeat infections substantially increase the likelihood of long-term consequences. Condom use is advised to reduce infection risk, along with treatment of sexual partners, abstinence for seven days after beginning treatment, and retesting after about three months to help prevent re-infection. Screening programs are in place in some parts of North America.

Signs and Symptoms

Around three quarters of women and half of men infected have no symptoms. If symptoms do occur, they usually appear within 1 to 3 weeks after exposure. At the initial stage, when the bacteria infects the cervix and urethra, women may notice an unusual vaginal discharge, burning on urination, and bleeding or discomfort during sex. If infection spreads to the uterus or fallopian tubes, causing PID (pelvic inflammatory disease), some but not all may experience:

- pain in the lower abdomen or lower back
- pain during sex
- bleeding between menstrual periods
- nausea and fever

PID occurs in up to 40% of untreated female cases, and in around one in five sufferers it causes lasting debilitating pain and damage to the reproductive organs preventing conception; around one in ten women with PID experience potentially life-threatening ectopic pregnancy. There are occasional liver complications, involving painful inflammation of the liver capsule and surrounding peritoneum (Fitz-Hugh-Curtis syndrome). The untreated infection is suspected of causing premature births and is known to pass to babies during delivery, causing conjunctivitis (developing 5 to 12 days after birth) and subacute, afebrile pneumonia (typically appearing 1 to 3 months later). It is also a major risk factor in miscarriage. The initial infection risk is particularly high among teenage girls, whose cervix is not fully matured; and female chlamydia sufferers are up to five times more likely to become

infected with HIV if exposed to the virus.

In the minority of males who report symptoms, burning on urination, more general burning or itching around the penis opening, or a watery or mucous urethral discharge may be found. Rare complications include pain, fever, swelling or pain in the testes, and epididymitis resulting in male infertility.

Oral, anal, as well as vaginal sex can transmit the disease. Passed directly or indirectly into the rectum, it may cause pain, discharge or bleeding. As mentioned above, Chlamydia bacteria may be found in the throat, following oral sex, though this is usually asymptomatic, while contact with infected genital secretions can lead to chlamydial conjunctivitis.

About one in twenty (5%) of those suffering from the STD chlamydia progress to reactive arthritis, and this bacterium is the most commonly implicated disease agent in this condition, formerly called Reiter's syndrome. This can be extremely **hard to detect** and diagnose.

Although around 70% of these cases resolve within weeks, the remainder can experience years or even decades of persistent, usually relapsing/remitting, problems which can stubbornly resist treatment.

The tendon insertion points of the knee or ankle are prime sites for the joint swelling and stiffness, which is usually asymmetrical. The arthritis is sometimes accompanied by pustular psoriasis-like lesions on the palm and soles and around the nails, as well as conjunctivitis or iritis and genitourinary inflammation (with small, fairly painless ulcers near the glans, and also the mouth.) In chronic cases, there are systemic effects including fever, fatigue and weight loss, with rarer cardiovascular, lung and neurological complications. Some researchers suggest that virulent ocular strains, mixed with genital types, may be particularly implicated in the development of arthritis. [Walsh, 2014]

In rare cases, lymphogranuloma venereum (LGV) develops, in the developed world mainly among men who have sex with men (though it is endemic in some parts of the developing world). The initial symptom, appearing 7 to 12 days after exposure, is a genital or rectal papule or ulcer, which ruptures then heals painlessly. From 1 to 8 weeks later, there is painful inflammation and sometimes suppuration of the inguinal or femoral glands (as buboes). Without effective treatment, wider proctocolitis or ulceration and lymphatic obstruction due to scarring may also follow, along with disfiguring and enlargement of the external genitalia.

C. trachomatis is one of the two commonest causes of neonatal conjunctivitis (ophthalmia neonatorum), along with *Neisseria gonorrhoeae*. It has a longer incubation period (5 to 14 days after birth) than gonococcal infection, which appears within about 5 days. Up to half of mothers with chlamydia may pass this on to their newborns. Contact with infected genital secretions can also lead to similar symptoms in adults. Prompt antibiotic prescription can prevent complications such as corneal ulceration and vision impairment or loss which have plagued millions across the world who lack access to effective treatment. An ambitious WHO program is in place with the hope of eradicating trachoma, historically the leading global cause of preventable blindness, by 2020.

The terrible pain and damage caused by scarring of the **inner** eyelid surface, and by **inturning** eyelashes scratching the cornea are a further reflection of the hidden and withdrawn qualities of *Chlamydia*. The fact that among adults, more women than men suffer from trachoma (since they have more contact with the main victims, who are children) also matches the more devastating effects of the STD on females compared to males.

Conventional treatment of sexually transmitted chlamydia is typically a one-week course of oral antibiotics.

A Note on Chlamydia Infections in Animals

It is interesting that infections with related Chlamydia species, such as *C. pecorum* in mammals and *C. psittaci* in birds, often affect domesticated livestock and pets, whose natural instincts, including reproductive drives, are typically greatly **distorted**. Chlamydiosis is also the most important infectious disease among koalas, who are famous for their restricted diet, lack of behavioral adaptability (due to their small relative brain size), slow digestive processing, and general indolence, sleeping for up to 20 hours a day. They are mainly asocial, with occasional bursts of aggression.

Clinical Focus Guide

Appearance of Patient

May look like an androgynous fashion model, but can have any appearance

Feminine traits in men

Masculine traits in women

Charismatic appearance

"Dreamy" or spacy expression

Shy appearance

Mind and Disposition Focus

Cloaking, secrecy, hiding

Desire to hide themselves

Of sexuality

By appearing pure and androgynous

Purposeful obfuscation

Sexual remedy yet tendency to

Retreat, withdraw

Hide true sexual urges (like *Liliaceae*)

But children may be overtly sexual

In their own world

Appear shy

Dependent on parents or partner, even clingy, yet

Resentful of the dependency

Sensitive to criticism

Leading to suspiciousness

Alternation of states or moods

Indifference alternating with expressive sensitivity

Dreamy or spacy alternating with impulsive and dramatic

Weeping alternating with livid anger

Weeping alternating with indifference

Tattoos, piercings reflecting unusual lifestyle choices

Interest in fashion and appearance

Strong yet conflicted sexuality

Sexual tendency but timid

High sexuality or averse sex

Sexual impulsivity

Sexual games

Masochistic sex

Drawing others into their sexuality

Drawing people into their world and games

Charismatic sexually

Homosexuality as a characteristic

Confusion as to sexuality or sexual identity

Masculine behavior in women

Feminine quality in men

Indifference to children

Desire to kill

Fantasizing about killing others

Internalized violence and anger

Sarcasm, biting wit

Outbursts

Desire to injure themselves

Dictatorial

Criminal behavior

Fear and suspicion of being poisoned

Fear of taking homeopathic remedies

Fear of someone getting through their defences

Dreams of danger, of being poisoned, of falling

Dreams houses or buildings

Suspicious

Of being poisoned

Forgetful and poor memory

Forget what they were just thinking

Forgetting in categories, like words beginning with letter "S"

Forgetful about what to do

Difficulties in thinking and learning

Mistakes in math, in calculating

Difficulties in learning to read, focus

Problems with vision and visual processing

Poor sense of direction

Poor concentration

ADD, ADHD

Restless while sitting or concentrating

Rich fantasy life

Dreams of danger

A truck crashing into the house

Injuring themselves

Floods

Falling

Sensation of falling before sleep

Physical Focus

History of chlamydia infection

On and off symptoms

Genitourinary problems including

Severe "intolerable" itching in genital area

Yeast and fungal infections

Frequent cystitis

Inflammation of labia

Discharges yellow, white

Leucorrhea

Pelvic inflammatory disease

Pain ovaries

Worse menses, worse ovulation (like *Folliculinum*)

Cervical problems

Erosion, cysts, warts

History of hormones, DES (synthetic estrogen hormone) etc.

Frequent urination

Without cause

Burning urination
Involuntary urination while walking

Premature birth

Tendency to miscarriage

Ectopic pregnancy

Scarred tubes

Epididymitis and prostatitis

Benign prostatic hypertrophy

Reiter's syndrome (reactive arthritis)

Chronic arthritis

Shooting, stitching pains

Sensation of weight in joints or body parts

Worse thinking of pain

Sudden violent attacks of pain in any part of body

Pain behind sternum

Weight behind sternum

Headache

Worse above left eye, forehead

Worse cold air and worse noise

Ameliorated by pressure

Intermittent

Staphylococcal scalded skin syndrome (SSSS)

Rash or eczema usually with peeling of skin; sometimes without Burning skin

Eyes stinging, burning and watering

Burning especially in right eye

Eye inflammation

Conjunctivitis

Ophthalmia neonatorum

Blindness in eyes from chlamydia infection

Difficulty focusing eyes

Vascular disorders

Brittle finger nails

Cancer, bone disorders

Chronic periodontal problems

Tendency to cysts

Abdomen

Pain extending to back

Great distension

Distension from milk

"Patients of an advanced age"

Worse cold drinks

Better night

Better from cold

Better from cold applications

Selections from Traditional Homeopathic Sources

None.

Selections from Modern Homeopathic Sources

The proving adds a brief description of ideas put forward in a book by Bulgarian homeopath Mario Boiadjev, *Systematic Approach in Homeopathic Theory and Practice*, summarized here. Based on experience involving over 300 cases using the *Chlamydia Nosode*, this author stresses the importance of the remedy, arguing that it should be the number one polychrest in the materia medica and our main anti-sycotic remedy. He states that it has helped him solve the greatest number of "hopeless cases," suggesting that an unclear remedy picture is most often due to chlamydial infection. He also believes that cancer is **always** accompanied by chlamydial infection, and that the remedy is particularly important in treating cancer patients. He gives the remedy's key symptoms as:

- Unbearable itching in genital region
- Sterility
- Bone disorders
- Cancer
- History of hormone treatment
- Allergies
- Vascular disorders
- Almost all diseases at an advanced stage when the patient is very weakened
 - Patients of advanced age
 - Conjunctivitis
 - Brittle fingernails
 - Periodontitis
 - Sycosis
 - Ritter's disease - staphylococcal scalded skin syndrome (SSSS)

Relationships

Similar: *Cannabis sativa*, *Folliculinum*, *Medorrhinum*, *Thuja*, *Solanum tuberosum aegrotans*, *Falco peregrinus*

Other Stage 13 remedies: *Indium*, *Thallium*

Li liales/Li liaceae

Follows well after: *Folliculinum*

Chlamydia pneumoniae Nosode

Description

Chlamydia/Chlamydophila pneumoniae is an obligate intracellular bacterium that infects humans and is a major cause of pneumonia. It is perhaps responsible for up to around 20% of community-acquired cases. Exact numbers are hard to determine, as the infection is considered underdiagnosed. Symptoms may include lung inflammation, hoarseness and sore throat, followed by a persistent cough, sometimes complicated by bronchospasm. Less commonly, it is involved in pharyngitis or bronchitis. It has been referred to as the Taiwan acute respiratory agent (TWAR) and it has been implicated in cardiovascular disease and atheroma. [Adapted from the CDC website].

Commentary

I had a patient who I treated successfully for a number of years with several homeopathically prepared plant remedies. She was in her 40s, and quite sweet and friendly. Her chief problem was a chronic cough, and a tendency to pneumonia coming on with acute upper respiratory infections. She suffered from depression, with quite a few emotional stresses and

there was improvement with the initial remedies. But various types of dispositional expression and issues consistently remained.

She gave long, convoluted explanations about the therapy she practiced, as well as about her own problems. She always wanted to get to the depth of the problem of her clients and herself, and often expressed her ideas in a highly intellectual and convoluted way. Quite frankly, I had difficulty in understanding what she was talking about, and many times would be confused by what she said.

After ultimately giving her this *Chlamydia pneumoniae* Nosode, I noticed she was much more straightforward, clearer, and more direct about her problems and her methods. Her cough and tendency to chest problems also cleared.

The same issue of "cloaking" intentions that are found in *Chlamydia trachomatis* can be seen here. But rather than the underlying sexual intentions in that nosode, this one has to do with the lungs as the seat of the soul. And so there is a deeper intention and sensitivity and a desire for deep soul connections in their relationships. But there is an obscuration or 'cloaking' of the issues related to past relationships and deep emotional traumas.

Clinical Focus

Mind and Disposition Focus

Cloaking the meaning of the soul

Hiding the soul

Loss of soulmate

Desire for deep relationships unrealized

Hiding the real meaning

By seeking intellectual explanations or years of therapy Obscure and cloaked meanings

Confusing therapist

Not showing themselves, not owning success

Worrying about being seen as successful

Too much intellect to retrieve the deeper knowledge

Traumatizing the soul

Attempting to reveal truth in others

But don't really know what it is

Won't express true feelings in relationship

Ineffectual transitions hidden in explanations

Deep chronic depressions

Worrying about money

Dreams

Fire, thunderstorms, wind

Dramatic

Burnt, charred people

Disasters

Physical Focus

Lungs: history of pneumonia

Following or with pharyngitis

Frequent pneumonia

Never can get a good breath

Chronic cough

Low energy

Poor digestion

Acid reflux

Reye syndrome following pneumonia

Conjunctivitis

Cardiovascular

Atheroma plaque

High cholesterol

High blood pressure

Infarctions history

Chlamydia psittaci Nosode

Description

The Chlamydia psittaci bacterium, also known as Chlamydophila psittaci, causes the rare human respiratory disease psittacosis. It is responsible for endemic avian chlamydiosis in a range of domesticated and wild bird species, and also occurs in epizootic outbreaks among mammals, such as cattle, pigs, sheep and horses, along with humans. Parrots are particularly common carriers, along with poultry, hence the alternative names of parrot disease, parrot fever, or ornithosis.

The infection is typically acquired from ingesting or inhaling bird droppings, or less frequently from feathers or eggs or being bitten. In both avian and human cases, the severity of symptoms varies widely, with the lungs primarily affected in humans. Sometimes the illness is not apparent, while some severe systemic infections mimic typhoid states, and in less than 1% of human cases there are complications involving inflammation in the heart, liver, joints, eyes or brain. More typically, there are flu-like symptoms (fever and chills, headache, muscle aches and dry cough), but hospitalization for pneumonia may follow. [Adapted from the CDC website]

Commentary

This remedy is to be thought of in a similar way we think of *Tuberculinum aviare*, as described in Volume 1. There is a bird quality in these individuals. They can be quite extroverted, even eccentric, but also very much deeply involved with meditation and spiritual matters of the soul. Yet alongside this, the patient needing this nosode has many of the Chlamydiaceae qualities relating to "cloaking" and so forth. Consider as a nosode following bird remedies.

One focal area is the eye and there can be a history of chronic conjunctivitis and/or glaucoma. As well, ocular adnexal lymphoma (OAL) can develop as an indication for this nosode.

Clinical Focus Guide

Mind and Disposition Focus

Bird quality

Along with contagious quality

Ailments from gossip

Feels abused, hard done by and injured (cf *Hyoscyamus*)

Compelled to repeat what they have heard

Prophetic dreams

Poor comprehension and understanding

Superficial understanding

Find it hard to get the point

Spying or secretive

Alternating with talking too much and too openly

Acquaintances but few close friends

Averse long term relationships

Strong interest in numbers, zones, percentages

Pets and animals

Rescuing diseased animals and birds

Birds as pets

Physical Focus

Diabetes

Frequent eating

With eye problems, e.g. glaucoma, cataracts

Eye problems and pathologies

Chronic conjunctivitis

Glaucoma

Eye irritations

Itching in eyes

Lymphoma

Ocular adnexal lymphoma

High blood pressure, heart problems

Overeating

Especially carbohydrates

History of pneumonia

Frequent flu-like acutes

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LACTOBACILLALES

LACTOBACILLALES

Kingdom: Bacteria; Phylum: Firmicutes; Class: Bacilli; Order: Lactobacillales. Families include Streptococcaceae and Enterococcaceae.

The bacteria in the Lactobacillales order are referred to as the Lactic Acid Bacteria (LAB), although other microorganisms outside this order may also produce lactic acid as a primary or secondary end-product of fermentation. They are Gram-positive, non-spore forming facultative anaerobes or microaerophiles, shaped as cocci, coccobacilli or rods.

They are widespread in the soil, water, decaying plant matter, and within animals, including humans. Here, most live in beneficial or harmless associations as part of the normal flora in the oral, digestive and vaginal tracts, for example - hence their use in probiotic supplements, as well as food fermentation. Some, notably members of the *Streptococcus* genus, are opportunistic pathogens.

Pathogenic Types and Homeopathy for Chronic Sequelae

A range of bacteria from the Lactobacillales order are employed as homeopathic remedies.

Streptococcus pyogenes (Group A *Streptococcus*) is a major cause of serious suppurative diseases (including strep throat, pneumonia, scarlet fever and other toxemias);

Streptococcus pneumoniae can cause lobar pneumonia, otitis media and meningitis.

Streptococcus agalactiae (Group B *Streptococcus*) also causes sepsis, pneumonia and meningitis, especially in newborns and the elderly. A range of oral streptococci are implicated in dental caries and endocarditis.

All these types of conditions caused by strep bacteria may need conventional emergency medical care. Yet, the chronic susceptibility and chronic symptoms as a result of the energetic state post infection can be helped with homeopathic treatment.

Laboratory Identification

In the laboratory, streptococcal and similar bacteria are tested for their hemolytic (blood-cell destroying) properties. *S. pyogenes* is beta-hemolytic, causing complete destruction of red blood cells; *S. pneumoniae* and the majority of the so-called viridans group (including most oral types) are alpha-hemolytic, causing partial lysis. This partial destruction of hemoglobin results in a green color, hence the Latin name *viridans* "becoming green." (See the note on the scope of the name *S. viridans* in the Differentiation section under the *Streptococcinum Nosode* below). A third category are non-hemolytic (sometimes rather misleadingly referred to as gamma-hemolytic), including the *Enterococcus faecalis* species.

The similarly named *Enterococcus faecium* is a different species, a commensal and probiotic microbe that has recently become increasingly pathogenic, acquiring antibiotic resistance that is capable of transferring to other bacteria. It is now the third commonest cause of hospital-acquired infections.

Classification of Streptococcus

Beta-hemolytic streptococci have been further classified into Groups A to V on the basis of specific carbohydrate antigens, in a system named after pioneering bacterial taxonomist Rebecca Lancefield. *Streptococcus pyogenes* appears in Group A, hence its alternative name GAS (Group A *Streptococcus*). Group B includes *S. pneumoniae* and the viridans group, while *Enterococcus faecalis* is in Group D.

Since 1985, the diverse *Streptococcus* genus has been reclassified into *Lactococcus*, *Vagococcus*, *Enterococcus*, and *Streptococcus*, based on biochemical characteristics and genetic analysis.

Food Fermentation

Lactic acid bacteria ferment glucose primarily to lactic acid, or to lactic acid, CO₂ and ethanol, and this function is harnessed in the production of fermented foods including dairy products (e.g. yogurt, cheese, butter, sour cream and buttermilk, where lactic acid coagulates milk) as well as wine, some sausages, and pickled vegetables such as sauerkraut.

They influence their taste and texture and inhibit the growth of other potentially harmful bacteria, increasing shelf life of foods. However, some lactic acid bacteria may themselves spoil beer, wine, or processed meats. They require an environment rich in sugars, amino acids, vitamins, purines and pyrimidines to sustain their metabolism. Selected species, such as *Lactococcus lactis* and *Streptococcus thermophilus* for dairy products, are employed in starter cultures to kick-start the fermentation process.

Probiotics

Lactobacillus acidophilus is the best-known probiotic constituent, though products may include a range of other *Lactobacillus* species predominating in the small intestine, along with the unrelated *Bifidobacterium* species common in the large intestine. As part of the normal intestinal flora, such bacteria have a variety of beneficial functions. For example, they manufacture vitamin K, some B vitamins and digestive enzymes such as lactase; they also produce substances identified as anti-carcinogenic, immune system-stimulating, antibacterial and antifungal. [Adapted mainly from Todar, CDC and Wikipedia websites]

Commentary

The dichotomy and thematic similarities between harmful and beneficial bacteria within this order can be understood from the point of view of *lacto-*, meaning "milk." Milk is a life-giving substance from mammals. Even though streptococcus bacteria from the Lactobacillales can cause serious infections and toxicity, in its homeopathic dispositional state there is partly an oversensitive and servile "suckling" quality. These are generally the characteristics we may see in homeopathic remedies derived from milk.

As many of the bacteria can cause fermentation, there are also elements of lactic acid which is a product of fermentation. *Lactobacillus acidophilus* sours milk, and needs an environment of glucose: sweetness. In the remedy *Laeticum acidum* and other remedies containing *Laeticum*, dispositionally there is a childlike, adorable quality associated with this constituent. As Jan Scholten describes *Laeticum*: "girlish; the girl that never grows up." This is a quality in many of the remedies in this order of bacteria.

However, alongside such aspects there is also dispositional toxicity that can be associated with milks and lactic acid. In *Laeticum acidum* we see the combination of "burning through" (*Acidum* theme) childishness (*Lacs* theme), resulting in the opposite polarity of "burning through the childhood role." In this way, they can reject being childish and be soured or negative about their own and others' enthusiasm. In either case, the polarity of childishness may be an indication for a patient needing a Lactobacillales nosode or remedy in the miasm. In homeopathic *Lac* (milk) remedies, there are issues with the mother, such as being over-mothered, lack of mothering, or giving up self-esteem, and even being tormented by someone they are dependent on. These will be elaborated in some of the commentaries of the individual nosodes in this bacterial order.

Homeopathic Remedies from the Lactobacillales Order

Bacterium acidophilus - prepared from the bacterium *Lactobacillus acidophilus*

Enterococcinum - from *Enterococcus faecalis*, previously known as *Streptococcus faecalis**

Lactobacillus reuteri

Pneumococcinum - prepared from *Streptococcus pneumoniae*

Scarlatinum - prepared from a strain of *Streptococcus pyogenes* causing scarlet fever

Streptococcinum - *S. pyogenes*, sometimes perhaps in combination with species from the viridans group

Streptococcus agalactiae *Nosode* (Remedia)

Streptococcus haemolyticus (Remedia)

Streptococcus pyogenes *Nosode* - prepared from a strain of *S. pyogenes* causing necrotizing fasciitis (Remedia)

Streptococcus uberis *Nosode*

Streptoenterococcinum - a combination of the two nosodes *Streptococcinum* and *Enterococcinum*

**Streptococcus faecalis* is a synonym for *Enterococcus faecalis*, used to prepare the *Enterococcinum Nosode*. *Streptococcus/Micrococcus zymogenes* and *Enterococcus proteiformis* are other synonyms for the same species. In addition to his description of *Enterococcinum*, Julian also gives information on the remedy *Bacillus strepto-enterococcus*, which is prepared from gingivitis blood samples containing the same bacterial species.

Streptococcinum Nosode

Homeopathic abbreviation

Streptoc.

Synonyms

Streptococcus Nosode

Streptococcus pyogenes Nosode

Streptococcus pyogenes and Streptococcus Viridans Group Nosode Streptokokkeneiter [in German]

Differentiation

Julian describes the nosode as being made from bacteria of the *Streptococcus pyogenes* species, while the Remedia Pharmacy lists its source material as *S. pyogenes* and *S. viridans*. Riley's proving of *Streptococcus Nosode* does not list the species used. The term "viridans" does not strictly denote an individual species, but is a loose label for a large, heterogeneous group of *Streptococcus* bacteria from various different species (including *S. mitis*, *S. mutans*, *S. oralis* and *S. sanguinis*). These members of the viridans group are mostly among the alpha-hemolytic type, as opposed to the beta-hemolytic types that include *S. pyogenes*.

S. pyogenes has a large number of strains, over 120, with some responsible for specific streptococcal diseases, including scarlet fever, which has its own nosode called *Scarlatinum Nosode*.

See the Introduction to the Lactobacillales for information on several other streptococcal remedies.

Description

Streptococcus pyogenes causes a diverse range of infections, most commonly "strep throat" (acute streptococcal pharyngitis), along with skin infections affecting superficial or deeper layers (impetigo, erysipelas, or cellulitis). In rare cases the infection can spread to the lungs, muscles, fasciae, bones, or blood to cause severe and sometimes life-threatening invasive diseases such as necrotizing fasciitis (the "flesheating bug"), or streptococcal toxic shock syndrome. This bacterium is also the causative agent of scarlet fever. Serious sequelae of these strep infections include rheumatic fever, a leading cause of acquired heart disease worldwide among the young, and post-streptococcal glomerulonephritis.

As described, streptococcus infections can have potentially serious and life-threatening complications. It is important that a patient or client having such an infection is diagnosed and monitored by a licensed physician. Emergency medical care may be required. If this disease is notifiable in your area, the appropriate steps should be taken. Information from homeopathic literature describing treatment of this condition should be read subject to this caution.

Scientific Names

Streptococcus pyogenes Rosenbach 1884

Streptococcus erysipelatos {sic}

Streptococcus hemolyticus

Micrococcus scarlatinae

Commentary

Over the last 40-plus years of practice I have used this homeopathic remedy for a particular

demographic. I find mainly children, teens, and young adults have benefited from *Streptococcinum*. It is a remedy to consider in a chronic situation where there is a history of recurrent strep throat, severe or repeated tonsillitis, or quinsy with frequent antibiotic treatment. There is also a particular disposition and resultant situational materia medica that I am going to discuss.

When I first started prescribing this remedy, apart from this physical history, there were few other mind indications available besides the word "obsequious" (from Julian). I used this indication and as time went on, I came to a greater grasp of *Streptococcinum*. I then utilized these greater insights clinically and lectured extensively on this remedy.

In children and adults of older years, aspects of the disposition manifest in different ways. As times have changed and modern social interactions involve online social media as well, the situational materia medica of all remedies and miasms has also broadened. I will describe these new situations as well. There is also a modern proving of this remedy that has subsequently confirmed many of the clinical observations I gathered.

Despite the intensity seen in the pathology of strep bacteria, the patient needing this remedy has initially rather mild dispositional features similar to many of the milk remedies (*Lacs*).

They have a dependency and loyalty to one person who they rely upon yet can be tormented by. With certain people that they desire a relationship with, they act as if they are in the presence of royalty. This attachment can start with the mother - in their minds, "the Queen" - and they stay beside her in a servile, obsequious fashion. The mother may also be fawning, yet dictatorial with their child.

As I mentioned, I originally started prescribing this remedy based on the uncomplicated indication: "exaggerated obsequiousness." So understanding this word was important to grasping the primary theme of this remedy. The word obsequious is defined as

"characterized by or showing servile complaisance or deference; fawning," and now appears in the modern Complete Repertory under the rubric "Mind; Servile, obsequious, submissive."

I initially expanded my understanding through clinical experience with children. As mentioned, the obsequious quality that is seen in children is mainly in relation to the mother (the source of milk). The child can be overly compliant with their mother. This is brought about by a mother who has a rather "queenly," or overbearing and imperious aspect to their personality. The mother or parent figure demands loyalty and is a hard task master.

Therefore, the reaction by the child is to seek comfort, even to attempt to suck energy and courage from the mother, which is not always given.

When outside the reach of the mother, the patient needing *Streptococcinum* can have a feeling that others in the family are deliberately leaving them out. As a result they may always want to be "in earshot" of what others are saying and become overly close to adult activities and conversations.

In the experience of many past homeopaths, there is an emphasis on the patient being weepy, particularly when given sympathy - hence the rubrics "Mind; Causeless weeping" or "Mind; Weeping, consolation aggravates." And so they can be highly emotional, particularly in relationships. The opinion of their friends is important to them.

Many teens and young adults now find social situations more complex and problematic as they learn to navigate life outside of the home and school environment; this has been compounded in the last number of years by the issues around social media. I've had a significant amount of clinical experience successfully treating teens and young adults in these problematic situations with *Streptococcinum*, I will now describe these tangled social situations.

The obsequiousness and deference in teenage or adult life can be demonstrated towards specific individuals in authority or in a personal relationship. They may be highly successful in their chosen work, but when it comes to relationships there is a fawning quality to them. The patient can be almost too sweetly respectful and too close to the personal space of others.

They are quite aware of their social position and may have a desire to be part of the "in" group. Like many of the Milk remedies, they may be a poor judge of character and have loyalty to a person who is manipulative in their social dealings yet has social status. Much like a *Pulsatilla* patient, the patient needing *Streptococcinum* is easy to manipulate and compliant when it comes to this type of social situation. By "following" this type of manipulative person, they develop a feeling of belonging. They need a deeper connection to feel safe emotionally but develop this type of servile relationship.

They collapse emotionally when the relationship is no longer working, when the person they are loyal to drops them, changes friends or manipulates them out of the group. The manipulator can publicly blame the *Streptococcinum* patient for the breakdown. Then the *Streptococcinum* patient goes into a toxic despairing and weepy state since they have a desire to be part of the "in" group. At the same time as going into this weepy condition, they become dramatic and truculent towards their group of friends, demanding reasons for the split. They can twist the whole situation to make it appear more dramatic and toxic than it is, drawing others into getting involved to the point where others have an aversion to interacting with them.

They eventually feel that this person or people - their social circle of friends, co-workers or acquaintances - are constantly talking about them, or posting on social media about them. It is so important for them to be socially connected and they have a compulsion to hear or see what others are saying. Therefore, this remedy can also be indicated for the trauma of being teased or tormented by others, particularly online.

This type of circumstance and situation is especially profound in teenagers and pre-teens (who happen to get a lot of streptococcal throat pathology). As events unfold, they can stay in the background on social media, monitoring what others say about them, but not actively engaging in online exchanges. They feel they are being unjustly criticized and misjudged and to a certain extent helpless to do anything about it. So instead, they may internally react to it strongly (often by weeping) and obsessively thinking or writing in private about the situation. Hence alongside the collapse into weeping they may be fraught with internalized anger, even rage, yet unable to express it.

Eventually, they may also draw others into the drama, not communicating fully but needing and seeking solace from their close relatives and family, particularly their mother. Thus this remedy is prominent in the rubric "Mind; Homesickness."

As adults, they may also hold onto their failed social interactions in teenage or college years. In the proving there was a "disturbing dream of old friends."

As mentioned, this can be a remedy for adverse effects from gossip about them. Or in their victimized state they can themselves spread gossip, even in an unusual way. They may reveal private information about others, particularly those who victimize them. Though they feel anger towards their tormentor, they give the information in a seemingly sweet, complimentary way, and present themselves in the same way in front of others. Their ability to speak out is inhibited, as the area of the throat is affected.

They become anxious and tormented by the situation rather than directly accessing the anger. They can fear for their sanity. This anger in the unconscious often manifests in

dreams, and we see rubric symptoms like "Mind; Dreams of fights," "Mind; Dreams of violence," and "Mind; Dreams of being shot." It can also be sublimated into anxiety, compulsions, picking at the skin, hair or eyebrows, and even panic attacks.

In certain situations, especially for children, this underlying anger and violence can suddenly erupt and come to the forefront, particularly with cases of the diagnostic category of PANDAS (Pediatric Autoimmune Neuropsychiatric Diseases Associated with Streptococcal infections). In these individuals, sudden, dramatic personality changes occur. There can be sudden panic attacks, particularly if away from the person or parent they are attached (loyal) to, temper tantrums, depression, ups and downs, and obsessiveness. They may develop great sensitivities especially to light. They can also have tics or repetitive behaviors. They may start pulling their hair out, or constantly pinching or picking at their skin, or in teens, picking at their acne boils to the point of scarring.

Adults as well can express this polarity and, instead of being the person harassed, may exhibit harassing behavior themselves.

On a physical level, we can see many different key elements. As mentioned, the remedy is important in chronic sore throats and recurrent strep throat infections. A history of repeated sore throats or infections can be a good indication. The glands in the neck can be chronically enlarged. And there may also be a history of mononucleosis.

The bacteria prompts a severe toxic reaction. The complex toxic reaction I described on a mental and emotional level results from toxic social interactions. Likewise, this is reflected on a physical level where you can have a history of toxic shock, sepsis and even necrotizing fasciitis. But even in the healthier state, the *Streptococcinum* patient has poor elimination. They tend to be constipated with large infrequent stools. They have difficulty urinating, with strong and offensive urine and they have difficulty in perspiring. When they physically work out, they become bright red with insufficient perspiration.

As such, they swell up easily and there may be enlarged sensations throughout the body including the lips. The lips may have eruptions and infections and are a source of problems for the patient. There is frequently a pale, puffy look to the face and lips. There are flushes of heat in the face.

They have skin issues that can become quite severe and turn into recurrent cellulitis along with impetigo, acne, boils, cysts and erysipelas on the skin. But this is also an important remedy for psoriasis especially when other remedies fail to act or stop acting.

The teeth are prone to cavities and infections.

More serious chronic pathologies can be present even to the point of paralysis. There can be rheumatic complaints that are like *Rhus toxicodendron*. The small joints of the hand are particularly affected.

Also there may be chorea-like movements, tics and Tourette's syndrome. These can be part of PANDAS as previously described or part of an adult symptom complex that this nosode covers.

Names and Meanings

Streptococcus - Greek, *streptos*, pliant, easily bent or twisted like a chain + Greek *kokkos*, Latin *coccus*, grain, seed. It grows in pairs or long chains because they divide along a single axis, unlike Staphylococcus, which divides along multiple axes and produces grape-like clusters.

Pyogenes - Greek, *puon*, pus + Greek and Latin *gen-*, producing

Viridans - Latin, making green. (This term refers to a group of generally non-pathogenic

streptococci, all alpha hemolytic and producing a green coloration on blood agar).

Family

Of the family Streptococcaceae, in the Lactobacillales order.

Source Notes

[Adapted mainly from Todar, CDC and NIAID websites]

The Bacterium

Streptococcus pyogenes, also known as Group A *Streptococcus* (GAS), is a Gram-positive, non-motile, non-spore-forming bacterium. Round or ovoid in shape, it is usually found paired, less often in chains of varying lengths. It is a facultative anaerobe requiring an enriched blood-containing medium for laboratory culture, where it exhibits beta-hemolysis (complete hemolysis) when so grown. This is in contrast with streptococcus types that partially destroy red blood cells, producing the green coloration associated with alpha-hemolysis and giving rise to the viridans group name. *S. pneumoniae* is also alpha-hemolytic. Assessment of hemolysis is often performed in medical laboratories, though it does not definitively identify individual species within the genus. For example, *S. agalactiae* has both alpha and beta and non-hemolytic types.

Beta-hemolytic streptococci are further classified into alphabetical groups, according to Lancefield serotyping of their cell wall antigens. Among medically important types, *S. pyogenes* is placed in Group A; Group B includes *S. agalactiae*, and the Enterococci were formerly included in Group D (but now considered a separate genus).

With a hyaluronic acid capsule, and an extremely complex, chemically diverse cell surface, *S. pyogenes* has a wide array of virulence factors, with agents to bind and disguise itself and to invade, inhibit and toxify the host. These enable it to colonize tissues and multiply rapidly, and include three known types of streptococcal pyrogenic exotoxins (SPE) that directly stimulate host T cells and may provoke a massive and potentially damaging cytokine release.

This bacterium shares the fermentative metabolism and lactic acid production of other members of the Lactobacillales order. It is highly sensitive to penicillin, so that failure of treatment with this antibiotic is generally attributed to other local commensal organisms producing β -lactamase, or failure to achieve adequate tissue levels. There are an estimated 120 or so strains, some of which favor particular sites. Those isolated in the pharynx, for instance, do not usually cause skin infections. However, rapidly invasive spread can also occur, as described below.

The Diseases

Streptococcus pyogenes or Group A Strep (abbreviated as GAS) is one of the commonest human pathogens. Estimated to be present in the background flora of up to 20% of individuals without causing symptoms in vulnerable individuals or vulnerable tissues, it can cause both noninvasive and invasive infections. These typically begin in the throat or skin and can range from mild and superficial to life-threatening and systemic. In rare cases there may be serious, non-suppurative, immunologically-mediated sequelae such as acute rheumatic fever and glomerulonephritis.

Historically a significant killer, it was responsible for scarlet fever and many cases of puerperal fever (sepsis after childbirth). These are less common now, but virulence of some of the estimated 120 or so strains has increased in recent times and there is concern over the rising incidence of Type II necrotizing fasciitis, the notorious "flesh-eating bug" caused by GAS.

Strep throat usually begins suddenly, with painful swallowing and fever. The cough, runny nose, hoarseness, mouth ulcers and conjunctivitis characteristic of viral infections are typically absent. The throat symptoms may be accompanied by pains in the head and abdomen, with nausea and vomiting, especially in children. The throat and tonsils tend to redden, with white tongue coating, petechiae on the palate, and swelling of the tonsils and cervical lymph glands. Scarlet fever is diagnosed if these symptoms are accompanied by a characteristic rash (see below). Local complications include throat and tonsil abscess, lymph gland inflammation and mastoiditis.

With several million cases annually in the US, the highest incidence of strep throat, and of mild skin infections involving GAS is among those aged 5 to 15, with Group A Strep. In the rare cases where it affects children under age 3, the presentation is different, with mucopurulent rhinitis followed by fever, irritability and loss of appetite.

Streptococcal pharyngitis is transmitted person-to-person via close contact, mainly from saliva or nasal secretions; foodborne outbreaks, especially via contaminated dairy produce, are much less common.

Although mainly caused by staphylococcus, **impetigo** can also come from GAS, Group A strep bacteria. Particularly prevalent in summer and among young children aged 2 to 6, the infection usually enters a cut, scratch or insect bite, typically on the face or limbs. Between one and three days later, the surrounding area reddens, with red, itchy sores that ripen then break open after a few days, to create thick crusting. Conventional treatment is with oral and topical antibiotics.

GAS, Group A strep, is also the chief cause of **erysipelas** and **cellulitis**, which both start at a skin trauma site, such as a bruise, burn, ulcer or wound, including surgical incisions, most commonly on a limb. Erysipelas extends from the dermis to affect nearby lymph glands, and can be triggered by vein or lymph drainage problems. The affected area is usually sore and fiery red.

Cellulitis involves inflammation of both epidermis and dermis, along with deeper underlying tissues. The rash is also red and may form blisters or scabs, and again the symptoms include skin tenderness, fever and chills and lymph node swelling.

In **scarlet fever**, (discussed even further in *Scarlatinum Nosode* below), also called scarlatina, strep throat symptoms are compounded by a bright red rash that develops in response to the spread of bacterial toxins.

Rheumatic fever develops within 1 to 3 weeks after a bout of strep throat, as autoimmune responses lead to arthritis and heart disease.

Post-streptococcal glomerulonephritis (PSGN) develops more often after skin infections than throat infections and is associated with nephritogenic strains of GAS. Typical symptoms include edema (especially in the face and around the eyes, worse rising in the morning), hypertension, blood and protein in the urine, which is dark or reddish, along with tiredness, weakness or lack of appetite.

Streptococcal toxic shock syndrome or STSS is currently the only nationally notifiable GAS condition in the US. It is distinguished from the Staphylococcus aureus type associated with tampon use. It can follow invasive or noninvasive GAS infection at any site, most often the skin.

As you can see, streptococcus infections can have serious consequences which is why the patient should be referred to a licensed medical facility or emergency room.

Clinical Focus Guide

Appearance of Patient

Bloated, pale, acne

Mind and Disposition Focus

Exaggerated obsequiousness

Servile

/ac/milk-like attachment

Attached, fawning to a person of royal bearing or the ring-leader Attached to the mother

Court jester

Fear being left out and talked about

Opinion of others important

Ailments from being teased or tormented

Ailments from unjust criticism

Ailments from online harassment and teasing

Emotional collapse

When person they are attached to dumps them

Melancholic

Toxic weeping

Weeping, consolation aggravates

Desires sympathy but weeps on being given it

Constant weeping

Unable to express themselves fully

Gossip

Effects of

Gossiping by complimenting

Underlying anger and violence

Dreams violence, being shot, fights

Sudden eruption of unconscious anger

PANDAS (Pediatric Autoimmune Neuropsychiatric Diseases Associated with Streptococcal infections)

Compulsions; obsessions

Picking at skin, hair, eyebrows or at boils

Delusion hears cry for help

Physical Focus Guide

Recurrent sore throats

Strep throat

After tonsillectomy

Never well since throat infection

Swelling glands of neck

History of mononucleosis

History of mastoiditis

Swelling and affections of lips

Salty lips

Eruptions around lips

Toxic; toxemia history

History of toxic shock syndrome

History of toxemia of various organs

History of sepsis

Poor elimination - stool, perspiration

Vertigo with pain in the joints

Constipation

Infrequent stools

Strains at stool

Dysenteric stools

With toxemia

With bloody mucopurulent discharge

Insufficient perspiration

Turn red on exertion

Swelling and enlarged sensation

Swelling and eruptions of the lips

Face puffy

Skin lesions

Acne, boils, cysts

Impetigo

Erysipelas

Eczema

Suppurative

Psoriasis

Cellulitis

Neurological

Tics

Chorea-like movements

Epilepsy

Trigeminal neuralgia

Ocular hypertension

Pericardial problems

Cramping pain in the precordial region

Chronic appendicitis

Uterine and ovarian cysts

Kidney

Glomerulonephritis

Weakness

Chronic kidney disease

Rheumatism, arthritis

With stiffness and swelling

Pain articulations of wrist

Worse initial, better continued movement

Worse damp

Throbbing pain

Knife-like pain

Oedema of limbs

Chronic lymphadenitis

Acute or chronic nephritis

Parenchymatous, interstitial, glomerulonephritis

History of scarlet fever

Selections from Traditional Homeopathic Sources

None.

Selections from Modern Homeopathic Sources

Selected cases from R.E.S. Hayes, 'Streptococin Reports', Homoeopathic Recorder, Vol. 67, July 1952, in Encyclopedia Homeopathica

Case 1

Boy, aged five, one of the two worst cases of impetigo - in fact I had never seen anything

like them. The other worst one was his brother, ill with it at the same time. The lesions began on the membranes of the lips; with yellowish crusts. *Sulphur* had no effect. Three days later, the lips, nose and chin were covered with black crusts, with bleeding from underneath them. The cervical glands were swollen and tender. Tonsils also swollen which caused snoring, which had never occurred before. He was disturbed by any company and by noise.

Sepia relieved only temporarily and *Lachesis*, with *Rhus* interposed, did nothing. The temperature remained consistently at 103, he was thirsty all the time and had a white coated tongue of the strawberry type. *Streptococcin* was then given. Improvement went on four days when the temperature shot up to 105, the left axillary glands were considerably swollen and very sore. He kept his hot feet out of bed; left full after a bit of food. Incontinence of feces and urine. Marked pallor despite the high temperature and abject weakness. Improvement was more rapid after another prescription of *Streptococcin* 1M and he made a good finish.

Case 2

The case of the brother, aged 8, was even more difficult. A month was consumed in overcoming the disease with its complications. The lesions began on the inside of the wrist and spread up the extremity in one raw, bloody suppurating mass. The discharge of pus was almost incredible. The chin was covered with red crusts. Of course there was serious glandular involvement as with the other boy. Temperature some of the time reached 105. *Sulphur* did nothing. *Sepia* modified, then *Pyrogen* helped once but not a second time. The most distressing feature was involvement of the nerve branches, causing the boy to shriek day and night during the times when the effect of *Hypericum* would wear off (and he was thirty miles away). We had four days of this, *Hypericum* 200 helped once and the 1M twice. Still the pain would wake him and *Lachesis* 10M helped twice. Meantime the eruption through all this had improved then began afresh at the original point on the wrist. *Streptococcin* 10M then finished the case in short order. Had I been a routinist much trouble might have been saved, for *Streptococcin* has been said to cure impetigo!

Case 3: Chronic infections, melancholy

N.J.W., 22, tonsillectomy at 13; mastoid operation a year later, followed by a succession of lancements and sera. *Sulphur* in various potencies modified acute attacks for a year and a half. *Cupressus semp.* 6X and 30C was a relief after so much *Sulphur*; *Merc. dulc.* and *viv.* made progress for six months. Then *Streptococcin* 200C, 6 doses during the year and one of 1M did more than all the others. The reasons for giving *Streptococcin* were of course the relapses, history of suppressions, melancholy, general debility and loss of spirit especially. These have never relapsed as before.

Case 5: Eczema of the hands and wrists, cysts of the neck, uterus and ovaries

A part of a woman came in 1942 (Mrs. R, 47), that is, she was minus tonsils, some cysts that had formed on the back of the neck, the uterus, one ovary and some adhesions that had formed. History of gastric ulcer, mastitis with lancements, bronchopneumonia and much grippe [flu]. She had had eczema since fourteen with repeated suppressions; covering the hands and wrists; raw, cracked and bleeding. The laboratory diagnosed it as eczema although the eruption had a distinctly fungoid aspect. *Graph.* three doses, *Sul.* one, *Sepia* two doses, *Petrol.* one dose, *Psor.* one dose and *Kali. mur.* 6C and 12C, these at intervals during eight years had pretty well cleared the skin and, of course, the general health was much better. Then the eruption started all over again acutely, with red vesicles, "it felt good to scratch," lips also sore, dry and cracked in the corners. *Streptococcin* 10M and 50M, three

months apart, and nine months later, *Sul.* 200. No symptoms the last seven months.

A case of Edward Whitmont, *Homoeopathic Recorder*, 1952: Paronychia of the fingernails, trifacial neuralgia

Case: Mrs. M. R., aged 42. Recurring paronychia affecting the bases of all of her fingernails with tenderness, swelling and seropurulent discharge, always aggravated by hard use of her hands (housework, dishwashing, etc.). Chronic constipation with enema habit for years in spite of correct eating. Tendency to what she calls "bilious spells" consisting of nausea, vomiting, griping pains in the abdomen and violent headaches. Several times she found pinworms in her rectum. Recurrent violent attacks of trifacial neuralgia. She gives a history of having been a sickly child of thin build with swollen lymph glands, had several attacks of pleurisy, recurring cystitis and an outbreak of boils and carbuncles over the face and upper arm. She is of small spare stature, easily exhausted, very sensitive and emotional, impatient and irritable, easily worried, feels worse in wet, cold weather and suffers from lack of vital heat; her menses are scanty and she feels worse before them. Easy perspiration and damp feet. The skin is dry, chafes and cracks easily. She craves sweets, starches and fruit. The neuralgia is worse on the right side and worse at night.

The first prescription, *Silica*, did not touch her at all, nor did *Tuberculin*. *Phosphorus* initiated good progress for 5 months, then ceased to act. The next two years saw attempts with *Psorinum*, *Arsenicum*, *Sulphur*, *Lycopodium*, *Nitric ac.*, *Hydrastis*, etc., with absolutely no success. A reconsideration of the case started from the premise that, *Phosphorus* having been the nearest medicine which failed to hold, a fitting antipsoric nosode must be found. The tendency to pus formation led to the consideration of *Streptococcus viridans cardiacus* (Stearns) 200. The ensuing response was a true homeopathic aggravation which, prior to the improvement, singled out each group of symptoms, rather than the purulent state alone, thus marking them as belonging apparently to the pathogenesis of this drug. The first response came from the gastrointestinal tract, then came the trifacial neuralgia and lastly the inflammation of nails and skin.

Foubister on *Streptococcinum*

Donald Foubister MD, a Scottish homeopath (1902-1988), discussed *Streptococcin* in two papers, 'Indications for Certain Nosodes' and 'The Importance of Past History in Homoeopathic Prescribing,' from which the following extracts are taken. He includes descriptions of materia medica and case histories of three types, where chronic ill health:

- a) starts immediately after an acute infection
 - b) follows some time after a severe or recurrent acute infection
 - c) matches the pathological indications of an acute infection (symptoms and sites)
1. A case of disseminated sclerosis (never well since severe tonsillitis)

A woman of 33 came with a history of transient paralysis since she was 18 years of age. She had been informed that while her condition would get better and worse, she would never completely recover. She had been to various specialists. At the time of examination in September 1938, there was loss of sensation for heat and cold in both inferior extremities up to the inguinal region, and the knee jerks were uneven. After working out the case carefully, *Causticum* was given with little benefit.

On going into her previous illnesses there was a history of having had a series of severe tonsillitis preceding her nervous disorder. *Streptococcin* 30C, one dose, was given in October. Her symptoms cleared up in a few weeks, and she has been very well since, except for a transient weakness in one leg in March, which did not necessitate her staying off work - as a waitress. *Streptococcin* 30C, 200C, 1M on three consecutive mornings was

given, and there has been no further trouble. This, of course, may be a natural remission, in spite of the fact that both the patient and her sister say she has never been so well since the onset of her trouble - fifteen years ago ...

Considering the obscure aetiology and the relationship of onset in some cases of disseminated sclerosis to acute infections such as scarlet fever, influenza, and rheumatism, it may be worthwhile to consider the use of nosodes in general in these cases.

2. Many of the streptococcal cases have a history of one outstanding acute illness, sometimes repeated ...

3. Prescribing *Streptococcin* on pathological indications

Clinically the value of *Streptococcin* in cardiac and rheumatic cases has been fully confirmed. The most common indications are tonsillitis, severe or repeated, or repeated quinsies. The various well-known manifestations of acute rheumatism follow. The mental depression caused by the activity of streptococcal infection in chronic cases is noted ...

A woman of 50 had fallen on her knees and had pain which had persisted for some months although there was no evidence of a fracture or osteoarthritis. She had these symptoms and *Rhus-t* helped a little. *Arnica* and *Ruta* had no obvious effect. Many years previously she had suffered from quinsy and rheumatic fever. *Streptococcin* 30C, 3 doses, 2 hourly was followed by a dramatic and lasting freedom from pain although she was not completely cured ...

Although the number of cases is as yet too small to make the analysis of much value, the relationship of *Sulphur* to streptococcal infection and to *Streptococcin* was confirmed. One case was helped by *Sulphur* 10M and later by *Sulphur* CM, and still later by *Streptococcin* ...

David Riley, Extracts from Proving of Streptococcus Nosode

Mind

DREAMS. Fearful dream of being shot. Dream of being beheaded. Dream of winning lottery. Disturbing dream of old friends. Procrastinating. Homesick. Impatient and hurried. Sexual dreams. Anxiety for events to happen. Anger with ranting and raving and striking objects. Confusion in thinking. Changeable moods. Suspicious that others are talking about him.

Generalities

Flushes of heat spread over body. Warm sensation when sitting. Desire warm food, warm breads, and soup. Shivering from cold sensation. Increase of energy. Appetite decreased. Desire peanut butter. Racing heart rate on waking.

Relationships

Tuberculinum Marmorek

Enterococcus nosodes

Sulphur

DD *Staphylococcin* (according to Sukerkar, quoted by P Sankaran, both very similar, and both very effective in bacillary dysentery-*Staphylococcin* especially when chronic, *Streptococcin* when acute, especially with excessive hemorrhage, high temperature and toxemia, like *Mercurius corrosivus*, and in summer).

Spider venoms, especially *Loxosceles reclusa*, *Belladonna*, *Aconite*, *Silica*, *Bacillinum*, *Pyrogenium*

Pneumococcinum Nosode

Homeopathic abbreviation

Pneu.

Synonyms

Pneumococcus Nosode

Pneumococcus pneumoniae Nosode

Pneumococcus venenosum Nosode [in error, for *Pneumococcus venenosus*]

Pneumokokken [in German]

(Pneumococcal vaccines have also been potentized, e.g. Remedia has produced Pneumokokken Vaccine A.)

Description

Pneumococcus is a commensal bacterium of the nose and throat that can become pathogenic, spread by coughing, sneezing, or contact with respiratory secretions. Despite its name, *Streptococcus pneumoniae*, it does not only cause lung disease, but is also commonly associated with infections of the middle ear and sinuses, and less frequently the meninges, joints, peritoneum, brain and heart tissues. The invasive disease involving the bloodstream (bacteremia) is very serious and potentially fatal.

As described, pneumococcus infections can have potentially serious and life-threatening complications. It is important that a patient or client having such an infection is diagnosed and monitored by a licensed physician. Emergency medical care may be required. If this disease is notifiable in your area, the appropriate steps should be taken. Information from homeopathic literature describing treatment of this condition should be read subject to this caution.

Scientific Names

Streptococcus pneumoniae (Klein 1884) Chester 1901

Diplococcus pneumoniae

Micrococcus pneumoniae

Commentary

Although one of the strong indications for this remedy has been for the chronic treatment of a patient with a history of recurrent pneumonias of whatever cause, I have used it with success for patients with a multitude of different pathological conditions. It is through grasping the dispositional state - the person rather than the disease - that we are able to employ a nosode effectively, without being limited to a single type of pathology or disease. To do so we can look, like other bacteria impacting the lungs, at the word *pneumo-*, which has its roots in "breath, wind" and also "lung." In Chinese medicine, the lungs are the house of the corporeal soul, also called *po*, which stays on the earth after death. The Greeks also equated the breath with the spirit. In Judaism, *Neshema* is a Hebrew word for "soul," a cognate of *nesheema*, which literally means "breath." I have found, dispositionally, that themes having to do with the "soul" are very strong in this remedy.

It is a remedy for someone who is preoccupied with the souls of others, as the patient who needs this remedy feels strong soul connections. Among the definitions of soul are: "The spiritual nature of humans, regarded as immortal, separable from the body at death, and susceptible to happiness or misery in a future state" or "the disembodied spirit of a dead human being." [*Webster's II New College Dictionary p 1054*] In Judaism, death is often referred to as "departure of the soul" (*Yetziat HaNeshama*).

So just as you might say that the liver is the seat of anger, you could say that the lungs are the seat of the soul. Comparisons can be made herewith other nosodes, such as those potentized from gram-positive bacteria that affect the lungs, e.g. *Mycobacterium*

tuberculosis. There are similarities to tubercular remedies not just on a physical level, in relation to respiratory pathology, but also dispositionally. *Tuberculinums* and related remedies have a type of swollen intensity of the soul, with hectic activity, striving to speed up their and others' soul evolution, as described in Volume 1 of *Miasms and Nosodes*. *Mycoplasma pneumoniae* and *Chlamydia pneumoniae* Nosode also share similar dispositional themes.

In *Pneumococcinum*, as in *Streptococcinum*, there is an additional distinguishing aspect of servility, even timidity. With the lungs being involved, this servility relates to other people's souls. In the end, there is too much of a connection, so that there is tampering with the souls of others.

Patients who need *Pneumococcinum*, may, in fact, become psychics, psychic healers, or healers in general. They can be very psychic, particularly about predicting life-changing events or the death of those around them. Viewing the world from the perspective of the soul is deep stuff. They may demand either directly or internally that others make deep and correct choices related to their spiritual connections. They can suffer from the wrong choices of others, and become enmeshed in the other person's decision-making processes.

If they have precognitive dreams of a relative dying, they may then feel responsible for the death. For a child who has a vision or dream of this type, the subsequent death of the person could have a very traumatic effect. From a very young age, the *Pneumococcinum* patient, therefore, tends to feel a strong sense of responsibility. Because they are so connected to the soul and the time of death of another person, they can eventually have the belief that they give or take another person's life (like many of the snake venom homeopathic remedies).

Although this remedy is in the rubric, "Mind; Fear of death," it is actually a fear of the consequences of other people dying.

On a physical level we can see lung complaints of course, but also rheumatic complaints, ear and eye problems, menstrual problems and many other conditions. The rheumatic and joint complaints can be very profound. Eventually, patients needing this nosode can be extremely broken down physically as well as emotionally, with a great fear of being incapacitated.

With the lungs there is a feeling of being breathless. As a result of frequent pneumonia or lung problems there can be asthma and other chronic lung ailments. They can have recurring coughs which are particularly worse on entering a warm room. The cough tends to be drier than in *Bacillinum*, which shares some of this remedy's qualities.

They can suffer from severe allergies that affect the lungs and voice. In the end, the patient feels breathless and speaks in a kind of breathless way. They may be hard to understand; they sound like they are mumbling or whispering, as if there is not enough breath to fully express each word. This is particularly problematic on the telephone or via the computer.

After the remedy, I noticed in a number of patients that they were much easier to understand, whereas I had to really strain to track what they were saying prior to *Pneumococcinum*.

This is a remedy you can also think of, like *Stannum metallicum*, to address post-pneumonia weakness. In the extremities, there is a weak, heavy feeling to the legs particularly on waking or on starting to walk. The lower limbs can also tremble. The pains can be in the form of sciatica or severe pains in the hips or knees (on either side), which prevents walking. This leads to the feeling that they can't walk or that they will be severely incapacitated in the future. This mentally desperate type of thinking, which is not characteristic of *Stannum*, is a

typical reaction to any set of symptoms in the *Pneumococcinum* patient.

They can suffer from migraines where the headaches have a feeling of liquid in the head.

Clinical Focus Guide

Mind and Disposition Focus

Pneumo-, meaning "soul"

Lungs, breath and soul

Dreams of death of others: acquaintances or family members

Feels responsible for the death of others

Ailments from grief

Soulmate

Distant from this world

Serving the souls of others

Religious

Always helpful and responsible in a deep way

Psychic

Professional psychic

Talking with dead people

Picks up energies of places and people

Particularly of dark events

Too deep involvement with others' souls or psyches

No fear of psychic phenomena or ghosts

Fear of death

Predicts death

Broken down and can't walk

Fear of incapacity

Delusion with desperate anxiety that they cannot walk

No reserves

Exhausted by company

Aversion to company

Speech difficult to understand

Swallows words

Mutters, mumbles

Shy, want of self-confidence

Chronic depression with anxiety

Depression with pain in cervical area

Dreams

Of big houses with many people

Communicating with people who are alive or dead

Anguish with pain

Physical Focus

Lungs: pneumonia, asthma and croup

History of recurrent pneumonia, bronchopneumonia

Frequent or continuous bronchitis

History of asthma in family

Croup

Emphysema, bronchiectasis

Wheezing respiration

Breathless, or sound of breathing

As if wind knocked out of them

Cough worse fog or mist

With loss of urine (compare *Squilla* or follows) Constant

Pleuritic stitching pain worse coughing

Other respiratory or ENT problems

Chronic recurring inner ear infections

Frequent coughs and colds

Sinus pain and infection

Left sinus

Problems involving lungs and stomach

Frequent eating which ameliorates stomach pain

Pain extending from stomach to lungs

Bloating

Sulphur smelling flatus

Nausea with excessive salivation

Allergies

Environmental

Acute sense of smell

With environmental allergies

Weakness legs

Trembling legs

Legs heavy on walking

Restless legs before menses

Pain in hips and legs

Worse sitting

Constricting

Migraine head pain

Worse before menses

With sensation of swelling

As if liquid in head

Worse stooping

Continuous headache

Holds head

Worse jar

Worse smells

Eye blindness and loss of vision

Glaucoma

Eye hemorrhage

Blindness

Stomach pain

Better eating

Frequent urination

Easy caries of the teeth

Menses short, too early

Dysmenorrhea

Palpitations on ascending

Sensation of heart lifting up

Generals

Bathing ameliorates
Better sleeping in afternoon
Worse warm room

Names and Meanings

Pneum - Greek, *pneuma*, *pneumatos* (πνεύμα -ατος) wind, breath, air, spirit, spiritual inspiration (also flatulence, odor) from Greek *pneu* (πνέω) to breathe, to blow, to draw breath = to live

Pneumon - Greek, πνεύμων, lungs

Streptococcus - Greek, *streptos*, pliant, easily bent or twisted like a chain + Greek *kokkos*, Latin *coccus*, grain, seed. (DD grape-like clusters in Staphylococcus)

Pneumoniae - Greek and Latin, *pneumonia*, disease of the lungs, Latin genitive *pneumoniae*, of pneumonia

Venenosus - full of poison, from Latin, *venenum*, poison, venom, drug

Family

Of the Streptococcaceae family in the Lactobacillales order.

Source Notes

[Adapted mainly from Todar, Merck Manual and CDC websites]

Streptococcus pneumoniae (pneumococci) are gram-positive, generally facultative anaerobic bacteria surrounded by a polysaccharide capsule. Described as lancet shaped, they are roundish, but somewhat elongated with a slightly pointed appearance. Typically found in pairs (like some *Neisseria* and *Moraxella* species), they may occur singly or in short chains. Pneumococci do not form spores and are nonmotile.

Like other streptococci, they lack catalase and ferment glucose to lactic acid. Two main colony types have been distinguished, with different surface protein expression: a transparent type, adapted to the nasopharynx, and an opaque type suited to life in the bloodstream. Pneumococci are frequently found in the nasopharynx of up to 40% of healthy individuals.

S. pneumoniae is the leading cause of community-acquired pneumonia and of invasive bacterial diseases in children and the elderly. It is the commonest agent in bacterial meningitis in both adults and children, usually secondary to lung or ear involvement, and among the top two isolates found in otitis media. It can also be implicated in acute sinusitis (especially maxillary and ethmoid), osteomyelitis, septic arthritis, endocarditis, pericarditis, cellulitis, peritonitis, and brain abscesses.

Patients most at risk of severe infection are the very old and very young, as well as those with existing chronic health problems, immunocompromised individuals, smokers and those in long-term care facilities.

Pneumonia

Pneumonia, inflammation of the lungs, is characterized by cough and fast, difficult breathing. In adults, onset is often sudden, with fever, shaking chills, chest pain worse from deep breathing and muscle aches. Infants and young children tend to have less specific symptoms. Lobar pneumonia, affecting the whole of one or more lobes, involves consolidation of a wide area of normally spongy lung tissue. It is commonest in young adults and over 80% of cases involve *S. pneumoniae*.

The bronchial form, involving the alveoli near the larger bronchioles, is most prevalent among infants, preschool children and the aged. *S. pneumoniae* is among a variety of bacteria involved, with *Haemophilus influenzae* the next most common bacterial pathogen,

along with Staphylococcus, Pseudomonas, Chlamydia and Mycoplasma species among others. Respiratory viruses (RSV, influenza, parainfluenza, and adenovirus) can be identified in approximately a quarter of children with pneumonia but are much less likely to cause fatal infection than the bacterial pathogens. Protozoan and fungal infections are also found.

Nearly 75% of pneumonia deaths typically occur in infants under one year old, with low birth weight, malnutrition, malaria and suppressed immunity including HIV infection significantly increasing the risk.

It is important that anyone with pneumonia, especially babies and children, are seen immediately on an emergency basis in a licensed medical clinic, hospital or emergency room.

Otitis Media

It is estimated that a third of children will typically experience a middle ear infection caused by *S. pneumoniae* during their first two years of life, with recurrent episodes being common. Sequelae include hearing loss, balance problems, eardrum perforation and the spread of infection to the mastoid, labyrinth and, rarely, to the meninges or blood vessels of the head. Following routine immunization programs in the US, the nonvaccine 19A serotype has become the commonest strain.

Other Pneumococcal Infections

Acute purulent meningitis is often caused by pneumococci and may be secondary to bacteremia in the lungs, or may spread directly from the ear, mastoid or sinuses following infection or fracture at those sites.

Selections from Traditional Homeopathic Sources

None.

Selections from Contemporary Homeopathic Sources

From I Fraser Kerr, 'Unproven Nosodes and Some Thoughts on Their Use,' *British Homoeopathic Journal*, 1960

Case: 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 boil in 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 his 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 selfconfidence, 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 to me by his intelligent and very cooperative wife as they had (to her) no obvious relation to his 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* 30C, 200C, 500C, 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.

From O.A. Iulian, 'Materia Medica of New Homoeopathic Remedies': *Pneumococcus*

Similar information also appears in his 'Materia Medica of Nosodes with Repertory':

CLINICAL SYMPTOMATOLOGY

1) **Generalities**

Constitution: Pneumococcus is attracted to types with a phospho-fluoric constitution.

Temperament: Biliary and nervous, depressive, anxious.

Intoxication: Allergic (psoric), mesenchymatic (sycotic), cancerous, tubercular.

2) **Mind**

Psychological

Depressive condition with anguish.

Desire to stay at home, horror of going out (*Sepia*).

Lack of taste for life.

Loss of memory.

Impression that the patient is going to collapse, that he cannot walk.

Is very afraid of being ill.

Is very afraid of dying.

Nervous system

Headaches lasting for 3 to 4 consecutive days.

Right or left hemicrania, aggravated by walking, which causes throbbing in the head.

Frequent headaches, localized at the nape of the neck, aggravated by noise.

Feeling of liquid in the head on stooping (*Streptococcinum*).

Headache on coughing or bending the head.

Vertigo.

Acute pains, which come suddenly, of the stinging type (*Nitric acid*), or cramping type (*Cuprum*), lasting only a short while.

Constricting pains, as if in a vice (*Cactus*).

Pains, aggravated by rest, at night, ameliorated by movement (*Rhus Tox.*).

3) **Digestive system**

Aphthae in the mouth.

Sleepiness around 3 p.m.

Bad digestion.

Frequent nausea after eating.

Gastric pains, especially when hungry.

Ameliorated by eating (*Anacardium*).

Constipation with empty urging (*Nux Vomica*).

Stomach cramps, with burning sensations.

Wind, with alternation of constipation and foetid stools.

Constipation.

Constipation when travelling (*Ignatia*).

Distension and pain in the left hypochondrium, eased by expulsion of wind.

4) Circulatory system

Aching in the precordial region, with pains.

Emotive palpitations.

Frequent palpitations at any time of the day.

Palpitations forcing him to stop when walking rapidly or climbing stairs.

Right focal block on the electrocardiogram (hooking of S on V1).

Frequent redness of the face when going into a hot room.

5) Respiratory system

Pains in the left frontal sinus.

Frontal pains above the eyes.

Sickening cough in the morning after breakfast (does not cough any more after 9 a.m.).

Dry cough in the cold or in the heat, or tracheitis.

Incessant cough, with no expectoration, especially at night, with nausea.

Coughs in the heat, or going into the Metro (Underground).

Coughs particularly when entering a hot room, and clears the throat (*Rhus Tox.*).

Has to stoop to cough.

Coughs a great deal as a result of frequent bronchitis during childhood.

Feeling of having a feather in the throat (*Kali Bich.*).

6) Sense organs

Eyes

Fatigue from neon light.

Ears

Otitis.

Vertigo.

7) Urinary and genital organs

Passes urine when coughing (*Causticum*).

Genital:

Pre-menstrual aggravation.

Menstrual cycle short (every 22 or 24 days), stopping on the 2nd day.

Burning sensation during intercourse, in cases of fatigue.

Menses late, scanty; legs heavy and swollen before menses.

Migraines and vertigo.

Bearing down (crosses legs) (*Sepia*).

Lack of orgasm.

8) Locomotor

Cervical pains.

Cervical pains, with frontal aching.

Cervical pains, with dorsal aching.

Dorsal pains, preventing standing.

Pains in the arms.

Legs restless, especially before menses (*Zincum* and *Lachesis*).

Pains in the legs.
Legs heavy in the morning on waking.
Trembling in the legs.
Cramps in the feet.

9) Skin

Hands clammy.
Pruritus, with eruptions spread over the neck and forehead.
Small eruptions on the face.

10) Biological characteristics

Right focal block on the electrocardiogram (hooking of S on V1).

11) Modalities

Aggravation

On entering a warm room.
From inactivity (*Rhus Tox.*).
From rest at night.
From sitting for a long time, especially when remaining motionless.
From the damp.
Before menses.

Amelioration

From the open air.
In the country.
From movement.
From a short nap after meals (*Nux Vomica*).
From hot foot-baths.

PRINCIPAL SYMPTOMS

Depressive condition associated with pains situated all over the cervical and dorsal regions.
Respiratory complaints localized particularly in the bronchi.
Cardiac palpitations, with right electro-precordial alteration (right focal block on the electrocardiogram, hooking of S on VI).
Dysmenorrhoea, with late menses and pre-menstrual syndrome.

Relationships

Stannum metallicum and *Stannum salts*

Bacillinum

Other tubercular homeopathic remedies, especially *Tuberculinum aviare*

Streptococcinum; other Lactobacillales

Sycotic remedies

Chlamydia pneumoniae Nosode

Mycoplasma pneumoniae Nosode

DD: *Klebsiella pneumoniae* Nosode (*Mucotoxinum*) has been found to be of the Enterobacteriaceae family and is not a pneumococcus, although it is sometimes referred to as Pneumococcus Friedlander. This organism has the accepted name *Klebsiella pneumoniae* (Schroeter 1886) Trevisan 1887 and has also been known as *Bacillus pneumoniae*, *Bacterium pneumoniae crouposae*, and *Hyalococcus pneumoniae*. In homeopathic literature, the remedy preparation is also called *Bacterium pneumoniae* and *Bacillus capsulatus mucosus* or *Bacillus mucosus capsulatus*.

I have seen *Klebsiella* associated with patients with ankylosing spondylitis and other spondyloarthropathies. As well, with bladder infections and balanitis. A history of pneumonia with cystitis is an indication for this nosode.

Other Bacillales Nosodes

Scarlatinum Nosode

I am just going to discuss this nosode briefly since it is so similar to *Streptococcinum*. It is an energetic homeopathic nosode made from the swabbing of a patient suffering from scarlet fever, which is caused by *Streptococcus pyogenes*, the same bacterium as for strep throat as I described above. The usual remedy abbreviation is *Scarl.*, with Julian's *Nosodes* the main *information source*.

Interestingly, scarlet fever was one of the most prominent contagious diseases of children during Hahnemann's time in the 1800s. Since it was long before the advent of antibiotics, he developed some protocols for treating it. Hahnemann prescribed based on the totality of the symptoms. He sometimes identified a particular remedy as a "genus epidemicus" matching a particular outbreak, such as *Belladonna* one year, and *Aconitum* another. More surprisingly, the incidence of this highly contagious disease, even without a vaccine ever developed against it, has decreased dramatically.

Primarily, I have prescribed it in cases where there is a history of scarlet fever, some *Streptococcinum* indications, and a strong craving for salt. In this remedy, you see physically more migraine headaches with vomiting as well as arthritis. You can also see chronic diffuse erythema and urticaria as well as psoriasis where there is a bright red edge.

There are quite a few ongoing pathological conditions related to the sequelae of scarlet fever that may be present.

There is more of an edge to the patient, with a difficult emotional history and a more pronounced tendency to gossip, than in *Streptococcinum*.

Symptoms of scarlet fever

Scarlet fever (also called scarlatina in older literature) is an infectious disease which most commonly affects children. Symptoms include sore throat, fever and a characteristic red rash. Scarlet fever is usually spread by inhalation. There is no vaccine, but the disease is considered effectively treated with antibiotics. Most of the clinical features are caused by erythrogenic toxin, a substance produced by the bacterium *Streptococcus pyogenes* (Group A streptococcus) when it is infected by a certain bacteriophage.

Because of the nature of the infection and toxic reaction and potential serious sequelae, a patient should be advised to go to an emergency room or medical clinic immediately.

Sequelae of scarlet fever include:

- Kidney issues - post-streptococcal glomerulonephritis (PSGN), as described under *Streptococcinum* above
 - Disorders of coronary circulation; angina pectoris
 - Thrombocytopenic purpura [Werlhof's disease]
 - Chronic polyarthritis
 - General debility
 - Scaly, dry skin diseases with a red outline

Lactobacillus acidophilus Nosode

Lactobacillus, also called Doderlein's bacillus, is a genus of Gram-positive facultative anaerobic or microaerophilic rod-shaped bacteria. This forms a major part of the lactic acid bacteria group, named as such because most of its members convert lactose and other sugars to lactic acid. In humans they are present in the vagina and the gastrointestinal tract, where they make up a small portion of the gut flora. They are usually benign, except in the mouth where they have been associated with cavities and tooth decay (dental caries). Many species are prominent in decaying plant material.

Homeopathy Commentary

This is a remedy that can be thought of when the patient has consumed large quantities of this bacterium in pill, liquid, or powder form over many years. I also consider it in the treatment of children whose mother or parents took this bacterium in crude probiotic form, especially during the pregnancy. Even though it is considered primarily a "harmless" bacterium deemed beneficial for the gut, by taking large quantities over a long period with the right susceptibility there may be an **energetic** impact creating a change of state where symptoms follow. With the same approach, I consider that regular consumption of vitamin supplements in certain situations of susceptibility may sow the seed of changes in the energetic state that subsequently needs treatment, even the vitamin in homeopathic potency.

Like other Lactobacillales, homeopathic *Lactobacillus acidophilus* is similar to many of the matridonal homeopathic remedies such as *Placenta*. It has the most relevance to the souring of milk; therefore there is also a strong quality of *Laeticum acidum* in the patient, as I described in the general commentary above on this bacterial order.

The characteristic symptoms for prescribing this remedy include bowel problems such as irritable bowel syndrome, excessive flatus, and distension along with nausea. There is a sensation that there are marbles going through the bowels with constant movement. It is also a nosode to consider for Sjogren's syndrome where there is dryness of the mouth, nasal passages and eyes. Even without a diagnosis of the syndrome this dryness may be present.

Generally, there can be exhaustion, which is tied into how well or poorly the patient is experiencing gastrointestinal problems. In a sense, this remedy has the strongest representation of lactic acid, which is part of the exhaustion that you can associate with an acid but also, in this case, the gastrointestinal tract.

Like other nosodes in the Lactobacillales order, there is much related to milk and the mother or mother figure. There is clinging childish behavior alternating with anger at being treated like a child. On the one hand they want support and feel they can't accomplish tasks without the help of the person they depend on, yet this dependent state leaves them feeling irritable and victimized. They can be quite piercing in their comments towards others, angrily putting down the other person who they believe treats them like a child.

They like group projects but have a tendency to laziness. They desire recognition from others, particularly the person they are dependent on. They can go so far as to take credit for others' accomplishments.

They have a desire to eat continuously, and eating seems to improve their energy and general state. Otherwise, they can easily get irritable and cranky. It is an important nosodal remedy in blood sugar problems - diabetes or hypoglycemia.

There is a craving for sour milk products such as yogurt or buttermilk. They are also better

from sweets, and have a strong craving for them, which severely upsets their digestion.

Clinical Focus Guide

Mind and Disposition Focus

Souring connection with mother or mothering person one is dependent on

Victimized by being treated like a child

Want support but angry about it

Clinging to mother or maternal figure provokes a victim mentality Feels strong injustice about treatment of mothers or children

Desire group projects

Laziness

Stealing recognition

Especially from person they are dependent on

Anger, irritable

Piercing comments

Physical Focus

Ailments from too much probiotics

Child whose parents took probiotics

Especially the mother during pregnancy

Ailments from antibiotics

Depletion, exhaustion

With bowel problems

Bowel problems

Irritable bowel syndrome (IBS)

Crohn's disease

Colitis

Distension, nausea

History of diarrhea especially while traveling

Muscle pain and fibromyalgia

Worse digestive problems, with distension

Blood sugar problems

Hyperglycemia or hypoglycemia

Desire sour milk, yogurt, buttermilk

Desire sweets

Better psychologically but worse digestion

Dryness mucous membranes, eyes

Sjogren's syndrome

Relationships

Other Lactobacillales

Laeticum acidum

Lacs (Milks) - especially *Lac humanum*, *Lac caninum*, *Lac lupinum*

Oxygenium

Asterias rubens

Matrional remedies

Lactobacillus reuteri Nosode

Commentary

I had a nosode prepared from *Lactobacillus reuteri* by a homeopathic laboratory because I was looking for a nosode as an underlying nosodal strategy in the treatment of individuals affected by autism. I have had some success in treating patients with this condition and

have recently started using this nosode, hoping to bring further improvements. My use of this homeopathic nosode was based on some recent conventional medical theories about bowel bacteria having a role in autism, for which there seems to be evidence. Reports in 2016 in 'Science Daily' online, for example, described results of a study where absence of this particular species of gut bacteria, *Lactobacillus reuteri* [Kandler et al. 1982, sp. nov.], was identified as the cause of social deficits in mice. When this bacterium was reintroduced into the guts of affected animals, it was able to reverse some of their behavioral problems that were similar to those found in human autism spectrum disorders. Interestingly, levels of *L. reuteri* were found to be reduced in offspring of mothers given a high-fat diet. The same bacterium (isolated from human breast milk) was also found to promote production of the "bonding hormone" oxytocin, which seems relevant for the bonding problems associated with autism.

Streptococcus agalactiae Nosode

Description

[Adapted mainly from CDC and Todar websites]

This bacterium has the scientific name *Streptococcus agalactiae* Lehmann and Neumann 1896 (with synonyms *Streptococcus de la mammite* Nocard and Mollereau 1887, *Streptococcus agalactiae contagiosae* Kitt 1893, and *Streptococcus mastitidis* Migula 1900). It falls within the category of Group B Streptococci, the beta-hemolytic type (as opposed to alpha-hemolytic Group A type, *S. pyogenes*, discussed under *Streptococcinum* above). It was recognised as a pathogen in cattle before the Second World War, causing acute and long-term udder infections leading to reduced milk production - hence its species names of *agalactiae* (a- without, + /act- milk) and *mastitidis* (relating to mastitis). However it was only in the 1950s that its role as a human disease agent was recognized.

S. agalactiae are often found as commensal bacteria within the gastrointestinal and genital tracts. In susceptible individuals, they may proliferate leading to potentially severe infections, particularly affecting newborn babies or the elderly. In the western world, *S. agalactiae* is the major cause of bacterial septicemia of the newborn, which can lead to death or long-term sequelae. The effects of invasive Group B streptococcal infections are recently coming under more scrutiny.

Again, this is why it is important for a patient to get immediate acute care at a medical facility if this infection is suspected.

Commentary

I see this remedy having to do with the breast and specifically a history of infections in the mammae. *Streptococcus agalactiae Nosode* is a remedy to be considered where there is an underlying chronic *Streptococcinum* state with an additional focus on the breasts.

It is a remedy to consider following other acute remedies such as *Phytolacca*. The patient needing this remedy can spike high fevers during these breast infections as well as during dentition or infection of the tonsils.

The patient has a strong focus on their breasts and may even have a strong desire to expose the breasts like in *Phytolacca*.

There can be moaning, groaning, and biting during the fever. It is important to consider it in autoimmune conditions with a history of infections or mastitis, treated with antibiotics.

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MYCOPLASMATALES

MYCOPLASMATALES

This small order has a single defined family, the Mycoplasmataceae, containing just two genera, *Mycoplasma* and *Ureaplasma*. They are the smallest of all free-living bacteria, only 125-250 nm across. They are highly unusual in lacking a rigid cell wall; instead they have a plastic, triple-layered cell membrane, often reinforced with sterols. This property means they have natural resistance to many common antibiotics such as penicillin that target cell wall synthesis. They are pared-down parasites living in or on the cells of their vertebrate animal hosts.

As well as being tiny, they also have a very small genome. This offers valuable information about the minimum set of genes required for life, here streamlined due to reliance on host processes. The species *Mycoplasma genitalium*, the self-replicating organism with the smallest known number of genes (470), was the second ever creature to have its genome sequenced (the first being *Haemophilus influenzae* earlier in the same year, 1985).

There are four known pathogens in humans that attach to mucosal cells in the respiratory or genitourinary tract, with links to the following infections (though there is some inconsistency in evidence relating to *Ureaplasma*):

- *Ureaplasma urealyticum*: pregnancy and postpartum infections, male urethritis
- *Mycoplasma genitalium*: pelvic inflammatory diseases, male urethritis
- *Mycoplasma hominis*: pelvic inflammatory diseases, pyelonephritis, postpartum fever
- *Mycoplasma pneumoniae*: respiratory diseases including tracheobronchitis and atypical pneumonia

Although bacteria of this type were originally linked mainly to animal diseases, a growing number of similar parasitic and saprophytic species such as *Phytoplasma* and *Spiroplasma* have been identified as plant pathogens. These colonize plant phloem and are associated with insect vectors and proliferation diseases of plants such as yellows, big bud, and witches' broom as well as some stunting diseases.

Classification

Classification of these bacteria has always been controversial. *Mycoplasma* and similar species are now often placed in the Mollicutes class within the Firmicutes phylum, along with the classes Bacilli and Clostridia, but unlike the latter two, Mollicutes are not Gram positive. They have also been assigned to their own separate phylum, the Tenericutes.

The terms Mollicutes and Tenericutes both refer to their lack of a rigid outer boundary structure, from Latin *mollis*, and *tener*, both meaning soft, pliable, tender + *cutis*, skin.

In the 1950s, taxonomists were uncertain whether to consider them as bacteria (prokaryotes) or non-bacterial eukaryotes. In the 1960s Mollicutes were sometimes listed as a third main division of the bacteria, the other two being Gram-negative Gracilicutes with a thin cell wall and Gram-positive Firmicutes (originally Firmacutes) with a thicker cell wall.

The name "mycoplasma" was formerly applied to Mollicutes in general, but is now usually reserved for the discrete *Mycoplasma* genus. The term PPLOs (pleuropneumonia like organisms) was also used to describe various organisms resembling the first species to be identified, *Mycoplasma mycoides*, which is linked to this respiratory disease in cattle.

The Mycoplasmataceae family was formerly known by a range of other names, including Borrelomycetaceae, Fbrasitaceae, and Pleuropneumoniaceae. The *Mycoplasma* genus had the synonyms *Asterococcus*, *Asteromyces*, *Borrelomyces*, *Bovimyces* and *Pleuropneumonia*, reflecting its connection with diseases of asters (from the daisy family) and with bovine respiratory ailments.

[Adapted mainly from the CDC, Todar and Wikipedia websites, plus Baseman & Tully]

Commentary

This is a uniquely interesting family of bacteria; their shape and nature informed me of a dispositional state and a method of applying them homeopathically. In the Mycoplasmataceae, there are a number of dispositional themes:

1. Lack of cell wall

This creates an exquisite vulnerability and also plasticity and pleomorphic activities.

2. Small size

This creates a desire to prove themselves and a feeling that others are putting them down.

3. Provoking and molding "fungus energy" as protection

In their relationships and even in the environment around them, patients needing Mycoplasmas provoke a fungal energy. In my book on Orchids, I describe what "fungal energy" is, as Orchids depend on fungus in order to germinate and initially grow. The list for the Fungi dispositional state is long and includes quite dark and even violent energy; it also has a strong death reference.

In the case of Orchids, they transform this dark and even violent fungal energy into something beautiful. In the case of Mycoplasmas, they generate and provoke dark fungal energy in their close relationships and want it to stay. This energy is used as a kind of protection. This means their partner, child, or whoever they have a focus on can become "fungal-like" and the Mycoplasma patient attempts to get this key figure attached to them and even dependent on them like Fungi do. There can also be a mutual dependency and attachment that develops.

I've described how this may develop individually in the specific nosodes in this family below. In the case of *Mycoplasma pneumoniae*, they may initially have spiritual ideals that eventually break down into this darker molding of the other person they need attachment from.

A full list of Fungal dispositional themes is in the book *Orchids in Homeopathy*.

Ureaplasma urealyticum Nosode

Homeopathic abbreviation

Ureapl-u.

Synonyms

Ureaplasma Nosode

Description

Ureaplasma urealyticum, a tiny bacterium commonly found in the genitourinary tract, is increasingly recognized as an important opportunistic pathogen associated with pregnancy. It is also linked to the small proportion of urethral infections in men not connected with gonorrhea or chlamydia. It has no outer cell wall and has the second smallest known bacterial genome (the smallest being *Mycoplasma genitalium*). In the last decade, a biovar has been designated as a separate species, *Ureaplasma parvum*.

Scientific Name

Ureaplasma urealyticum Shepard et al. 1974

Commentary

Ureaplasma bacteria, as mentioned in the introduction on the *Mycoplasma*tales, have no rigid cell wall and are also specifically found in the sexual organs. This represents a number of dispositional themes. I have found that the patient who needs this remedy feels they have no personal walls or boundaries, and that they lack an "outer skin." They can also have sexual issues similar to many of the *Neisseriales* and also *Orchid* remedies. Both aspects will be discussed in this commentary.

In the beginning stages, the patient needing this nosode can feel unprotected and vulnerable, thereby being easily swayed and manipulated. But eventually, there is a more intense dispositional state and presentation that develops. At this later point, you see behaviors of a narcissistic and personality disorder type. The *Ureaplasma Nosode* patient can have a feeling and a fear of loss of their boundaries and eventually can develop a strong belief that they are always being transgressed; yet, they also transgress others' boundaries at the same time. There may be a history of physical or sexual abuse especially from those in authority.

They have a hypersensitivity to all sorts of environmental stimuli. As a result, they are sensitive to smells, touch, and especially hearing, including vibrations. They need and demand a perfect environment to live and sleep comfortably. Their comfort or lack thereof becomes a primary concern for them. They live with a sense of deep discomfort and vulnerability that demands constant attention to their immediate environment and even a hypervigilance. One patient described it as "The Princess and the Pea" tale.

This ultimately most often as severe, chronic sleeplessness and *Ureaplasma* is an important miasm and nosode to be considered for this problem. When the conditions are not absolutely perfect for them, they have difficulty getting to sleep. Then if they wake up in the middle of the night they can experience an inability to get back to sleep.

They easily get into using medication in order to fall asleep and stay asleep. Eventually, they start taking even more medications because of the intensity of the sensitivity and anxiety. Frequently, these patients come to us being addicted to sleep medications as well as other psychotropic and anti-anxiety drugs.

They can also be attached to their medical doctor or therapist. It's as if for them the therapist

gives them substance and a "skin." They can also suffer from their reliance, and eventually they feel victimized.

This sensitivity also extends to the sexual sphere. They have a fear of being exposed, but they can also expose themselves on all levels. They have a strong sexuality which is similar to *Medorrhinum* and even *Platinum*. They have inflammation and hypersensitivity of the genitalia, so in both men and women there can be a constant feeling of sexual stimulation. They can be quite dominant and even revel in violence in their sexual relationships.

On one hand they can grow up in a rather protected environment, but at a certain age can easily get into unusual sexual activity including sadomasochism with a strong sexual drive and need for stimulation.

When older, they demand perfection from others and their own children and they have a sensitivity to criticism that results in them blaming others. They feel on the edge of the group or their family, and that they contaminate others or feel that others contaminate them. They experience easy mortification, wounded pride, and haughtiness like in *Palladium*.

They can subtly and secretly provoke others to impulsively say and do what they consider to be wrong, and somehow others unintentionally end up infringing their boundaries. They then make a very big issue of this and thus they appear like the victim. They do not squelch their feelings about it in any way - everyone around them knows the problem.

In the more extreme situation, as a practitioner they blame the practitioner for all their ills.

They seem to want the **practitioner's skin** to protect them. It is as if they are ripping off someone else's skin. They can at first worship those in authority, and then later get very angry at them and attempt to get them off their pedestal. They can play a kind of "cat and mouse game" with those in authority or those they are opposing - teasing and manipulating a negative reaction and yet not really being fully or truthfully engaged with the other person.

The fear of contamination I have mentioned extends to all of their environment - they feel as if everything around them is toxic to them.

Even when they are well off materially, they can feel a sense of poverty. There is an underlying feeling that their life is unsubstantial. Frequently they can have a source of income such as a trust fund that allows them to pursue their whims rather than working from a sense of purpose. They also can have a delusion that nothing is going right around them. It is a feeling as if bad things have been dealt out to them, even if they are actually very fortunate.

They can become extremely irritable and "pissed off." As a result of the loss of sleep, they experience great exhaustion and irritability. They feel as if they could kill someone, their nerves are so raw and on edge. This may lead to isolation and an avoidance of intimacy as a result.

On a physical level, they experience very tight muscles and a general tightness throughout their body. They also experience gallbladder problems which further exacerbate the sleeplessness and resulting tension.

Ureaplasma urealyticum *Nosode* is an important nosodal remedy for endometriosis and pelvic inflammatory disease similar to *Chlamydia trachomatis*. You see patients whose menses can cause great pain as well as sleeplessness. It is a remedy where there is inflammation of the vagina and in particular of the labia, or a history of this. The inflammation can cause frequent urination as well as elevated libido. There can be a history of frequent urinary tract infections and sterile pyuria.

Ureaplasma *Nosode* is also an important nosode to consider where there is infertility or a history of stillbirth, miscarriage, or premature births.

This nosode also has similarities to Orchid remedies which can have both the sexuality as well as the delicacy and sensitivities to environmental influences. In Orchid remedies, the patient wants to redeem or is in the midst of a dark fungal energy whereas in Mycoplasmas there is a desire to *create* the darker fungal energy.

As in all nosodes there can be a polarity in presentation. In patients needing the *Ureaplasma Nosode*, you may get the overt and intense symptomatology and the state that I have described, but you may also get a more withdrawn vulnerable patient without the overt intensity and aggression.

Names and Meanings

Ureaplasma - Greek *urea* urine + Greek *plasma*, anything formed or molded, an image, a figure, i.e. "urea formed"

Urealyticum - Greek *urea* urea + Latin *lyticus -a -um* (from Greek, *lutikos -e -on*), able to loosen, able to dissolve, i.e. "urea-dissolving" or "urea- digesting"

Family

In the Mycoplasmataceae family of the Mycoplasmatales order. (This order is placed either in the Mollicutes or Tenericutes class.)

Periodic Table Stages

Stage 9, (16), (18)

Source Notes

[Adapted mainly from the Merck website, Wikipedia and Glass et al.]

The Disease

Ureaplasma urealyticum seems to be a common commensal bacterium of the urogenital tract of humans, particularly in females, often found together with Mycoplasma hominis and Mycoplasma genitalium. It appears in the vagina and can also colonize the upper reproductive tract where it can cause chronic infections that may be transmitted to the fetus or between sexual partners.

It is associated with inflammation and infections during pregnancy leading to increased neonatal morbidity and mortality. These include chorioamnionitis and funisitis (affecting the placenta, amniotic fluid and membranes and umbilical cord) which can lead to premature labor or stillbirth. It has also been identified as a possible factor in postpartum fever and infection in new mothers and septicemia, meningitis and pneumonia in newborn babies. It has also been isolated from the male urethra and genital tract, both alone and in conjunction with Neisseria gonorrhoeae, and suggested as a leading agent in urethritis in men not connected with gonorrhea or chlamydia infection. Trichomonas vaginalis, herpes simplex virus and adenovirus may also cause similar symptoms.

The exact scope of symptoms is unclear, since reliable tests for Ureaplasma and similar bacteria are not available. However, researchers have suggested links with infectious arthritis in humans and urinary tract stones in rats, for example. Although infection often appears asymptomatic, effects resemble those of chlamydial or gonorrheal infection. These include lowered fertility in both sexes in the form of tubal disease, frequent miscarriages, reduced sperm count and motility, and poor results in post coital tests. Women may suffer salpingitis and cervicitis with pelvic pain, mid-cycle and post-coital spotting or leucorrhoea. Complications of male urethritis include epididymitis and stricture of the urethra.

The Bacterium

The lack of cell wall in U. urealyticum means it is highly pleomorphic (it can have a variety of

structural forms during its life cycle). Although it evolved from Gram-positive ancestors, the lack of cell wall and the presence of sterol in the triple membrane mean that it now has negative Gram staining. It is non-motile and grows slowly. Laboratory cultures form "poached egg" configurations, with the center of the colony embedded in the culture medium, which must contain the cholesterol required for its membrane formation. It has an affinity for mammalian cell membranes and secretes a major surface antigen to help evade the host's immune system. It is a facultative anaerobe.

A unique feature of this genus is the ability to generate about 95% of its ATP from hydrolysis of the host's urea. This is believed to involve creation of an electrochemical gradient by accumulation of ammonia within the organism. It also seems to have a different system of respiration from other small-genome bacteria, producing 6 closely related iron transporting substances. It has the second smallest known genome after *Mycoplasma genitalium*, with a high proportion of A & T material (around 75%) compared to G & C. It contains 613 protein-coding genes and 39 genes that code for RNAs. Along with *Chlamydia* species and *Aeropyrum pernix*, it is one of a very small number of bacteria lacking the protein FtsZ required for cell division.

Clinical Focus Guide

Mind and Disposition Focus

Lack of outer skin

- Thin skinned - sensitive to criticism
- Everything impacts them
- On edge, "nerves raw"
- Vulnerability
- Financially dependent or independent

Transgressed boundaries

- Transgress others' boundaries with a fear of loss of their own boundaries
- Blaming others - victim
- Secretly provoking others to anger
- Personality disorders

Self-aggrandizement fantasies

- Narcissism

Need perfect environment

- "The Princess and the Pea" tale
- Hypersensitive to environment
- Especially while sleeping
- Sensitive to sound, noise and vibrations
- Sensitive to smells
- General environmental sensitivities

Demand perfection of others

- Haughty

Actors or actresses

- Taking on personas

Fear of contamination by their environment and people

Irritability

- As if could kill someone

Internalized anger

"Pissed off"

Chronic and severe sleeplessness

Need perfect environment to sleep

Waking and not falling asleep again

Addictions to medications

Sleep medications

Psychotropic and anti-anxiety medications

Therapist, medical doctor perceived as a god then victimized

Strong sexuality from young age

Masochistic sex, dominating

Brutal sex

High sexual desire

Genital inflammation causing constant sexual stimulation

Frequent accidents

As if things go wrong around them

Physical Focus

Genital inflammation

Vagina, labia, prepuce

Frequent urinary tract infections

Sterile pyuria

Frequent urging to urinate

Enuresis in a child with tendency to masturbation

Tightness throughout body

Tight muscles

Cramping

Gallbladder inflammation

Affecting sleep

Painful menses

Endometriosis

History of stillbirths, miscarriages, premature birth

Infertility

Cancerous affections

Cervical cancer

Skin inflamed and peeling

Neonatal infections and pneumonia (emergency medical care required)

Selections from Traditional & Modern Homeopathic Sources

None.

Relationships

Cannabis sativa

Chlamydia Nosode

Medorrhinum

Mycoplasma pneumoniae Nosode

Sarsaparilla

Yersinia

Mycoplasma pneumoniae Nosode

Homeopathic abbreviation

Mycop-p.

Synonyms

Mycoplasma Nosode

Description

Mycoplasma pneumoniae bacteria generally cause relatively mild infections of the respiratory system affecting the chest, though in around ten percent of cases an atypical pneumonia may result. Though symptoms are usually milder than in pneumonia caused by other disease organisms (hence its name of "walking pneumonia") they can be rather long-lasting, and more serious respiratory conditions may also result.

As described, mycoplasma pneumonia is a condition which can have potentially serious complications, including some that may be life threatening. It is important that a patient or client having this condition is diagnosed and monitored by a licensed physician. Emergency medical care may be required in rare cases. If this disease is notifiable in your area, the appropriate steps should be taken. Information from homeopathic literature describing treatment of this condition should be read subject to this caution.

Scientific Names

Mycoplasma pneumoniae Somerson et al. 1963

"Filterable agent of primary atypical pneumonia" Eaton et al. 1944 *Schizoplasma pneumoniae* (Somerson et al. 1963) Furness et al. 1968

Commentary

This nosode is indicated by a history of repeated pneumonias, particularly "walking" pneumonia, but more importantly by an associated homeopathic dispositional state that has emerged. Exploring the disposition of *Mycoplasma pneumoniae Nosode*, first I looked at the nature of the infection of the material form of it. As I have mentioned, there is a group of nosodes that in material form can infect the lungs. Each has some connection to the concept of the lungs being the seat of the soul, with *pneumo-* meaning "breath, soul," as found in various traditions including the Chinese, Creek and even Judaic ones. I explained this more in the chapter on *Pneumococcinum*, which is a nosode that is part of this group of remedies. At the same time there is also the vulnerability of *Mycoplasmataceae*.

Specifically with a patient needing energetically prepared *Mycoplasma pneumoniae Nosode*, there are great sensitivities and grief around relationships and soul connections. But there is also a desire to first worship then shape their "soulmate" into their "perfect" person, with either dependent behavior or establishing a dependency by the soulmate, similar to viral nosodes. This can lead to manipulative, even aggressive behavior towards someone they hold out as their soulmate or someone they hold in esteem or even initially worship. They want the other person to protect their deeper emotional place by being permanently "glued" there.

Another expression of the remedy themes is in patients with a deep, persistent fear that their special person, partner or someone they love so deeply will die. This fear can be unexplainable, and there is a clinging yet also control of their partner or those close to them. It generates a great haunting intensity in their dealings with people they are close to; but this intensity is not always so overt.

A further related feeling for the patient needing this nosode is a fear of death or sense that *they* will die unexpectedly. The patient needing *Mycoplasma pneumoniae Nosode* may instill in their partner, children or those dependent on them that they are close to death, even though they are not. This makes it more difficult for their partner or others to move out of this distorted relationship.

There can sometimes be a history where they have had a relationship partner or family member who dies prematurely or departs suddenly, and that impacts them profoundly. This creates a kind of deep, soulful, spiritual grief and world-view, like in the Actinide remedies. This soulful grief can also arise spontaneously.

Both the fear and the grief provoke a more spiritual quest and these individuals may then seek solace by getting information from spiritual teachers, particularly about their past life experiences. They may also ultimately have difficulty in staying in any kind of relationship. They can feel exquisitely vulnerable and defenseless in their relationships (like the bacterium which lacks a rigid cell wall). There is a feeling of being exposed and "thin-skinned." In a similar fashion to *Ureaplasma urealyticum Nosode*, they are therefore sensitive while being quite demanding about their environment too.

When they do get into a relationship they want to get their partner or person up to their unattainable standards. The qualities they seek tend to be spiritual or religious rather than practical. They pursue them aggressively and demand a deep soul connection from the person, even when that person may not have the know-how or capacity for it. As well, they can become very manipulative and insidiously dictatorial as in Virus nosodes and then attempt to develop a dependence with the other person. Frequently, in spite of the original spiritual desires there can be strong arguments, darkness and even violence in the relationship.

Expecting a deep connection in most relationships, even brief ones, they are frequently frustrated that they never experience it. Not surprisingly, their strategy of molding and manipulating their new relationship partner into the ideal soulmate does not always work out. If they encounter more frustration, they may move towards religion and even become a monk or nun, eventually shying away from personal relationships and eschewing them for a more spiritual and unequivocal relationship with God, Jesus, Buddha, or a guru. They themselves may become a religious teacher or guru or utilize their psychic abilities. As well, the patient may develop a fear of any imperfection or a fear or discomfort around disabled people, like we see in the nosode *Toxoplasmosis*.

They tend to easily disassociate and get a floating sensation. This happens when they become intimate, even on the first date when there is some intense chemistry that starts to show itself. In such situations, they can experience this floating sensation (sometimes expressed as like floating in the womb), or even a sensation as if they are dead or dying. This floating sensation may appear to others as being distant or formal.

They can also have feelings as if there are dead people or spirits around them. They can talk a lot about the bad spirits around them, or become fascinated by this and exhaustively study the topic. Yet it is not something that they transmit so much to others. They have a lot of past life experiences and it is as if they are not fully born into this world, with all the floating and spirit sensations. They may blame their inability to open up and commit to relationships on past life experiences.

They can be worse from overexertion and collapse from a slight trauma, whether physical, mental, or emotional. They can even faint or experience vertigo when they have pain. They can also panic from slight pain and become very demanding. They can have a lot of

anticipatory anxiety and anxiety in groups. And they can also feel that they need protection from environmental influences including EMF (electromagnetic frequencies) and environmental allergens.

As mentioned, this is a remedy where there is a history of frequent pneumonia and frequent bronchitis, flus or flu-like conditions. They may have a chronic cough as well as being susceptible to viral infections including herpes. They may get measles and other childhood illnesses at an adult age.

They want to move around and they feel better when they are active. Even with the pneumonia or a serious health issue they will tend to maintain activity. You could add it to the rubric "Well, says he is, when very sick." There is a denial about their physical health that can alternate with severe sensitivities about their environment and home.

During the fever, or generally, they can have a great sensitivity to sound and vibrations.

They hate noise. As a result, they do much to avoid it and will tend to live away from it, in the country, where there is a quiet environment.

This is also a remedy for a parent who has a child who has asthma or other chest problems.

Names and Meanings

Mycoplasma - Greek *mukes* mushroom or other fungus + Greek *plasma*, form i.e. having a fungus-like form. The family name derives from this characteristic of the first identified species *Mycoplasma mycoides*, but in fact it is not shared by other species in the Mycoplasmataceae.

Pneumoniae - of pneumonia, via modern Latin *pneumonia*, inflammation of the lungs, from Greek *pneumon* lung, originally *pleumon*. Literally meaning "floater" it derives from PIE **pleu-* to flow, to swim and the alteration may have been influenced by Greek, *pnein* to breathe.

Family

In the Mycoplasmataceae family of the Mycoplasmatales order. (This order is placed either in the Mollicutes or Tenericutes class.)

Source Notes

[Adapted mainly from the CDC website and Wikipedia, plus Himmelreich et al.]

The Bacterium

As noted in the introductory section on the Mycoplasmatales order, *Mycoplasma pneumoniae* is the smallest free-living organism capable of self-replication. It has the second smallest known bacterial genome, the related organism *Mycoplasma genitalium* having the smallest.

Though it was isolated from a bovine source at the end of the 19th century, it was only suggested by Eaton as having an association with atypical pneumonia in the 1940s and was originally thought to be a virus. (This was because "Eaton's agent" could not be cultured in the same way as other "pleuropneumonia-like organisms," did not respond to standard antibiotic treatment, and passed through sieves that normally held bacteria). It was only in 1963 that it was identified as a bacterium and fully accepted as the agent responsible for human lower respiratory tract infections. This long period of uncertainty, and reluctance to accept evidence that in retrospect was recognized as quite conclusive, has interesting reflections in the remedy picture.

The Disease

Mycoplasma pneumoniae infections, which affect the mucous membranes of the respiratory

system, tend to have long incubation periods of between 1 and 4 weeks. They are common, with a conservative estimate of around 2 million cases annually in the USA, peaking every 3 to 7 years and perhaps more common in summer and early fall. Outbreaks mainly occur in places where protracted, close contacts occur, such as in schools, universities, hospitals and other residential institutions. Like similar disease agents, it is transmitted via coughs and sneezes that propel small respiratory droplets into the air to be inhaled by others.

The most common symptoms are sore throat and cough, along with fever, tiredness and sometimes headache - a "chest cold" or tracheobronchitis, especially in children. Symptoms tend to come on gradually, and the cough may worsen slowly, lasting for weeks or even months.

If the infection progresses to pneumonia (estimated at 1 in 10 cases), the cough may become productive, with chest pain, shortness of breath, fever and chills and fatigue. In young children under 5, fever may not always be present and symptoms may resemble a bad wheezy cold that may sometimes be accompanied by diarrhea and vomiting.

The disease can sometimes lead to complications including those affecting the kidneys, brain, blood and skin, as well as worsening of pneumonia. It is reckoned to be the second commonest type of nonhospital acquired pneumonia requiring hospitalization, and deemed responsible for between 2% and 20% of community acquired cases in the US.

It may provoke new symptoms or aggravate existing conditions, for example in cases involving:

- Asthma
- Encephalitis
- Hemolytic anemia
- Renal dysfunction
- Skin disorders (Stevens-Johnson syndrome, erythema multiforme, toxic epidermal necrolysis)

Mycoplasmal infection can trigger a specific type of autoimmune hemolytic anemia. Affected patients are highly sensitive to cold temperatures as well as viral or mycoplasmal infections. The CDC notes that antibiotic resistance has developed in some strains of the bacterium.

Clinical Focus Guide

Mind & Disposition Focus

Relationships - interpersonal

Ailments from premature death of partner or family member

Leads to deep grief, spiritual sensitivity

Unexplainable fear that their partner or those they love will die

Or they will die and want others to know it

Seeks a perfect soulmate

Who must be precisely right or be made precisely right

Shaping their partner

Creating a war-like relationship

Chooses a spiritual guru

Pneuma = soul

Incomplete relationships and unsuccessful search for "the love of my life"

Wants a soulmate, but can't truly feel close (DD *Conium*)

Cannot cope with intimacy in relationships

Feels defenceless

Feels too vulnerable and exposed
Continually keeps searching (DD *Tuberculinum aviare*)
Feels unfulfilled

Parent or partner of schizophrenic person

History of relationships that don't work out

Naive expectations, young approach to relationships
Borderline personality in relationships
Acting as if in love or out of love
Needs partner to give them a protective skin emotionally and physically

Manipulative actions

Attempting to change others indirectly, provoking angry responses
Molding others to their beliefs
Insidiously dictatorial (compare Virus remedies)
Making simple things complex
Needing protection

Fear of abandonment

Other mind & disposition symptoms

Student of war and destruction

Disassociation

With intimacy, because of the exquisite sensitivity
Even on a first date, with the first contact
Psychosis starting in pneumonia
Schizoaffective disorder

Sensation of floating

As if in the womb

As if no cell wall

Vulnerable to external influences
"The Princess and the Pea"

Fear of those with disability or imperfections

Easy disappointment

Seeks deep religious connection

Becomes a monk or nun
Joins a religious or spiritual order
Seeks a personal guru
Few intimate friends, many acquaintances

Conscientious about trifles

Anxiety

Anticipatory
From pain
In groups
Unless body feels precisely right (compare Magneticum remedies)
As if dead, dying
As if floating in the womb

Dead people, spirits of the dead

Follow and surround them
Talk with them
Dark energies swirl around them
Studies death and dying

Predicts death, clairvoyance (compare *Pneumococcinum Nosode*)

Psychic

Past life experiences

As if not fully born into this world
With floating sensations

Sensitive to environmental influences

- Everything needs to be precisely right
- Needs protection
- Sensitive to EMF (electromagnetic fields)
- Environmental allergies

Hatred of noise

- Sensitive to noise and vibration

Even slight pain or trauma (mental, emotional or physical)

- Causes fainting or vertigo
- Provokes panic attacks
- Causes collapse

Womb-like existence

- But desires to travel

Worse overexertion**Easy injuries**

- Especially to back

Swimming

- Ameliorates
- Desire to swim

Cravings

- Controls diet

Parent of a child with asthma**Physical Focus****History of frequent respiratory ailments**

- Pneumonia
- Bronchitis
- Tracheobronchitis
- Sore throats
- Flu or flu-like symptoms
- Pleural effusion

Chronic cough

- Asthma
- Emphysema

Asthma

- History of acute exacerbations
- Parent of a child with asthma

Continuous headaches**Susceptible to viral infections**

- Herpes, measles
- Flu

Fevers

- From slight trauma
- With weakness and anemia

Heart, blood and circulatory conditions

- Pericarditis
- Thrombocytopenia
- Hemolytic anemia
- High blood pressure
- High cholesterol
- Atheroma

Stevens-Johnson syndrome**Nervous system symptoms**

- Cranial nerve disorders
- Peripheral neuropathy

Other inflammatory conditions

Pancreatitis

Pericarditis

Worse late summer and fall

Selections from Traditional & Modern

Homeopathic Sources

None

Relationships

Compare:

Tuberculinum aviare and other *Tuberculinums*

Ammoniums

Chlamydia psittaci (*Psittacosis Nosode*)

Pneumococcinum (*Streptococcus pneumoniae Nosode*)

Conium

Ignatia

Theridion

Veratrum album

Antimonium tartaricum, *Antimonium crudum*, *Antimonium muriaticum*

Ammoniacum

Mycoplasma gallisepticum is also found as the *Mycoplasma Pheasant Nosode*.

This is an avian mycoplasma most similar to *Tuberculinum aviare*, which is described in *Miasms and Nosodes Volume 1*. With qualities of *Mycoplasma pneumoniae* and bird remedies, it is a bacterium associated with chronic respiratory disease (CRD) in chickens and infectious sinusitis in other types of birds.

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NEISSERIALES

NEISSERIALES

The Neisseria genus is found in the Neisseriaceae family of the Neisseriales order. This is part of the beta class of the large Proteobacteria phylum of Gram-negative bacteria, along with the Burkholderiales.

Neisseria bacteria colonize the mucosa of many animals. Only two definite pathogens are recognized among the eleven species found in humans, Neisseria gonorrhoeae and Neisseria meningitidis. N. gonorrhoeae (also called the gonococcus) is the disease agent for gonorrhea, used for homeopathically prepared *Medorrhinum* and the lesser-known *Gonotoxinum*, prepared from a former anti-gonorrheal vaccine. Homeopathically prepared *Meningococcinum* includes Neisseria meningitidis (also called the meningococcus), one of the most common causes of bacterial meningitis and the causative agent of meningococcal septicemia.

These are both examples of diplococci, bean-shaped organisms found in pairs, echoing the desire for coupling in the remedy themes. They are medium-sized in bacterial terms (up to a maximum of 1 micron in diameter). Gonococcal infections have a relatively high prevalence and low mortality, while the opposite is true of meningococcal infections. N. gonorrhoeae is a facultative intracellular bacterium, whereas N. meningitidis lives outside the body's cells. Both only infect humans, perhaps because the iron they need for growth can only be accessed from human sources (transferrin & lactoferrin).

Other less emphasized Neisseriales homeopathic remedies are *Conotoxinum*, *Flavus* and possibly *Sycotic Compound* (*Paterson*). *Gonotoxinum* is prepared from an older anti-gonococcal vaccine, while *Flavus* derives from cultured Neisseria flava or subflava; Julian is our authority for these two remedies and he also describes the bowel nosode *Sycotic Compound* (*Paterson*), identifying the associated micro-organism, probably incorrectly, as Streptococcus faecalis. *Syc-co.* possibly includes the commensal bacteria labelled as Neisseria mucosa, though the exact identity of the organism used to prepare the remedy is uncertain.

Albert Neisser, the German bacteriologist who first identified N. gonorrhoeae in 1879, also co-discovered the agent causing leprosy.

[Conventional medical information adapted mainly from Todar and Wikipedia]

The Sycotic Miasm

In discussing the Neisseriales, the importance and historical relevance of the Sycotic miasm in homeopathy needs to be presented. As I discussed in Volume 1, Hahnemann had three miasms that he considered to be meta-miasm; the Sycotic miasm was one of these. Over time, many different interpretations and types of information have been ascribed to this miasm. In order to fully describe this miasm, I will list and describe some of the different attributes assigned to it by various authors, both classical and contemporary starting with Hahnemann.

In Hahnemann's time, the bacterial cause of gonorrhea was not known but it was known as a disease entity. The word gonorrhea referred to a contagious inflammatory disease of the genitourinary tract, affecting especially the urethra and vagina, and characterized by a mucopurulent discharge, pain in urination, and chordee; clap. [*Webster's Dictionary*, 1913] Hahnemann discovered and maintained that there was some contagious element that caused this condition even prior to Neisseria gonorrhoeae being officially identified as the cause. He also carefully researched and traced subsequent chronic conditions related to this

initial infection. His choice of treatment was not nosodal at first, but it is reported that later in Paris he used the nosode made from a gonorrheal discharge, many years after his initial insights.

The subsequent discovery of the infection quality caused by a bacterium is highly significant for homeopathy. Yet, as with all of Hahnemann's miasmatic work, the tracing of chronic symptoms linked to the infectious agent was the most relevant in the treatment of chronic disease. The theories, perceptions and practical advice of classic and modern homeopathy authors about the general features of the Sycotic miasm have much to offer. However, in the end, I found that clinical use of a more specific approach, involving the scientific categorization and information of various specific bacteria that make up the starting substance of nosodes in the Neisseria family or order, gives more usable specific information for prescribing individual remedies and better results.

Having said that, I have had over 40 years of experience with general homeopathy sycotic miasmatic concepts and was steeped in the classical theory. Hahnemann's theories became a practical clinical reality for me, but evolved into a much larger meta-repository for ideas and insights into chronic disease and even groups of remedies. While it may seem as if I am replacing the Sycotic miasm with the specific traits of the Neisseriaceae bacteria family, in fact this is not the case. In reality, I have combined the two.

In this way, although I have had more effective results when using this specific remedy categorization approach, it is the broader miasmatic theory that hovers and imbues my perceptions in each individual case.

I believe that while many modern teachers present their approach as specific and brand new, eschewing the old classical theory, in fact they have also maintained the image of the established system firmly in their consciousness. Therefore, it can still run through their clinical methodology without being acknowledged as such.

As a result of this, I do think it is important to describe some of the classical information on the Sycotic miasm, both from a historical perspective and also because some of this information is incorporated within a description of the miasm overall, and within each specific nosode.

Hahnemann and the Sycotic Miasm

Hahnemann defined the Sycotic miasm as related to the "fig wart disease." He linked venereal warts to this miasm, as well as **over-productive** growth of fibrous tissue etc. This relationship and the use of the word "fig" have some interesting connotations, giving some inkling of the larger themes and meaning of the miasm. The fig leaf in some Greek and Roman art periods was used to cover the genitalia. And of course, in the Hebrew Bible, Adam and Eve used the fig leaf to cover themselves after tasting the forbidden fruit of the Tree of Knowledge. Both then and now, it has come to mean a cover for some behavior or depictions that are considered shameful. The Sycotic miasm was related by Hahnemann and other classical writers to sexual behavior. For Hahnemann to present a concept whereby sexuality played such a prominent role was most likely a startling subject for his contemporaries.

He recorded his direct and studious observations about the physical manifestations of sycosis:

These excrescences usually first manifest themselves on the genitals, and appear usually, but not always, attended with a sort of gonorrhea from the urethra, several days or several weeks, even many weeks after infection through coition; more rarely they appear dry and like warts, more frequently soft, spongy, emitting a specifically fetid fluid (sweetish and

almost like herring-brine), bleeding easily, and in the form of a coxcomb or a cauliflower ... These, with males, sprout forth on the glans and on, or below, the prepuce, but with women, on the parts surrounding the pudenda; and the pudenda themselves, which are then swollen, are covered often by a great number of them. [Hahnemann, *Chronic Diseases*, Sycosis, p 98]

He described secondary ailments that included outbreaks of "either whitish, spongy, sensitive, flat elevations, in the cavity of the mouth, on the tongue, the palate and the lips, or as large, raised, brown and dry tubercles in the axillae, on the neck, on the scalp, etc." and a range of ensuing problems, for example "contraction of the tendons of the flexor muscles, especially of the fingers."

Hahnemann considered sycosis the least prevalent of the three chronic miasms, "being that miasma which has produced by far the fewest chronic diseases, and has only been dominant from time to time." He reckoned that "at least seven-eighths of all the chronic maladies spring from [psora] as their only source, while the remaining eighth springs from syphilis and sycosis or from a complication of two of these three miasmatic chronic diseases or (which is rare) from a complication of all three of them." Interestingly, he rates syphilis as easily curable with homeopathic mercury, while sycosis has a "slight difficulty in its cure through a few doses of *Thuja* and *Nitric Acid* in alternation."

Curiously, Hahnemann made an exception for the local treatment of "certain inveterate cases" of sycotic warts. He generally condemned treating skin eruptions locally in the strongest terms as suppressive as well as terming local allopathic treatment "painful, cruel treatment... by cauterizing, burning and cutting, or by ligatures." However, he went on to recommend that fig warts could be treated locally:

"Experience, however, teaches that the itch, plus its external manifestations, as well as the chancre, together with the inner venereal miasm, can and must be cured only by means of specific medicines taken internally. But the fig warts, if they have existed for some time without treatment, have need for the perfect cure the external application of their specific medicines as well as their internal use at the same time." In such intractable cases, he advised that "the larger fig-warts may be moistened every day with the mild, pure juice pressed from the green leaves of *Thuja*, mixed with an equal quantity of alcohol."

[Hahnemann, *Organon*]

When Hahnemann initiated the miasmatic theories, and throughout most of his life, he had a limited number of remedies to work with. Most of the homeopathic remedies he worked with were either minerals or plants. It was later that the gonorrhoea nosode *Medorrhinum* was first introduced by the American homeopath Swan.

For treatment of this miasm, as for many others, he chose a plant remedy, rather than a mineral. He stated: "the gonorrhoea dependent on the fig-wart-miasma, as well as the above-mentioned excrescences (i.e., the whole sycosis), are cured most surely and most thoroughly through the internal use of *Thuja* [pillules] ... when these have exhausted their action after fifteen, twenty, thirty, forty days, alternating with just as small a dose of *Nitric acid*." (This after the administration of appropriate anti-psorics and before use of anti-syphilitic remedies as required, alternating treatments "until a complete cure is effected.")

[Hahnemann, *The Chronic Diseases; Organon*]

Other Early Homeopaths

Boenninghausen, who worked tirelessly to develop a repertory of remedies for each miasm and even individual symptoms, expanded the number of remedies for the treatment of the Sycotic miasm or symptoms related to it. He still gave an important place to *Thuja* but also

included *Arsenicum*, *Graphites*, *Nitricum acidum*, *Staphysagria*, *Sepia* and even *Calcarea carbonica*. Hering introduced the use of *Natrum sulphuricum* for this miasm and Farrington, *Pulsatilla*. All of these authors discussed the nature of the gonorrhoeal discharge and defined certain remedies for each type of discharge as well as dispositional states in conjunction with what were considered sycotic physical symptoms.

James Tyler Kent

Kent, a master of homeopathy, was a prolific writer and lecturer and had much to say about the Sycotic miasm and treatment of patients with a history of gonorrhoea. Kent's *Lesser Writings* also stress the obstinacy of gonorrhoeal symptoms: "The returning discharge is often unmanageable and may resist treatment for years." He also observed how this discharge can appear and obstinately persist after good homeopathic treatment.

You take a man who has gone from ten to fifteen years with this sycotic trouble. He is waxy, subject to various kinds of fig warts, his lips are pale and his ears almost transparent; he is going into a decline; he has various manifestations. ... The physician sits down and makes a careful study of the case, and if his perception of it is similar to some long acting, deep acting medicine [homeopathic remedy], and he administers this medicine to the patient, the patient begins to improve.

The treatment is kept up, and in the course of weeks or months the patient comes into the office and says:

"Doctor, if I had exposed myself I should think I had an attack of gonorrhoea."

On the other hand, however, the trouble may have manifested itself in other mucous membranes of the body, and thus save the man from his waxiness; he is not so pallid when the condition becomes busy in another region. These catarrhal manifestations may be catarrhal conditions of the eyes, but are more commonly catarrhs of the nose. It is not an uncommon thing for a nasal catarrh to be sycotic and to have existed only since the gonorrhoea was suppressed. The catarrh is located in the nose and posterior nares with thick, copious discharge, and in spite of local treatment it has been impossible to suppress it. When the constitution is vigorous enough it will keep up the discharge in spite of the different specific remedies that have been administered, and constitutions that are feeble diseases are readily driven to the center, leaving the outermost parts of man so it is often the case with a man with a thick yellowish green discharge from the nose, after it a dose of *Calcarea carbonica*, and which is an anti- sycotic, one of the deepest in character, has his old discharge brought back." [Kent, *Homoeopathic Philosophy*, Lecture XXI, p 131]

Kent ultimately put the Sycotic miasm on equal footing with syphilis, considering it as "deep" as syphilis. His understanding of this miasm broadens with the proving of *Medorrhinum*, the gonorrhoea nosode, by Swan and others. A deeper grasp of additional areas of the body affected and specific sycotic miasmatic problems were revealed:

The manifestations of sycosis are often much like those of syphilis and psora, when each is in its latency or suppressed. You have aches and pains in the beginning of all three of the miasms that resemble each other very much. Later, after the results of the disease have become evident through tissue changes, each miasm stands out in bold relief.

In syphilis, when its surface eruptions are driven back, it finally attacks the nerve centers, bone cells and periosteum.

Psora is more general in its nature. It attacks the skin and all parts of the body.

Today I believe that sycosis is as deep a miasm as syphilis, with just as destructive a blood disorganization; therefore the anemic aspect, waxy, greasy skin, red, smooth warts on mucous margins of anus and genitals, loose teeth, extreme nervous tension, phthisical

condition, catarrhs wherever there are mucous membranes, epithelioma, and emaciation. [Kent, *Lesser Writings*, p 364]

Kent also suggests a different group of remedies for treatment of the miasm. He moves away from Hahnemann's *Nitric acid* and determines that the three main remedies in this miasm, along with *Thuja*, are the nosode *Medorrhinum* and *Natrium sulphuricum*, the latter a remedy he emphasizes and describes at length. In general, in his description of miasms, Kent promulgates and expands, a view that is partially contained in Hahnemann's writings, that miasms result from immoral activity. This is particularly the case with the Sycotic miasm as it is so closely related to sexual activity.

Ortega

Ortega is a 20th century homeopathic doctor who developed detailed descriptions of the miasms. He describes sycosis as involving excess of cellular function (as opposed to the deficiency of psora or the perversion of syphilis), associated with dispositional states that express exuberance, ostentation, the flight response in the face of aggression, hurriedness, instability, augmented secretion and the primary color yellow, [pp 54—56] Thus there is physical over-production, over-nourishment, with a need to discharge the excess and a fast metabolism; psychologically, there is desire and extroversion, a need for outward connection and possessions, to establish status and value.

He states that physical manifestations include hyperplasias, tumor & cyst formation, arthritic nodes, calluses, swollen tonsils and ill effects from suppressed discharges, with relief from "a copious sweat, a stubborn coryza (as often seen in children), or through a fistula when the internal situation is really precarious."

Ortega echoes the judgmental tone of many earlier writers: "This miasm is the product of selfishness and covetousness - the desire for pleasure without thinking of the consequences, combined with the selfishness which forgets about others and concentrates only on itself. ... He is given to fantasies, petulant, inconsistent, voluble, capricious ... The sycotic will typically wrap himself in a thick layer of fat; his perversion not only endows him with these exaggerated reserves, but even prevents him from eliminating that which harms him, producing a lithic or a uric diathesis, as well as other forms of retention and accumulation. ... Mentally, the sycotic is audacious, the 'classic winner' ... His end will be that of the covetous person who consumes up to the last moment what he thinks is due to him in life." [Ortega, 1980, pp 69-72]

Paterson and Catarrh

Paterson, who also has worked on and developed the materia medica of the Bowel Nosodes, (see Volume 1) suggests that "the miasm 'Sycosis' may be considered synonymous with 'catarrh.' Gonorrhoea is an infection of the mucous membrane (i.e. it is a sycotic manifestation) but catarrhal manifestations (sycotic) are not all due to gonorrhoeal infection." [Paterson, 1950]

Vijaykar and Suppression

Vijaykar in his books and teachings has utilized the miasms to determine the "direction of cure" - in other words whether a patient is moving towards cure or suppression. He relates this also to types of embryonic tissue. He details seven levels of suppression in relation to sycosis:

Level 1: external manifestations of the skin & mucosa such as warts, corns, thrush, ringworm, blepharitis and otitis

Level 2: benign polyps, nodes & tumors (eg in the nose or larynx), deviated nasal septum (DNS), asthma, gallstones, gonorrhoea, chronic catarrh, chronic gastritis

Level 3: the skin conditions lichen planus or psoriasis, chronic arthritis, chronic laryngitis

Level 4: chronic circulatory problems (such as ischemic heart disease, enlarged heart, arteriosclerosis, stenosis, chronic hypertension, hyperlipidemia), lung conditions: TB, pleural thickening

Level 5: hyperthyroidism, including goiter

Level 6: neurofibromatosis, tumors of the nervous system

Level 7: sycotic traits [Vijayakar, 2005]

Sankaran and Situational Materia Medica

Sankaran, also a modern homeopathic teacher and author, has developed more dispositional situations related to remedies and miasms. He characterizes the feeling and situation of sycosis as:

'I am incapable of handling this situation. Something is wrong with me.' With this admission of a weakness in [the] self is an attempt to cope with it and cover it up. The patient keeps trying to make up for this specific weakness in him, even when the situation does not demand it, i.e. although the environment is normal. This feeling probably arises after struggling without success for some time. [Sankaran, 1994]

"Sycotic Shame" and a Modern Positive Potential

The "sycotic shame" of sexual transgressions, the "sin of contagion" with venereal disease, have historically been the focus in much classical homeopathy writings. Modern writers have often depicted the miasms in a more compassionate light, incorporating their positive potential and an understanding of their intrinsic role in human experience, including social evolution, rites of passage, and the birth process.

Sycosis can represent the qualities necessary to survive enforced migration after a disaster, the drive to move on, to grow up, to move into the unknown; in this sense, the desire to grow and change can compensate for the inertia and inhibition of psora. Similarly, it can reflect the enjoyment of our senses and appetites, once basic needs have been met, or the anal stage in psychoanalytical terms. Alongside self-condemnation, hellish suffering and fixed ideas come self-appreciation, honesty and the ability to adapt and forgive. [Van der Zee, 2000]

Scholten's Periodic Table Placement of the Sycotic Miasm in Stage 10

The newest depiction of this miasm is within the period table schema of Jan Scholten. Stage 10 is shown to be the Sycotic miasm. Stage 10 in his schema is the centre of the periodic table. You could say it is the pinnacle of success. In this stage, we have the remedies *Platinum* and *Palladium*, traditionally seen as "shiningly successful" as well as highly sexual and egotistic. Also in this stage are *Silicea*, (many fibrous growths), *Graphites* (interestingly this has 'better in the evening,' like *Medorrhinum*), and *Niccolom*, as well as newly-introduced *Gadolinium*, a lanthanide.

You could say that prior to and leading up to Stage 10 we have the Psoric miasm which contains doubt ("Can I do it?"); and then at Stage 10 we have the exuberance and, as I would term it, the **excess of success** with the Sycotic miasm. Then, after Stage 10, up to Stage 18, we have the decline leading to the destruction we see in the Syphilitic miasm of Stage 17. This depiction will be described further later in this section and elsewhere in this book. A reference chart is also given on page "Jan Scholten's Stages and Series of the Periodic Table" on page 15. [Scholten, *Homoeopathy and the Elements*, pp 48-49]

Grauvogl's Hydrogenoid Constitution

Von Crauvogl defined three types of constitutions and wrote that most sycotic remedies are

placed in the hydrogenoid classification. (At the same time, he noted that not all hydrogenoid constitutions are "the product of gonorrhoeal contagion.") This type of constitution is characterized by him as having an excess of hydrogen (at the expense of nitrogen) caused by too much water in the body and environs. The patient holds water so there is a tendency to dropsy and anasarca and also excess benign tissue growth. There is an aggravation from moisture or humidity and the constitution can develop from living too close to water or damp environs. [Clarke, *Constitutional Medicine*, Chapter IV, The Hydrogenoid Constitution]

Conclusion about the Sycotic Miasm

When it comes to approaching a case in a miasmatic way, we are looking at broader and general concepts of the case that make us think about remedies in a particular miasm. The miasm in a sense becomes a rubric. So what are the broader concepts for sycosis and the Neisseriales family of remedies and nosodes?

Hahnemann first starts his discussion of the miasm with the idea of the wart and fig wart. In some ways, he is describing a hyper-growth of tissue and this is an important concept in this miasm. This hyper-growth is on all levels, whether physical - where we may see specific symptoms such as warts or skin growths and even tumors, particularly benign - or on a mental or emotional level where there may be a profusion of thoughts, particularly sexual thoughts. There can also be hyperactivity. These are all covered in the commentary on *Medorrhinum* and *Thuja*.

I have developed the phrase "the excess of success," which is confirmed in Scholten's periodic table placement of the miasm in the central position. It is also related to the concept of hyper-growth.

As much as there is a certain balance being in this central place of Stage 10, there is also an easy imbalance; a slight push means a large imbalance, like a weighted swaying pole.

Also in this miasm is deceptive behavior, completing this set of key themes:

- Deception, deceit, lying, duplicity

- Hypersexuality

- Compulsive sexuality but belief vital instincts are bad

- Hidden sexuality and instincts - fig leaf/wart

- General fear of being exposed or of misfortune

- Easy imbalance and extremes

- Mental weakness and forgetfulness

The hidden state and mental weakness in the Sycotic miasm is compensated by a particular kind of exterior presentation.

I continue this discussion of the Sycotic miasm in the commentaries of the specific remedies in the miasm. In particular, the commentary on the nosode *Medorrhinum* has much information on the underlying conceptions of the Sycotic miasm.

Neisseriales Nosodes

Flavus

Homeopathic abbreviation

Flav.

Synonyms

Flavus Bacillus

Neisseria pharyngis [pharyngis] flava

Description

Usually considered non-pathogenic, the *Neisseria flava* bacterium and its close relatives have similar characteristics to the gonococcus, but are typically found in the upper respiratory mucosa. One of the most abundant commensal bacteria in the mouth, nose and throat, it can operate as an opportunistic pathogen in humans. There are rare reports of cases where it appears to have invaded the body tissues, including possible instances involving heart, brain and genital infections.

Scientific Names

Neisseria flava Bergey et al. 1923 or

Neisseria subflava (Fliigge 1886) Trevisan 1889 (synonym *Micrococcus subflavus* Fliigge 1886)

It has sometimes been included as a variety of "*Neisseria pharyngis*," an umbrella label for *Neisseria* species found in the throat, rather than a taxonomic term.

Differentiation

Opinions differ on how to name and classify similar types of yellow- pigmented *Neisseria* bacteria. Earlier taxonomists distinguished between similar related species including: *Neisseria subflava* (Fliigge 1886) Trevisan 1889, slightly yellow (actually yellowish-green) *Neisseria perflava* Bergey et al. 1923, very yellow

Neisseria flavescens Branham 1930, becoming yellow

Others have reclassified several similar types under the single species, *Neisseria subflava*, with various biovars. Remedica and Helios pharmacies list the remedy as *Neisseria subflava*.

Commentary

This is an unusual nosode made from generally benign bacteria found in the nasopharyngeal area. It has not been written about very much but I have found it invaluable in certain chronic conditions with a distinct sycotic dispositional element. In the case of the homeopathic nosode *Flavus*, the sycotic miasmatic "hyper" growth quality is expressed by an exaggeration of symptoms. As well, physically matching the usual living site of the bacteria, this nosode can be used for chronic conditions involving the nose, the throat, the chest, and even the voice.

The main theme for *Flavus* has to do with giving voice but in an exaggerated, compensatory way. The patient has a need to exaggerate their disease symptoms to demonstrate that they are sufficiently unwell since they feel they are not "heard" or believed.

I originally applied this remedy in a case based on a single Mind indication from O.A. Julian, "Exaggerates the difficulties," where the case had a sycotic or *Medorrhinum* flavor but I knew was not *Medorrhinum*.

I got very good results in a timid patient who was quietly dramatic and loquacious in the presentation of her symptoms. Other cases confirmed this indication.

Unlike, for example, the more aggressive and demanding *Nitricum acidum* or *Arsenicum album* patient, who can also overstate their symptoms, there is a "benign" quality to the *Flavus* patient. This is similar to the benign yet active nature of the bacteria.

Their illness is not completely fraudulent as we may see in *Moschus*, for example-the *Flavus* patient actually has the illness but the symptoms are unconsciously magnified when the *Flavus* patient relates them and even experiences them.

This state of exaggeration can be difficult to perceive for the homeopath since as part of the nature of being a professional homeopath, we sympathetically accept the patient's

symptoms and complaints at face value. It may be only after a number of interviews and interactions including frequent phone calls that it will become clear. When you carefully investigate the symptoms the patient states they have, you will find that they are not as extreme as they report. I always err on the side of believing and supporting the patient, but after some time in the first interview or after a number of interactions with this patient you may have an underlying impression of an exaggerated intensity.

One patient had a urinary infection while on holiday and then felt that she could only get around in a wheelchair during this vacation. So her partner had to push her around in the wheelchair for the duration of the vacation. On return, she came in for a clinic visit and responded well to *Flavus* both dispositionally and physically; after taking this remedy her general state had less intensity and also her "severe" asthma and allergies improved "dramatically."

The focus of the physical symptoms will be in the upper respiratory tract, manifesting primarily as allergies similar to *Medorrhinum*, although eventually problems can be found in other areas of the body. They may complain of asthma, but as you question them, you find that it is really a moderate difficulty in breathing. They may complain of a profuse coryza that overwhelms them but then it really is an episodic runny nose.

However, they *do* have allergies; they may also have had a tremendous number of allergy shots or treatments. They can also have some allergies to certain food and wine in particular - usually the symptoms they get are nasal discharges.

This allergic sensitivity may extend to someone who has environmental allergies with strong sensitivities to **fragrances and perfumes**, as well as **smoke**. In the case of the *Flavus* patient, the reaction is not as severe or profound as in *Carbolic acid* or *Bungarus fasciatus*, yet the patient believes that it is very serious. This is not to say that their symptoms can't get quite severe, but there is the same level of complaint in the beginning and in the quiescent phase as if it is very severe.

Patients who need *Flavus* nosode are thus extremely sensitive to their environment and to others' energies and can then overreact. Among the remedy indications reflecting this aspect are the tendency to perspiration of the palms and similarly the "slight localized trembling, particularly in the fingers." They are also susceptible to bruising "from the slightest shock," and may experience a "feeling of fever" accompanying palpitations at night.

For similar allergic type symptoms, consider other groups of homeopathic remedies including homeopathic remedies made from antibiotics as well as many remedies made from Monocots, especially the Poaceae (grasses) and the Liliales. Typically, *Flavus* patients will have a history of taking antibiotics for recurrent sinus and upper respiratory infections. From a young age, the *Flavus* patient feels victimized believing that either they were ignored or not heard by their parents and others in their family. Instead, they feel their parents wanted them to simply *appear* good, image being everything to their parents (fitting the Sycotic miasm). They feel that no one really believed them when they said or accomplished something. Eventually, they develop the belief that their individuality is being squashed by parents who ignore or don't appreciate who they are as an individual and that they were simply forced to keep up a good image. They compensate for this by magnifying any slight problem they have in an attempt to get someone to believe and "see" them. In this sense, the remedy picture has some similarities to *Sycotic Co* which has a fear of obscurity.

The *Flavus* patient also wants to bring out a feeling of pity from you and appears as the sweet victim. You get a sense they don't think you are listening to them, but this is not expressed directly - they are *not* demanding but actually paradoxically want to please.

They enjoy being alone and not disturbed, but then loquaciously want to get everything "off their chest," so to speak, when they want to talk. They seem to have constant challenges, but when you investigate they are not that big a problem, whether about their health or about their life and relationships. In spite of all these "big" problems, they seem to manage fine. Their relationships, as well, can seem difficult. They are very sensitive to slight rebuffs by their partner or children. They are perfectionistic about how things look and how they and their family appear and behave in a similar way to the environment they grew up in. As children, they can be envious of siblings, believing that the sibling(s) got or gets special privileges and attention when they don't. As adults they can be envious of their spouse or even children and vie for attention and pity.

In the end stage, they can develop severely limiting musculoskeletal and constant back problems. In this stage, they are still loquacious but more troublesome, even to the point of having a personality disorder. Even at this stage, however, they don't provoke a strong repulsion or stress from those close to them.

Although there is a benign quality to their dispositional state they can still eventually experience quite severe pathology. This includes thyroid problems, thyroid cancer, asthma, kidney, and endometrial problems.

Names and Meanings

Neisseria - the genus name, after the German scientist Albert Neisser who first identified it in infected secretions from the urethra and eyes in 1879. *Flavus* - Latin *flavus*, *flava*, *flavum*, yellow, refers to the pigmentation of the bacteria, echoing the color often associated with the Sycotic miasm.

Subflavus - slightly yellow, yellowish

Family

In the Neisseriaceae family of the Neisseriales order.

Source Notes

[Adapted from Microbe Wiki, Todar, and Tonjum & van Puttenin]

Like other *Neisseria*, this is a Gram-negative, aerobic, saprophytic diplococcus that ferments to produce acid by oxidation from particular carbohydrates serving as its energy source, in this case from glucose, maltose, and fructose (but not sucrose and lactose). It excretes a large amount of ammonia when growing in the presence of amino acids. It is most readily cultured in a blood chocolate agar medium. The colonies appear opaque in laboratory cultures, with a yellow or greenish-yellow hue, unlike those of *Neisseria meningitidis*, responsible for meningococcal meningitis, which look transparent.

It is considered a benign natural inhabitant (part of the "indigenous microbiota") of the mucous membranes of the upper respiratory tract, occurring in saliva and sputum. However, rarely it can proliferate and become pathogenic. In these unusual cases, the symptoms are easily confused with those of *Neisseria meningitidis*. Such opportunistic infections usually occur only where the immune system is compromised or following damage to mucosal surfaces such as intubation or dental abscesses. Julian mentions that the organism has been isolated in the spinal fluid of children suffering from meningitis. Isolated instances of endocarditis, bacteremia, peritonitis, septic arthritis and endophthalmitis have also been reported.

It is interesting that microbiologists describe *Neisseria* species generally as "fastidious," e.g. Tonjum & van Puttenin, 2017.

Clinical Focus Guide

Appearance of Patient

Sweet, friendly, sometimes overly intimate

Mind and Disposition Focus

Exaggerates symptoms and life problems

"Low morale" with anxiety about health

Symptoms are exaggerated

Especially relating to allergies

Many problems constantly which are not that intense

Perfect appearance requires subtle deception and exaggeration

Sensitive to criticism or contradiction

Everything must *look* perfect, including family

Unexpressed need to be center of attention

Feeling not believed

Benign, non-threatening quality

In the patient and their problems

Timid and sweet

Even though experiences problems as troublesome with strong anxieties

Constant grief

Ball in throat like *Ignatia*

Hysteria from grief

Feeling ignored

Envious

Loquacity - constantly getting things "off their chest"

Attention through exaggerated problems

Everything others do bothers them or affects them

Reflected in dreams of being famous

Need support - asks by virtue of "severe" problems

Conscientious about trifles

Physical Focus

Sinusitis

Allergic

With pain in frontal and maxillary sinuses

Yellow or yellowish green sticky discharge (especially where other well indicated remedies such as *Kali bichromicum* or *Kali phosphoricum* fail to act)

Post nasal drip or with dry painful throat

Constant clearing of throat

Asthma and asthmatic cough

Oppressive breathing with anxiety, worse night 2 am

Tickling as if feather in throat, causing chronic cough or asthma

Coughing on waking for 1 to 1 1/2 hours

With hives

During pregnancy

Worse smoke

Worse certain foods - sulphates

Worse perfumes, detergent, etc.

Worse animal hair - cats and dogs

Better fresh air

Environmental allergies

Exaggerated sensitivities

Sensitive to perfumes and smells

With irritation of eyes, nose and throat

Seasonal allergies

Coryza with post-nasal drip

Constant clearing of throat

Thyroid

Graves' disease

Thyroid cancer

Parathyroid problems

Kidney

Chronic kidney disease

Kidney stones

Female genitalia

Menses irregular

Bleeding between menses

At ovulation

Endometriosis

Ovarian pain

Pain vagina, worse left side

Musculoskeletal symptoms

Left sided sciatica, left arm pain

Pain in dorsal region of the back, extending to both arms

Sudden loss of movement, paralysis

Effects of dental work

Causing neuralgias and other problems

Flushes of heat

At night

Sleep problems

Sleeplessness first part of the night

Alternating sleepless with too much sleep (10-12 hours per night)

Skin and mucous membranes

Benign growths

Other general symptoms

Better spring and autumn

Worse left side (except head and ear pain)

Worse wine

Better hot baths

Better fresh air

Where *Medorrhinum* is indicated but doesn't work

Selections from Traditional Homeopathic Sources

None.

Selections from Modern Homeopathic Sources

Julian has similar entries in his *Materia Medica of Nosodes with Repertory* (2000) and *Materia Medica of New Homeopathic Remedies* (1979) mentioning a clinical proving by Sevaux, reported in 1965. His specific indications are summarized above. He also describes the remedy generally as "well suited to phosphoric and fluoric constitutions," for patients with psoric, sycotic and tubercular traits, who most typically show "signs of irritation in the eyes, nose and pharynx, which can lead to **spasmodic rhinitis.**" Thyroid disturbances are also

given as a characteristic, and he lists *Kali bichromicum* and *Zincum metallicum* as related remedies, with the former specified along with *Kali phosphoricum* for purulent nasal discharges in particular.

Relationships

Similar:

Medorrhinum

Kali bichromicum, *Kali phosphoricum*

Zincum metallicum, *Calphimia glauca*, *Luffa operculata*

Arsenicum album, *Nitricum acidum* (but milder)

Medorrhinum

Homeopathic abbreviation

Med.

Synonyms

Conorrh(o)ea Nosode

Clinicum

Description

This well-known homeopathic nosode is energetically made from the purulent urethral discharge of a gonorrhoea sufferer, including the associated bacterium *Neisseria gonorrhoeae*.

As described, gonorrhoea is a condition which can have potentially serious complications, including some that may be life threatening. It is important that a patient or client having this condition is diagnosed and monitored by a licensed physician. Emergency medical care may be required in rare cases. If this disease is notifiable in your area, the appropriate steps should be taken. Information from homeopathic literature describing treatment of this condition should be read subject to this caution.

Scientific Names

Neisseria gonorrhoeae (Zopf 1885) Trevisan 1885

Diplococcus gonorrhoeae

Gonococcus neisseri

Merismopedia gonorrhoeae

Micrococcus der gonorrhoe

Micrococcus gonococcus

Gonococcus

Commentary

Medorrhinum is well represented in classical and modern literature and an important part of any professional homeopath's basic studies and treatment methodology. It is a particularly important remedy for use in children as well as for adults.

It has been well revealed with a plethora of symptoms and rubrics, through Swan's proving and ongoing use, even though it is a remedy that has the fundamental sycotic theme of "deception." Many of the symptoms and keynotes have been confirmed. Yet on the other hand, unfortunately, the remedy has become overused. In this regard, there is a generally accepted "*Medorrhinum* type" of patient. This overt "type" is easy to identify when the patient presents with obvious modalities and keynotes.

Over many years of prescribing this remedy and other sycotic remedies, I have developed a visceral feeling and impression for the patient needing *Medorrhinum*, especially when

presenting in the overt state. In the commentary, I will describe these impressions further. However, there is a more subtle presentation of the remedy that requires explaining. Within our current practice, since cases have become multilayered, this presentation is often much more difficult to identify. But first let's discuss the overt presentation.

Overt Presentation

In the overt state, there are usually very clear modalities and keynotes which lead one to consider *Medorrhinum*. These keynotes for *Medorrhinum* can also reflect some of the underlying dispositional themes.

I do not rely solely on keynotes for prescribing; in fact, in my experience, keynote prescribing does not give consistently good results. Yet, if I prescribe a well-used and well-revealed remedy, I usually want to have some key symptoms of the remedy as a confirmation, particularly the well-known modalities present, or at least a situation where presenting symptoms do not go profoundly against the well-known modalities of the remedy. As well, sometimes the keynotes can represent or encapsulate something deeper and larger about the remedy and its dispositional state and themes.

These key symptoms, particularly modalities for *Medorrhinum*, are well known to homeopaths and include:

- Better evening, sunset, night - night owl
- Better lying abdomen - in babies and children lying on abdomen in the knee/chest position
 - Throat clearing, nasal catarrh
 - Better profuse discharge, including emotional discharge
 - Pain soles of feet
 - Desires oranges
 - Eating ice
 - Desires liquors
 - Worse wet
 - Biting nails
 - Extremes
 - Constant throat clearing
 - Asthma with the general modalities
 - Warts
 - Pelvic and sexual organ issues
 - Redness anus, fiery rashes
 - Edema of ankles
 - Stunted growth in children
 - History of relative dying young of heart disease

Whereas in Hahnemann's Psoric miasm there is a kind of hypofunctioning, in the Sycotic miasm there is a "hyperfunctioning." This aspect or quality runs through the themes of this remedy, whether it is their sexuality, their emotional state, or even many of their physical symptoms.

Hyperfunctioning is seen in one of the most profound themes for the *Medorrhinum* patient, which is "extremes." On the one hand we can see that they may have gushing, profuse, passionate love; and yet on the other hand, a kind of hardness and hatred leading to violent behavior. In school, they either excel in one subject or get terrible grades and reports. During the day, they can have difficulty concentrating and expressing themselves, yet at night they can have lucidity and hyperacuity. At times they may be extroverted and then

introverted. They can alternate between a wild feeling in the head, with prolific even brilliant thinking, and a vacant feeling in the head with memory difficulties. There can be high sexuality or religiosity.

These extremes give an erratic quality that can end in hypersexual conduct with drug and/or alcohol use, and addiction. They can present with a kind of instinctual wildness both in appearance and demeanor. They can be loquacious, loud, rough with a desire to party and have fun, shunning responsibility. When healthier, the patient can be fun-loving and easy to talk to, sometimes interspersed with crudeness and crassness. At the same time, *Medorrhinum* patients can go to the opposite extreme and be exquisitely sensitive to criticism with easy weeping.

Another important theme of *Medorrhinum* is "infecting others with fun and intense sexuality." The bacteria is transmitted through sexual contact and *Medorrhinum* patients have a strongly addictive sexuality. They can have a history of multiple partners and even when in a monogamous relationship have a desire to surreptitiously have many sexual liaisons. This can be as a result of a tendency to emotional hardness leading to hate and physical violence, especially a desire to stab someone.

Another keynote is "better at sunset" and "better at night." The patient who needs this remedy feels better mentally, emotionally, and physically later in the day and in the night. They suddenly "wake up" in the late evening, feeling very energetic and alert, with a lifting of the mental fog that can torment them during the day. It is as if the darkness of the night triggers the hidden aspects of their strong syctic hypersexuality and the desire for fun. The other keynote is "better by the ocean." Their symptoms improve when they are by the sea or bathing in the sea. One parent described how her young son needed to always carry something of the ocean with him after they visited the seaside - usually a cloth soaked in ocean water. Some patients choose to live by, or constantly be, at the ocean. Another patient, if feeling anxious, would drive hours to get to the beach for relief. And another stated that all her symptoms cleared up when on vacation. After further questioning it was a vacation on the beach.

Some of the key themes in the overt type of presentation are:

- outrageous extremes of behavior, including sexual promiscuity, sometimes alternating with religious intensity
 - passionate jealousy
 - hatred of those who offended
 - violent behavior, losing their temper, fights
 - a family history of a heart attack at a relatively young age,
 - frequent holidays or vacations to the sea where behavior improved
 - alcoholism and addictions; alcoholism with diabetes
 - sexual or physical abuse by the parent or spouse
- aggression and abuse followed by profuse love (a kind of odd form of remorse)
- better profuse expression (mental, emotional and physical)
 - homosexuality or bisexuality as a characteristic

Subtle Presentation

As I described above, the overt *Medorrhinum* patient is much easier to identify than the more subtle presentation which can be missed. Despite the clear, full descriptions of this state and typical symptoms, the "hidden" quality of the Syctic miasm means it is not always easy to perceive.

To successfully prescribe this nosode in a broader way requires a more active *perception* of

the patient rather than relying solely on simple and passive observation. The subtle presentation is more frequently seen in someone who has been recently infected physically and treated with conventional medications. The energetic state has not had time for full expressiveness on the mind and disposition level. Or someone who has a family history only and somehow did not go through the overt phase in their younger past. This subtle presentation can also be found in a spouse of a partner who more overtly exhibits *Medorrhinum* extremes.

And this subtle presentation can also appear when a second or third prescription is necessary. It is in this more subtle state that we frequently see the most limiting and severe physical pathology presented or brewing.

This subtle type of patient needing *Medorrhinum* may *not* exhibit the extremes or wildness as profoundly as those presented in the overt state. They can appear quite proper and balanced. In fact, they can have a fear of losing stability and balance of Stage 10. Thus, you see *Medorrhinum* in rubrics such as "Mind; Fear in vertigo" and "Fear of falling in vertigo." In the less expressive patient, we may see less of the extremes of behavior and more of the sycotic deceptiveness. This can be reflected during the interview in a sense of distance, though there can still be a well-intentioned quality to them. Or they may give an impression of quiet frazzled anxiety or confusion. It is also representative of a transitional state leading to other sycotic remedies that are more subdued such as *Thuja* or *Natrium sulphuricum*, yet the patient may still respond to *Medorrhinum*.

In this state, they will usually have severe constipation (with small round stools), which reflects a kind of constipation of expression and energy. They can seem quite suppressed actually. They will start and stop in midsentence when they talk, and it can be rather hard to get real symptoms out of them. They can be forgetful, especially of words or names, or suffer from ADD or ADHD. They can be loquacious, but many times about trivial matters with lots of worries, particularly about their health and inconsequential issues. They may look frazzled, but not always.

You may find that they are in the beginning stages of heart disease, and they will have a lot of anxiety about it. When you explore more carefully, it will be difficult to get symptoms.

There is a particular combination of indirect and direct emotional expression that is highly characteristic and may be the only telltale sign of this remedy. In this way, they have a strong hatred for those who have offended them, especially an in-law or someone related to their spouse. Usually, they have difficulty in *not* expressing their contempt for this person.

This indicates their intense passion, which is not apparent on the surface, reflected as internalized jealousy (an aspect of this remedy).

Even though this type of patient comes across as friendly and straightforward, they tend to encode their symptoms. With a *Medorrhinum* patient, you may hear obtunded messages and purposefully obscured symptoms. This happens generally when interviewing patients, but in *Medorrhinum* it is more extreme, since it is an aspect of the sycotic deceptiveness.

There is a quality of high sexuality, but it can be hidden or there may be just a hint of it in their appearance and actions. They may also experience great anticipatory anxiety usually relieved in the evening and at night.

Since they don't seem very forthcoming with symptoms and descriptions of their situation, I sometimes use their description of their spouse or parent's problems as part of the overall circumstances leading to a remedy selection. In this case, you may see some strong aspects in the spousal or family history of the key points of the more overt *Medorrhinum*.

These are, of course, also symptoms you may see in the patient themselves or in the

history. But in the less expressive *Medorrhinum* patient, we may not see much of anything except a few keynotes and you may not have much to go on, so it is important to look at the other aspects of those close to them that could either pass on the miasm or the infection. This remedy can have either an overt or covert nervousness expressed through nail biting and restless extremities. Of course, we also see either restless sleep or the classic symptom of sleeping on the abdomen or in the knee-chest position.

Babies and Children

The baby will be challenging to the parents and frequently suffers from an intense, bright red diaper rash. The baby also seems to be wide awake later at night and is dozy and sleeps frequently during the day.

James Tyler Kent gives a very succinct, yet insightful, description of this remedy in his *Lectures on Homoeopathic Materia Medica*. The description is not as long as other well-known remedies and contains much about miasms in general. He starts his description by stating, "One of the many uses of this remedy is in the inherited complaints of children. The physician of long and active experience meets many obstinate cases in children." Quite a few cases from the old masters like Kent are included in the "From other sources" section below this commentary.

Children can be slow to grow and in learning to talk. They can have many fears, particularly of the dark and contagion. The child can also be, like the adult, quite extreme in their behavior. They are difficult to manage because of their rudeness, impulsivity, and general aggressive behavior. They can be jealous and competitive. Yet, when reprimanded, they can fall apart emotionally and weep profusely. Many times, with a stern parent they may be quite obedient while at school they are aggressive and wild when given the opportunity. They stay up late, and have trouble falling asleep. They can be restless during sleep, rolling their head, and are relieved by sleeping on the abdomen. This restlessness is seen during the day with the need to constantly run around, and nervous disorders such as facial twitching and biting of the nails.

Children can exhibit a precocious sexuality at a very young age. Yet, in the opposite extreme, they can also be quite shy and timid in public.

It is an important remedy to consider for children with allergies. The symptoms may manifest in the upper respiratory tract, or as eczema in many areas of the body and not just in the diaper area that we see in young babies.

Clarifying Themes and Sycosis

In order to understand some of the themes that I have mentioned, I am going to repeat and clarify through the lens of the Sycotic miasm and an understanding of eros.

The contradictory polarities can make this remedy difficult to grasp, but there are some underlying themes. We see extremes of passionate and instinctual behavior (particularly sexual) along with a tendency to cover up the infectious or contagious sexual behavior. The theme of "better with profuse expression" also runs through this remedy whether we are discussing a profuse discharge or profuse emotional expression such as "a long cry" or temper tantrum. Along with some cases having this profuse expression, we see others tending more towards the polarity of "covering up."

Another way to understand this is to look at the essential quality of sycosis and its relationship to the fact that gonorrhoea is a sexually transmitted disease. What is sycotic behavior and why did Hahnemann or the ancients choose this word to describe this "condition"? The word sycosis comes from the word for fig wart. A wart grows and by most is considered ugly - there is a tendency to want to hide it, yet it is a hypergrowth of the skin.

You could say the fundamental character of a fig wart, introduced by Hahnemann in the context of a miasm, goes back to the idea of the biblical Adam and Eve. They had a sudden realization and hyper-awareness of their nakedness and sexuality and then used the fig leaf to cover the genitalia.

In this miasm, which is represented by the nosode *Medorrhinum* and some other remedies, patients can have an awareness and intensification of their sexuality. What is aroused, in a mistaken or excessive way, is the whole of eros, a kind of *false* eros. Greek Eros and Roman Cupid were gods of love who excited sexual passion in both gods and mortals with their arrows and torches. In a healthy state, the eros or sexual love they personify helps us experience deep connections with those who are close, or even with a higher power; it can also underlie or be sublimated into creative endeavors. But in the *Medorrhinum* patient, eros is heightened, or has even gone wild, without the deep connection and love. There may be exceptional creativity and an intense love of life, but the sexual drive can become overdominant with impulsive pursuit of frequent, superficial contacts, like worship of a false god. This "inner yearning gone wild" is reflected in many *Medorrhinum* mind delusion rubrics relating to seeing or feeling the touch of many people around them even when there are no people around.

There is no longer a moderate and natural state of loving in sycosis as represented in this remedy. Instead, there is an extreme or distorted expression of what eventually becomes compulsive, uncontrolled indulgences and sexual addictions along with a desire to pass on this type of activity. The word gonorrhoea itself gives a metaphor for "profuse, false sexuality," since it derived from the erroneous belief that the pathological discharge was actually a flow (-rrhea) of seed or semen (gonos).

We can build our understanding of this remedy by saying that the theme of extremes of *behavior and thought* can combine with *profusion*. If there is aggression, it is expressed with great hardness; if there is sensitivity, it is also expressed in a strong and overflowing way.

But as well, there is the need to cover up and hide the excessive activity, like the original fig leaf concept. Patients requiring *Medorrhinum* frequently manifest this hyperactive sexuality, or false eros, under the cover of darkness and night, echoing the amelioration at night.

With the combination of the feeling of wellbeing at night, desire to free and then infect others with their sexuality and extreme behavior, and the delusion of many people around them, we see that *Medorrhinum* patients can be called, in the current vernacular, "party animals."

They want to have fun and spread the fun, and so they will be very active and exuberant at night, frequenting bars or partying, especially in their teens and early years. They are usually the center of the party and enjoy the excesses of this lifestyle - alcohol, drugs, sex. This can alternate with a gloomy, foggy, and anxious state during the day.

Remembering that this remedy is made from an infectious agent (sexually transmitted disease), there is then the need to pass on the prodigal activity. You could say it is an "infectious" type of social behavior. Many times they are the center of attention in social gatherings, either through wild behavior and clothing, or through aggressive actions. Their strong sexual desire may lead to many short-lived relationships, sex for the sake of sex, and outrageous and experimental sexual and drug activity.

These patients can also, but not always, be rough, aggressive and violent - even get into fights, especially with knives. If hurt emotionally or otherwise, they can impulsively strike out or have a passionate, unforgiving hatred of the person who has injured them. You could say that this unforgiving hatred is part of a larger need of the *Medorrhinum* patient to make contemptuous expressions. We see insolent behavior in both adults and children. Even in

children, there can be swearing and cursing. These children are usually branded with behavioral problems that include violence even to the extent of cruelty, torturing animals, and hitting other children.

On the other hand, the *Medorrhinum* patient can have a profuse love and an evocative sensitivity such as a love of flowers, culture, and music. These capricious states can alternate or occur almost simultaneously in the same patient. Such extremes lead to erratic behavior patterns and even bipolar disorders.

The remedy is replete with mental dysfunction initially expressed as a loss of memory *especially for what they are about to say*. They forget *words, names* and stop mid-sentence, *losing their train of thought*. In the beginning, they try to hide this problem. Eventually the confusion, which is worse in the daytime, is intermingled with an anxious and hurried feeling that creates a sensation of their thoughts and of time going very slowly. This ultimately in a dramatic "wild" sensation of the mind. Something that happened recently seems like a very long way off.

In the interview, the *Medorrhinum* patient will many times be pausing and searching for words, clearing the throat constantly, and forgetting what they just said. They may bring in notes to compensate for this.

There is a rubric: "Delusion someone is behind him" (the idea of being watched all the time) as well as "Delusion hell: going to, because he has committed an unpardonable crime."

These rubrics and others encapsulate the eventual religious or superstitious state the *Medorrhinum* patient may fall into. This may lead to intense remorse and religiosity, where they may even want to be a priest or monk despite their very heavy and wild background. The feeling of having sinned may fuel a tendency to proselytize. You might consider this remedy for someone who converts to a fundamentalist religion. Or for someone who continues with sexual acting out, but now less overtly. You could even consider it for ministers or priests who have been secretly sexually abusing their charges or secretly visiting prostitutes.

They can be very hard workers and quite industrious, but then erratic and inconsistent. If they do manage to keep focus, one night on the town can throw them into a fit of addiction and days of missing work. They can be a whirlwind of energy and then experience severe exhaustion, weakness in extremities, and fatigue.

Deception and the Sycotic Miasm

The Sycotic miasm has the nature of covering up and this leads to deceptive behavior. The deception of *Thuja* (one of the main sycotic miasmatic remedies as indicated by Samuel Hahnemann) is more sophisticated and therefore smoother than in *Medorrhinum*. In *Medorrhinum*, this deception is there, but it is more of the "commoner" variety. It is usually easy to see the duplicity and lying in a *Medorrhinum* patient. I would even go so far as to say that the *Medorrhinum* patient may actually want to be caught out in their lies.

In an advanced state, the *Medorrhinum* patient may exhibit withdrawal and introverted states as well as anxiety disorders. They may become engulfed in fears, anxiety, and panic. In the interview, they may be reluctant to speak and appear sensitive and weep when talking about their illness or problems. They become profoundly despairing and easily depressed, although usually improved in the evening.

Medorrhinum is an important remedy for a broad spectrum of pathologic states and should be thought of especially in certain pathologies: for Reiter's syndrome or chronic arthritis that is similar, particularly with swelling and with hard nodes on the finger joints; for benign tumors and growths including steatomas; and for eczema and other skin disorders, including

the key symptom of hives from pressure of clothing.

There can also be deep pathological issues with the heart and kidneys with chronic nephritis and heart problems.

Names and Meanings

Neisseria - named after the scientist Neisser

Gonorrhea/Gonorrhoea - Latin, from Greek *gonos*, seed or semen + *-rhoia* a flow. The term was coined by Galen in the second century, presumably mistaking the discharge for semen. As well it has similar roots to Gomorrah in the old testament-a place where strangers were killed and eros ran wild.

Medorrhea/Medorrhoea - *Medorrhoea uteri* or *vaginae* is listed as a synonym for "the whites," i.e. leucorrhea, in early 20th century works. The etymology of the prefix is unclear.

Clap - The etymology of this slang term is uncertain. Some have argued that it refers to the sound of the coupling involved in contracting it, with "clack" having a similar usage. The 16th century Old French word *clapoir* for a venereal sore is probably from *clapier*, a brothel, with possible links to a similar word for a rabbit burrow. The word origin reflects the longstanding confusion between gonorrhea (which does not produce sores) and syphilis (whose initial manifestation is the small, hard chancre), the two diseases often being found together in the same individuals. Paracelsus, for example, considered gonorrhea an early syphilis symptom.

Drip - refers to the discharge from the urethral mucous membranes, which is the most characteristic initial symptom in males.

Gleet - from Middle English *glet*, slime, via Old French *glette*, from Latin *glittus*, sticky.

Refers to either the urethral inflammation resulting from chronic gonorrhea, characterized by a mucopurulent discharge, or the discharge itself.

Gomoria - a historical term, probably coined by loose association with biblical *Comorrah*

Glinicum-a presumably euphemistic name coined by Burnett, etymology unclear

Family

Of the Neisseriaceae family in the Neisseriales order.

Periodic Table Stage 10

I discussed Stage 10 in the section on the Sycotic miasm and this nosode is very much in this stage. Stage 10 is the peak of Scholten's periodic table system and the summit of success. We can see egotism and excessive sexuality like in *Platinum* which is also in Stage 10. Yet, as I mentioned, any slight movement either way can create a large, exaggerated swing. Thus we see the extremes of behavior in *Medorrhinum* and other remedies in this stage. I see *Medorrhinum* representing the "excess of success" of this stage.

Source Notes

[Conventional medical information adapted mainly from CDC, Medscape, Wikipedia and Todar websites]

The Homeopathic Remedy

Although Hahnemann related the Sycotic miasm to gonorrhea, he did not actually describe how to use a nosode preparation. However, Rima Handley has reported that later in his life, Hahnemann had a homeopathic remedy in his kit called "auto-nosode" that was in fact made from such a discharge. (At the time, the term gonorrhea applied to urethral discharges more generally, not just those caused by this specific disease).

It was right at the end of the 19th century that the remedy, as *Medorrhinum*, was officially

introduced to the homeopathic community. Berridge's 1899 report on some 45-50 provers, featuring high potencies and including cured symptoms from clinical cases, appeared in Swan's *Materia Medica*. The proving is available online (with details given in the References section).

There has also been a modern proving by Becker.

The Disease

Gonorrhea is a sexually transmitted disease or infection (STD/STI) caused by *Neisseria gonorrhoeae*. This bacterium, unique to humans, can grow and multiply easily in the warm, moist areas of the reproductive tract, including the cervix, uterus, and fallopian tubes in women, and in the urethra in women and men. It can also grow in the mouth, throat, eyes, and anus.

Although many men with gonorrhea may have no symptoms at all, some have some signs or symptoms that appear two to five days or even as long as 30 days after infection. These may include a burning sensation when urinating, or a white, yellow, or green discharge from the penis, and sometimes painful or swollen testicles.

In women, the symptoms of gonorrhea are often mild, but most women who are infected have no symptoms. Even when a woman has symptoms, they can be so non-specific as to be mistaken for a bladder or vaginal infection. They may include a painful or burning sensation when urinating, increased vaginal discharge, or vaginal bleeding between periods. Women with gonorrhea are at risk of developing serious complications from the infection, regardless of the presence or severity of symptoms.

Symptoms of rectal infection in both men and women may include discharge, anal itching, soreness, bleeding, or painful bowel movements. Again, no symptoms may be noticed, as typically for throat infections, which less often cause sore throat.

Untreated gonorrhea can cause serious and permanent health problems in both females and males. In women, gonorrhea, along with chlamydia, is a common cause of pelvic inflammatory disease (PID) of varying severity. With or without symptoms it substantially increases the risk of infertility. Internal inflammation can damage the fallopian tubes and create persistent abscesses; this may go unnoticed or involve milder or very severe pain, which may be long-lasting. Fever may occur in some cases. The condition also brings an increased risk of ectopic pregnancy. In men, gonorrhea can cause painful epididymitis that can also lead to infertility if left untreated.

Gonorrhea spreading to the blood or joints is also potentially life threatening in rare cases of heart or liver involvement. Most common are wandering multiple joint pains, which may proceed to septic arthritis, especially affecting the knees, elbows and more distal joints. Tenosynovitis often affects the wrist or Achilles tendon, giving rise to "lovers' heels." Skin eruptions are variable, often affecting the far extremities, with a petechial aspect. They may be painless or painful, but are usually not itchy. A low fever (less than 38°C or 100°F) is typical. Gonorrheal conjunctivitis in newborns, infected via the vagina, can also have serious consequences.

Several laboratory tests are available to diagnose gonorrhea, from urine or swabs of body part likely to be affected.

The Bacterium

Neisseria gonorrhoeae bacteria are only found in the human body after sexual contact with a person infected with gonorrhea (or during delivery in the case of infections of newborns). They are Gram-negative, non-motile and as diplococci typically occur in pairs, echoing the remedy's desire for sexual coupling. They initially target the nonciliated epithelial cells lining

the mucous membranes of the urethra in males and females, as well as the endocervix in women. They release a protease which destroys the antibody immunoglobulin A (IgA) produced in these cells as well as a lipopolysaccharide endotoxin.

To propel themselves towards host cells and invade them, *N. gonorrhoeae* bacteria use bundles of long, thin contractile filaments called pili (also known as fimbriae), which can sustain incredible "pulling power" for long periods. Each bundle can maintain a force of 1 nanonewton - 100,000 times their body weight, the equivalent to a person lifting 10,000 tonnes.

At the same time, *N. gonorrhoeae* is a relatively fragile organism, susceptible to a range of factors including temperature change, drying & UV light; it thrives in the warm, moist environment of the genitourinary system.

Although historically classified as an obligate aerobe (which cannot live without oxygen), *N. gonorrhoeae* has been demonstrated to grow in anaerobic conditions in the laboratory. This ability allows the organism to infiltrate the upper and lower reproductive tract, especially when mixed with menstrual blood or semen. It can vary its surface proteins to evade the body's immune system, allowing reinfection. It will oxidise glucose, but not maltose, sucrose, or lactose.

Clinical Focus Guide

Primary Remedy Dispositional Statement

Infecting others with fun and sexuality

Extremes of imbalance

Various presentations:

Overt- highly sexual, extremes, emotional extrovert and instinctual wildness

Subtle - Repressed, shy introvert, sensitive to criticism; a pragmatic, active person seeking balance but has secrets

Stage 10 - "Excess of Success"

Sycotic hiding or covering weakness to prevent criticism and "castration"

Appearance of Patient

Stunted growth, grey eyes (Hering, constitutional state)

Greasy face

Disheveled hair

Bright unusual clothing

Hoarse, husky loud voice

Or proper, even repressed appearance (subtle presentation)

Mind and Disposition Focus

Extremes and Polar Opposites

Extroversion/introversion

Wild sexuality/religiosity

Sometimes hidden, sometimes overt

H opef u l/hopeless

Love/hate

Passionate, love of flowers, soft weeping and/or

Hatred, unforgiving, unfeeling and violence

Hatred of those who offended

Hurry/slow; fogginess

Genius clarity/ADD-ADHD

Profusion of thoughts

Wild feeling/vacant feeling in head

Other Mind and Disttposition Symptoms

Desire to hide yet wants limelight

Hidden deception

Hidden excess

A "cruder" version of *Thuja*

Desire to hide extremes but cannot conceal them effectively

Less sophisticated, more "common" than *Thuja*

Lying

Easy to catch in a lie

"Party animal"

Excess of friends and party acquaintances

Evidence of a hard, rock 'n' roll party lifestyle

Sensitive

To reprimands

To criticism

Ailments from anticipation

Anxiety if a time is set

Fear dark, death, misfortune, insanity

Fear of falling with vertigo

Fear loss of stability

Anxiety of conscience

As if guilty of a crime

Always washing her hands

Religious

Delusion going to hell

Superstitious

Something terrible is going to happen

Fear of saying something wrong

Speech

Stammering

Chronic hoarseness

Forgets what about to say

Hesitating speech

Hoarse loud voice or soft

Clairvoyance

Restlessness, hurry

Time passes too slowly, appears longer

Egotism, excess self-esteem

Competitive

Envious

Rebellious

Delusions

That someone is behind them

They are being watched

Everything is unreal

Sees mice and insects

Weak memory, forgetful

For proper names

Loses thread of conversation

Where he or she has put objects

Mistakes in spelling, writing, math

Dyslexia

ADD

Constant feeling as if forgotten something (*lodum*)

Cruel, hatred

Desire to knife someone

Addictions

Sex, alcohol, drugs

Physical Focus

Well-revealed remedy with many symptoms

Key affinities to sexual system, joints, heart, kidneys, respiration & skin

Sycotic miasmatic problems

Sexual system

Post-gonorrheal discharge

Pelvic and sexual organ disorders

Pelvic Inflammatory Disease (PID)

Respiratory system

Asthma with general modalities

"Asthma only relieved by lying on the abdomen and sticking out the tongue" [Allen, Nosodes]

Worse 2 am

Better at or on the sea

Constant clearing of the throat

Nasal catarrh - thick, yellow-green

Chronic hoarseness

Headaches and migraines

Pain right occiput

Motion ameliorates

Boring into pillow

Wild feeling

Skin

Warts

Redness anus, fiery rashes especially in rectal area

Eczema hands, buttocks, eyelids

Joints

Rheumatism, arthritis

Reiter's syndrome - infectious arthritis

Swelling of the joints, especially knees

Ankles swollen

Kidney

Chronic nephritis

Coldness in the kidneys

Edema of body especially ankles

Heart

Heart disease

Family history of dying young of heart disease

Angina extending down left arm

Hollow sensation in the heart

Liver

Sensation of a tumor in the right side of the abdomen

Pain liver to right shoulder

Worse motion

Nervous disorders

Twitching, facial twitching

Biting nails

Rolling of the head

Anxious restlessness

Restless legs

Stunted growth in children**Allergies**

- Hives worse tight clothing
- Better by or on the sea
- Chronic sinusitis - yellow discharge

Coldness of the nipples

- Pain in nipples while nursing, with coldness

Conjunctivitis

- Edema
- Eczema on eyelids
- Yellow mucopurulent discharge

Soles of feet painful or sensitive

- Achilles tendon pain and swelling

Profuse discharges

- Mucopurulent or purulent
- Yellowish-green or yellowish-white
- Fishy odors
- Better discharges - physically and mentally/emotionally

Pungent

- Body odor
- Penetrating stool odor
- Coated tongue, bad taste

Sweat stains yellowish**Chronic constipation**

- Inactivity
- Small hard balls
- Has to lean back or use mechanical means to pass stool

Diarrhea

- In children

Rectum

- Violent itching
- Fiery red rash in babies
- Sensation of weight

Modalities**Better**

- Discharges
- Lying on abdomen, in knee-chest position
- Sunset, evening onwards - night owl
- By sea, ocean

Worse

- Wet weather (especially joints)
- Touch
- Travel
- Tight clothing

Desires

- Oranges
- Green fruits
- Acid foods
- Ice
- Sweets and salt

Alcohol, beer, tobacco, recreational drugs

Liqueurs

Fish - sushi and especially eel

High thirst

Extremes of sensations

Boiling sensation in head

Burning sensations

Burning in base of tongue

Hot flashes

Yet icy coldness in parts

Sensation of coldness in eyes as if air blowing on them Coldness in nipples, tip of nose etc.

Selections from Traditional Homeopathic Sources

From Kent's *Lesser Writings*

I have quite a volume of provings of *Medorrhinum* through the favor of Dr. Swan.

This proving of *Medorrhinum* brings out the rheumatic states, the soreness in the bottoms of the feet, headaches in day-time, periodical headaches, restlessness, pains from sunrise to sunset which are so characteristic of sycosis (syphilis has pains at night, from sunset to sunrise), and many deeper symptoms which are found in sycotic diseases.

Many severe cases of asthma, the result of suppressed gonorrhoea, are speedily cured by *Medorrhinum* and the symptoms of sycosis are brought out.

Medorrhinum develops the suppressed miasm, so that its symptoms are harmonious and consistent. It does not cure the miasm. It does not cure gonorrhoea. It acts as a developing remedy, as does *Psorinum* and *Syphilinum* in the other miasms.

Deep rheumatic attacks are often due to gonorrhoea, though this is not always recognized.

Children may be born sycotic, where one or both parents are afflicted with gonorrhoea. Such children are likely to have cholera infantum, marasmus - pining children. I have watched these cases and have often found *Medorrhinum* the only medicine which will save the lives of these little ones.

As *Psorinum* has many times brought about a vital reaction after a typhoid fever when all energies were suspended, and when psora was at the bottom of the trouble, so will *Syphilinum* cause the same vital reaction if it be syphilis that is the cause of the suspended energy when convalescence is prevented; and so also will *Medorrhinum* cause a reaction when the Sycotic miasm is the cause of slow convalescence.

From H.C. Allen's *Materia Medica of the Nosodes*

In summer, 1875, I had an obstinate case of acute articular rheumatism in a man [aged] 60, from June 11th to September 5th; he suffered excruciating agony from neuralgia.

After a desperate battle for life the first week of September, he was relieved, and arose from his bed a wreck. It was expected that time and outdoor life and the best hygienic measures would restore him. But weeks and months passed without change; he walked the streets leaning on a cane, bent over, muffled in wraps to his ears, and looking like an old man about to fall into the grave.

Three months after my attendance I saw him pass my office, and considering his previous good health and robust frame, the question arose: Why does he remain in this condition? Is there any miasm hereditary or acquired uncured to explain the obstinacy of the case? Could it be a gonorrhoea taint? For reasons unnecessary to mention I could not ask him.

Dr. Swan's suggestion now occurred to me: An obstinate case of rheumatism might be due

to latent gonorrhoea, and *Medorrhinum* high will cure it; in many cases where improvement reaches a certain stage, and then stops, *Medorrhinum* has removed the obstruction and the case progressed to a cure; and this too in cases where gonorrhoea appeared to be a most unlikely cause, teaching us, if anything, the universality of latent gonorrhoea and the curative power of the dynamic virus.

His wife consulted me on other matters, and said her husband was "as well as could be expected considering his age"; she believed he would not do anything more, as he regarded his feeble state due to his age.

However, he came next day, and I gave him three doses of *Medorrhinum*, to be taken every morning; within ten days he returned feeling well and looking well. I then gave him one dose to be taken after some time; this was the only prescription he has required.

Within the month, after the *Medorrhinum*, he dropped his cane and muffler, walked the street erect with a firm step a perfectly well man, having increased in weight from 140 to 212 pounds.

From James Compton Burnett, *The Change of Life in Women*

My indications for *Clinicum* [*Medorrhinum*] are: roused in the small hours of the morning by the pain, acidity, coated tongue, filthy taste and breath, uncleanably dirty tongue, weakness, pallor, chilliness, worse from cold wet; and moreover *Clin*, is largely a left-sided remedy.

Clin, wipes out half the cases of sciatica that pass my way. What a record!

Hering's *Cuiding Symptoms* (Stage of Life & Constitution)

Stunted in growth.

Suitable for grey eyes.

Baby, age 7 months, after summer complaint, diarrhoea.

Child, age 15 months: diarrhoea.

Man, age 20, gonorrhoea nine months ago, used injections eight months, gonorrhoeal rheumatism.

A maiden lady, no suspicion of sycotic poisoning, a long line of ancestors had rheumatism and gout, chronic rheumatism.

Man, age 60, sequelae of rheumatism.

Man, age 60, suffering six months, rheumatism.

Woman, age 89, abscess of liver.

A *Medorrhinum* Case from the Journal *Homoeopathy*, 1935

The following case was definitely provoking and is illuminating as showing how we are in the hands of patients and their guardians.

A little girl, aged 9 years, was brought. She was suffering from eczema behind both knees.

This condition had come on when she was one year old, and in spite of all previous treatment had not become improved, far less cured. On enquiry, found, amongst other treatments, exposure to X-rays had been tried. This put away the eczema from the knees and brought it out on the child's abdomen. This case was tackled with great happiness and with corresponding depression, as for three months treatment failed to do other than to change the character of the eruption. One day, on calling to see the child, the mother said would I not think of giving the child iodine. I asked why should this be done, and was told that every time the child went to the seaside, the skin condition cleared up, and on her return to the country the skin went bad again. Let me say here that this had never been hinted to me, in spite of my request that I should be told everything, and despite a very lengthy questionnaire. Immediately the child got *Med*. The present state of affairs is that two months after her dose, the skin is perfectly healthy and the eczema gone. It cleared up in a week

after her powders of *Med*. If you refer to the repertory, you will find only one drug given there for amelioration at the seaside.

Candegabe: *Medorrhinum* Child Cases

The physical symptoms of the *Medorrhinum* baby are far more impressive, on first sight, than its mental ones. According to the materia medica, the classic picture is one of nasal catarrh, conjunctivitis, a sweaty face with herpetic eruptions, a pale yellowish complexion with yellow at the edges of the scalp, a large head, an excoriating nappy rash, and a tendency to lie in the knee-chest position; in addition to this, there are burning pains, and a sycotic family background, possibly, although not necessarily, with a history of venereal disease.

On a mental level, the outstanding characteristic is 'Restlessness' (2). The *Medorrhinum* child is a veritable enfant terrible: hyperactive, moody, rebellious and wild. When his natural hyperactivity is controlled, his temper becomes worse, especially during the daytime, in accordance with the general time modality of the remedy ('Daytime' 2). *Syphilinum*, by contrast, is worse from sunset to sunrise. As soon as the sun starts to set, the child becomes happy and playful ('Mood alternating' 1), 'Cross through day, exhilarated at night, wants to play', [H.C. Allen, 'Materia Medica of the Nosodes', p 299]; 'Exhilaration' 1, with the sub-rubric 'night' 2, (only remedy).

His basic lack of confidence makes him timid ('Timidity' 1) and fearful. Darkness frightens him ('Fear, dark' 2) and he feels too uneasy to sleep ('Restlessness, night' 2). While others sleep, he wakes up frightened ('Waking, as from fright' 3). It will soon become apparent that this symptom is significant when found in the adult.

The main characteristics of the *Medorrhinum* child are similar to those of *Baryta carbonica*: timidity, anxiety and nocturnal fears, with delayed development and slow growth.

Gonotoxinum: From *Materia Medica of Nosodes* by O.A. Julian

Julian describes briefly the preparation and symptoms of this remedy, noting that no proving and minimal clinical research had been undertaken for it.

He lists mainly genitourinary symptoms, including:

Yellow, greenish urethral discharge

Relapsing cystitis or urethritis

Turbid, flocculent urine

Burning pain during urination

Narrowing of the urethra, swelling of the meatus and surrounding area

Congestion of the prostate in men and the Bartholin & Skene's glands in women

Inflammation of the cervix, uterus and fallopian tubes Priapism, epididymitis, orchitis

Also mentioned are problems affecting the upper respiratory tract:

 Cryptic chronic tonsillitis

 Nasal polyps, adenoids

 Chronic laryngitis

 Ozena

And additionally:

 Conjunctivitis, ophthalmia

 Articular rheumatism

 Chronic mesenchymatosis (sycosis)

He describes the remedy as complementary to *Medorrhinum* and differentiates from the genitourinary complaints of *Thymolum*.

Relationships

Compare:

Chlamydia trachomatis

Neisseriales and Sycotic Remedies

Sycotic Compound, Thuja, Natrium sulphuricum, Flavus, Meningococcinum X-ray

Digitalis

Sarsaparilla

Sabina

Cannabis indica

Stage 10

Carbon remedies in Stage 10 such as *Craphites* and *Adamas Silicas, Niccolum, Palladium, Platinum, Curium*

Graphites is dramatically better after sundown

Orchidaceae: hedonistic, desire to party, freedom Liliaceae: sexuality vs. religiosity

Fluorines: breaking taboos, excess sexuality

Other remedies

Ambra grisea

Hyoscyamus niger: shameless behavior

Sepia: more like the subtle state

Veratrum album

Zincums: restless and sycotic

Meningococcinum

Homeopathic abbreviation

Meningoc.

Synonyms

(Bacterial) Meningitis Nosode

Meningococcal Nosode

Meningokokkenkulturen (German, meningococcal cultures)

Description

Neisseria meningitidis bacteria can cause two major meningococcal infections: meningitis (inflammation of the meninges lining the brain and spinal cord) and meningococcemia (a form of septicemia caused by the presence or proliferation of these bacteria in the bloodstream). These two conditions can occur together or separately. Most common is meningitis alone, then meningitis occurring with meningococcemia, then least common is meningococcemia alone, which is much more serious and has a higher mortality rate.

Among the range of bacterial and viral pathogens that can cause meningitis, the type caused by *N. meningitidis* is the most serious, because this form is most often accompanied by septicemia, and is also the only one that occurs in epidemics.

As described, bacterial meningitis and meningococcal septicemia are very serious

conditions which can often be fatal or have very severe sequelae. It is important that a patient or client having these conditions is diagnosed and monitored as a matter of urgency by a licensed physician. Emergency medical care will be required. If this disease is notifiable in your area, the appropriate steps should be taken. Information from old homeopathic literature describing treatment of this condition should be read subject to this caution.

Scientific Names

Neisseria meningitidis Albrecht & Ghon 1901

Neisseria weichselbaumii

Micrococcus meningitidis cerebrosppinalis

Micrococcus intracellularis

Diplokokkus intracellularis meningitidis {sic}

Meningococcus

Commentary

Meningococcinum is another homeopathic remedy potentized from a *Neisseria* bacterium that is too often overlooked. I have found it invaluable in the treatment of patients with chronic migraine headaches, and other chronic complaints related to the brain and spinal cord.

As I have mentioned, the main purpose of this book is to develop effective homeopathic treatment strategies for the chronic energetic sequelae of infections. Any infection has two prongs - one is the material infective proliferation and the other is the energetic impact. This energetic miasmatic impact, as Hahnemann has written about, can be lifelong and transmitted generationally. In the case of this nosodal homeopathic remedy, we may see lifelong migraines and other problems result.

Therefore, it is a remedy to consider where there is a *history* of meningitis or encephalitis. In a chronic state, the main dispositional elements of this remedy are similar to *Medorrhinum*. In fact, I call this a "brainy or intellectual *Medorrhinum*." You see it in individuals who have worked their brain ceaselessly, especially students. Epidemic outbreaks of meningococcal meningitis tend to attack students during certain intensive study times (winter and spring) where they are under pressure to achieve and produce through study.

You can say that this patient has a kind of "contagious intellectualism" - they enjoy giving others advice and like to intellectually work out problems for themselves and others. They can be quite aggressive with their ideas and have a feeling of intellectual superiority. They have a proclivity for mental work and can be the "eternal" student as adults, going to school for many years. Even though they are weak physically and may suffer from chronic fatigue and migraines, they will be extremely enthusiastic about any intellectual project they are working on. Their solution to problems is idea-orientated and mentalized. They use their mind constantly and can suffer from a profusion of thoughts; as one patient said, "My mind goes in four hundred directions." Eventually, they have a feeling that these incomplete thoughts are too constant and overwhelming.

There is a *Medorrhinum* quality to the patient. Like *Medorrhinum*, they can wear revealing clothing and have a high sexual desire and attraction but it is in a less overt way. They can also "wake up" or get more energy late at night, especially at 11pm, which is a time they will do their studying. They also have a craving for oranges and orange juice which makes me think that many of these symptoms or modalities belong more to the *Neisseria* bacteria group rather than just specifically *Medorrhinum*.

Meningococcinum is a useful remedy where the patient has as a chief complaint severe

migraines or headaches that don't respond to well- indicated homeopathic remedies. With the headache, which is usually right sided, they can have severe muscle contractions about the head, neck, back and face, including a locked jaw. The migraines are debilitating and can sometimes be continuous. They are worse light and worse motion, and so, in a few cases where I have given *Belladonna* without any effect, *Meningococcinum* helped dramatically. There are other pains and symptoms you would associate with migraine such as nausea, stomach pain, or vomiting. They can also get severe ear aches, similar to the intensity of a migraine.

They may have as a concomitant, or as a stand-alone symptom, severe back pain, especially in the lower left side of the back. The pain is so severe that they can't even stand up. It is relieved only somewhat by lying. It is hard to describe the intensity of suffering of patients who need homeopathically prepared *Meningococcinum*, but it is very intense, both in pain levels and in its debilitating effect.

Names and Meanings

Neisseria - named after the scientist Albert Neisser (as mentioned in the *Flavus* section)

Meningitis - from the Greek *meninx*, membrane (plural *meninges*) + *-ids*, inflammation.

Affects one or more of the three membranes enclosing the brain and spinal cord: the outermost double-layered *dura mater* (Latin, hard mother) surrounding the arachnoid (Greek *arachne*, spider, *eidos*, form, resembling a spider's web) and the inner *pia mater* (Latin, tender mother).

Coccus - from the Greek *kokkos*, a seed, grain or berry, referring to the round shape of this type of bacterium

Family

Of the Neisseriaceae family in the Neisseriales order.

Source Notes

[Adapted mainly from CDC and Merck/MSD websites]

The Disease

Meningococcal disease is an acute bacterial disease characterized by sudden onset with fever, intense headache, and a stiff neck. The typical symptoms can develop over several hours, or they may take one to two days. Other symptoms may include nausea or vomiting, photophobia and an altered mental status, with confusion or lethargy, progressing to delirium, coma and/or convulsions. In infants and children under three, who are most commonly affected, a slower onset of symptoms may occur with nonspecific symptoms, and neck stiffness may be absent. Young people aged 16 to 23 are next most likely to suffer from the disease, though it can occur at any age.

A characteristic rash indicates septicemia, which can develop quickly. It tends to start with widespread small petechiae (purplish or red spots, "mini-bleeds") or pink macules-papules and is "non-blanching" - the spots remain visible when the side of a glass is pressed against them. They gradually get larger as the bleeding under the skin surface increases; in severe cases, the rash may spread as you watch it. With septic symptoms, the patient feels feverish or cold with cool hands and feet, with circulatory collapse, followed by coma and sometimes death.

Early diagnosis and treatment are extremely important. *If symptoms occur, the patient should see a medical doctor immediately.* Identification of the type of bacteria responsible is important for selection of correct conventional treatment.

There are five main strains (serotypes) within the meningococci group responsible for

meningococcal disease, with different distributions globally. (The classification is based on composition of the capsular polysaccharide).

N. meningitidis bacteria can cause other serious infections including pneumonia, purulent conjunctivitis, endocarditis, sinusitis, and genital infection.

Clinical Focus Guide

Mind and Disposition Focus

Primary Themes

Overuse of the brain:

Too much study, leading to "brainstorms"

"Contagious" efforts to spread ideas

With core features of a "brainless, intellectual Medorrhinum"

Disposition like Medorrhinum

Extremes

Will wear sexually revealing clothing

but

Intellectual

Less fun-loving and more circumspect

A young quality (as part of the Sycotic miasm)

Students who have overtaxed the brain (*Kali phosphoricum*, *Picric acid*)

Practical intellectual

Intellectually arrogant and competitive

Feeling of intellectual superiority

Intellectually curious

Enjoy giving others advice

Encouraging others to study

Sensitive to injustice

Seek to solve problems relating to injustice

Legal matters

Constant and overwhelming incomplete thoughts

Many partial ideas

Mind going in different directions

Uncontrolled thinking, many scenarios

Distracted easily

Feeling exposed and exposing others

Mental symptoms worse before menses

Worrying

Severe pain

With moaning, whining

With feeling as if death is imminent

Restless while sitting

Averse company

Physical Focus

Migraine headaches

Debilitating, must lie down

Right sided or bilateral

Severe pain in head that does not respond to well-indicated remedies

Sudden acute head pain

[NB heed warning advice above]

With stomach pain, nausea, vomiting

Continuous headaches

Headache

Worse light

Worse motion
Better (but not completely) by lying
With severe muscle contractions (neck, shoulders, jaw)
With nausea or vomiting
With stomach pain

Otitis media

Pain in middle ear
As severe as a migraine

Tinnitus

Severe photophobia

History of brain and spinal cord problems

History of meningitis
Bacterial or viral
Acute symptoms or lingering symptoms after hospitalization
History of encephalitis

Muscle contraction and tension

Continuous tension in body
Muscles feel like rocks
Locked jaw
Stiffness in shoulders
With pins and needles all over body and especially hands
Severe muscle contractions (neck, shoulders, jaw) with the headaches

Joint and back pain

Pain in back, especially lower left side of back
Pain as if back or joints broken
Sciatica

Nausea with pain

Vomiting with pain

Stomach pain

Cough

Worse excitement
Throaty, gaggy cough

Physical weakness

Chronic fatigue syndrome
Mental energy good but physically exhausted

Allergies

To latex
Cause headaches or debility

Breast

Tenderness before menses
Mastitis with migraines

Swelling

Of affected side
Of one hand

Food cravings

Craves oranges, orange juice (*Medorrhinum*)
Craves cold drinks, eats ice
Loss of appetite during pain

Sleep symptoms

Sleepless first part of night Falls asleep 11 pm

Modalities

Worse right side

Better evening, 11 pm

Selections from Traditional Homeopathic Sources

None.

Selections from Contemporary Homeopathic Sources

Julian's *Materia Medica of Nosodes with Repertory* has a brief description of this nosode, prepared from "a lysate obtained from the culture of a mixture of many stocks of *Meningococcinum*," including types A & C. He notes that "its use in nosodotherapy is very limited." No specific symptoms are listed by Julian, apart from the hypersomnia mentioned by Lefort [Julian, 2000] and it appears in only a handful of rubrics in the repertories:

Head, pain

Head, pain, chronic

Sleep, sleeplessness

Chatterjee advises that the remedy in 200C "cures chronic, constant or continued headache." [Chatterjee, 2001]

Relationships

Opium

Helleborus

Nux moschata

Belladonna

Sycotic Compound

Homeopathic abbreviation

Syc-co.

Synonyms

Sycotic co.

Syccoccus bacillus

Bacillus syccoccus [Paterson]

Scientific Names

The remedy identity is uncertain. Possible candidates include:

- i) *Neisseria mucosa* (von Lingelsheim 1906) Veron et al. (= *Diplococcus mucosus*)
- ii) *Moraxella catarrhalis* (Frosch and Kolle 1896) Henriksen and Bovre 1968
- iii) *Streptococcus faecalis* Andrewes & Horder, 1906, now *Enterococcus faecalis* (Andrewes & Horder, 1906) Schleifer & Kilpper-Balz, 1984)

Family

- i) In the Neisseriaceae family of the Neisseriales order (in the beta group of proteobacteria).
- ii) In the Moraxellaceae family of the Pseudomonadales order (in the gamma group of proteobacteria).
- iii) In the Enterococcaceae or Streptococcaceae family of the Lactobacillales order.

Homeopathy Commentary

I described *Sycotic Compound* or *Sycotic co.* in my book *Clinical Focus Guide*. I've also described bowel nosodes in general in the first volume of *Miasms and Nosodes*, with a brief mention of this remedy in the section on Bach Bowel Nosodes.

The main dispositional theme, as mentioned in Julian's *Nosodes*, is a "fear of obscurity."

Many years ago, I started applying this remedy based on this small indication and found that this fear of obscurity can present in many different ways. For example, I prescribed this remedy for an individual with kidney problems who had just retired from his job as a radio personality and feared not being with the public. *Sycotic co.* was indicated physically as well, and the remedy helped him dramatically with both the physical issues and the depression he was enduring.

It is a remedy for someone who is or has been in the limelight and is struggling with lost popularity. Another situation is that of sibling rivalry where the older child is afraid of being "obscured" by the younger child who tries to emulate them and gains in popularity.

There also can be sensitivity, irritability and contemptuousness. Like all bowel nosodes, or remedies having to do with stools including the remedy *Oxygen*, there is an element of fighting against corruption. In particular, since this is a sycotic miasmatic remedy, *Sycotic co.* relates to sexuality. In the beginning stages there can be sexual experimentation but in the end they may be quite opinionated against what they see as corrupt activities related to sexuality like pornography. So at this point, they can look like *Kali* salts (potassium remedies) with their properness and also like *Thuja*, which can have an external presentation of correctness. In *Sycotic co.* you may also see prior sexual abuse as an underlying driving force for the anger about sexuality and its corruption.

As a bowel nosode, the intestines are a key focus for pathologies and we can see many digestive problems along with inflammation of mucous membranes throughout the body.

There is easy proclivity to diarrhea and digestive disorders. But also it should be considered in asthma attacks that are triggered by diarrhea (whereas in *Natrium sulphuricum*, the diarrhea follows asthma).

It can also have recurring inflammation of the bladder (cystitis) and especially the kidneys, along with other renal problems. The symptoms may resemble *Apis*, and it is a nosode that can follow *Apis*; the bacterium itself is associated with "foul brood" in bee colonies.

So how can we conclude that this remedy relates specifically to the Sycotic miasm? Though we are unsure of the exact identity of the associated bacteria, a Neisseria type is related to the gonococcus that causes gonorrhoea; and the order name of Pseudomonadales for a second possibility, Moraxella, which echoes the deceptive ("pseudo") aspect of the miasm. In any case, the remedy shows miasmatic issues involving sexuality and mucous membranes. It is a remedy to be considered along with *Medorrhinum* and other sycotic remedies especially where there is inflammation of the mucous linings of the nose and lungs in particular, along with bowel problems that aggravate this. There is also a strong aggravation from wet and cold, particularly in asthma.

The English homeopath and medical doctor Paterson (1890-1955) was a strong proponent of bowel nosodes and used this remedy where there was evidence of the Sycotic miasm. He introduced it as *Bacillus sycosis* in the *British Homoeopathic Journal* of April, 1933:

It will be evident that this coccal organism of the intestinal tract is related morphologically and clinically to the *Gonococcus*. Hahnemann related what he called "the Sycotic Miasm" to the disease, Gonorrhoea, but this disease is only one form of catarrhal infection of the mucous membrane of the urinary tract. There are many other non-gonorrhoeal organisms associated with the symptom picture of "catarrh" and I suggest that the miasm "Sycosis" may be considered synonymous with "Catarrh." Gonorrhoea is an infection of mucous membrane (i.e. it is a sycotic manifestation) but catarrhal manifestations (Sycotic) are not all due to gonorrhoeal infection.

We also see the sycotic manifestation of warts, especially warts on the tongue. And like *Medorrhinum* it can have pain in the soles of the feet particularly the heels. They can also be better by the seaside and have swollen ankles. So as such, it is an important alternative to consider if *Medorrhinum* is not effective.

It is also a remedy to be considered in fibrotic conditions (of hypergrowth) as well as scarring of the fallopian tubes preventing pregnancy like the remedy *Thiosinaminum*. I have also seen patients with thyroid conditions helped with this nosode where the general symptoms agree.

In conclusion, the physical symptoms are part of the miasm but just as importantly the brash egotism that can be seen in *Medorrhinum* is then toned down and represented in *Sycotic Compound* as a fear - a fear of obscurity with an underlying anger about corruption in sexuality.

Related Sycotic Miasm Remedies *Thuja occidentalis*

Thuja occidentalis is also known as northern white cedar, eastern white cedar, or eastern arborvitae and is an evergreen coniferous tree, in the cypress family Cupressaceae.

Commentary

Originally, Hahnemann suggested *Thuja occidentalis* as the only solution to the challenge of

sycotic miasmatic disease. And to this day we can see the intense sycotic quality in this remedy. Hahnemann touted its efficacy especially when giving it to "sycotic" patients utilizing his new technology of potentization.

From Hahnemann's *Materia Medica Pura*:

As the fig-wart gonorrhoea is one of the few permanent miasmatic diseases, I was able to test in the most certain manner the degree of efficacy of the higher dilutions of *Thuja* juice. Thus I found that even the higher dilutions ... become even more intensely charged with the medicinal virtue of *Thuja*. Innumerable accurate trials have so completely confirmed this (also with regard to other high fluid medicinal dilutions prepared in a similar way) that I can certify to its truth from conviction.

You could say that *Thuja* and *Medorrhinum* are very similar but that *Thuja* is in a more advanced sycotic state. As mentioned in the commentary on *Medorrhinum*, the patient who needs *Thuja* is more sophisticated and advanced in their ability to cover up and be deceptive. By contrast, the duplicity and lying of *Medorrhinum* is cruder and more obvious. While in *Medorrhinum* we often see switching between extremes, in *Thuja* there may be progression to serious mental pathology, as if the switching stops and there is just the extreme hardness and "fixity" of a deep sycotic state. The duplicity becomes a clear split where they have a delusion that they are double. In a similar way they feel that the soul and body is separated and develop fixed ideas.

What is the wound or causative factor for a *Thuja* state? It is the idea of being "castrated" which I mean in a more figurative sense of the word - the idea of being emasculated. It is the situation of someone who, for the sake of being seen as good and proper or pleasing to their partner or someone in authority, will allow their own vital instincts to be negated.

One important example of such a *Thuja* state applies to many children or adults who have been through a private or non-public school system. Here, they are forced to be "ladies" or "gentlemen" in front of teachers or adults, but this set-up encourages amongst the students, away from the eyes of the adults, a very nasty expression of puerile instincts gone bad. As long as you don't do it in front of adults, it's OK. So the individual grows up with a perfect veneer of gentlemanly or lady-like behavior - but it is all a front for the uncontrolled and underlying ugly desires and immature behavior that the child never quite learns to tame or leave behind. Thus we see the cool deception to cover a sense of inner weakness and ugliness, thereby seeing the strong dual nature of *Thuja* (shared by many of the remedies made from trees).

But what motivates the patient who needs *Thuja* to present such a "good" image?

Underlying is the delusion that there is an ugly animal inside them, that someone will see that ugliness, and it needs to be covered up. They are taught that the vital and sexual instincts in the first place are bad or evil. The notion of core ugliness comes from the feeling that their initial sexual urges are wrong and need to be covered, like the fig leaf of Adam and Eve that I discussed in the description of the Sycotic miasm. *Thuja* patients also fear losing self-control.

So we see the rubric "delusion of an animal inside" and also a feeling of being like 'glass', as if someone can see through them. They can even have an aversion to all things glass.

Therefore, they easily give up their power for the sake of covering up all this ugliness inside. (Mind; Delusion ugly).

Thuja patients can have a feeling of constant doubt since they are not really in touch with their inner centre. (The inner core rings of conifers are comprised of dead wood).

They can have a sensation or delusion that they are floating or immaterial. The remedy is

also in the rubric "delusion that they are under a powerful influence." This represents the feeling underpinning their easy castration - they give their power away and consider others more powerful than themselves, even though they may be dictatorial in many circumstances.

As Van der Zee says in *Miasms in Labour*:

Thuja: Here we beautifully find the combination of being so bad that one has to live in hell, and the actual situation of being trapped in the torture chamber of the womb, in the delusion of having an animal in the abdomen. There is no room for *Thuja* to be, the only thing he can do is to mould himself according to the surroundings. This image of a closed system (the uterus) that threatens to crush you, and all you can do to survive is to give way and let it passively happen, is a very strong image of *Thuja*, and of sycosis in general.

So internally there is a feeling of emptiness, worthlessness, doubt, brittleness and 'bad' animalistic instincts that in sycosis must be hidden or covered. This interior feeling is compensated by rigid external ideas or fanaticism and sophisticated deception through lying. The *Thuja* patient can become irritated and even violent. Children can be difficult, shriek and have problems with learning to talk and develop. In many ways, this is a general feeling in homeopathic remedies made from conifers.

In the end, there develops an intense rigidity and hardness characterized by fanaticism and unempathetic mercilessness with dictatorial behavior. Their compensatory external idea about themselves becomes fixed and then you can see a fanaticism that may be either in the personal, religious or political realm.

Stage and Physical Symptoms

Although *Thuja* is considered to be a strong sycotic remedy, represented in Stage 10, in actuality we can place it more in Stage 11, the stage of cholera. In this stage, we have the fanaticism, the conservative appearance, and the need to hold back or conserve.

Thuja is a strong remedy for warts and wart-like outgrowths. Hahnemann proclaimed that the fig wart was in the Sycotic miasm and that this remedy could cure them. He even suggested putting the tincture directly on the wart. We now know, of course, that warts are caused by a virus. But it is also important not to limit our thinking about remedies or even miasms to specific pathologies, since all remedies impact energetically the whole person and therefore can create changes in a multi-faceted way.

Thuja can have many of the physical symptoms discussed in *Medorrhinum* and other Neisseriales remedies. There is a strong focus on the skin and genitourinary organs, with frequent urination and cutting pains after urination. It is a major remedy for prostate problems, particularly if there is a history of gonorrhea.

Since this was such an important remedy historically, many specific symptoms with modalities and keynote have come to the forefront. And of course, Hahnemann started by describing its use in sycosis, sycotic warts, and fig warts. As time went on, the use of *Thuja* in hyperplasia and hypertrophy was established by other classic clinical homeopaths and teachers along with more and more uncovered symptoms of *Thuja*. I have listed just some of these.

Thuja is an important homeopathic remedy to be considered for patients suffering from left-sided migraine headaches with pain as if pierced by a nail. I have used it quite a few times in severe asthma which is worse from cold air and cold drinks.

The nails are brittle and distorted.

Key modalities of *Thuja* include a strong aggravation from wet environments ("hydrogenoid constitution") and from cold air, as well as from onions.

Thuja has also been an important remedy in homeopathy for the effects of vaccines. It was originally indicated for the effects of the smallpox vaccine in the 1800s and 1900s. Subsequently, this remedy was defined as a remedy for all vaccination impacts. Of course, now it is apparent there are many remedies that can be indicated for the effects of modern vaccines and the situation is currently more complicated with the multiplicity of vaccines. As well, the *Thuja* patient mutters and mumbles in response to questions. As the situation gets more intense for them, they mutter or mumble even more. As part of the sophisticated *Thuja* deception, you may feel that the problem has to do with your own hearing rather than their distorted speech. They can also word hunt and forget words they are about to say.

Natrium sulphuricum

Natrium sulphuricum is a mineral salt. Na_2SO_4 is also called Glauber's salt, Soda vitriolata, or Sal mirabile.

Commentary

From the perspective of its constituents, *Natrium* and *Sulphur*, this remedy seems an unlikely candidate for its position as one of Kent's premier remedies for sycosis. In his materia medica lectures, he also talks about it as an important remedy for those suffering the effects of living near water and, therefore, also mentions it as a remedy for the effects of malarial influences.

Kent goes on to say that:

This is one of our most frequently indicated constitutional remedies ... It is a very useful remedy for complaints following neglected gonorrhoea ... Sycotic conditions with a history of warts and condylomata.

In my clinical experience, *Natrium sulphuricum* is a remedy that is strongly in the Sycotic miasm but does not have all the breadth of sycosis that, say, *Thuja* or *Medorrhinum* do. As time has gone on, more characteristic information has emerged.

In general, the patient can be quite down to earth and have a strong sense of duty and responsibility. This comes by way of not being fully involved in life - observing - and has the elements of the sycotic split. But the wild side seen in *Medorrhinum* is repressed and sublimated into their dream life, as in rubrics such as "Dreams, fantastic, with frequent waking." Generally, the dreams experienced by the *Natrium sulphuricum* patient are unpleasant, dangerous, and wild. In particular, there are dreams of suddenly having a fit, fast-flowing water, flying, and also having to do with fights, knives, and criminals.

On the surface, they remain objective, realistic and factual, and are good business people. On the other hand, they can be moved to tears by music or soft light. Like other sycotic remedies, the sensitive side is not always seen; it may be hidden and, in this case, it is repressed.

It is also an important remedy for brain injuries. You can see mental changes arising from injuries to the head - most prominent is irritability and anger but also confusion, weakness of memory, and significantly, sadness, even a suicidal disposition.

This brings us to one of the leading indications for the remedy which is in the rubric: "Suicidal disposition, difficult to restrain; restrains oneself due to sense of responsibility." It is a remedy you consider where the patient says they feel a loathing of life but restrain themselves when they consider their family, especially their children. Kent describes this well:

A good wife goes to her husband and says: "If you only knew what restraint I have to use to keep from shooting myself, you would appreciate my condition! ... The satiety of life, aversion to life; the great sadness, the great despondency coupled with the irritability and dread of music - music makes her weep, makes her sad, makes her melancholy. [Kent, *Lesser Writings*, *Natrium sulphuricum* and sycosis]

I remember a case of mine of a young man who was a gardener and had occasionally done work on my property. His wife called me after he was suddenly rushed to the hospital for what appeared to be an allergic reaction to a plant. He had not only a bright red urticaria that extended all over his body, but a systemic reaction where he had acute nephritis. I talked with him while he was in the hospital where he was being treated allopathically without much success. He secretly admitted to me that he was very depressed and wanted to end it all.

He said he was only staying alive for the sake of his wife and child who he adored. I suggested *Natrium sulphuricum* and once he started on this homeopathic remedy he immediately noticed improvement on both a physical and emotional level to the point of full recovery.

Natrium sulphuricum also has many gallbladder and liver complaints. It is a remedy you would consider for chronic problems including jaundice, chronic hepatitis, or a history of hepatitis.

It is also a remedy I have seen help patients with asthma, as the lungs are another area that is affected. The asthma is worse in wet or foggy weather.

And as described by Kent, the patient needing this remedy is aggravated by "water" in all its forms and so many of the general modalities reflect this. They are worse from moisture; cold wet weather; change of weather like in the spring, or autumn; foggy weather; warm wet weather; bathing; getting wet; wet rooms; cellars; residence near standing water; and watery foods.

Jan Scholten has another perspective or emphasis for the remedy, which meshes with the classic information. He works with the fact that it is a salt that has dispositional aspects of both *Natrium* and *Sulphur*. So he discusses it in terms of the idea that they stand alone (*Natrium*, Stage 1) in matters of love (*Sulphur*). They feel that they don't know what love is, or that they are not allowed to experience it and, therefore, they feel bound to their partner out of duty and responsibility. They feel emotionally neglected which leads to the sadness, lack of joy, and depression seen in this remedy.

As each person has their own individual expression of problems and pathology, having more perspectives on a remedy while staying true to underlying themes is useful in the homeopathic treatment of these problems. And we can also see a movement within each miasm expressed through individual remedies giving us more options and understanding.

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RHIZOBIALES

RHIZOBIALES

The Gram-negative alpha-proteobacteria in this order are mainly soil and air-dwelling organisms. Some of these fix nitrogen and are symbiotic with plants, being found within root nodules of members of the pea family (Fabaceae/Leguminosae). These bacteria, known as rhizobia, require a plant host such as peas, beans, clover or soy and cannot carry out diazotrophy (nitrogen fixation) independently.

Their name derives from the Greek *rhiza* (ρίζα), root and *bios* (βίος), life and initially all such rhizobia were placed in the Rhizobiales order and the genus *Rhizobium*. However, a range of species were later identified and placed in different families and genera within the Rhizobiales order; some unrelated beta-proteobacteria were classified separately in the Burkholderiales order. These bacteria play an important role in maintaining soil fertility and crop productivity through "green manuring" and provide a selective advantage for their hosts in accessing supplies of this essential element.

A few have become opportunistic pathogens. *Brucella* and *Bartonella* (formerly *Rochalimaea*) species are the most significant for humans. Both are named after the scientists who discovered them (Bruce and Barton Thompson respectively).

Members of the *Brucella* genus within the Brucellaceae family have developed associations with a range of animal hosts, causing reproductive failure. Infections transmitted to humans cause the disease brucellosis, which has acute, sub-acute, intermittent and chronic forms.

Another species recently identified from breast implant infections is *Brucella inopinata* Scholz et al. 2010 (Latin *inopinata*, unexpected). Issues with classification and nomenclature of some *Brucella* are outlined in the Scientific Names section of the *Brucellosis Nosode* information below.

A number of *Bartonella* species of facultative intracellular parasites can infect humans. They are transmitted by blood-sucking arthropods such as fleas, sand flies and mosquitoes, with mammals such as cats and rodents acting as reservoir hosts. Bartonellosis results in a particularly diverse variety of symptoms, of widely varying duration. Different forms include Carrion's disease, trench fever, and cat scratch disease, along with bacillary angiomatosis, peliosis hepatis, chronic bacteremia, endocarditis, chronic lymphadenopathy, and neurological disorders. Homeless IV drug users are at particular risk of *Bartonella elizabethae* infection. *Bartonella* has become of interest recently since it is considered a co-infection with *Borrelia* in Lyme disease.

But homeopathic energetic resonances of *Brucella* bacteria have been used and known in homeopathy for many years whereas *Bartonella henselae* has just recently been made into an energetic nosode. (A brief section on this remedy is included at the end of this chapter).

The plant pathogen *Agrobacterium* is used in genetic engineering. Species in this genus use horizontal gene transfer between themselves and their plant hosts to cause tumor-like galls, often where roots and shoots meet. This capacity is exploited to introduce foreign DNA into plant genomes. Some members of the Methylocystaceae family are unusual in using methyl alcohol (CH₃OH) or methane (CH₄) as their sole carbon and energy source. [Adapted mainly from Wikipedia websites]

Brucellosis Nosode

Homeopathic abbreviation

Bruce.

Synonyms & Differentiation

Brucella abortus Nosode

Brucella melitensis Nosode

Melitine Nosode

Bang Nosode

Melitococcin um

Melitotoxinum

1) In homeopathic literature and in pharmacies, the nosode for brucellosis is mainly referred to as *Brucella melitensis*, based on the disease bacterium name.

The name *Brucella abortus* has sometimes been used interchangeably for *B. melitensis*, but this has potential for confusion or ambiguity, because of two different approaches to naming the microorganism: one with *Brucella melitensis* as an umbrella name for the single *Brucella* species, whatever the original source; and another where each host animal is associated with a separate *Brucella* species (see Scientific Names below).

Ideally, future provings and remedy information for energetically prepared *Brucellosis* homeopathic remedies would specify the original animal source, as this will most likely influence the remedy picture, giving several different *Brucellosis* nosodes. The general presentation is described below, with some suggestions for possible differentiation based on the path of transmission, most significantly from sheep or goats, and from cattle.

2) A second name for a nosode relating to brucellosis is *Melitococcinum* or *Melitine*, said to be prepared from a filtrate of *Brucella melitensis* cultured for 21 days Oulian, *Materia Medica of Nosodes*). Symptoms for *B. melitensis* and *Melitococcinum* are sometimes combined and sometimes separated in French homeopathic sources.

3) Another name, *Melitotoxinum*, appears in the Synthesis remedy list, where, along with *Melitococcinum*, it is given as a cross-reference (synonym) for *Brucella melitensis*. The name suggests a separate preparation of the isolated *Brucella* toxin.

A Note on abbreviations

The abbreviation *Brucel.* covers the broader picture for brucellosis in nosode form. *Melito.* could be added for *Melitococcinum* and *Melito-t.* for *Melitotoxinum*, if required, rather than *Melit.* (because this is already used in the *Complete Repertory* for the unrelated eczema capitis nosode dubbed *Melitagrimum* by Clarke).

Description

Brucellosis is a flu-like disease with accompanying non-specific symptoms that may persist in a debilitating sub-acute, intermittent, or chronic form for many months or even years. It is also known as undulant, Malta, Mediterranean, or Gibraltar fever. It is associated with the bacterium *Brucella melitensis*, which infects a variety of animal hosts and can cause these symptoms when transmitted to humans via ingestion or close contact with their secretions. *As described, this highly contagious condition can be serious and rarely, fatal. In these circumstances it is important that a patient or client having this condition is diagnosed and monitored by a licensed physician. Emergency medical care may be required. If this disease is notifiable in your area, the appropriate steps should be taken. Information from homeopathic literature describing treatment of this condition should be read subject to this caution.*

Scientific Names

There are two different approaches for *Brucella* classification and naming.

a) In the first approach, there is **only one** *Brucella* species, known as *Brucella melitensis*

(Hughes 1893) Meyer & Shaw 1920.

With synonyms:

Streptococcus milletensis {sic}

Micrococcus melitensis

Bacillus of abortion

Bacterium abortus

The different animal hosts can be shown by adding the relevant biovar (equivalent to the separate species in the second approach, e.g. biovar Abortus, Canis, Suis).

b) In the second approach, favoured by many clinicians, there are **six** established species in the Brucella genus, each associated with a different main animal host. (Two of these, *B. ovis*, affecting sheep, and *B. neotomae*, found in desert rats, are not known as pathogenic for humans. A few cases with neural symptoms have been recorded for a couple of newly proposed marine species). The four main types transmitting human brucellosis are:

1) In cattle - *Brucella abortus* (Schmidt 1901) Meyer & Shaw 1920

2) In dogs - *Brucella canis* Carmichael & Bruner 1968

3) In sheep or goats - *Brucella melitensis* (Hughes 1893) Meyer & Shaw

4) In pigs - *Brucella suis* Huddleson 1929

Note that in this second approach, *B. melitensis* refers more specifically to the **sheep or goat** transmission route, often referred to as Malta fever.

Commentary

This commentary will discuss both the Brucellosis miasm and the *Brucellosis Nosode*. There may be a difference between the various energetic nosodes as a result of their source; therefore, some pointers relating to different animal hosts are included in this commentary. Yet the exact source of the various preparations in the homeopathic literature and remedies from various labs is somewhat uncertain. In spite of that, in my practice I have selected different *Brucella* nosodes (such as Cow- versus Sheep-derived nosode) based on this perspective with good results.

The disease brucellosis is also termed undulant fever and the idea of undulation (a gentle rising and falling in the manner of waves) is a good way of approaching an understanding of how the action of the substance informs the dispositional information for this remedy and the patients that need it. With this undulation, there can be a pervasive anxiety and feeling of not being grounded, or a loss of equilibrium either consistently or at intervals. They can also have a sense of not completely belonging.

This undulation can also appear physically as a vertigo with a need to lean on a wall or a person, but it is also a mental attitude. For example, with any kind of practical or business setback, the patient who needs *Brucellosis Nosode* goes easily from a happy state to one of discouragement with fear, anxiety, and the need to lean on someone. They even have dreams with vertiginous sensations in them.

Described in conventional medical texts, the brucellosis secondary disease phase is well known. It commences after an initial phase of fever and chills with malaise. There then develops the secondary phase, which has constipation, anorexia, weight loss, abdominal pain, joint pain, headache, backache, and weakness. These texts also report that along with these physical symptoms there can be irritability, insomnia, mental depression, and emotional instability.

These more acute disease symptoms in both the initial and subsequent phase can be reflected in the chronic disease state of a patient who needs the nosode, either long after

the acute subsides or related to a miasmatic condition.

As I mentioned, the mental and emotional state in particular mimics the cyclical nature of the acute state and the fever. To elucidate further, the patient in the relatively healthier state can have unstable emotions and is "cyclothymic" - they present with fluctuating moods and feelings. They may become "comfortable," or even numb to feelings and then fall into discouragement with anxiety, depression, and sadness when the least setback occurs.

The patient needing the *Brucellosis Nosode* can also have periodicity whereby every two, three, or four weeks, or every year (often in winter) their problems return. In the downward cycle, to them the future is full of doom and gloom and destruction; thus, they have many dreams of blood, killing, and funerals, etc.

But these emotions and states are not *expressed* in a significantly severe way. Instead they are more internalized. The patient can experience *internally* great anxiety, even panic but in fact presents *externally* a kind of normality and competent pragmatism. They enjoy their environment being harmonious and settled. As a result, they may present with other symptoms as their chief complaint rather than the undulations of mood.

The disease is often transmitted through milk and is associated with milk and basic foodstuffs, which is translated dispositionally and clinically as a desire for comfort and protection as well as other *Lac* themes. These are briefly described at the end of the Homeopathy Commentary section below.

Therefore, the patient needing the *Brucellosis Nosode* craves the comfort foods that milk and cream represent, as well as the need to create a reassuring environment. Without this, they go into a state of anxiety, discomfort, and self-reproach.

There can be a great fear of poverty, which is more a fear of loss of comfort. As a result, they also feel a need to control their emotions and expression, and even their environment. They can also develop a contagious need to make others comfortable and want to create a satisfying home environment. They can be strongly into cooking, particularly cooking comfort foods for themselves and others. Their children may follow suit and become great cooks and chefs, and even join the hospitality or restaurant industry.

There can be a great fear of responsibility or commitment like *Lycopodium* and along with this an indecisiveness and uncertainty, which may lead to self-reproach. However, they may be very successful in their own way or in a particular field, but inside they have these feelings. As a result, they may frequently move jobs or offices. With even the slightest stress, they feel that they are living through a nightmare and doubt that they can get through it.

There is also a great need for approbation and they are sensitive to admonitions, like *Palladium*; this remedy can follow *Palladium* (as well as *Lycopodium*). On the other hand, they may be involved in activities or intellectual pursuits that are not fully acceptable and lead to their being criticized. Or more frequently, they may have disagreements with their children or parents, and then stay in a state of indignation. This stance can alternate with being discouraged since they can easily fall into a despondent and sometimes tearful state when criticized in any way. Children can also have the need for comfort with easy discouragement and weeping, especially if they are reprimanded.

On a **physical** level, there can be chronic episodes of fever, even though the patient has not had the acute disease, or had in the past or in the family history. Their symptoms follow the fever and are worse in a warm room: you see depression, anxiety, or sadness worse with the rise of the fever. The fever associated with brucellosis can increase as the day goes on, and I have also seen this in patients needing this homeopathic remedy without specifically

having brucellosis.

There can be severe headache, pains, malaise, and occasionally diarrhea or constipation. There can also be severe pains in the muscles as well as the back and neck. I would strongly consider this remedy for fibromyalgia. You can also see severe joint pains and inflammation. This will lead to degenerative joint disease in hips or shoulders as well as other areas of the body.

A number of homeopathic authors refer to the patient needing the *Brucellosis Nosode* as being anorexic. This can be the case particularly in the secondary phase of the actual disease, although for the most part have seen patients who are obese or well nourished since they crave rich fats and dairy. These two polarities may be related to each individual patient needing a specific and different type of *Brucellosis Nosode* sourced from a different kind of animal.

For *Brucella abortus* derived from a cow, there is likely to be an intensification of the theme having to do with comfort and desire for rich, comforting foods. As a result, the patient appears more on the overweight side. In *Brucella abortus*, there is particularly a strong craving for, and amelioration from, fatty, rich foods especially cream, cream cheese, and other lactose-containing foods, as well as beef.

In *Brucella melitensis* sourced from a sheep or goat, there is more a tendency to anorexia as we saw in the second phase of the acute disease. Both share all the other symptoms described here, including physical pain and discomfort in the joints and muscles.

The hormonal system is affected. Abortion figures prominently in animals that contract the disease, highlighted by use of the term *abortus* in names for the bacterium responsible. It has also been confirmed in humans with various studies showing that contracting brucellosis can cause spontaneous miscarriage in women, such as reported by Khan et al (2001), listed in the References below. And so we also see that this homeopathic nosode is an important remedy where frequent miscarriage and an inability to get pregnant are prominent symptoms.

The *Brucellosis Nosode* is also an important remedy to be considered in fibroid tumors in the abdomen and uterus, especially where well- indicated remedies fail to act. Men can suffer from orchitis and other symptoms affecting the sexual organs.

In addition, the palate is specifically affected. There can be a sensation of swelling, eruptions, and pain, but you may also see severe swelling, such as in angioedema.

The abdomen has a sensation of heaviness, especially in the liver area and lots of rumbling noises. There can be bloating with a feeling of great swelling, again mainly focused in the liver region. The tendency is towards constipation with itching and burning in the rectum. There are also desquamating eruptions with itching and sometimes swelling. There can also be severe allergic reactions with swelling.

Patients needing this nosode can be worse after eating and worse from a change of weather. Wind aggravates. Thus I believe that *Lycopodium* is primarily in this miasm.

As mentioned, Brucellosis has a strong connection to milk and therefore we can look at some of the Lac themes to help us understand the *Brucellosis Nosode*:

Lacs: Some General Themes

- Nurture/nurtured versus sucking energy
- Milk is life-giving - mother, unlike venoms
- Nursing - stuck at time of nursing
- Beginning of life
- Impulsive, childish

- Animalistic and rabies
- Survival
- Predator and prey
- Danger and safety
- Scapegoat
- Family responsibility - protecting the family and family image
- Protecting the home group
- Family conflict
- Absolute indifference or extreme concern
- Falling, fall from grace, fear of falling
- Fear of pointed, sharp things
- Loss of self-esteem
- Loss and abandonment
- Attachment and detachment
- Floating sensation and dissociation
- Striving for connection - spiritual, religious
- Cancer, malignant codependency

Cow Milk

- *Lac vaccinum* - Cow milk
- *Lac vaccinum defloratum* - Skim milk
- *Lac vaccinum coagululum* - Milk curds
- *Lac defloratum* - There is marked periodicity in the nature of the remedy, most noticed in the recurrent headaches. This remedy has had a reputation for curing diabetes and this is not to be wondered at when it is known to have cured the weakness, anemia and copious, watery urine and great thirst; also copious, dense urine.

Kent remarks in his *Materia Medica* lecture on *Lac vaccinum defloratum*:

People who drink milk habitually become anemic and catarrhal; fatty degeneration of muscles, heart and liver. Malassimilation is the most marked feature of milk poison.

(Kent's patients did not have so many environmental disruptions as we now see in modern times).

Names and Meanings

The Bacterium

Brucella - Latin, named after Sir David Bruce, a military surgeon who was credited with identifying in 1887 the causative organism for the severe Malta fever affecting British troops stationed there. He then led an army commission (1904-1906) that discovered the transmission process for the disease.

Abortus - Latin, relating to abortion, miscarriage

Melitensis - Latin, relating to the Island of Malta (Melita). It was historically prevalent in Southern Europe generally, hence the names Malta, Mediterranean, and Gibraltar fever.

The Disease

Among the wide variety of names for brucellosis in humans are:

- Malta, Mediterranean or Gibraltar fever (from regions of prevalence)
- brucellosis, Bang's disease (from individuals credited with discoveries)
- undulant fever, gastric fever (from the symptoms)

Among animals, it has been referred to as:

- Enzootic or epizootic abortion (in epidemics or outbreaks)

- Contagious or spontaneous abortion
- Slinking of calves (premature birth, note the furtive quality)
- Ram epididymitis

Undulant - from Latin *unda*, a wave, due to the wave-like intermittence of the symptoms.

Bang - the Danish veterinarian Bernhard Bang, who identified the bacterium responsible for brucellosis in cattle in 1897, also gave his name to the disease.

Slink - as a verb, to move or go in a furtive, abject manner, as from fear, cowardice or shame; to walk or move in a slow, sinuous, provocative way; in archaic usage, to bring forth young prematurely (especially of cows).

Family

Of the Brucellaceae family in the Rhizobiales order.

Periodic Table Stage 3

Stage 3 is one of the main stages where vertigo is prominent and imbalance, particularly physically, is characteristic in the case.

Here are some of the key points for this stage from Jan Scholten's *Elements of*

Homoeopathy:

- Investigating, exploring
- Comparing, discerning
- Trying
- Hesitating
- Changeable, unstable
- Underestimating
- Discouraged
- Unofficial, non-committal
- Confusion

Source Notes

[Adapted mainly from CDC, Merck Manual, Wikipedia, and Dixon]

The Bacterium

Brucella are Gram-negative coccobacilli that are intermediate in shape between round cocci and rod-shaped bacilli. They share this form with the microorganisms responsible for whooping cough (*Bordetella*) and plague (*Yersinia*), as well as vaginal infections (*Gardnerella* and *Chlamydia*) and *Haemophilus influenzae*. They are small, non-motile and non-encapsulated, and do not form spores or carry out fermentation. They operate as aerobic facultative intracellular parasites, capable of living for some time outside the host. Components of their cell walls appear to interfere with the bacteria-killing mechanisms of the body's defensive phagocytes.

The Disease

Brucellosis has been officially recognized in animals and humans since the turn of the 20th century. The human disease is now rare in the developed world, with around 100 to 200 cases annually in the US. Cattle represent the main reservoir for human infection but other domestic and wild creatures may also carry the disease, including apparently healthy animals. The type whose main host is sheep and goats is deemed most pathogenic in humans.

Most people contract brucellosis by eating or drinking contaminated milk or milk products, less often undercooked meat. Unpasteurized cheeses are highlighted by the CDC as a prime potential source, especially for pregnant women. Less commonly, the organism may

be inhaled or enter through skin wounds during contact with secretions or excretions of infected animals. These routes are usually confined to farmers, hunters, and abattoir, laboratory or veterinary staff, as well as dog breeders.

Though this zoonosis is highly contagious, person-to-person transmission is very rare, with isolated cases relating to sexual contact, breastfeeding, organ transplants or blood transfusions. Cases traced to accidental exposure to the cattle vaccine strain have also been recorded.

Signs and Symptoms

Following an incubation period averaging 2 weeks (ranging from 5 days to several months), the disease usually begins with sepsis triggering an acute flu-like illness, with either rapid or insidious onset. There are typical fever symptoms, particularly a trio of:

- wandering muscle and joint pains
- offensive night sweats with a distinctive moldy smell like wet hay
- undulant fever (coming and going in waves)

With the fever there is malaise, fatigue, disturbances in digestion and appetite, and pains in the head or back. Body temperature may reach 40 to 41 °C (104 to 106 °F) in the evening, falling to normal or near-normal by morning.

It can then progress to recurrent fevers, with highly variable sequelae. Febrile phases lasting 1 to 5 weeks are generally followed by a 2 to 14 day remission period. Associated chronic fatigue, myalgia, arthritis, anorexia and weight loss may persist for weeks, months, or even years. These may be accompanied by swelling and inflammation of the male genitalia, liver, or spleen. Affected individuals can suffer irritability, depression, insomnia, and constipation, as well as enlarged lymph nodes and low platelet counts. There is increased risk of miscarriage. Multiple small nodules and abscesses can form in affected tissues, and a focalization of osteomyelitis in the lumbar spine and sacroiliac region is highly characteristic. Rare complications include severe infections mainly of the heart lining or central nervous system (including subacute bacterial endocarditis, meningitis, encephalitis, optic neuritis and uveitis) as well as cholecystitis and liver suppuration.

Because *Brucella* is an intracellular organism, removal is often slow and uncertain, and treatment may need to be repeated. Blood culture results also take time to appear, and frequent serological testing is often undertaken. Although animal vaccines have been administered since 1941, there is no human vaccine. Immunity following infection in humans is short-lived, lasting only around 2 years.

Dixon also mentions that *Brucella* provided the first evidence for the specific tissue affinity of a particular microbe. A British microbiologist, Harry Smith, established that *B. melitensis* preferentially targets fetal membranes in livestock animals, since these constitute the only significant source of the substance erythritol which serves as a nutrient. There are no such concentrations in human tissue, explaining its tendency to disperse widely through the body, [*ibid.*, p 65]

The homeopath Mathur suggested that brucellosis may be confused with typhoid. Writing in the mid twentieth century, Foubister drew attention to the fact that "brucellosis, with its **protean manifestations**, often missed because it is not considered as a diagnostic possibility, is regarded by some authorities as a widespread infection in this country. There is practically no reference to brucellosis in homeopathic literature at all." [Foubister, 1963]

Clinical Focus Guide

Mind and Disposition Focus

Comfort

Need comfort and encouragement

Comfort foods

Cozy environment

Desire rich, fatty food, milk and cream - comfort food

Loss of comfort leading to feeling of poverty

Fear loss of comfort - overeating to compensate

Fear of loss of income or money

Fear of poverty

Anxiety

Cyclothymic (see below)

Not being grounded, with loss of equilibrium

Gentle anxiety

Anxiety for the comfort of themselves and others in their family or group
Internalizing emotions

Undulant, emotional instability, cyclothymia (mood swings)

Happy, comfortable, numb, even over-confident, then falling into states of discouragement

Worse after change of environment or event that impacts their comfortable lifestyle

Unbalanced sensation

Undulation, vertigo-like

Easy discouragement

Leads to self-reproach

Sadness

During heat, fever

Responsibility

Fear of responsibility

But in the end, can take on responsibilities

Doubt

Indecisiveness, lack of willpower

Need for approbation

Need for praise and encouragement

Ailments from criticism

Indignation and mortification

Feeling criticized

Weeping from admonition

Sleep and dreams

Sleepless and waking from dreams

Frequent waking or heavy sleep

Dreams of

Accidents

Bloody accidents

Animals

Quarrels

Vertigo

Brucellosis Themes Relating to Milk

They have been told they are no good

Reproached and reprimanded a lot as children

Ailments from reproach

Take everything as a reprimand

Fall from grace, fear of social falling

In spite of this, great ambitions

Need for protection by someone they are dependent on

Need relationships and like groups

Hierarchy very important - need the alpha animal, but can feel rejected by group or family

Physical Focus

Headaches and migraines

Recurring

Mainly forehead

Dull, pressing, bruised pains

Worse morning in bed, rising ameliorates

Better or worse motion

Worse bending head backwards

Vertigo

Motion aggravates

Dizziness

Needs to hold on

With darkened vision

As if no ground underneath

Eyes

Itching, injected (redness) especially right eye

Dim with vertigo

Digestive

Eruptions, acne around mouth

Aphthae

Distension with constipation

Heaviness in abdomen, especially liver area

Pain in liver area like a blow

Pulsating in abdomen

Rumbling

Huge appetite

Thirstless alternating with thirst

Rectum and stool

Stools: balls, like sheep dung, constipation, or soft, tenacious stools

Rectal itching

Swelling of anus

Back and extremities

Fibromyalgia, pain in muscles and pain in joints

Osteo and rheumatoid arthritis

Pain between or in scapula

- Lumbar pain, worse morning in bed
- Enlargement of extremities
- Pain in hip joints, either left or right
- Numbness fingers
- Pain hands
- Swelling and stiffness, especially hands
- Wandering pains, better motion
- Pain rising from sitting
- Worse change of weather

Female

- Bleeding before menses
- Feeling as if menses would appear
- Menses protracted
- Pain ovaries
- Pain burning rectum before and during menses
- Easy miscarriages

Male

- Epididymitis

Skin

- Desquamation
- Allergic reactions

Fever

- Episodic, recurrent moderate fevers
- Undulant (in waves)
- Fever of unknown origin
- Intermittent fever with severe, persistent headache, pains, malaise and occasionally diarrhea or constipation
- Body temperature rises as the day goes on; worse 3-4 pm, or worse morning on rising
- Sensation of undulation, as if there is no ground under them
- Sadness, discouraged during fever
- Profuse perspiration during fever
- Perspiration smells like moldy hay
- With anorexia and weight loss
- With insomnia
- With myalgia, or pain in the back of the neck

Upper respiratory symptoms

- Throat swelling
- Swelling tonsils
- Hard to swallow liquid
- Distension affecting the breathing
- Cough at night

Fatty foods

- Ameliorate
- Wants rich, comfort foods
- Craves creamy foods, cheese and lactose products - high fat, rich cheeses, cream, creamy
- Desire for meat with fat

Other food symptoms

Desire coffee, spicy, stimulants
Worse milk
Worse beer
Worse after eating
Desire alcohol

Other general symptoms

Worse from change of weather
Wind aggravates, especially sea breeze
Better from heat in open air, but worse in a warm room
Worse at 3pm to 4pm (including fever)
Worse 9pm to 11 pm
Worse morning on waking

Selections from Traditional Homeopathic Sources

None.

Selections from Modern Homeopathic Sources

Julian cites a proving conducted in 1959 by the American homeopath Robert Schmidt. Aloun-Souk et al. carried out two provings in the 1980s, included in the 'Encyclopaedia Homeopathica software' and available online.

From Julian's *Materia Medica of Nosodes with Repertory*:

Julian describes a colleague's successful treatment of brucellosis using *Tuberculinum* along with isopathic preparations from blood, urine and sweat in addition to the *Melitine* nosode "the use of which is very delicate." The remedy is prepared from a filtrate of a 21 day old culture.

He gives a synopsis of confirmatory symptoms for "positive diagnosis" and clinical diagnosis, provides a differential diagnosis with three remedies (*Natrium muriaticum*, *Gelsemium* and *Ferrum phosphoricum*) and includes two of Robert Schmidt's cases, one acute, one chronic. The information is reproduced here (including some infelicities in the translation into English by Rajkumar Mukherji).

Positive diagnosis

1. Febrile state with profuse sweat by the least effort and at night. 2. Muscular and articular pains, specially of the lower limbs. 3. Anorexia, emaciation. 4. Headache, irritability, nervousness. 5. Emotive unstability, insomnia. 6. Lymphothymic states, vertigo. 7. Constipation, dry and hard stools. 8. Vesicular eruptions.

Amelioration: By heat and in the sun.

Aggravation: By prolonged exercise, in hot room, by sea breeze, by humidity, during storm.

Clinical diagnosis

1. Chronic Malta fever. 2. Myalgia. 3. Subacute polyarthritis. 4. Orchitis and orchy epididymitis. 5. Neurasthanis

Differential diagnosis

Natrium muriaticum: Emaciation with anemia, cachexia. Depression, headaches, constipation, sensitiveness to cold, desire for salt, mapped tongue.

Celsemium: General weakness with tremblings; headache with heaviness; weakness of limbs, slow pulse.

Ferrum phosphoricum: Febrile states with full, rapid and soft pulse, thirst and sweats that does not ameliorate.

Two cases of Roger Schmidt

[From the journal *Annales Homeopathiques Franpaises*, No. 2. 1959, pp 115-116]

Case 2: a chronic case

A married, age 69 year old female came to see me in September 1950, and complained of some gastric troubles from which she was suffering since several months; she was also suffering from wind, vomiting, regurgitations, as well as from a stubborn constipation.

Constantly depressed and weak, she became nervous, restless and had shiverings. She felt sudden weakness, had vertigo by the least movement. She was under the care of another doctor for many months. Unfortunately there was no amelioration. While she was young she suffered from a perforated appendix. Physical examination negative, except a distended abdomen, an arterial tension 160/75, hyperkinetic pulse, and a marked secondary anemia. Weight 141 pounds, height 5' 1".

After her return to San Diego she asked me to prescribe by correspondence. *Arsenicum*, *Sulphur*, *Nux vomica*, *Carbo, veg.*, *Kali phos.*, *Carbo, sulph.* did her some good but these variety of remedies shows that the case was jumbled when it is difficult to get a simillimum. Finally in July, 1951, I had the idea that this may be a case [like] brucellosis; the sudden attack of fever and sweats, loss of weights (7 pounds), the persistence of some symptoms indicated the diagnosis. I gave her *Brucella melitensis* 10M.

Without any delay the patient informed me that this was the first remedy that gave her almost instantaneous result. This is the typical response of a homeopathic remedy. She soon took up weight, but after six weeks she complained anew of serious vertigo and the stubborn constipation that were cured by *Brucella melitensis* 30, and for 3 months her condition was satisfactory.

On the 6th December, 1951, she had fever anew with profuse sweat and complained of abdominal pains. I gave her *Brucella* 10M which caused a moderate aggravation but clearly ameliorating during two weeks, with a maximum temperature of 100°F during the day, which ended in a long period of amelioration which lasted for 3 years.

Relationships

Similar:

Lacs, especially Cow and Sheep (see the Homeopathy Commentary section above)

Typhoid group

Tubercular group

Influenza group

Ringworm

Other Stage 10 remedies

Follows: *Palladium*, *Lycopodium*, *Stage 3 remedies*

One of the main remedies that follows for a *Lycopodium* life history

Bartonella henselae Nosode

I am going to be brief since I do not have any extensive experience with this remedy, although I have prescribed *Bartonella henselae* or *Cat Scratch Nosode* following cat scratch disease (also known as bartonellosis), as it is the bacteria involved. There can be a love of cats or an aversion to cats with allergic reactions.

It is also considered a co-infection in Lyme disease and as such could be considered along with *Ehrlichia* if a nosode is indicated but the *Borrelia Nosode* does not fit the case.

Identified only in 1985, this disease is carried by fleas and transmitted to cats either from bites or when flea droppings enter wounds. It can also be transmitted by ticks or lice. Carried

under the cat's claws or between the teeth, the disease can pass to humans if an infected cat bites or scratches hard enough to break the skin or licks a wound or scab. Local symptoms typically appear 3 to 14 days later, with swelling, redness and round, raised lesions that may feel warm or painful. Fever, headache, poor appetite and exhaustion may follow, and nearby lymph glands may subsequently show tenderness and swelling. I would consider the remedy in situations where these symptoms persist or become somewhat chronic, or where there is a history of a cat scratch with persistent lymphatic swelling.

Rare serious complications requiring intensive treatment can affect the human brain, eyes, heart or other internal organs. These more often affect children younger than five and those with weakened immune systems. [Some information adapted mainly from CDC and Merck Manual websites]

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***Bartonella henselae* Nosode**

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SPIROCHAETALES

SPIROCHAETALES

The bacteria within this order, known as Spirochaetes, have a unique method of motility involving a set of lengthwise internal filaments (endoflagella) that rotate in a space below the outer membrane layers, creating corkscrew-style movement. The multi-layer flexible outer sheath is also unique. This adaptation presumably arose to assist progress through the viscous environments in which they are found, such as mucosal tissues, intestinal tracts and aquatic sediments. They are able to worm their way into spaces between cells. The internal location of the flagella means they are hidden from host immune defenses. They are also hard to view using conventional microscopes, due to their very small width, requiring special "dark-field" illumination, with light directed at an angle.

Their size and structure are variable. Relatively small numbers of these organisms can create symptoms that are triggered directly or indirectly by cell proteins rather than toxins. Spirochaetales have been variously classified within Gracilicutes, as Scotobacteria (which do not use light for energy), and within their own Spirochaetes phylum. Placed either outside the Gram-negative or Gram-positive categories or within the Gram-negative group, the order usually includes three families: the Spirochaetaceae, Leptospiraceae, and Brachyspiraceae (with the latter sometimes omitted).

The Spirochaetaceae family includes *Treponema pallidum* (associated with syphilis as well as yaws, bejel and pinta) and *Borrelia burgdorferi* (a key agent for Lyme disease, along with similar *Borrelia* relatives). In addition, the Spirochaetaceae include other disease-causing *Borrelia* species.

Most spirochetes are free-living and anaerobic, but there are many exceptions. Pathogenic treponemes, leptospire and *Borrelia* types invade the blood and tissues of various mammals and birds, with *Borrelia* species requiring ticks or lice as carriers. Treponemes, now only pathogenic in humans, are less hardy than leptospire.

All three have a range of shared characteristics. Their genomes are small, even by bacterial standards. All are effective at evading the body's defenses and can cause long-term infections with periods of quiescence. Although many organs can be affected, there is a particular affinity with the skin and nervous system, including brain tissue, leading to neurological symptoms.

Adverse effects result not from toxin production but from host immune system responses; relapses occur when the spirochetes create new surface proteins that disrupt our protective mechanisms. Ironically, it is rapid, substantial changes in human behavior and environments that have exacerbated the spread of these elusive organisms. [Adapted mainly from Todar and Wikipedia websites]

The Syphilitic Miasm

The focus in this section is on the most pronounced features of the miasm overall, including its more extreme manifestations in broader sociopolitical contexts. Other individual presentations found within clinical practice will be discussed in the Syphilinum Nosode section.

Please note the medical warning given near the start of the section below on Syphilinum and syphilis.

The Syphilitic miasm was one of the three major "meta" miasms that Hahnemann identified, along with the Psoric and Sycotic miasms:

The second chronic miasma, which is more widely spread than the figwart-disease, and which for three and a half centuries has been the source of many other chronic ailments, is the miasm of the venereal disease proper, the chancre-disease (syphilis). [*Chronic Diseases*, p 101]

The disease syphilis had been around for a longtime prior to Hahnemann's elucidation of its operation as both an acute and chronic disease, along with its energetic miasmatic impact. In the 15th and 16th century, it was particularly virulent and many times followed military campaigns. It was known by many different names including "the (great) pox" or "bubas".

The xenophobic aspect of the Syphilitic miasm comes out further in the naming of the disease. The Italians called it "the French disease" or "Morbus Gallus," and the French called it "the Neapolitan (Italian) disease." There are many similar examples elsewhere, such as "the German disease," "the Portuguese disease," and so forth. Overtime, the definitions of the stages of the disease became more precise, and eventually penicillin was found to be effective for the initial treatment of syphilis.

Of course Hahnemann's research on syphilis was conducted long before microscopes helped identify the bacterium involved (*Treponema pallidum*, recognized in 1905) and prior to work on bacteria taxonomy that established groups and relationships among related microorganisms. It was also prior to the advent of antibiotics for the treatment of syphilis. But Hahnemann's extensive observations and descriptions of syphilis as a disease and as an underlying miasm or imprint in chronic disease were well ahead of the time. Many homeopaths, both classical and modern, have followed his ideas closely in their treatises on the Syphilitic miasm. In addition to paving the way for a general understanding of the long-term effects of acute contagious diseases such as syphilis and even their genetic consequences, his studies have laid down a firm foundation for an understanding of the whole Spirochaete order and its impact on chronic disease conditions.

In his extensive writings, including the *Chronic Diseases* and to some extent the *Organon*, Hahnemann traced the general history of the disease and its progression within individuals as he did with his other miasms. Within this observed disease path, he described what he called the different "states" of syphilis. These "states" were similar, but not identical, to the four conventional medical labels of primary, secondary, latent, and tertiary "stages" of syphilis, as delineated below.

Like some other physicians of his time, he was aware of the terribly toxic side effects of conventional treatments for this equally terrible affliction. As a chemist, he made a significant practical contribution to medicine by developing an alternative soluble mercury preparation, which was somewhat less harmful than the highly corrosive forms widely employed in this period. Eventually, he realized even that was problematic so he created a new mode of non-toxic treatment using homeopathically prepared (potentized) remedies by serially diluting

and potentizing his soluble mercury.

Having discussed the complex factors involved in the development of syphilis and the Syphilitic miasm, he went on to describe in detail how to use this *Mercurius* preparation to treat acute syphilis. Like many master homeopaths who followed him, he stressed the importance of treating syphilis internally, rather than externally, right from the beginning of its manifestation as the best way to resolve the condition completely:

Therefore, also, the cure of the venereal disease is effected most easily and in the most convincing manner so long as the chancre (the bubo) has not yet been driven out by local applications, so long as the chancre (the bubo) still remains unchanged, as a vicarious symptom of the internal syphilis. In this state, and especially when it is not yet complicated with Psora, it may be asserted from manifold experience and with good reason, *that there is on earth no chronic miasma, no chronic disease springing from a miasma, which is more curable and more easily curable than this.* [*Chronic Diseases*, p 104, original emphasis] Suppression of the local symptom and primarily miasmatic entanglement are thus given as the key reasons for the often intractable nature of the chronic disease state:

This disease only causes difficulties in its cure, if it is entangled (complicated) with a psora that has been already far developed - with sycosis it is complicated but rarely, but then usually at the same time with psora. [*Chronic Diseases*, p 101]

The period of latency, during which the disease becomes more insidious, and its wide range of symptoms, including frequent atypical presentations, have given rise to characterization of syphilis as "the great imitator." These qualities of unfolding in stages and mimicry, or difficulty in clearly distinguishing from other conditions, are shared by the *Lyme Disease Nosode* prepared from *Borrelia* bacteria, another spirochete.

Homeopathic clinical approaches to, and treatment of, the Syphilitic miasm are strongly based on the mental, emotional and dispositional aspects of the miasm insightfully discussed by Hahnemann. For example, the Syphilitic miasm has a strong element of deep shame, which can also be also seen in Lyme disease. It is a state that is even more covered up than in the Sycotic miasm. The sense of a moral shadow cast by syphilis was widely recognized in and around Hahnemann's time:

In the 1600s through the 1700s, syphilis was seen as an ailment deserved by those afflicted. It did not spread to the innocent. The disease was more prevalent in people who had promiscuous sex and visited prostitutes. Unfortunately, these negative attitudes prevented any organized efforts to specifically control and treat the disease. Syphilis became a lesson: Learn from those who have sinned. [Shmaefsky, *Syphilis*, p 98]

Hahnemann shared similar views, calling syphilis a product of "impure coition." However, rather than this simply being a moralistic criticism, he saw it as part of the whole clinical analysis of the miasm and a factor affecting treatment. He stated:

In impure coition there arises, most probably at the very moment in the spot which is touched and rubbed, the specific contagion. If this contagion has taken effect, then the whole living body is in consequence seized with it. Immediately after the moment of contagion the formation of the venereal disease in the whole of the interior begins. [*Chronic Diseases*, p 40]

He pioneered the idea that infectious agents, acting in a specific physical and contagious way, also operate beyond the purely physical and local, with transmission of something energetically. This helps us gain a fuller view of the miasm. Actually, such notions are also in line with the fact that once syphilis is contracted, it can enter the cerebrospinal fluid and the brain, even prior to the chancre appearing.

It is interesting how this "impurity" perspective comes up in the general symptoms of the nosode *Syphilinum*. As described further in that section, there is a tremendous fear of contagion and a "delusion he is dirty," even in children, along with shame so deep it may lead to suicidal depression.

James Tyler Kent concurred with this view and devotes Chapter 20 to syphilis in his *Lectures on Homoeopathic Philosophy*. Here he also describes its insidious nature when not first detected or treated in the primary stage:

As syphilis commences to occupy the interior tissues of man the periosteum, the bone and the brain are tissues that are sought out as the principal sites. If you will contrast that with psora you will see that the latter more commonly attacks the blood vessels and the liver and causes deposits beneath the skin, forming suppuration and boils. The syphilitic boil is not a true boil, it is a multiple tubercular mass most vicious in character.

If we observe the Syphilitic miasm in its backward progress, we will trace it back in its stages, supposing they had been suppressed. In the earlier state, the homeopathic treatment strikes at the root of the evil, and will take hold of that which would become latent, and so will then turn things into order that the chancre that is painful will become painless, will continue on as a mild and harmless sore. The bubo will be hastened to suppuration when it would not otherwise suppurate. The mucous patches will be checked, the sore throat will be greatly relieved, so that the patient is made more comfortable in all of his manifestations. In this earlier state we do not see the backward progress in the form of ulcers, etc., but we see that the tendency of the homeopathic remedy is, as it were, to quiet manifestations or subdue them, until the remedy has taken a deep and permanent hold of the economy, then they gradually subside.

So much for the action of homeopathic remedies upon earlier manifestations. [*Lectures on Homoeopathic Philosophy*, pp 164-165]

In older descriptions of the disease by both conventional and homeopathic practitioners, particularly before the advent of antibiotics, there were records of intense and severe symptoms with descriptions of patients whose health had broken down. And syphilis is still considered a seriously debilitating disease when in the later stages. In our practices, these later stages are not seen because of the use of antibiotics recommended to treat patients in the primary stages. But it is good to both know the long term impact since miasmatically or familiarly you may see these later stage elements in spite of early conventional treatment.

Early homeopaths saw patients who were in very rough shape, from both long-standing disease and long-term dosing with crude mercury. As Kent continued to explain:

If you take hold of a case that is very late, say an old case that has been five or ten years going the rounds, getting all sorts of vicious treatment, and the patient has those awful biparietal head pains, he is becoming weaker in mind, he is getting the tertiary manifestations in general, tendency to gummatous formations and deep-seated ulcerations, and is threatening to break down in health. You will find constitutional remedies can only restore him and cure him by bringing out external manifestations upon his body somewhere, [ibid., p 165]

This brings us to the main themes in this miasm. Whereas the Sycotic miasm can be described as centered on "hypergrowth," the main quality in this miasm is "destruction," a term widely applied by Ortega. Just as ulceration appears in the physical disease, we see the same feature in the mind symptoms. It is a deep state of destruction. You could also say that the Spirochaetes as a group have a twisted quality - a destructive degenerative and perverse action - also discernible in the mind for this miasm.

In addition to "ulceration," we can also use the term "erasure." We see the elements of syphilis in many genocidal and dictatorial situations. In fact, many dictators have reportedly suffered from syphilis leading to the grandiosity and violent actions they take. The idea of destruction rather than creative building becomes more of a call to action in many countries under the grip of this miasm.

In the Syphilitic miasm, there is the politics of destruction. There is the twisting of the truth beyond comprehension with the motivation of destroying political enemies.

The destructive element in the Syphilitic miasm can also come out in the desire to condemn and **erase** whole cultures and peoples. So we also see racism and nationalism, demagoguery, and violent political activities as a way of keeping order similar to, but even more extreme than that in Stage 11 and the Cholera miasm.

In addition, we can see criminality and lying where actions are beyond any moral compass. The extreme behaviors lack caring and compassion and cooperation.

There are some prominent modalities and symptoms that make me consider this miasm:

- Worse night, sundown to sunrise (nocturnal aggravation), with dread
 - Suicidal depression
 - Violence
 - Destructive behavior
 - Alcoholism
 - Forgetfulness
 - Worse heat and cold
 - Ulceration with decay
 - Offensive discharges
 - Dwarfishness
 - Physical and genetic deformities
 - Deep bone pains
 - Linear headaches
 - Neuralgia
 - Excessive salivation
 - Syphilis-type external symptoms and eruptions

Stage 17

From the perspective of the periodic table, the Syphilitic miasm has been associated with Stage 17. This is primarily true for the nosode *Syphilinum* and not so much for the other spirochetes, although they have some affinity for this stage.

Stage 17 is the second from last stage on the table and therefore the themes are reflective of being positioned towards the end. It is the last reactive stage whereas Stage 18, the final stage, is more inert containing the inert or noble gases. Stage 17 has the highly reactive halogens such as *Fluorine*, *Bromine*, *Chlorine*, and *Iodine*. Many of the key homeopathic characteristics of these remedies reflect much about the Syphilitic miasm:

Fluorine - letting go of morality

Bromine - all consuming guilt

Chlorine - letting go of caring, mothering

Iodine - letting go or banned from a culture or country

The core theme for this stage is *Perseveration with destructive condemnation*. This is reflected in the all consuming feelings and experiences seen in the *Syphilinum* patient.

In this stage, there is a feeling of finality, with nothing more that can be done and therefore a need to let go. Both polarities of letting go and desperately holding on are here. These polar

aspects are seen in many areas - work, relationships, letting go of morality (therefore towards criminality and addiction), distress about nationality, and, more generally, desperation in emotions and attitudes to life (suicidal depression).

Syphilinum

Homeopathic abbreviation

Syph.

Synonyms

Syphilis Nosode

Lues Nosode

Lueticum

Luesinum

Description

Syphilinum is a nosode energetically derived from the discharge of a syphilitic ulcer caused by the venereally transmitted *Treponema pallidum*. In its crude form, there is a characteristic ulceration (chancro), usually in the genital area, and the infection can progress through the lymphatic system and ultimately involve almost all body tissues and organs, with widespread and serious symptomatology.

As described, syphilis is a contagious condition which can have potentially serious complications. It is important that a patient or client having this condition is diagnosed, treated and monitored by a licensed physician. Emergency medical care may be required. If this disease is notifiable in your area, the appropriate steps should be taken. Information from homeopathic literature describing treatment of this condition should be read subject to this caution.

Scientific Names

Treponema pallidum (Schaudinn and Hoffmann 1905) Schaudinn 1905 *Spirochaeta pallida*

Spironema pallidum

Microspironema pallidum

Spirillum pallidum

Commentary

Like gonorrhoea, syphilis is a sexually transmitted disease. Yet, while the historical focus of the gonorrhoea nosode *Medorrhinum* has been on sexual activity and sexual liaisons, there is a different emphasis in the homeopathic description of *Syphilinum* and the Syphilitic miasm. In the *Syphilis nosode*, although sexuality is noted and often seen as different (and described as "twisted"), it is not portrayed as the main focus. Instead, the key elements of the *Syphilinum* disposition are identified as:

- Extreme self-reliance and separation
- "Ulcerated" joy, beyond hope and help
- Grandiosity
- Compulsive disorders
- Disgust and deep fear of infection
- Amplification of deviance (spiralling)
- Suicidal depression
- Tormented, tortured, twisted
- Erosion and erasure

- Misanthropic
- Xenophobia, racism
- Unchecked egotism
- Going beyond, forced exile

While the above commentary on the Syphilitic miasm discusses universal and socio-political implications, the more personal perspectives are discussed in this commentary for the nosode *Syphilinum*. These illustrate how the patient will manifest both dispositional and pathological states as a result of a miasmatic history.

I point out this distinction for *Syphilinum* because my discussion on the miasm includes many extreme elements that have major sociopolitical consequences such as prejudicial xenophobia or the desire to annihilate or erase whole cultures and peoples. The patient who needs the nosode *Syphilinum* may embrace or actively pursue ideologies of social exclusion, involving violence. Yet, they can manifest the state in a much less extreme way, *without* the broader socio-political ramifications and extreme actions.

For example, the theme of erasure can appear within the individual simply as a deep misanthropy rather than as overt, violent, and racist xenophobia. Instead of joining a racist organization, they may be members of a benign group that promotes their own culture or home nation. Or they may have had a lifetime of being the victim of attempts to "erase" them personally or forcibly push them out of their home, country, or culture.

The erasure can also be seen in terms of thinking or memory, as well as articulation. It is as if parts of the memory have eroded. They can remember prior to their disease onset, but little about recent issues. There are many homeopathic repertory rubrics for *Syphilinum* related to problems with memory and expression. Not speaking or expressing, or hunting for words, is characteristic. And there are many rubrics related to forgetfulness - for what has happened, for names, places, etc. Vanishing of thoughts can also accompany the terrible migraines that can impact a *Syphilinum* patient, leaving them beside themselves with irritability, restlessness, and violent or suicidal impulses.

As well, in the first volume of *Miasms and Nosodes*, I discuss how someone can come to a nosode from different directions. Prior to needing the *Syphilinum* nosode, a plant, mineral, or animal remedy may have been indicated. So, for example, if the first remedy was made from a venomous animal or intense mineral remedy, you may find that when the nosode is indicated the patient is still quite aggressive and has the traits of *Syphilinum* in a proactive and nasty way. Or as a second or third prescription after remedies of other types such as plants, a milder expression of *Syphilinum* may be seen, as just mentioned.

Another core issue for the *Syphilinum* patient is that they feel they are beyond hope - beyond what help the world or a higher power outside of themselves has to offer. This starts from a belief that they alone are capable of dealing with the world. They feel that they are the only ones keeping order in a progressively disorderly internal and external world, and mind state. Therefore, in the beginning, their focus is on work and self-preservation, many times in a manic way (like in the reciprocal Stage 8). They strive to do everything themselves, not trusting that others can help or will do the job in the right way.

The *Syphilinum* patient can break down into a state where they do not see joy in anything, even their work. With an accumulation of even minor mistakes or failures, they can first feel a tremendous lack of self-confidence, and then go into the horrid depression and nihilistic melancholy with no way out except via suicide. They may then lead a life of endless torment or suicidal depression, echoing the tormenting nature of syphilitic physical pathology.

Jeremy Sherr, in his book *Syphilis*, likens this essential feature of *Syphilinum* to two parallel

lines, a pattern present in some syphilitic pains:

What is the essence of parallel lines? The definition is this: These lines can never meet. Never. Ever. Ever ... Doomed to travel an endless, lifeless path, without as much as a curve, a spiral, a bend, a kiss. Imagine splitting headaches lasting for months ... Imagine 11 to 22 nights of incessant torturous insomnia ... Then *Syphilinum* can have but one wish, one prayer - please dear God let it end!

[Sherr, p 213]

I find it is an important remedy for artists, especially classical musicians and dancers, who have spent a lifetime of intricate and obsessive study and practice in something they feel is superior and more noble than the pursuits of others. This leads to, or is accompanied by, self-aggrandizement and an expression of superiority. These aspects are reflected in their interpersonal relationships, where they become highly egoistic and have a great need to be recognized for their talents. It can then progress to a deep hatred of others and megalomania.

Addictions

These deeper despairing feelings can also spark the desire to break free from their circumstances in life and become completely unfettered, again with addictions as escape valves. They can attempt to hide the failures or problems and relieve them with addictive behavior that involves drugs, alcohol, or sex. In *Syphilinum*, the qualities of torment, egotism, hatred, and violence can combine to create a toxic state of alcoholism - an aggressive, violent drunk, often favoring heavy consumption of hard liquor, who puts their partner and children through tremendous suffering. There is often a family history of alcoholism, which I see as a kind of separate miasm. But the alcohol "miasm" is in a sense a layer on top of other miasms, chiefly syphilitic, tubercular, or sycotic, and also many other miasms. Incidentally, the remedy for the alcohol stage in these cases would be homeopathic *Ignis* rather than *Alcoholus*.

Chronic States

There are two different chronic states of *Syphilinum*, although they can blur together. One state is predominated by great anxiety and obsessive thinking. The other state is similar but is predominated by dark torment. This state, you could say, is driven by man's "heart of darkness." I will describe both states below, followed by further discussion on significant overall aspects of the nosode, including some points of comparison with other syphilitic remedies.

Compulsive Rituals

The state of obsessive compulsions and anxieties, coming under the modern diagnostic category of OCD, stems from the major characteristic of great sensitivity to, and abhorrence of, contagion. They have a compulsive need to keep order and be cleansed of other influences, whether pathogens or people. This urge for purification is shared by homeopathic remedies made from Stage 1 7 Halogens, such as *Fluorine*, *Chlorine*, *Bromine* or *Iodine* which are employed for disinfection!

In conjunction with this, you may see ritualistic behavior. One teenage patient of mine, prior to getting the nosode *Syphilinum*, would hide when anyone got a cold or influenza in his family. He would have to wash his hands after touching anything that the "contagious" person had touched. If his mother, who had a mild toe fungus, came even close to his belongings with her feet, he would then wash all his possessions. He was also terribly superstitious.

Coverage in the repertory of the behavior exhibited in this pathology is patchy. There is a

more modern rubric, added recently entitled "Mind; Compulsive disorders," which is based on clinical symptoms. I also find useful the older rubric "Mind; Superstitious." *Syphilinum* is in this rubric, and it is one of the main remedies I consider for this condition. The main compulsion around cleanliness and contagion is in the repertory rubric "Fear disease, of; contagious, epidemic, infection."

Along with hand-washing and cleaning, many other types of compulsive rituals may be performed. Combine this with "hypochondriacal anxiety," a morbid sense that something is wrong with them or that they have a terrible disease, and you get the sense of someone in the throes of anxiety and self-absorption, which impacts all those around them. As children, they will have a tremendous anxiety with shrieking at night which exhausts the parents.

Torment

In the second, related state, the patient needing *Syphilinum* has an overriding sense or history of being tormented, or a desire to inflict this on others. There can be a desire for sadomasochistic sex and other unusual sexual habits. In the old classical texts there is reference to "perversion." I also see many times a desire for tattoos, especially multiple tattoos. There may be self-mutilation and cutting oneself. This is all part of the underlying theme of destructiveness.

There is a tendency for all behaviors to become amplified as "deviant" or "twisted." This can involve strong expressions of depression and irritability, as well as causeless weeping or laughing.

With this intense state comes what Phatak calls a "hopeless despair of recovery," a feeling of desperation and a need to break whatever agreements they have made. The patient who needs *Syphilinum* has difficulty in making commitments and is usually a loner, even when in a relationship. This antisocial mistrust and detachment from others can have roots in feelings of disgust and contagion within themselves and others. In common with other spirochetes, they have a tendency to torment others with their negativity with a strong urge to spread their destructive pessimism. It can derive from a compulsive sense that something terrible will happen or that they have forgotten something important - a kind of dark foreboding which also goes with their nihilistic state.

They do not cope well with sympathy and can be quite sarcastic or blunt, making offensive remarks if this is offered. They may appear highly analytical and logical, with sharp, unsympathetic condemnations of others.

The violence and anxiety states of the *Syphilinum* patient are similar to those in *Lyssin*, but without the remorse afterwards and without the issues concerning water found in the *Lyssin* nosode. The teenager I described above also told his mother, a therapist and pacifist, that his solution for dealing with his brother was to "hit him, period, end of discussion."

Syphilinum is also in the rubric "Mind; Striking," and in children, the syphilitic keynote of destruction and destructive impulses is often vented in sudden hitting.

As well as physical acts such as fights and hitting (including knife fights as in *Mercurius*), this violence can also be manifested emotionally in a nihilistic view of the world that is shared by other syphilitic remedies, such as *Nitricum acidum*. In *Aurum*, the syphilitic darkness similarly leads to suicidal depression, but there can be amelioration from religious faith. But in *Syphilinum*, the heart is gripped by darkness without relief, peace or hope, or it is held at bay only by sublimation into extreme forms of obsessive behaviors.

Indifference and Nihilism

Their nihilism can involve a "who cares" attitude, represented by a range of Mind rubrics relating to indifference (e.g. towards their appearance, pleasure, loved ones or relations)

and include "Indifference, to future, far away feeling," where the mind also goes blank. This detachment from their feelings can extend to disregard for other people and social norms, echoed in rubrics such as "Moral feeling, want of," and "Liar."

There is a tendency towards violence that occurs when the *Syphilinum* patient meets any opposition. The dictatorial quality is strong in the whole miasm, as we see in *Mercurius* and other remedies. Overall, they tend to be irritable most of the time, heightened by their tormenting pains. The abrasive quality can deepen to an "impulse to kill" noted by Boenninghausen, as well as the suicidal ideation found in other syphilitic remedies.

Dementia

And eventually, like in tertiary syphilis, the patient needing the energetic nosode (without the disease bacteria being present) may go into a state of dementia with severe weakness of memory. This forgetfulness applies, for example, to persons, places, and what they just read. They may make mistakes in talking and pronounce words incorrectly.

A Teenage *Syphilinum* Patient

This case of a 13-year-old boy illustrates some typical clinical features of *Syphilinum* in a younger individual. At the initial appointment, he sat rather sullenly as his mother started talking; she explained that he had various nervous tics, with a recent diagnosis by a psychiatrist of Tourette's syndrome. As well as slight facial tics, which I could observe at times, she mentioned he engaged in repetitive actions. The main one was that if a plate of food was put in front of him, he lifted it up and blew on it, sometimes for long periods. He also did things like compulsively brush off chairs before he sat on them.

After his mother gave many details, I turned to him and asked what he thought his main problem was. With great hesitation he said, "I have OCD," then paused, looked down and said no more. After a short while, he turned to his mother and said, "When are we going to leave?" When his mother responded that she needed to explain everything required, he continued looking down, and grudgingly replied, "It's OK, as long as this doesn't take too long." It seemed she was very cautious around her son, as if to avoid setting him off, and quietly confided that she was "at the end of her rope."

The mother said that he continually wanted new towels in the bathroom, several times per day, and took an excessive amount of time in the shower. When I explored the OCD more thoroughly, she stated that when he blew on the plate, he was really checking to see what was in the food.

He denied everything, rubbing his face if she spoke about difficult topics, such as his behavior. The mother also mentioned his constant desire to be outside riding his bike on his own. If not allowed out, he became disruptive and argumentative. He was rebellious and blamed the mother for everything. He had tendencies to resentment, jealousy and physical aggression, as well as a surliness which was evident in the interview.

As the appointment continued, he told how it was very difficult for him with his older brother. He continually used the phrase "bugs me" about his brother, his school, and other people. The mother said she gave him homeopathic *Belladonna* many times when he was younger for various complaints and for crying out at night. As a child, he would never smile. He had a history of asthma, with steroids and inhalers, but it had not been a problem for the past year. Though the mother did not reveal much in the family history and was quite healthy herself, she said that her husband, the patient's father, was under psychiatric treatment for severe depression and that the whole family could get down when the father exhibited depression. My analysis of this case hinged on the obsessive quality and the fear of contagion that he hid by blowing or other actions as well as the sullen quality. I prescribed *Syphilinum* 200C

taken as a single dose and repeated after one month. At the two-month follow up, he seemed much happier, and his tics and OCD were significantly improved. At the end of six months, he and the mother stated he had less need for many daily towel changes, and spent less time in the shower and on preparations. He was also less abrasive and sullen with the family. His tics and OCD continued to be better.

All-Consuming

As in this case, whatever the *Syphilinum* patient experiences goes very deep (ulcerates) and torments them, whether this involves emotional reactions and feelings, mental expressions, or physical pathology. So for example, when a patient has feelings of guilt, this is not directly expressed in relation to remorse over a particular action, but is manifested as a more generalized, all-consuming sense of sinful religious torment. If they experienced a lack of care as a child, there will be an immense disengagement from others and deep feelings of not belonging. They can become totally indifferent and apathetic. There may be a family history of protracted violence and abuse.

Syphilitic Appearance

I always have a sense of a Syphilitic miasmatic appearance and thereby recognize that the nosode may be needed at a certain point, but not always at the beginning of treatment. As described in the materia medica and repertory, the *Syphilinum* patient can be "dwarfish" or have some body parts that are smaller than normal. They may have small serrated teeth. A strong characteristic is *asymmetry* in the face or body and also visible deformities. There can be an emaciated look to the patient (or actual emaciation), with prominent cheekbones. The emaciation is also prominent in the lower extremities. They may suffer from baldness and alopecia.

A similar appearance can be found in patients who have needed various *Mercurius* remedies, who often have a very pale, whitish complexion, and *Syphilinum* may follow these syphilitic remedies. They can also be old looking, especially babies and children. However, bear in mind that such highly characteristic features of the appearance or physiognomy may not always be present when the nosode is required, since there can be many other remedy layers and physiological growth factors that lead up to the patient presenting themselves in the moment when they see you.

Physical Symptoms

In accord with the potentially devastating disease syphilis itself, physical pathology is typically intense and "deep," a word often applied by patients during consultations as well as in our literature. The plethora of physical symptoms for *Syphilinum* can include genetic defects like cleft palate that are part of the Syphilitic miasm.

In the state that necessitates the *Syphilinum* nosode, there may be symptoms and conditions **echoing** conditions found in tertiary syphilis, such as:

- Neurosyphilis: severe infection of the central nervous system, divided into six categories based on the presentation and advancement of the disease
- Cardiovascular syphilis: causing aortic aneurysms and mitral valve regurgitation
- Gummatous (late benign) syphilis: characterized by the presence of soft, tumor-like gummas

Manifestations of cardiovascular syphilis include pericarditis, epicarditis, myocarditis, and peripheral arteritis and phlebitis. Even Raynaud's disease may be associated and this condition may eventually benefit from *Syphilinum*.

The severe states especially in Stage 3 definitely require extensive conventional medical interventions and care. But along with conventional care, the nosode can help. These states

include mental and physical disintegration, with slow degeneration (demyelination) of the neural tracts throughout the body. This can cause a wide range of problems, including hearing and visual loss and, in tabes dorsalis (affecting particularly the dorsal portions of the spinal cord), loss of proprioception and touch perception.

Patients can experience severe headaches with irritability, restlessness and sleeplessness. Head pains are often described as deep, cutting, burning, maddening, or stunning. There may be visible pulsations of the temporal artery, and a keynote is pain tracking along definite lines, often two parallel lines. The headaches can be continuous and constant with varying waves of intensity.

As a result, you may find they take multiple painkillers and can even have addictions to them. *Syphilinum* can be helpful for individuals with drug addictions in keeping with the Syphilitic miasm as a whole and with Stage 17. It can also be a remedy in alopecia totalis and alopecia areata.

The eyes are also commonly a seat of problems. *Syphilinum* may follow the mercury salt *Cinnabaris*, which is another major syphilitic eye remedy. You may see episodes of iritis and other eye inflammation. You can think of *Syphilinum* for patients with massive discharges, styes, and redness where other well-indicated remedies fail to relieve. There is also a tendency to ptosis of the upper eyelid, paralysis of the muscles, and paralytic strabismus. The face may have paralytic symptoms such as Bell's palsy and you may see spasmodic twitching, and tics, often with a wrinkled forehead.

It is similar for the ears, where there can be deafness of an unknown cause and continuous discharge from one ear or both. The nose also can have green purulent discharge. In syphilis, the septum of the nose is affected (ozena), and you may see analogous nasal problems without the disease necessarily being present, such as erosion of the cartilage, ulcerations, and perforation of the septum.

As with the *Mercurius* remedies, there are many mouth symptoms, including salivation that is tough, ropy, and sweetish. Affections of the hard or soft palate, including cleft abnormalities can occur. As noted above, the teeth can be serrated and deformed, irregular, or overcrowded, with easy decay. There can be a sensation of worms in the teeth.

Along with ulceration on the skin and mucous membranes, the inner organs of the patient needing this remedy can be strongly affected. We know that the *Mercurius* remedies, especially *Mercurius corrosivus*, are important remedies for ulcerative colitis and *Syphilinum* may be required to complete the cure, so to speak. There can be severe prolapse of the rectum and painful fissures of the rectum, with or without bloody mucous stools. Or there can also be painful constipation, the pains keeping the patient awake at night.

As well, this nosode can help with severe problems with the sexual organs. In men, you may have inflammation of the spermatic cord and severe pains where they cannot sit still. In women, there can be severe pains in the ovaries, especially the left ovary and acid, corrosive leucorrhea. There may also be painful ulceration in the cervix.

The general modalities of this remedy also feature the themes described under the Syphilitic miasm, including corrosive discharges and frequent, widespread ulceration. As well as "dwarfishness," there is paralysis that is slow and advancing with characteristic weakness on waking in the morning. *Syphilinum* patients are worse in thunderstorms and wet windy weather, especially warm wet weather. Aggravation at night, from sunset to sunrise, is a useful distinguishing feature from the Sycotic miasm and *Medorrhinum*.

The pains are worse at night and can increase and decrease either gradually or suddenly. As mentioned above, they are typically severe, shooting along nerves and bones, often in a

long, sharp line or lines. They are so intense that they tend to provoke extreme irritability, or sadness and depression.

This important key element of being worse at night can manifest in many different organs and areas of the body. For example, with skin problems such as eczema, the patient will be much worse at night. In children and adults, they will be awake all night scratching and even violently digging at the skin until it bleeds. The destructive violence of the Syphilitic miasm manifests in the way the patient deals with the problem or even the pathology.

Syphilinum is perhaps not a remedy you first think of for chest problems, whether a simple cough, excessive expectoration, or asthma. Yet there can be a malignant, unrelenting asthma which is worse especially from 1-4 a.m. and worse during a thunderstorm. There can be hard coughing at night with tasteless expectoration. Such respiratory ailments thus fit the general modalities of this remedy. As well, there may be lancinating pain in the heart from the base to the apex and pressing pains in the sternum.

I also prescribed *Syphilinum* for a teenage boy who had a severe chest malformation; he had pectus excavatum (pigeon chest) along with spinal scoliosis. In high school, he became an excellent basketball player but was very upset having to change in the locker room. His mother experienced severe postpartum depression after his birth. His father could be quite physically violent with him when he was younger but through homeopathy underwent a dramatic and positive transformation and was much more positively connected to his son at the time of the interview. Both these past experiences of the parents made me think of the Syphilitic miasm.

His parents warned me that he rarely said anything positive or joyful, but spoke only about negative issues or negative sensations in his body. Though he was said to have a good sense of humor, it was described as sarcastic or "twisted." He was generally detached from his younger sister and from life in general; although very bright, he did not really engage socially or in school. In the interview, he did not have much to say. His parents described that he did not connect to people, objects, or events around him very well.

I first gave him homeopathic *Rauwolfia* followed by *Erbium silicatum*. They helped, but the remedy that had the most impact was *Syphilinum*. The parents stated that almost immediately after this remedy there was a dramatic shift. He became more energized, involved, connected, and happy. They said, "He became so confident, outgoing and interactive after taking the remedy." Over three years he took repeated doses of the 200C potency, once every 3 to 6 months. And at the end of the three years there was also a dramatic improvement in his scoliosis and chest malformation.

These types of malformations always make me also think of the Syphilitic miasm and *Syphilinum* the remedy but the dispositional factors were confirmatory.

One of the benefits of homeopathy is that it can prevent the extreme manifestations of any disease. And many times, even though the physical infection is removed by conventional means, the unfavorable long term energetic or secondary effects are still present. This is where a nosode is very important. Thus, treating young children and young adults, as in the cases in this commentary, can transform a life path into one of positive health and stability.

Names and Meanings

Syphilis - from the title of a poem by the Italian writer and physician Girolamo Fracastoro (*Syphilis sive Morbus Callicus*, Syphilis or the French Disease, 1530). The hero, a shepherd boy called Syphilus, curses Apollo (the beardless youth, diversely portrayed as god of light, the sun, truth and prophecy, music and the arts, and bringer of both healing and plague); in

retribution he is inflicted with the pox by the god. The name may derive from Greek (s)us, (σ)υς, pig + -phil-, from *philein*, φιλεῖν, to love, signifying a pig-lover. The Greek word *siphlos*, σιφλός, means crippled or maimed and another very similarly written word is *siphlos*, σίφλος, a defect or blemish.

Lues - Latin, a plague, pestilence, infection, later applied only to syphilis. A word with the same spelling describes something which is not bound, hence fluid rather than frozen water. This is related to Greek *luo*, λύω, to loosen, set free.

Great pox - Old English *ƿocce*, a pustule, from Proto-Germanic *puh(h)-* to swell, blow up. The plural, later spelled pocks or pox, described a disease characterized by such eruptions from the early 14th century. The great pox was so called to distinguish it from smallpox.

Spirochaete, spirochete - Greek, *speira*, σπείρα, a coil, a spiral, something twisted or wound + *khaite*, χείτη, hair, mane, describing a long, thin, spirally-coiled bacterium.

Family

The microorganism *T. pallidum* responsible for syphilis is of the *Treponema* genus, within the Spirochaetaceae family of the Spirochaetales order.

Periodic Table Stage and Phase

Stage 17 (Halogens); also see the reciprocal stage - Stage 8
(Phase 7 in Scholten's Plant Theory)

I discussed Stage 17 under the Syphilitic miasm, which also applies to this nosode.

Source Notes

[Adapted mainly from CDC, Merck, NIAID and Wikipedia websites]

The Disease

The sexually transmitted disease (STD) syphilis is associated with the bacterium *Treponema pallidum*. It has been described as a grand imposter or imitator because so many of its signs and symptoms are indistinguishable from those of other diseases.

Syphilis is transmitted from person to person through direct contact with a syphilitic sore or chancre during vaginal, anal, or oral sex, and to fetuses via the placenta from an infected mother. Cases of infection during blood transfusion and close skin contact have also been noted. The incubation period is 10 to 90 days, with 21 days being average.

As already noted, conventional medical care even emergency medical care is required in many of the conditions as related to all the stages described.

The disease is classically divided into three stages (four including the main latent stage), though up to eight have been identified.

In the primary stage, single or multiple sores appear mainly on the external genitals, vagina, anus, or in the rectum, and less often in or around the mouth. These are normally small, hard, round, and painless, with a watery discharge, and last around 3 to 6 weeks before healing, even without treatment. They may be accompanied by hard, painless regional lymphadenopathy. The initial chancre may go unnoticed, but without treatment the disease progresses and serious long-term complications may ensue.

The second stage represents a general systemic infection when treponeme levels peak. It typically begins with a non-itchy skin rash on one or more body areas, appearing as the chancre is healing or several weeks or months later. Small, rough, red, or copper-colored measles-like spots including on the palms and the soles are particularly characteristic, but syphilitic eruptions may vary widely, sometimes resembling other conditions. The rash may also be so faint it is not registered. If mucous membrane lesions recur, most commonly in the first year following infection, these are also contagious. Symptoms of secondary syphilis

may include fever, swollen lymph glands, sore throat, patchy hair loss, condylomata, nightly headaches, weight loss, muscle aches, fatigue and malaise. The fever may be slight or intense, continuous or remittent, imitating diseases such as malaria, typhus, or typhoid. Large, ulcerating lesions may occur in immunocompromised individuals at this stage. Left untreated, these symptoms disappear within a few weeks or up to about six months, but the disease then enters a period of "latency" (actually sensitization to the invading organism and insidious, progressive internal inflammation) that may persist indefinitely, or may be followed years or even decades later by tertiary or late-stage manifestations. By now it is no longer contagious, but relatively few treponemes cause ongoing, hidden damage to internal organs manifested in gummas (gummata). All body tissues apart from the hair, teeth, and nails can be affected and gummas can appear on the skin (where they are usually painless, with a sharp edge) as well as internally. Key sites are the liver, long leg bones and upper respiratory and digestive tracts.

Skin rashes or ulcers often signal the onset of the tertiary stage; these are often localized, asymmetrical, and itchy, unlike the earlier eruptions. Clinical categories of end stage syphilis include benign tertiary, cardiovascular, and, in nearly 20% of cases, neurosyphilis (which includes asymptomatic, meningovascular, or parenchymatous types, known as general paresis and tabes dorsalis, as well as acute syphilitic meningitis).

Warning signs of general paresis (syphilitic paralysis of the insane) may appear within years or decades of the original infection. These include intermittent bizarre or anti-social behavior, vertigo, tinnitus, auditory hallucinations, insomnia, severe fatigue and weight loss, along with episodic paralysis, coordination and speech difficulties, numbness, severe neuralgic or rheumatic pains, tremor or convulsions. Just before final paresis and physical decay sets in, mood swings tend to become extreme, swinging from grandiosity to suicidal depression and this period often combines explosive rage with rigorous control over expression.

Tabes dorsalis involves syphilitic myelopathy of the spinal cord and peripheral nerves, particularly the posterior columns, and dorsal roots, leading to intense pain and ataxia. Symptoms include abnormal sensations, severe lightning- or knife-like pains, problems with walking, balance, and coordination, paralysis, impotence, difficulty in urinating, and loss of muscle reflexes and strength. A stiff stance, developing into a wide, stumbling, erratic gait is typical. The mind remains intact throughout the suffering. Cardiovascular complications are particularly dangerous, with inflammation of the aorta, aortic aneurysm, and heart valve damage capable of causing sudden death and often diagnosed only at post-mortem. Mental illness including dementia, as well as meningitis, strokes and eye diseases may also result. In congenital as opposed to acquired syphilis, the overall likelihood of transplacental transmission of untreated primary or secondary disease is between 60 and 80%, with later pregnancy carrying the highest risk. Recent infection in a pregnant mother almost always leads to miscarriage or stillbirth. If contracted a little further back in the past, the baby typically displays early manifestations resembling the secondary syndrome. The infant can also look like an old person.

The disease may persist in a permanently latent asymptomatic form, or there may be later manifestations emerging after the age of two that resemble tertiary stage symptoms. Hutchinson's triad of small, deformed teeth, especially upper incisors, corneal opacities and partial or complete deafness were common confirmations of this condition. Among other indications are recurrent arthropathies, collapse of the nasal septum or palate, optic nerve atrophy, interstitial keratitis, neurological problems, and developmental delays.

The Bacterium

Like other spirochetes, *Treponema pallidum* is a small, thread-like, motile bacterium able to corkscrew through sticky mucus and between the body's cells. Its flat, wavy shape is different from other spirochetes which are typically helix-shaped. Discovered and named by the German bacteriologist Schaudinn in 1905, it averages only 0.15 µm in diameter but 10 to 13 µm in length.

Unlike syphilis, the other types of treponematoses are non-venereally transmitted. Yaws, spread by skin contact, is a three-stage disease with cutaneous rashes and sores, followed in some cases by widespread bone, joint, and soft tissue destruction. Bejel typically spreads from mouth to mouth, with raised, eroding lesions on the limbs and trunk, often periostitis of the leg bones and later gummas of the nose and soft palate. Pinta causes raised papules that enlarge, thicken and desquamate, sometimes followed by skin pigmentation changes. Yaws occurs throughout the tropics, bejel appears in the Eastern Mediterranean and West Africa, while pinta is endemic in Central and South America.

Controversial theories posit spirochetes as forerunners for the whip-like locomotive components of human sperm and perhaps even nerve axons and dendrites.

Clinical Focus Guide

Appearance of Patient

"Dwarfish"

Deformities including facial, bone, genetic malformations

Concave face, small sunken nose, squarish skull

Wrinkled forehead, with early baldness or receding hairline (even in women)

Pale

Emaciation

Small serrated teeth (See also the Teeth section below)

Babies and children can look very old

Also normal appearance without any trace of malformation

Mind and Disposition Focus

Ulcerated joy

Absence of hope

Hopeless despair

Cannot see the joy in anything

Lost in work or distractions

Addictive

Weeping, in children, at the least worry

Constant shrieking in children

Sadness, melancholy, depression

"Horrid," deep

Suicidal depression

Morose

Oversensitive

Darkness descends, "heart of darkness"

No end in sight

Dark and deep depressions

Foreboding, anxiety

Fear of impending disease and problems

Panic attacks

Mental exhaustion on waking**Secretive**

Averse talking, telling symptoms

Jocular and joking to hide symptoms

Egotism and megalomania

Delusion great person, superior

Crazy dictators with a history of syphilis

Delusions of grandeur

Grand schemes

Bombastic

Squandering money

Mood swings

Grandiosity to suicidal depression

Fear of contagion, disgust

Constant hand washing

Long showers

"Bugged" by others

Absolute cleanliness and aversion to dirt

Delusion dirty, stinking

In children

Obsessions and compulsions, OCD

Morbid obsessiveness

In work or art

Counting, blowing, superstitious avoidances

Superstitious

Obsessive about cleanliness

Ritualistic

Repetition

Ultimate detachment from feelings**Indifference to**

Pleasure

Relations, loved ones

Work

Future

Morality, values

Separation

No meeting with others, separation .

"Two parallel lines not meeting"

Desire to be alone (end stages)

Misanthropic

Tormented, tortured, twisted

Attitudes

Guilt

Sexuality

Sadomasochism, etc.

Inner antagonism**Causeless**

Weeping

Laughing

Constant weeping or shrieking in babies and children

Desire to torture, sadomasochism, sadistic

Erosive, erasing personality

Homicidal (Boenninghausen)

Aggressive, critical

Aggressive sarcasm

Striking

Striking the wall

Sympathy aggravates

Delusion neglected

Misanthropic, antisocial

Feeling persecuted, attacked

Nationalistic, xenophobic, racist (Spirochaetes)

Alcoholism

Hard liquor, heavy consumption

In family history

Violent, abusive alcoholic

Analytical, logical

Sharp delineations and deadly criticism

Tics, Tourette's syndrome

Confusion, dementia, memory problems

Forgetful

But remembers everything previous to his disease

Many rubrics for memory weakness, e.g. for

What has happened

Persons

Places

What one has read

Everything since his disease

Mistakes in talking

Physical Focus

Head

Alopecia totalis and areata

Headache

Cutting, burning, maddening, stunning pains

With irritability, suicidal impulses, restlessness or sleeplessness

Linear - as if in a line or two parallel lines

From vertex deep into brain, from temple to temple, front to back Endless

High fever with migraine

Visible pulsations of the temporal artery

Eyes

Inflammation and ulcerations

Iritis, worse night

Corneal ulcerations

Ophthalmia neonatorum

Chemosis (of conjunctiva)

With massive discharge

With burning pain

With sensation of sand

Eyelids

Adhere during sleep, glued in morning

Ptosis of upper lid

Paralysis of eye muscles, paralytic strabismus

Diplopia; myopia

Styes

Redness

Ears

Calcareous deposits

Deafness

Progressive, of unknown cause

Discharge, glutinous

Nose

Discharge

Lumpy green, purulent

Syphilis symptoms

Perforated septum, syphilitic ozena

Ulcers

Infections in babies

Face

Bell's palsy
Spasmodic twitching, tics
Neuralgias
Eruptions
 Coppery
 Itching

Mouth and throat

Tongue:
 Indented and large
 Cracked, with two longitudinal parallel fissures
 Sensation as if paralyzed
Salivation (especially at night)
 Tough, ropy, sweetish
Affections of hard or soft palate
Hypertrophy of tonsils

Teeth

Small and serrated, especially incisors
Deformed, irregular
 Jagged, pointed or cupped
 Jammed and too crowded
Caries at edge of gum
Pains
Worm sensation

Stomach

Desire for alcohol
Aversion to meat
Appetite changeable, capricious
Heartburn with coughing
Pain cramping
Incessant vomiting

Abdomen and rectum

Prolapsus of the rectum looking like a full-blown rose
Nodosities in the inguinal region
Painful constipation
Hemorrhoids painful, bleeding, sore
 With ulcerating rectum
Painful fissures of anus and in rectum

Female

Menses too early, copious, bright red
Leucorrhœa
 In children
 Obstinate, massive, with soreness
Sensitivity of os uteri, strong pains during coition
Sharp, zigzag, shooting pains in region of uterus
Cutting pain in ovary during orgasm

Chest and respiration

Asthma
 During thunderstorm
 Worse after midnight especially 1-4 a.m.
 Worse eating
 Malignant
Tasteless expectoration
Hard coughing at night, preventing sleep

Painful or sensitive breasts

During menses and independently from menstrual cycle

Lancinating pain in heart from base to apex

Pressing pain in sternum

Heart and circulation

History of aneurysm

Ulcerating varicosities

Extremities

Rheumatic pains

Independent of weather

Worse night

At the insertion of the deltoid muscle, impossible to raise the arm laterally

Deep bone pains

Growing pains at night

As if they were sawed

Especially tibia

Rheumatoid arthritis (*Kali iodatum*)

Osteosarcoma, Ewing sarcoma

Abscess of psoas

Perspiration at the wrists

Unbearable itching between the toes or on extremities

Nervous system

Tremor

Paralysis throughout body

Aphasia

Syphilitic (tabes dorsalis, dementia paralytica, general paresis of the insane)

Sensory deficits and paresthesia

Loss of smell

Numbness

Loss of sensation on top of feet

Ataxia

Walking with feet wide apart

Pains, neuralgias

Burning and tearing in legs

Like lightning

In two lines

Sleep

Sleeplessness

All night (e.g. in elderly people)

Since birth

With or without shrieking

From depressive anxiety

Causing fainting

Fever, with:

Severe headache

Restlessness and irritability

Sleepiness, especially during thirst stage

Extreme exhaustion (during or after fever)

Great thirst

Profuse night-sweats

Aggravation from heat

Coldness begins in anus

Skin

Copper-coloured spots

Small red eruptions - syphilitic rash
Tiny spreading rash
Ulceration
 With abscesses
 With a grey base
 Cancerous rodent ulcers
Succession of boils
Eczema scratching at night until raw and bleeding

General pain characteristics

Worse at night
Gradually increasing and decreasing in intensity and/or duration
 From one night to the next
Suddenly appearing and disappearing
Severe, neuralgic, shooting
 With sadness and depression
Periodic
Linear pains
 Along a long and sharp line, or parallel lines
Neuralgic, in damp weather
Wandering

Generals

Worse night, sunset to sunrise
Weakness on waking in morning
Worse wet windy weather
Worse warm wet weather
Worse extremes of heat and cold
Worse seaside
Worse thunderstorms
Worse mountains
Better slow motion
Better cold bathing of part
Desire for alcohol
Aversion to meat
Dwarfishness
Corrosive discharges
Fistulas, ulcers
Paralysis, slow, advancing
Atheroma
Tumors, benign and cancerous
Physical asymmetry but symmetrical complaints

Selections from Traditional Homeopathic Sources

From Kent's *Materia Medica*

Whenever the symptoms that are representative of the patient himself have been suppressed in any case of syphilis, and nothing remains but weakness and a few results of the storm that has long ago or recently passed, this nosode will cause reaction and restore order and sometimes do much curing, and the symptoms that must always be present, that represent the disordered state of the economy will appear to guide to a restoration of health. *Syphilinum* often does bring back the ulcers in the throat and the eruptions. When there are

violent neuralgias of the head, in sides of head and over the eyes, great soreness in bones of legs and head; and the multitude of symptoms of nerve syphilis all nondescript, then it is that the patient will be made free from suffering, and given sleep, strength and appetite. But the ulcers and eruptions will come back in some cases, and it is all the better if they do. It is by no means limited to patients who have had syphilis. It can be used like any remedy against the symptoms of the provings, or such as are similar to symptoms common to the disease or against the symptoms like the numerous verified clinical symptoms.

Many symptoms are worse at night in bed, many come on in the evening and last till morning. From sundown to sunrise marks the time of many violent pains and sufferings. Some are better from heat, and some are better from cold air and cold applications. There is great prostration in the morning on waking. It has cured many cases of epilepsy. Epileptic convulsions after menses. Sleeplessness, sometimes only one-half of the night, again the whole night. The blood feels hot flowing through the arteries during the night. Wandering pains here and there all over the body. Pain in the periosteum, nerves and joints. Pains sometimes increase gradually and decrease gradually. Sharp pains here and there. Complaints worse in the cold weather of winter and heat of summer. Extreme emaciation. Abscesses. Paralysis of limbs. Caries of bone. Curvature of spine. Gummata. Dwarfish children. Curvature of bones. Enlarged glands. Offensive odor of the body. Soreness to touch in many parts, especially bones. It has often been observed that in syphilized invalids remedies act but a few days and must be changed.

This always calls for the nosode; when there is only great weakness and few symptoms it will act well.

When there is ulceration of legs, throat, mouth or other parts with no repair. Fistulous openings, exostoses, fissures, tubercles and warts have been cured promptly. When it has been used against the primary manifestations of the disease and in the earlier phenomena it has generally resulted in failure. It is seldom the best remedy for syphilis per se, but for marked and suppressed syphilis it seems to restore a sort of order and bring better reaction. The author has many times observed that gummata in throat and anus will take on destructive ulceration in old broken down cases after *Sulphur* has been given, and that *Syphilinum* will restrain it and establish repair.

From Hering's *Guiding Symptoms*

Hering's materia medica begins with a useful list of journal articles featuring Swan's proving and a range of clinical cases, including cures and amelioration of ailments including:

- Chronic syphilitic headache affecting mind
- Eye symptoms: rheumatic ophthalmia, inflammation of cornea, ptosis
- Ozena syphilitica
- Cancer of right maxilla (relief of nightly pain); syphilitic destruction of hard and soft palates
 - Facial paralysis, aphasia & paralysis
 - Caries of spine; rheumatism
 - Pain along spermatic cords; leucorrhoea; osteosarcoma in labia
 - Syphilitic neuralgia (worse at night)
 - Nervous chills
 - Asthma
 - Bubo
 - Papular eruption; blood-boil; syphilitic prurigo and herpes

Selections from Contemporary Homeopathic Sources

***Syphilinum* Materia Medica**

From P. Sankaran, *Elements of Homoeopathy*

Whenever a patient is decidedly worse at night, whatever the disease, *Syphilinum* should be considered. I also find that wherever there is a history of many abortions [miscarriages], *Syphilinum* will often be needed. I must relate a very novel case cured by *Syphilinum*.

Once a child aged about 3 months was brought to me by its parents. The father complained that since the day of birth the child had been screaming all the time except while it was taking feed or while it was asleep. The rest of the time it would scream without a minute's pause. The child had been taken to many hospitals and child specialists and being unable to find the cause the physicians had merely prescribed sedatives. Even these sedatives would not work. The parents had spent sleepless nights and the neighbours were seriously annoyed. The father of the child

who was a Pathan told me that his life had become a nightmare. He requested me that either I should cure the child or give some poison and finish it off. This request reflected his deep disgust.

I could elicit no symptoms of homeopathic value; there was no history of illness in the mother or injury to the child. There were no modalities. I was frankly nonplussed. I tried *Chamomilla*, *Cina*, etc. all with no effect. I, therefore, consulted my senior, Dr. S. R. Phatak. He straightaway prescribed *Syphilinum* 1M to be given once in 6 hours. The father of the child reported most gratefully that with the very second dose the child had stopped screaming.

I looked into Clarke's *Dictionary* and found under the heading *Syphilinum* the following:

"Swan says that he gave crying infants when they developed the propensity immediately after birth, one dose of *Syph.* CMM, and it was difficult to make them cry after that." [Clarke, p 1347] Since then I have extended the analogy and have prescribed *Syph.* when the parents complain that the child has been ill since the very birth, whatever the illness ... Hayes finds *Syphilinum* and *Medorrhinum* to be complementary more often than other nosodes ...

Desai reports some cases of fever treated with *Syph.* In the first case the boy with a chronic discharging ulcer, which refused to heal, had a depressed nasal bridge. In the second case, a huge scalp abscess was drained but the ulcer refused to heal. With *Syph.* healing occurred.

From O.A. Julian *Materia Medica of Nosodes with Repertory (as Luesinum)*

Typology

Persons of neuro-psychic instability.

Changing humour, stereotype, rigidity because of tendinous osseous pains, specially of long bones and worse at night.

From baby to young boy has the look of a "young old" with wrinkles on the forehead and face; eyes slightly sunken in the sockets, protruding frontal eminence, dented teeth, tibias are like sword blades, sickly, puny, more or less apathetic.

General action

The action of *Luesinum* is manifested on the nervous system, cortico- medullary system, on viscera, arterial viscera, arterial vessels, on [mucous membranes] and skin, on long bones.

Finally its action is more particularly seen in persons having syphilitic intoxication, acquired, old or hereditary. Some morphological structures are marked: macrocephaly, dislocated structure, rigid gestures, angle of the elbow in an obtuse angle, flexible hands with slender fingers. Hutchinson type of caries which is known by the name of fluorid luetism, the fluorid phenotype. To be added to the classical syphilitic etiology:

Alcoholism.

Viral toxi-infection.

Therapeutic damage in the young (iatrogenic diseases).

Nervous subjects with obsessional ideas, stereotyped.

Amnesia of proper names.

Intellectual paresia with particular difficulty in mathematics and language. Nocturnal linear bone pains, cutaneo-mucous induration.

Nightly aggravation of all symptoms.

Clinical

1) Generalities

In children: Psychomotor retardation. Particular difficulty for learning mathematics and also language; characterial instability with aggressiveness, anger, association in [gangs] (delinquent children).

In adults: Cortico-visceral perturbation in tertiary hereditary syphilis. The pathological symptoms appear in a "fluoric" or "phospho-fluoric" type having the dominating characteristic of aggravation at night, linear bone pains; stereotyped. The syphilis has irreducible serology; [alcoholism], [drug addiction], old before age.

2) Neuro-endocrino-psychic system

Obsessional anxiety neurosis: Of incurable diseases, of being ruined, at night.

Stereotyped individuals: Continual repetition of the same gestures, same tics, same words (washed hands frequently, always verifies whether the doors are locked, indefatigably repeats the same thing).

Aprosexia: Loss of memory, difficult to fix attention, inaptitude to work, intellectual slowness.

Insomnia from midnight to 4 A. M.

Headache, occipital or temporal.

Tabes: Trigeminal neuralgia.

Facial paralysis: Ethylic [of alcoholism] polyneuritis.

Syndrome of Dejerine-Sottas or progressive hypertrophic neuritis.

Romberg symptoms; fulgurating pains, ataxia, nystagmus, generalised muscular atrophy.

3) Digestive apparatus

Dental caries, sialorrhoea.

Marginal exfoliative glossitis.

Hypertrophy of tonsils.

Hemorrhoids, anal fissures, chronic constipation; rectal stenosis.

Nicolas-Favre disease [inguinal lymphogranuloma]

Rectitis, rectocolitis, hemorrhagic.

4) Cardio-hemo-vascular system

Syphilitic aortitis; vascular sclerosis and hypertonia; angina pectoris.

Nocturnal heartaches.

Hodgson's disease.

Arterial aneurysm (adjuvant treatment); mitral contraction.

5) *Respiratory apparatus*

Aphonia; chronic laryngitis.

Dry cough, dyspnea at night.

6) *Sense organs*

Nose: Ozena; Ethmoiditis; Sphenoiditis.

Ears: Otosclerosis of Bezold; Chronic suppurative otitis; Vertigo with cicatricial otitis; Meniere's disease.

Laryngeal syphilis; laryngeal polypus and papillomae.

Eyes: Pustulous conjunctivitis; parenchymatous keratitis; irido-cystitis. Strabismus.

7) *Uro-genital apparatus*

Enuresis; testicular ectopia.

Impotency, sclero-gammous syphilis of testicles.

Atrophic vaginitis, cervicitis, cystic ovaritis.

Fibroma; induration of the neck of the uterus.

Algomenorrhea [painful periods], frigidity, sterility.

8) *Locomotor apparatus*

In children: Rachitis, juvenile osteochondritis, osteopsathyrosis [brittle bones] i.e. Lobstein's disease, Scheuermann's disease; Parrot's disease (syphilitic osteitis of the newborn), dissecting osteochondritis or Koenig's disease; idiopathic osteonecrosis of the posterior epiphysis of the calcaneum or Sever's syndrome.

In adults: Ulceration and necrosis of bones, vertebral caries, cysts of bones); Paget's disease; fibrotic rheumatism

9) *Skin*

Neurodermitis [eczema]; ichthyosis; psoriasis.

Alopecia [areata].

Herpes, lichen planus; keratoderma, pemphigus.

Syphilitic onyx [ingrown nail]; onychorrhexis [brittle nails].

Lenticular erythema or post-erosive papulous erythema.

Commentary (Extracts)

The characteristic troubles with their noisy manifestations which are violent and fleeting, perpetual contests, the refusal to all elementary discipline and associability.

It is the... child, who lags behind in the class, whose results in orthography, grammar, language and especially in mathematics make their teacher and parents hopeless.

It is a child who always cries; one cannot understand by which end to catch him because mildness or scolding has no effect on them.

Regarding the adolescents *Luesinum* will be welcomed when higher studies or integration in manual work creates some behavioral conflicts or difficulty of adaptation.

The adult persons from the 50th year will be largely benefited by *Luesinum* when there is the manifestation of symptoms of sclerosis, specially corticovascular with weakness of memory, exaggerated auto-satisfaction, stubborn insomnia of the second half of the night, with lancinating pains of bones.

Finally whatever may be the age, bone affections, specially affections of long bones require frequent prescription of *Luesinum*. Similarly in old syphilis, having irreducible serology, *Luesinum* should be thought of.

Some rubric additions by Massimo Mangialavori

Company: desire for

Compulsive disorders: checking and rechecking things

Delusions: he is dirty; he is stinking

Destructive; self-destructiveness

Fastidious: food, about

Superstitious

Trifles: seem important

Fear: of animals; of mice, rats

Medicine, drugs: desire to swallow large doses of

Morphinism, drug addiction

Relationships

Gold series remedies, especially *Mercurius*, *Platinum* and *Aurum*

Mercurius (main remedy suggested by Hahnemann)

Additions by Jeremy Sherr:

Animals: *Androctonus*, *Haliaeetus leucocephalus*

Plants: *Phytolacca*, *Cuaiacum*, *Stillingia*

Minerals: *Hepar sulphuris calcareum*, *Platina*, *Thallium*, *Iridium* to *Plumbum*

Stage 17 remedies, including Halogens and Plants

Mercurius Remedies

I could devote many more pages than what is below to the description and use of the homeopathically prepared *Mercurius* remedies. But instead, as the focus of this book is nosodes, I will give a rather brief overview followed by a few specific indications for some individual salts of mercury.

Overview

Hahnemann focused on *Mercurius* in his writings as a means of treating the Syphilitic miasm and syphilis itself. In his time, there were no antibiotics and he was convinced that if a dose of homeopathic mercury was given in the early stages of syphilis, the syphilis could be cured:

In this *first* state it needs only one little dose of the best mercurial remedy, in order to cure thoroughly and forever the whole syphilis with its chancre, within fourteen days. In a few days after taking such a dose of mercury, the chancre (without any external application) becomes a clean sore with a little mild pus, and heals of itself. [*Chronic Diseases*, p 105, original emphasis]

He talks extensively about mercury prepared as a homeopathic remedy being the prime treatment for syphilis in other states of the disease as well, and relates it to the miasm. Of course, this comes from the prior use of the crude and very toxic form of mercury used by allopathic doctors and apothecaries to treat syphilis, but with terrible side effects. In fact, the use of crude mercury was so extensive that it produced its own pathological state. Kent said in his *Materia Medica*:

After a prover has taken *Merc*, a long time he emaciates. This is seen in old mercury takers and in syphilitics who have emaciation with trembling, worse at night and from the warmth of the bed, great restlessness, can't find peace in any position.

Now of course, homeopathically potentized *Mercurius* and its salts have been used for many years by homeopaths and there is a more specific individual picture for the remedy and each salt aside from this syphilitic miasmatic link. Much has been written about *Mercurius* in the old texts, and I will succinctly describe some indications, along with a modern perspective.

You could say there are two seemingly contradictory phases, or mindsets, of the patient needing *Mercurius*. One is more active and the other more passive. As in the name quicksilver, there is erratic impulsivity and unstable reactivity. The modern homeopath George Vithou I has describes this state as "a lack of reactive power coupled with an instability or inefficiency of function." [*Essence of Materia Medica*, p 123] At first, patients who need remedies containing this element tend to react far too much, but, moving towards the passive phase, they seem to react far too little. There can be intense timidity to the point of being unable to speak, but then loquacity (during fever and delirium) can also be found. Like mercury in a thermometer, they are highly sensitive to changes in the immediate environment, as an exaggerated response. Great aggravation from both heat and cold is a *Mercurius* keynote. These exaggerated reactions can be seen in hurried, hasty speech, easy distraction (ADD and ADHD), and a precocity in children. There is repetition in the way they may say things, e.g. saying things twice. These are qualities of **Stage 12** on Jan Scholten's periodic table where mercury the element is placed.

Mercurius is also positioned in the **Gold series** as depicted on the periodic table. You see "over-the-top" behavior in relation to the Gold series issues of leadership and power. So there can be exaggerated power, i.e. tyranny, exaggerated responsibility, and suspiciousness of others around them, leading to paranoia and manipulation. They can be

very controlling and dictatorial either on a political or personal level.

The metal is liquid at room temperature and you could say dispositionally that the patient needing homeopathic mercury is correspondingly more "liquid" and vulnerable in normal circumstances. As a result of their instability and over-reactiveness, they may strongly guard against any changes or influences that might affect them. In this mind-set, they can actually go into a state of severe denial and extreme timidity, which means a very conservative lifestyle. However, even though they may appear conservative on the outside, underneath they may have many unstable thoughts - those that are anarchistic, violent, twisted, perverted, or morbid.

As well, it is an important remedy to consider in those that are hoarders, collecting and keeping huge numbers of items - often useless items - as a kind of protection against outside influences.

As the state deepens, the timidity becomes even more pronounced. The patient may present in your practice barely able to get a word or answer out. They shut down and go into a denial of emotions with great reservedness. They are closed and timid but will respond to warm intentions and conduct on the part of the practitioner. They can also become indifferent and there are many homeopathic rubrics to this effect, such as:

Indifference:

- To reprimands
- With a mournful expression
- To life
- To everything
- To all reprimands
- Everything seems dead to him

You may find they stammer. The stammer is like swallowing, or they seem to swallow a lot when they talk. They can have paranoid feelings that they are being persecuted, with many enemies around them. They may lose self-control at times and have impulses to kill, stab or hurt others. They can also secretly or openly become an anarchist or revolutionary, espousing violence.

A major physical symptom is tremor, which you could say reflects the instability. This can be an essential tremor or occur as part of Parkinson's and other neurological disorders.

In *Mercurius* remedies, there can be a tendency to all sorts of skin problems. And many times, there is a key indication where the patient looks very pale, and has white, translucent skin but with red pimples or red blotches.

Some of the other classic homeopathic *Mercurius* keynotes are:

- Flabby, large tongue with teeth indentation
- Excessive salivation, particularly at night
- Ulcerations
- Frequent infections in all systems, especially teeth, ears, throat, and digestive organs
 - Cellulitis (compare with *Manganum aceticum*)
 - Sensitivity to **both** heat and cold
 - Green discharges and coatings
 - Debility and weakness
 - Trembling hands and tongue
 - Desire lemons, citrus
 - Desire bread and butter
 - Averse extreme temperature of foods

- Worse standing, and worse extending forearms
- Worse open air
- Worse perspiring
- Worse night

Scholten Analysis [From *Elements of Homoeopathy*, 1996]:

Overdoing the power: dictatorship.

Exaggerated arrogance.

Exaggerated organisation.

Decay of power.

Exaggerated responsibility.

Repeating strategies to hold on to power.

Repeating tricks to hold on to power: manipulation.

Enemies of the king.

Enemies of the organisation: suspicion.

Everybody is an enemy and they are totally alone.

Exaggerated feeling of loneliness.

Enemies have to be dealt with dictatorial measures.

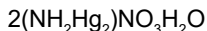
Decline of the empire.

The Mercuries

There are quite a few different mercury preparations and salts. I have clinically found it important to get the specific one for the best result. Hahnemann was also very specific as to how to make mercury for the purposes of potentization. So in addition to these general indications of *Mercurius*, I will give salient features of some of the main preparations and salts in our materia medica.

Mercurius solubilis Hahnemanni

Hahnemann originally introduced this soluble mercury compound for crude allopathic use, as an alternative to the more corrosive forms available in his time. It had the formula:



You can see that there is nitrogen in this remedy and this element creates, in homeopathic terms, more desire for enjoyment, including enjoyment of food, and a desire for fatty foods and fatty meat. The *Mercurius* desire for bread and butter is even stronger in this compound. Also, in this remedy there can be more fights between family members and themselves, and they may feel strong disappointment in family members, even hatred. It has ailments from indignation. A typical situation would be for an older parent who holds a long grudge against their children and does not want them to interfere in their lives.

Mercurius vivus

Hahnemann relied primarily on this homeopathic preparation, *Mercurius vivus*, as a first choice even though, as an accomplished chemist, he was famous for the discovery of *Mercurius solubilis Hahnemanni*. *Mercurius vivus* is the pure form of mercury or "quicksilver." Both were prepared homeopathically and potentized. Hahnemann stated: "One small globule, moistened with the dilution of *hydrargyrum purum* is the appropriate dose of this very medicinal metal for all suitable cases." [*Materia Medica Pura*, Volume 2, p 146] This is fluid mercury and the patient has the dispositional quality of fluidity to their detriment. For this remedy, take into account all the information in the overview, noting it has less fat and butter craving than *Mercurius solubilis* (since it lacks the nitrogen constituents). Allen also describes this as an important remedy for bone diseases, with pains worse at night,

glandular swellings, catarrh, and profuse perspiration that does not relieve.

Mercurius iodatus ruber* and *Mercurius iodatus flavus

Throughout my many years of practice, I have successfully used these remedies for patients with acute sore throats. I have also prescribed them for chronic conditions, but less frequently.

The focus is severe **sore throat** where one side is impacted:

Mercurius iodatus ruber - LEFT sided

Mercurius iodatus flavus - RIGHT sided

In these mercury salts, you also have the influence of *Iodum* (iodine). So you can see this quality in the mental picture where there is greater suddenness of actions, more impulses, and more restlessness than in other *Mercurius* compounds.

Sankaran describes this phenomenon in *The Substance of Homeopathy*:

"Delusion man in the room intending to perforate his throat with a gimlet."

This rubric shows the quality of *Iodine* which has the quality of sudden, great, violent danger and of being betrayed. "Fear of others approaching him." Morbid impulses, "impulse to kill." Feeling [fear] of a sudden murderous attack which needs an impulsive, violent reaction. *Merc.*, on the other hand, has the delusions "he would be murdered" and "surrounded by enemies." In *Merc.*, the suddenness of the attack is not evident. When we combine *Merc.*, and *Iod.*, there emerges the feeling he is going to be murdered [*Merc.*] in a sudden attack [*Iod.*].

In a general way, as in other *Iodatum* remedies, there can be lots of joketelling and cheerful or even elated talkativeness with a desire to travel and move. They can also go to the other extreme and readily exhibit anger if they feel betrayed.

Mercurius iodatus ruber has cracked skin of the palms of the hands and a tendency to cellulitis, fibroid tumors, and myxomas (heart tumors). There is also a desire for salt.

Mercurius iodatus flavus has significant swelling of the glands, goiter, (related to iodine) and a desire for acidic drinks. There can be a strong fear of suffocation with a fear of drowning and dreams of coffins.

Homeopathically Prepared Thimerosal

Thimerosal is an organic compound containing an ethylmercury. The formula is $C_9H_9HgNaO_2S$. It has been used as an antimicrobial preservative in some vaccines and other medicinal products. Though deemed less harmful than methylmercury, like all forms of mercury it is highly toxic with a danger of cumulative effects. It has been shown to create sensory and motor neurological dysfunction. As a result, in the past I have used it in some cases that have had pathological issues following vaccines, especially in adults, when indicated by the dispositional state that I will briefly describe below. I also use a number of other remedies in such situations.

In the dispositional state of homeopathic *Thimerosal*, there is a *Mercurius* quality but with a distinct contradictory emphasis. The patient needing this remedy has both a sensitivity but also a hard edge to them, as seen in *Medorrhinum* or *Anacardium*. The main theme in this remedy is the desire to "kill" attachment at all costs. They can have a great degree of difficulty being close with their parents or partner, like homeopathic *Oxytocin*.

In children, this contradictory state can be seen in an obsession with soft things like stuffed animals and the breast. They have a fetal quality to them, as if their development has stopped. Yet the child may have tantrums with a desire to punch the mother's breast.

In the end, if they can articulate what is going on, they can say they have a desire to kill and

mutilate. They can have dreams of killing and mutilation, especially towards something helpless like babies or animals. In the dreams, they overpower helpless things. They have a desire to stab, mutilate, or "rip your guts out, rip your head off."

They can also have dreams of being paralyzed and this is reflected in their lives. They feel some malevolent force is possessing or infecting them like a fungus, sucking their energy out, or trying to kill them. Therefore, they can have a fear of infection as well as a fear and obsession with the forces around them.

They also may have a feeling, as in other *Mercurius* remedies, that they are surrounded by enemies, hence the tendency to violent outbursts. There is an inward quality to them and even autistic or Asperger's states. They may only be interested in violent computer games and otherwise have difficulty in concentrating or suffer from attention deficit disorder.

They may suffer from enuresis to a late age. It is a remedy to consider in enuresis when well-selected remedies fail to help. As well, it is a remedy for fibromyalgia, autoimmune disorders, and also for cerebral palsy, and atrophy of muscle groups. Consider this a remedy for lichen sclerosus comparable to *Tropheryma Nosode*.

Mercurius corrosivus

The full name of this remedy is *Mercurius sublimatus corrosivus* also known as *Hydrargyrum bichloratum*, or mercury (II) chloride, with a formula of $HgCl_2$.

As a mercury salt, the remedy is potentized from mercury together with double the amount of chlorine and therefore has corresponding qualities of *Chlorum* (chlorine) both pathologically and dispositionally. Classically, in homeopathy it is used where there is great urging or tenesmus as a part of the main complaint. So Boericke says: "This salt leads all other remedies in tenesmus of the rectum, which is incessant, and is not relieved by the stool. The tenesmus often involves the bladder as well." [*Materia Medica*, p 440]

It is a remedy to consider for patients suffering with ulcerative colitis and dysentery with this modality. The symptoms are ameliorated by rocking or fast movement. There is great restlessness. They can also have a desire to be naked and run around with their clothes off; yet they are easily embarrassed and mortified.

Mercurius praecipitatus albus

This is a white precipitate of mercury or mercury ammonium chloride. The classical texts talk about this remedy as one for shrieking children with abdominal complaints, as well as eczema. My experience with this remedy gives an additional perspective represented by the rubric "Generalities, dwarfishness." I have used this in a broad general sense - the dwarfishness can involve small physical stature, but this could also extend to the mental, emotional, and dispositional level where the person has a smallness in their thinking. As well, with the *Ammonium* element, I have seen clinically a negativity, disappointment, and loud complaining with rebelliousness.

In the interview, they talk loudly and tend to complain about those around them, especially their mothers. They also have a desire to stab or beat those who disappoint them, again often directed against the same parent. Or they may have been in a situation which was violent and suffer from the effects of that. It is a remedy where the mother is either a single parent or is the main person in the family, and their child who needs this remedy is in a rebellious state. Thus we see the shrieking in very young children as described in the classic texts.

As well as complaining openly, patients who need this remedy tend to be creatively articulate. They can also have strange thoughts, musings and impulses, like seeing aliens, zombies, etc.

Mercurius sulphuricus

This is a remedy traditionally used in hydrothorax with great swelling in other parts of the body. The complaints and swellings are relieved by a watery diarrhea. I have used it when there are elements of both *Mercurius* and *Sulphur* in the case and there is an infection with swelling - whether in the ear, throat, or elsewhere. Of course, swelling in the throat such as epiglottitis can be a life threatening condition and needs immediate emergency medical attention.

Cinnabaris

Cinnabaris is another mercury-sulphur compound (a sulphide), also called vermilion. It is made from a coral ore of mercury found primarily in Spain and Italy. It has a characteristic color of scarlet or bright red called cinnabar red.

This is a remedy that is in both the sycotic and syphilitic miasms. So we can see large warty growths associated with the Sycotic miasm and also ulcerative problems, especially in the eyes, associated with the Syphilitic miasm.

When on a healthier level the *Cinnabaris* patient, like *Mercurius sulphuricus*, is socially active - but more so than in other Mercuries. They can even be effusive. But on the other hand, in a deeper problematic way, they can become almost paralytically depressed and appear very heavy and indifferent to the outside world.

One of the leading dispositional symptoms of this remedy is frightening dreams of really big spiders or multiple spiders, which can be multicolored. In some ways, it reflects an internal subconscious feeling of the patient that they are trapped in some toxic web of perverse choices. I have seen it as a good remedy for the toxic effects of psychedelic drugs (bad trips), sexual addictions, or even for the effects of conventional psychotropic drugs.

Ultimately, this can degenerate into paranoid states where they feel pursued by the devil or aliens. They may develop bizarre conspiracy theories. They may also suffer from perverse sexual thoughts and impulses.

On a physical level, the eyes are an important focus of pathology. The classic homeopathic texts talk about "syphilitic inflammation" of the eyes or irises. I have seen all sorts of serious eye problems resolve including:

- Conjunctivitis
- Iritis, keratitis
- Rain in the canthi
- Distortion of the curvature of the eyeball
- Warts on eyelid, eyeball
- Distorted vision, dimness of vision, double vision
- Seeing sparks and fire
- Strabismus

Borrelia (Lyme Disease) Nosode

Homeopathic abbreviation

Borr-b

Synonyms

Lyme Disease Nosode

Borrelia burgdorferi Nosode

Borreliosis Nosode

Borreliose de Lyme [in French]

Borreliose, Lyme-Borreliose, Lyme-Krankheit [in German]

Description

Lyme disease is caused by the bacterium *Borrelia burgdorferi* and a growing number of similar *Borrelia* species identified in some regions, transmitted by ticks. Often beginning with a characteristic "bull's eye" skin rash, fever, headache, and fatigue, the infection can then affect the joints, heart, and nervous system.

The homeopathic nosode is made from a sterilized bacterial culture. There is a homeopathic proving in German by Peter Alex (also known as Peter Patzak), along with some information in contemporary materia medicas, though none in our classical literature.

As described, Lyme disease is a condition which can have potentially serious complications. It is important that a patient or client having this condition is diagnosed and monitored by a licensed physician. Emergency medical care may be required in rare cases. If this disease is notifiable in your area, the appropriate steps should be taken. Information from homeopathic literature describing treatment of this condition should be read subject to this caution.

Scientific Name

Borrelia burgdorferi Johnson et al. 1984 emend. Baranton et al. 1992

In Europe and Asia, related species include:

Borrelia afzelii Canica et al. 1994, sp. nov.

Borrelia garinii Baranton et al. 1992, sp. nov.

Borrelia bavariensis Margos et al. 2013, sp. nov.

Commentary

When I first started practising homeopathy over 40 years ago, Lyme disease was virtually unknown. As time went on and information increased, there was at first some skepticism amongst medical practitioners that it was a diagnosable condition (which, because of the many false negatives on testing, still exists in some quarters). It has now evolved into a verifiable and recognized condition known to have some devastating consequences, both acute and chronic.

As a result of living and practising homeopathy in an area of North America where deer-carried bacteria-laden ticks are very prevalent, I gained experience in successfully treating patients with Lyme disease. In general, I have found that many patients need a remedy from the Ericales plant order first for the "wound," and then the *Borrelia Nosode*.

The diagram below summarizes the range of perspectives contributing to a complex understanding of the *Borrelia Nosode* as well as the other groups of primary remedies that I have used to treat Lyme disease.

Minerals: Manganese/	Plants in Miasm:	Homeopathic Proving &	Animals in Miasm:	Bacteria: Spirochaetales
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Manganum Stages 7 & 16; Zincum	Ericales (esp Ericaceae)	Clinical Data	Vectors -Ticks (Ixodes); Deer, mice	(Spirochetes)
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Along with a range of mineral, plant, and animal remedies available for treatment of patients with Lyme disease, there has been a proving of the homeopathic nosode *Borrelia burgdorferi* or *Lyme Disease nosode* (with details given in the References section below). This has many of the hallmarks of the Spirochaetes as well as its own individual indications. The discussion below includes a comparison with *Syphilinum* found within the same Spirochaetales order.

There is a complexity to the reactions of the patient needing this nosode. Yet a number of fundamental unifying themes stand out: tolerance and intolerance, mobility and immobility, and migratory aspects. These permeate both the physical symptoms and the dispositional, mental and emotional states associated with Lyme disease.

Tolerance and Intolerance

Intolerance - the unwillingness to accept views, beliefs, or behavior different from one's own - can be reflected in general attitudes relating to sexuality, cultural norms, politics, race, religion, and so forth. This is a general theme in the Spirochaetes group and within the Syphilitic miasm. On a personal level, for a patient needing the *Borrelia Nosode*, it could manifest in a more individual way as active intolerance and irritability towards what is seen as aberrant or non-conforming behavior in a spouse, child, or someone close. However, the opposite extreme may equally be found, where an individual has suffered from intolerance at the hands of the community or their family. Or they may work in a field that brings them into contact with strong prejudice, discrimination, or sectarianism.

As a result, there is a feeling of being an outcast, particularly from their family, and of being tormented by others or by their own health complaints. They have trouble letting go of past hurts and easily feel persecuted. And they can live in the past with a "young" (even boyish/girlish) quality to them. When in this polarity, generally they are friendly and desire acceptance. They want to protect their image of being a good worker and someone who accomplishes a lot.

In patients needing the *Borrelia Nosode*, there is a sense of having to endure great suffering, with difficulty at the same time in expressing what they are going through. I will discuss these problems with hazy memory and disconnected communications further below. The patient needing the *Borrelia Nosode* may be quite anxious about their health, with a feeling they have a serious disease, even cancer, but that they have to tolerate it and that no one really understands it. This leads to a feeling of depression and inertia. They can be serious from a young age or may have recently started exhibiting this as a result of a recent infection.

They can have a feeling of poverty or concern about a financial meltdown. They may constantly react to external circumstances, thereby getting bogged down in small problems. At the same time, they tell themselves they must simply put up with it.

On the other polarity, the patient's tolerance can move toward a benevolent quality and the desire to help others. As managers or supervisors, they can be very concerned for those under them.

Mobility and Immobility

At several stages of actual Lyme disease there can be multiple joint problems, particularly

affecting the knees and lower extremities, that can end in severely restricted mobility. Since the individual typically previously moved freely and easily, this drastic change will often spark a dramatic emotional reaction. These physical symptoms can lead to weakness, but with a desire to be fluid again.

Their mind is also immobilized - they have sudden vanishing of thoughts. They pause while talking from a feeling of vagueness. They have fuzzy thinking and a kind of disconnect. They have a poor memory, and as a result, need a routine. They can have sudden dizziness with a history of falling and injuring themselves.

There is also the element of "upward mobility," with a desire for social status and recognition. In the *Borrelia* picture, we find dreams of famous men, big houses, making movies in this regard. *Borrelia* patients may have a desire to be with prominent people like in the remedy *Bungarus fasciatus* (the krait snake) or homeopathic *Polystyrene*. At the other end of this spectrum, their attempts at advancement may fail, with this inner feeling echoed in the *Borrelia* proving rubric: "Dream, slipping down a mountain."

Their sensation of being immobilized can present as a yielding quality, but it will alternate with anger and revenge, or a bitter feeling of being despised. In other spirochetes, the twisted anger and inability to forgive does not usually have such alternation. They themselves may feel like an outcast, a leper, or someone needing help and express this either aggressively or passive-aggressively.

Alternatively, this can manifest as an active attempt to immobilize others.

This immobile state is punctuated by a need to move, which is only accomplished by great effort, or not at all, in the end stages. There is often a "slippery" quality, as they want to hide from others for fear they will see their immobility.

This immobility may create a need for someone to get specific instructions from you as a practitioner. As a result there are many protocols for treating Lyme disease, conventionally and naturally, that involve lengthy taking of medications and a long term programme, even over many years. Programmes of this type were prompted by both the nature of the condition and the demands of these patients. They *adhere or stick* to these programmes religiously with little flexibility. This also goes for any instructions you may give the patient taking the *Borrelia Nosode*. They feel they are never getting ahead, until the remedy.

Migratory Aspects

The pains or conditions in the patient needing this nosode or in the miasm are migratory or "wandering." They may go from one part of the body to another, or move around within the same area. They may get very intense and then suddenly stop. So you may see a headache that is at one point in the occipital area, then shifts to the left side of the head, then back to the occiput or to another area of the head. This phenomenon can also happen in the abdomen or limbs. The joint pains can move from one limb to another and eventuate or focus in one area, particularly the knees.

The migratory aspect on the dispositional level is different than in the Tubercular miasm which has a strong longing to travel and migrate. In the case of a *Borrelia* patient, they do not have such a driven desire to move since their home is important but they can have a history of living in different places or having multiple homes.

Other Features

In cases where the general dispositional state for Lyme disease is identified, the patient may or may not themselves have knowledge of having been bitten by a tick or being affected by borreliosis.

The pains can be paroxysmal. There may be weakness with, or from, the pains as well as

easy sprains and dislocations with swelling. As mentioned, I have also noticed that the knees can be a focus of arthritic symptoms.

Someone needing the *Borrelia Nosode* can have a focus on small symptoms or problems. Patients may complain greatly and be dismissed or sidelined by health professionals who feel they are exaggerating their ailments. They can provoke in practitioners a feeling of being tormented. The patient already feels vulnerable, useless, and paralyzed.

I would also like to draw attention to another lesser-known physical symptom that appeared in the proving, namely **neuropathies**. Provers experienced quite a few different neuropathic sensations of the skin in the lower limbs as well as the face.

I had a case of an older woman with severe neuropathy of the lower extremities. The patient experienced pains and strong sensations in her feet and lower calf area that were "bubbling," "angry tingling," or "vibratory" as well as burning, especially if she was on her feet all day. She also had edema of her ankles. Her disposition was one of shyness but she was friendly and helpful in her work as a supervisor. She lived alone, had a history of unresolved relationships and felt unloved. After *Borrelia burgdorferi* 30C was repeated monthly, the pains and sensations almost totally cleared. She felt stronger, especially emotionally.

Similarities and Differences to *Syphilinum* as a Spirochete

Although the above themes also run through *Syphilinum*, there is less of a destructive and violent tendency in *Borrelia* patients. There is more of a quality of disorder than ordering in the *Borrelia Nosode*. They can share the syphilitic Spirochete gloomy quality of 'everything going badly', and can have suicidal thoughts, though these are not as prominent as in *Syphilinum*. In the end, the *Borrelia* patient feels helpless, unable to move or act, with a loss of cognitive function. They beg for help either subtly or overtly.

On a physical level, wandering stiffness and swelling, along with immobility, are prominent for *Borrelia*, which lacks the more destructive ulceration of tissues, especially of the nerves, found in the syphilis nosode.

It may be worth considering *Borrelia Nosode*, along with other syphilitic remedies, in a case where *Syphilinum* is well indicated, but does not work. Remember not to exclude a repetition of a nosode in the future, after intervening prescriptions, even if it has previously been given without success.

Ericales Plant Remedies

Jan Scholten observed that plants from the Ericaceae family (and perhaps related families within the same Ericales order) are important for the treatment of Lyme disease. Historically *Ledum*, a plant in the Ericales order, was an important remedy for the treatment of symptoms very similar to those with this condition. It is an important remedy to consider after a tick bite. However, after using *Ledum* initially I was not happy with the results and noticed that other plant remedies in the same family, such as *Kalmia latifolia*, and *Rhododendron*, worked very well. These all belong to the Ericaceae or heather family (within the Ericoideae sub-family) as well as being plants that are found where Lyme disease is endemic.

Kalmia latifolia has migratory pains, moving from joint to joint, which is one of the strongest physical symptoms in *Borrelia* as well as in Lyme disease generally. I had a patient who reported headaches starting a month after a tick bite with the peculiar quality of the pains moving around in her head from minute to minute. She had a number of other serious issues including sudden low physical energy and faintness that all cleared just with a single 30C dose of *Borrelia Nosode*. In another patient, who had migratory pains in his abdominal area, treatment with *Kalmia latifolia* and then the *Borrelia Nosode* gave good resolution.

Manganese/*Manganum*

Research from the University of Texas has shown that *Borrelia burgdorferi* requires manganese for efficient virulence within its hosts. Only a very small number of bacteria utilize this element, with most relying instead on iron or zinc. Unlike with iron, humans have not developed responses to inhibit manganese uptake by these particular microorganisms. As a result, they are able to create an unimpeded toxic reaction. The toxic enzyme superoxide dismutase is generated and thus creates the symptoms of Lyme disease.

As a homeopath, I also see an interrelationship with my knowledge of the homeopathic remedy information on the *Manganum*s as important to help understand the gestalt and totality of symptoms for this nosode. Many of the symptoms found in the *Borrelia Nosode* are similar to those from the homeopathic remedy *Manganum*.

According to Jan Scholten in *Homoeopathy and the Elements*, some of the themes of the *Manganum*s are about learning and teaching, helping, liking compliments, and fine tuning your abilities. I found that the history of complimenting others, being helpful and even teaching in some form or another was also there in many *Borrelia* cases. I have seen many patients needing the nosode who were teachers, or supervisors who took a conciliatory approach to their work, engaging with teaching and learning strategies.

In the single or salt form, the *Manganum*s can also exhibit various states of embitterment and anger, especially when in pain.

Stage 7 and Stage 16

Manganum is in Stage 7 of the periodic table. As I mentioned in the section on stages, Stage 7 has a flip side which is related to Stage 16. In Stage 7 we see "helpfulness," while in Stage 16 we see "helplessness." In patients needing the *Borrelia Nosode*, I have seen both of these extremes, either as a constant state at one end of the spectrum, or alternating back and forth between these two polarities.

The *Borrelia Nosode* also corresponds to Stage 16, as confirmed by many of the proving symptoms. *Borrelia* features many stool problems, as is typical in this stage, including Mind symptoms relating to stools like in *Oxygenium*, a remedy also in Stage 16. There are relevant repertory rubrics for *Borrelia* such as: "offensive, malignant stools," "diarrhea," and "involuntary stool," and there are dreams about having a stool in public, being seen in toilets etc.

Stage 16 is also shared primarily by the Leprosy miasm, described in Volume 1 of *Miasms and Nosodes*. This stage is characterized by a feeling of poverty, helplessness, and persecution.

As mentioned, Stage 7 themes go with the themes of *Manganum* and also the Ericales plant order. Jan Scholten describes Stage 7 (and *Manganum*) as also needing compliments or giving compliments. In the case of patients needing the *Borrelia Nosode*, they desire positive feedback for what they accomplish. There is a need to protect their work and business from negative comments.

However, other qualities and stages are also represented in this remedy especially in the end stages. The immobility discussed can be like Stage 18 where there is actually arrested development in children. This may occur after a trauma, injury or an injection into the skin, like the tick bite. The despicable feelings can also be seen in Stage 17 as much as Stage 16. There may be difficulty in concentrating, particularly in writing, thinking, and articulating "as if the brain or thinking is stuck."

Vector-Related Remedy: Ticks (Ixodes), Deer, and Mice

As a vector-borne infection, Lyme disease has various mammalian hosts, primarily deer but

also small rodents, mice, and birds. These carry the parasitic deer ticks from the *Ixodes* genus that transmit the borreliosis infection to animals and humans. Various individual species of these hard ticks are prevalent in different regions of the world.

Though small mammals or birds are important reservoirs for borreliosis bacteria, deer are usually essential for maintenance of tick populations, since they provide a habitat for greater numbers of the disease-carrying creatures. The ticks bore and burrow into the skin, passing on the microorganisms through their saliva. Ticks can carry other kinds of bacteria as well, so there are co-infections that can develop along with borreliosis.

I have previously discussed in Volume 1 of *Miasms and Nosodes* how the vector, or mode of transmission, has relevance for the overall symptom state and disposition of the patient, especially when elucidating the *Yersinia* (bubonic plague) miasm and nosode. Within that disease field, qualities relating to the rat (*Rattus*) could be seen in the *Yersinia* picture. In the case of *Borrelia*, there are reflections of both the tick and also the hosts, deer and mice. The 2014 proving of the tick *Ixodes dammini* (*Ixodes scapularis*) at the Northwest Academy in Minnesota, brought out a set of symptoms centred on spider-like energy for this arachnid (activity, performance, power/ powerlessness, aggression) and parasitic themes (regarding forcible taking).

I have taught about the elements of insect remedies having to do with work and protection by their hard exoskeleton. In the *Borrelia burgdorferi* proving, you can find: "Dreams: nails of feet thick, horny." I have also had *Borrelia* patients report dreams of fingernails, nails of the feet, black painted fingernails. I would interpret this dream as representing the need to protect that which is manifested in work.

In my experience, I observe that the qualities in deer are also reflected in patients needing this nosode. In our materia medica, we have two classical remedies made from deer. One is *Moschus*, made from the glandular secretions of a male musk deer and introduced by Hahnemann, and the other is *Cervus brasiliicus*, one of Mure's short Brazilian provings (probably the pampas deer, *Ozotoceros bezoarticus*). There is also Sherr's modern proving of the fallow deer, *Dama dama*.

Mure's pathogenesis of *Cervus brasiliicus* has features matching the *Borrelia Nosode* picture, including a sense of ill-ease and persecution by unseen forces:

Dreams about men who are dressed in black, about pistol-shots, imprisonment.

Uneasiness.

Wakes several times at night, always preoccupied with the idea of quarrelling with somebody who frightened him.

Sensation of gooseflesh as if someone were cutting cork close to him.

Also in the proving of *Cervus brasiliicus*, there are the repertory symptoms:

Dreams; arrested, caught, of being

Dreams; arrested, caught, of being: imprisonment

These rubrics also match rubrics from *Borrelia burgdorferi*.

Mental and physical lethargy and incapacity were also recorded in Mure's *Cervus* proving:

At five o'clock in the morning, the head feels heavy and dull, especially the front part.

Languid feeling, he wants to lie down. Unable to work.

General feeling of weariness.

Depression of spirits in the daytime.

This proving had physical aspects too recalling the characteristic erythema migrans, the initial tick bite and intermittence generally:

Appearance like incipient erysipelas ... Red and humid spots on the left leg.
Pain in the right groin as if pricked with a pin ... Pricking at the right nasal wing.
Intermitting pain in the right groin after walking.

Interesting, in light of the manganese connection, is the observation of a:

Copper taste in the mouth, and a sensation of heat in the throat when taking the drug.

[Mure, pp 51-54]

And both of these rubrics are found in the remedy *Borrelia burgdorferi*.

The *Borrelia Nosode* lacks the "hysterical," highly sexualized aspects prominent in the active *Moschus* state, which are more as a result of the remedy *Moschus* being made from musk glands. But *Borrelia* shares its behavior of:

Complaints and lamentations on account of excessive sufferings, with inability to indicate the part affected.

Moschus also has these sensations:

As if falling from a height.

As of being turned about so rapidly he perceived the current of air produced by the motion.

Rushing in ears as from strong wind or from the wing of a bird.

These might also be compared with the desire for upward mobility (and note too the "roaring tinnitus") in the *Borrelia Nosode* proving. Likewise, there are records for the musk remedy such as:

Tingling in extremity of nose, as if from insects.

Pricking in limbs, sometimes with pain in the parts affected. [Clarke, Dictionary, pp 500-504]

In his 2013 reporting of a mini-proving of *Mus musculus*, the mouse, Roger Barr notes possible themes of hiding and losing things, with dreams of being attacked by a trusted family and friends. A 1998-1999 German proving by Klaus Lobisch highlighted notions of being on the move with one's family, dingy apartments, and death as a transition, issues of anxiety management and security needs, along with animalistic preoccupations with food and sex.

Zincum Aspects Relating to Borreliosis

The Zincums share with homeopathic remedies such as *Chenopodium anthelminticum* (wormseed) symptoms and dispositional issues related to insects like ticks as well as worms of an aggressive kind. Thus, *Zincum metallicum* is in the rubric "Mind; Torments those around him with his complaints." This is similar to the nosode where the person needing it tends to exhaust others, just as the disease exhausts the individual. *Zincum* has strong affinities for problems in the nervous system and can match the severe neurological symptoms, including pains with spinal involvement sometimes found in Lyme disease sufferers. The remedy *Borrelia burgdorferi* also has restless legs as a symptom, similar to Zincums. The nosode is a remedy to be thought of to follow the Zincums.

The *Borrelia Nosode* is increasingly necessary as a modern miasmatic choice in many patients even without the physical diagnosis.

Names and Meanings

Borrelia - the genus was named after the French biologist Amedee Borrel (1867-1936), who also developed one of the first gas masks during the First World War.

Burgdorferi - the species was named after the Swiss-born American scientist Willy Burgdorfer who discovered it in 1981, following which it was identified as being associated with Lyme disease.

Lyme disease - from the small town in Connecticut, USA, which was the focus of research

into a mysterious illness affecting up to 1 in 10 local children in the 1970s, originally labeled Lyme arthritis then later distinguished as the spirochete-related disease. Medical authorities were initially unreceptive, but were finally prompted to investigate further after prolonged campaigning by local women whose families were affected. This semi-rural area is rich in secondary woodland, ideal habitat for the ticks which act as disease vectors. (Karlen 2000).

Family

B. burgdorferi is of the *Borrelia* genus, within the Spirochaetaceae family, of the Spirochaetales order.

Source Notes

[Adapted mainly from the websites of the CDC, Merck, NIAID, Todar & Wikipedia, plus a book by Karlen and several articles listed in the References section]

The Disease

Lyme disease is the most common and fastest-growing vector-borne illness in the United States.

Although cases have been reported in nearly all US states, on the basis of the patient's normal residence, the great majority (over 96%) occur in the highly endemic wooded areas of 14 north-east and north-central states. As of this writing, an incidence of around 22 cases per 100,000 population has been estimated for Western Europe, with equivalent averaged US figures of around 13 notified and 92 diagnosed cases per 100,000.

The disease appears only when at least three interrelated factors occur together: the Lyme disease bacterium, *Borrelia burgdorferi*; ticks that transmit them (one of four main *Ixodes* species); and mammals such as mice and deer to provide blood meals for the ticks through the various stages of their complex life cycles. The involvement of humans and dogs as hosts, mainly at the nymph stage, is accidental. The tick species involved are so small (nymphs are only pinhead sized) that we rarely notice them. Some studies suggest that the tick must be lodged in the skin for at least 36 hours for infection transmission to occur. Incidence peaks in spring or summer and children and young adults, especially male, are most at risk.

The microorganism was only identified in 1982, with the disease formally recognized in the mid 1970s. Because of its varied and changeable manifestations within the external and internal body systems, including symptoms shared with many other conditions, it has been compared to the "great imitator" syphilis, a fellow spirochete.

The disease is typically divided into three stages:

- 1) Early localized stage
- 2) Early disseminated stage
- 3) Late (disseminated) stage

The most characteristic first stage symptom, in around three-quarters of cases, is the red rash known as erythema migrans (EM), the visible sign of the body's inflammatory response to infection. From around 3 to 30 days after the tick bite (around 7 days on average), a small red spot spreads from the bite area over several days. It forms a circular or oval-shaped patch up to 30 cm (12 inches) or more across, often with a clearer or lighter central area, hence the "bull's eye" description. Usually painless and non-itchy, the rash tends to feel warm; it blanches under pressure and may turn darker and hard in the center. It lasts 3 to 4 weeks on average. The commonest sites are the upper arm or leg, buttocks or axillae. About half of patients with the initial inflammatory reaction develop symptoms of Stage 2, as the bacteria spread centrifugally. This early dissemination may become evident shortly after

Stage 1, or be delayed by as long as 10 months after the initial tick bite. The average latency is three weeks. Multiple lesions appear on the skin, usually smaller, ring-shaped lesions without an indurated center. With or without the rash, a flu-like illness may occur, with fever, chills, intermittent headaches, stiffness of the neck, aching joints and muscles, and lingering tiredness. Less common are sore throat, backache, nausea or vomiting and swelling of the lymph glands or spleen.

A small percentage will develop neurological symptoms such as unilateral or bilateral facial palsy, meningitis and sensory or motor nerve disturbances affecting joints or muscles. These include shooting pains, numbness or tingling in the hands or feet. Myocardial damage also affects an even smaller percentage, resulting in fluctuating atrioventricular heart block with palpitations and dizziness and more rarely additional heart inflammation and enlargement. Problems with short-term memory may also be encountered. Although many of these symptoms may resolve even without treatment, ongoing infection carries the risk of additional complications, the commonest being arthritis.

In the final stage, involving late dissemination, months or occasionally years post-infection, around 60% of untreated patients are liable to develop intermittent severe joint pain and swelling lasting for months (over six months in 10% of cases). This mainly focuses on larger joints, especially the knees. Here heat and swelling may be particularly marked and Baker's cysts may form, but redness around the joint is uncommon. Arthritis flare-ups may be preceded or accompanied by fainter versions of the initial eruptions, malaise, fatigue or low-grade fever. Among those treated with antibiotics, about 10 to 20% suffer lingering problems over months or years labeled post-treatment Lyme disease syndrome (PTLDS).

In addition to muscle and joint pain, these include an antibiotic-sensitive skin lesion (acrodermatitis chronica atrophicans), fatigue, mood, memory and sleep disorders, probably relating to autoimmune responses.

There is some evidence suggesting a possible link between borreliosis infection and non-Hodgkin lymphomas of the cutaneous B-cell type.

Although *B. burgdorferi* is most commonly implicated, at least 15 of the 50 or so known *Borrelia* species are capable of causing borreliosis, which appears in North America, Europe, the former Soviet Union, China and Japan. In Europe, a number of closely related disease agents such as *B. afzelii*, *B. garinii*, and *B. bavariensis* have been linked to diseases very similar to Lyme disease.

The ticks responsible for transmitting Lyme disease may also spread other diseases, such as rickettsial anaplasmosis or malaria-like protozoan babesiosis. Reports on incidence of such co-infections suggest figures of between 2% and 45%, most commonly with *Anaplasma phagocytophilum*.

It was the persistent efforts of two Connecticut mothers, in the face of general medical disinterest or opposition, that speeded recognition of the condition. One described feeling the sensation as if a war was being waged inside her body, shifting from place to place. It was by comparing the US information with pieces of the picture from Europe that the researcher Burgdorfer pinpointed the spirochete link.

The Bacterium

B. burgdorferi is the longest, most slender of the *Borrelia* species, which have looser, more irregular coils than most other spirochetes. The surface slime offers protection from immune defenses and may help the organism cling to host tissues. There are usually half a dozen to a dozen internal flagella for propulsion. It thrives in anaerobic environments, burns glucose and produces lactic acid as a metabolic by-product.

Like other spirochetes, it is classified as neither Gram-negative nor Grampositive. It is one of the few pathogenic bacteria that can survive without iron, since its enzymes instead use manganese.

B. burgdorferi can be cultured in vitro, but it is very fastidious, with highly specific requirements. The usual growth medium is based on rabbit serum and contains over a dozen ingredients. Even under optimal conditions (around 32°C, in a microaerobic environment), it multiplies slowly.

The life cycle of *B. burgdorferi* is highly complex and the bacterium has evolved sophisticated survival strategies to cope with multiple hosts and environments as it crosses species boundaries.

The Tick

In North America, the bacterium is transmitted by hard, black-legged Ixodes ticks of two species: *Ixodes pacificus* is linked to the small minority of West Coast cases, while the main culprit is *Ixodes scapularis* (sometimes referred to as *Ixodes dammini*, as in the homeopathic proving).

This loathed yet highly resilient creature, found in wooded or grassy areas, has a two-year life cycle with three stages. A period-sized larva hatches in midsummer, usually in small mammals or birds (the whitefooted mouse being the preferred host). After drinking blood for two to three days, tripling in size, it drops to the ground where it overwinters. Next spring, it molts into a slightly larger nymph, feeding on smaller or larger mammals it happens to encounter, including humans. Again it overwinters after doubling in size. The adults emerge the following spring, attaching to white-tailed deer or other large mammals. After mating in fall, the male dies immediately, leaving the female to gorge briefly, ready for a final overwintering then spring egg-laying, after which she dies. Thus although deer are hosts for adult ticks, representing disease reservoirs, they do not themselves directly transmit borreliosis. In Europe, sheep host the organism.

Tick larvae and nymphs typically become infected with the bacterium while feeding on infected small animals, passing on the infection when biting other hosts.

Clinical Focus Guide

Mind and Disposition Focus

Migratory psychological states, going between extremes

- Dour nihilism alternating with positiveness, benevolence
- Sadness and serious swinging to happiness
- Constant reactions to external circumstances
- Yielding, alternating with anger (*Spirochaetes*)

Tolerance and intolerance

- Active*: Bigoted, prejudiced
- Critical, irritable, complaining
- Repulsive, negative, shun others or others shun them
- Hatred, revenge, anger, brooding
- Reactive*: Effects of being ostracized
- Social outcast, cast out from family
- Abused, despised, abandoned
- By mother
- Issues with mother-in-law

Tormenting, or tormented

Disease and sickness

- Delusion of being sick
- With an unknown infection

With a deep disease
With something seriously wrong
And not being understood
But with shifting symptoms
Anxiety about health
Fear of contagion
OCD with fear of contamination

Desire for compliments

Needs positive feedback for their work or skills
Giving compliments

Helpless or helpful

Needs support
Or desire to help others

Mobility and immobility

Feels immobilized, imprisoned, trapped
Immobilizes others
Immobilized by mind not working
Paralyzing thoughts of the future
Like a "deer in headlights"

Upward mobility

Desire for fame and recognition
Dreams of famous people, movies, big houses
Desire to go beyond
Their image is important

Sticky

Sticking to a programme
Sticky personality

Fear of future disaster

Fear of anarchy
Fear of destruction
Sensation of erosion
Fear of financial disaster

Hiding versus public display

Girlish/boyish

Fuzziness, vagueness

Fuzzy thinking
Disconnected thoughts
Vanishing of thoughts
Pausing while speaking
Vagueness
Concentration difficult

Memory problems

Sudden loss of memory
Poor memory
With need for routine
Deja vu

Weakness with restlessness

Dizziness

Sudden

Dreams

Many
Water
Including destructive, flooding, tsunami
Stool in public

Or hiding

A large family, relatives, mother gone

Parties, houses

Boxing

Injuries

Guns, rifles

Being arrested, imprisoned

Kidnapping, persecution

Death, dead bodies, funerals

Women without faces

Dogs, wolves, animals

Dreams nails

Dreams black finger nails

Thick nails on feet

Protection of what is manifested

Protecting results of their work

Severe depression

As if the world will end

But less severe and more alternating than in *Aurum*

Sadness from slow music

Suicidal thoughts

Paralyzing

With a feeling that everyone knows

Poverty, money

Anxiety about money

Fear of poverty, in poverty

Children and compass directions

Perseverate about direction especially north direction

Desire to go north

Always go left

Physical Focus

General Themes and Affinities

Migratory symptoms

Changeable symptoms generally

Moving symptoms sometimes within minutes

Vague symptoms and states that disappear

Symptoms move around

Headache from one part of head to another

Abdominal pains moving around abdomen

One joint to another

One part of body to another

Paroxysmal symptoms

Suddenly come and suddenly go

Joints

Especially knees and ankles

Injury, dislocation, pain

Throat, ears, neck

Swelling

Joints

Extremities

Face and neck

With eruptions

Painful

Sleeplessness

Worse

Full moon

Smoke, smoking

Trembling, twitching**Weakness, immobilized, paralysis****Infections**

Invasive

Perspiration

Lower limbs at night

Causing sleeplessness

Chilliness, 9pm**Seasonal Affective Disorder**

Suffer from lack of sun

Worse north locations, worse going north

One-sided complaints***Specific and Characteristic Physical Symptoms*****Skin & eruptions**

Bullseye rash

Herpes, especially on eyelids

Pimples, on elbows

Formication**Head**

Pain, maddening, intolerable

But transient

Extending to temples

Enlarged, hollow sensation

Bell's palsy**Pain in joints & extremities**

Migratory, wandering, moving from joint to joint (*Kalmia*)

Suddenly worse and suddenly better

Paroxysmal

Drawing, burning, pressing, sore, stitching, rheumatic, pressing pains

With swelling

Weakness from pain

Worse from rising, worse from lying

Sciatica

Sprains, dislocations, injuries**Hearing and speech impaired****Tinnitus, roaring****Palpitation with dizziness****Swelling of lymph glands and spleen****Asthmatic**

Cannot take a full breath

Remedies in the Borrelia Miasm**Plant Remedies: Ericales Order**

The following remedies are frequently needed for this miasm, and according to Scholten (*Wonderful Plants*, 2013, p 585) fall mainly within the numbered stages of the periodic table as listed below:

Ericaceae family:

Ericoideae sub-family

Epigaea repens - Stage 2

Erica ciliaris - Stage 5

Kalmia latifolia - Stage 5

Calluna vulgaris (*Erica vulgaris*) - Stage 7

Rhododendron chrysanthum - Stage 10

Kalmia procumbens - Stage 11

Ledum palustre - Stage 13

Arbutoideae sub-family

Arctostaphylos uva-ursi - Stage 2

Arbutus andrachne - Stage 6

Arbutus menziesii - Stage 6

Arbutus unedo - Stage 6

Arctostaphylos viscida - Stage 16

Clethraceae family:

Clethra alnifolia - Stage 10

Other Plant Remedies

Many other plants may be indicated beside the Ericales, including Orchids and Asterales, among others, as well as:

Chenopodium anthelminticum

Chimaphila umbellata

Mineral Remedies

Manganum and its compounds, including *Manganum silicatum*

Zincum and its compounds

Silicea and its compounds

Animal Remedies

Ixodes dammini (deer tick); *Ixodes ricinus* (castor bean tick, also red tick, sheep tick)

Cervus brasiliensis; *Moschus moschiferus*; *Dama dama*

Mus musculus

Leptospira interrogans Nosode

Homeopathic abbreviation

Leptos. (Complete)

Leptos-ih. (Synthesis)

Synonyms

Leptospirosis Nosode

Leptospira icterohaemorrhagiae Nosode

[*Leptospira ictero-haemorrhagica Nosode* - in error in some homeopathic literature]

Weill's disease Nosode

Description

Leptospirosis is a bacterial disease carried by a range of domestic and wild animals that can spread to humans via contact with the body fluids of infected animals, or with water, soil, or food contaminated with their urine. The disease may be asymptomatic or have wide-ranging symptoms, often with two phases, both involving sudden high fever. The second phase (known as Weil's disease) may involve liver and kidney failure or meningitis.

As described, leptospirosis is a condition which can be serious or fatal. It is important that a patient or client having this condition is diagnosed and monitored by a licensed physician.

Emergency medical care may be required in rare cases. If this disease is notifiable in your area, the appropriate steps should be taken. Information from homeopathic literature describing treatment of this condition should be read subject to this caution.

Scientific Names

Leptospira interrogans (Stimson 1907; Wenyon 1926)

Leptospira icteroides

Spirochaeta biflexa [now also a separate species]

Spirochaeta icterogenes

Spirochaeta icterohaemorrhagiae

Spirochaeta interrogans

Spirochaeta nodosa

Commentary

This type of infection is spread by urine and water, so epidemics tend to occur after heavy rains or hurricanes, as reflected in many of its different common names of the disease, such as mud fever, swamp fever, and water fever. Likewise, in the *Leptospirosis Nosode*, the homeopathic symptom type "ailments from," or "never well since" involves storms, flooding, and water influences. The storm, water, and urine aspects also relate to the kidneys.

But the liver is also a strong focus of the pathological manifestation of the disease state as much as the kidneys. So, in the patient you can see both of these pathological and general elements as an indication. The remedy has primary importance in acute and chronic liver and biliary problems, especially when well-indicated homeopathic remedies do not work, or stop working after initial successful use.

Dispositionally, the strong liver problems manifest emotionally as a poor flow and repression of emotions, especially anger. Their emotions and anger can be easily repressed and then appear somatically, particularly as cramping and twitching. You may also see nystagmus (involuntary repetitive eye movements), and this is a nosode to consider for this problem, along with other remedies in Stage 5, such as *Niobium metallicum*, and *Malaria Nosode*

(see Volume 1). These remedies should be chosen when the overall condition and disposition agree.

The patient needing this particular nosode will have trouble expressing their anger and indignation even though internally there is a constant feeling of being "pissed off," particularly about illicit actions of others. The anger may also be expressed in bursts. They may turn to the arts, including poetry or music, which gives them a way of releasing their repressed emotions and beliefs without always turning to direct confrontation.

The issue of criminality is strong in this remedy. They may feel justified in taking things, dealing with their poverty by illegal means like Robin Hood. They have envy and anger at others having more than them. They can be quite competitive. They feel the need to clearly and selfishly put boundaries around what they have acquired.

Or, in the other polarity, they may show the opposite approach, where they are passive in acquiring what they need and victimized by a criminal or someone with criminal intent. They have trouble manifesting materially themselves, experiencing a strong doubt that they can accomplish anything. Partly this is from a feeling of delicacy in the intrinsic miasmatic energy.

You can also see the general spirochete quality of bigotry and nationalism, which then can lead to a desire to "erase," or dominate and tyrannize others. In more severe cases of this specific miasm and nosode, there can be a desire to enslave others, forcing others to obey them, even with violent and criminal intent. These actions can be on a relationship level within a family, or in a socio-political way.

In some instances, *Leptospirosis* individuals themselves have a history or current situation of being enslaved. They may live now, or once lived or originated, in a country or nationality where there has been forceful enslavement. In future generations, the patient needing the *Leptospira Nosode* may have a compulsion to question anything to do with enslavement, criminality, or corruption. It is a nosode to be thought of for someone working in the justice system. Children may see injustice and continually ask questions about it. This attribute of enslavement can also be seen in the Papaveraceae (Poppy) family and this nosode may follow a homeopathic remedy from this plant group.

In the physical sphere, bloodshot eyes with complaints is a key symptom. This typically appears during the fever at the first phase of the disease leptospirosis. The combination of general weakness and sleepiness along with conjunctivitis or bloodshot eyes, and jaundice or liver symptoms, is a strong indication. The same complex, along with dark urine and diffuse fibromyalgic joint and muscle pains, may be experienced by *Leptospirosis Nosode* patients during recurrent and relapsing fevers, and acutes of an unknown cause.

In the end stage, there can be serious pathology especially affecting the nervous system, liver, and kidneys. *As noted above, emergency medical care is required in these situations.*

In non-endemic areas, the infection and disease state is easily missed. It can be mistaken for other types of conditions. As well, you may just see a patient having a nondescript chronic fatigue with a tendency to jaundice and bloodshot eyes. They are worn out, with a history of overdoing their activities and again well-indicated remedies fail to act.

With the delicacy, weakness, and chronic fatigue, they can feel victimized by their weakened condition. As a result, as a practitioner you may feel drained by their weakness. They may also, at some point, feel they need to overcome it and have temporary bursts of energy in an attempt to get ahead or compensate for it. They achieve a temporary healthier state, but always in the background there is low energy and repressed emotions.

In a pathological chronic situation, I always think: "What type of acute infection could

potentially cause similar kinds of symptoms or pathology?" and then look at the energetic miasmatic and dispositional implications, choosing a miasm and nosode related to the answer.

Miasmatically, the *Leptospirosis Nosode* should be thought of even in idiopathic membranous nephropathy, chronic liver problems, and sickle cell disease, regardless of apparent cause.

Periodic Table Stage 5

Stage 5 has the primary miasm of malaria. There are some similarities. The overriding theme is "caution from avoiding." In this stage is postponement and stuckness. The stuckness quality may be considered as part of the 'enslavement' theme for *Leptospirosis*. This other aspect of this stage is great doubt and in *Leptospirosis* this doubt is characterized by questioning authority or general skepticism.

Names and Meanings

Leptospira - Greek *leptos*, λεπτός, fine, thin, narrow (originally peeled, husked) + Latin *spira*, a coil, spiral

Interrogans - Latin, asking, inquiring, interrogating; here referring to the bacterium being shaped like a corkscrew question mark

Icterohaemorrhagiae: of hemorrhagic jaundice - from Greek *ikteros*, ίκτερος, jaundice + Greek *haimorrhagia* (*haima*, αίμα, blood + component from *rhegnunai*, ρηγνύναι, break, burst), a bursting forth of blood

Weil's disease, Weil's syndrome - named after the German doctor Adolf Weil who noted an "acute infectious disease with enlargement of spleen, jaundice and nephritis" in 1886. (Shortly afterwards, he contracted tuberculosis of the larynx, permanently losing his voice).

Mud fever, swamp fever, canefield fever, rice field fever - bodies of standing and flowing water can all be infected by the urine of animals suffering from leptospirosis

Swineherd's disease, cane cutter's fever, pea picker's disease, harvest fever, ratcatcher's yellows, caver's flu, sewerman's flu: from some of the occupations and activities at risk from the disease

Canicola fever - from Latin *canis*, dog + feminine suffix *-cola*, living in, from one of the animals associated with the disease

Stuttgart disease, Fort Bragg fever - from locations where outbreaks were recorded

Nanukayami Japanese, 7-day fever) - from the typical duration of a form of the disease recorded in Japan, associated with a leptospira normally found in field mice or voles

Family

Of the Spirochaetaceae family in the Spirochaetales order

Source Notes

[Adapted mainly from the CDC, Merck and Wikipedia websites]

The Disease

Leptospirosis infection is associated with several pathogenic serotypes of *Leptospira interrogans*. Now rare in affluent countries, it is probably one of the commonest zoonotic diseases, infecting millions worldwide, mainly in the tropics and subtropics. The number of recorded cases in the US is only around 100 to 150 annually, although under-reporting is likely, since symptoms may be mild and can resemble a range of other conditions.

A variety of wild and domestic animals are hosts for the bacterium, including dogs, rodents, cattle, pigs, horses, and even certain marine mammals, among others. Its original hosts

were mice and rats, and it did not infect humans until settled agriculture developed, attracting rodents to grain stores and unwittingly creating optimum conditions for its spread. Carriers may shed leptospire continuously or intermittently for years and these can survive within water, damp soil, or mud for weeks or months. Humans may be infected through direct contact with animals' urine or other body fluids (except saliva), or indirectly through contaminated water, soil or food, so long as moisture is present. The bacteria usually enter via broken skin or through the nose, mouth, or eyes. Person to person transmission is rare. A variety of occupations have traditionally been associated with increased risk of leptospirosis, including farming, veterinary, and abattoir work, as well as sewage, road-sweeping, mining, and military occupations.

However, most cases in the developed world now involve recreational watersports, with isolated but increasing urban outbreaks connected to rat urine. Incidence peaks in late summer and early fall, and flooding after heavy rain or after a hurricane increases the spread of leptospira in surface waters.

The incubation period is between 2 days and 4 weeks, commonly 5 to 14 days. Two phases of illness are identified. The initial infection stage usually starts with a sudden high fever and chills, and flu-like symptoms including headache and muscle aches (especially in the calves and back), with the eyes typically becoming very red on around the third or fourth day. Coughing with bloody expectoration and chest pain, diarrhea, nausea, vomiting, and stomach or abdominal pain may also be experienced, less often a skin rash. After 3 to 7 days, around 90% of patients will recover from the immediate illness without progressing to the second more severe phase, though they may suffer fatigue and depression for some time afterwards.

Following a period of quiescence lasting a few days, the second more serious immune phase follows in around 10% of cases. Here inflammation from the body's immune responses leads to recurrence of the original symptoms and additional potential effects on multiple organs. These can vary in intensity and in more severe cases patients will suffer Weil's syndrome, which has a fatality rate of between 5% and 10%. Although the liver and kidneys are the organs most commonly affected, the lungs and heart may also be severely affected. It typically features jaundice and bleeding within the skin, respiratory system and less often the digestive tract. Meningitis symptoms may be found as well. There is risk of renal failure (from interstitial tubular necrosis) and hepatic failure, pneumonia or respiratory failure and hemodynamic collapse. The death rate is higher in patients over 60 and if there are changes in mental function, kidney failure, respiratory failure, and internal bleeding. Historical outbreaks of "infectious jaundice" identified as possible leptospirosis include the devastating epidemic among native Americans in modern Massachusetts shortly before the arrival of the Pilgrim Fathers, among Napoleon's forces in Egypt and among American Civil War troops.

The Bacterium

Leptospire are very slender, corkscrew-shaped bacteria about 0.1µm in diameter and 10-20 µm long, with hooked ends and tight, right-handed coils. Like other spirochetes, they are able to move rapidly using their internal flagella and are hard to see under the microscope without dark field techniques. Aerobic and Gram-negative, they are hardier than treponemes, being able to survive outside animal hosts in puddles or watercourses. Although they do not seem to multiply outside a host animal or lab culture, colonies can persist if the conditions are suitable, especially where carrier hosts regularly add fresh urine to the environment.

The most virulent types have the distinctive question-mark shape, while straighter forms are also found. Some are harmless freshwater saprophytes, while the pathogenic types virtually all fall within the species *Leptospira interrogans* and humans are mainly affected by serovars in the *Icterohaemorrhagiae* serogroup.

Clinical Focus Guide

Appearance of Patient

Delicate, bloodshot eyes, jaundiced

Mind and Disposition Focus

Repressed anger and emotions

Leading to somatic manifestations (cramping, pain, twitching)

With aversion to conflict

From living in a repressive political environment

From slavery

From wrongful imprisonment

Inability to resist, or standing up for the weak

Questioning authority, injustice, life in general

Dreams quarrels, strife

Fear end of existence

Stuporous, obtunded

Worse morning on waking

Numb to sensations

Enslavement

Dictating to and enslaving others

Victim of slavery

Slave to addiction (*Papaveraceae*)

Powerless, low self-confidence

Criminality or fighting crime

Position in justice system

Questioning injustice

Criminal behavior or fighting crime

False belief that a certain nationality are all criminals

Taking what does not belong to them

Wrongful imprisonment

Fear will be killed by a specific person or someone from a specific nationality

Worship of animals

Delicate

Weak - too weak to fight back

"Sickly" feeling

Artistic: music, poetry

Anxiety about not being strong enough to resist disease

Sleepiness while reading

Physical Focus

Ailments from

Storms, floods, hurricanes, stagnant water

Sewage or working in sewage

Working in a slaughterhouse

Freshwater sports

Starvation

Liver and biliary

Jaundice with normal stools

Hepatitis

"Infectious jaundice"

Conjugated jaundice
Chronic gallbladder inflammation

Kidney

Kidney failure
Gradual or sudden
Dark urine, with normal stools
Idiopathic membranous nephropathy
Blood urea and creatinine levels elevated but with high urine output

Bloodshot, red eyes with complaints

In acute fever
In liver disease
Conjunctivitis and photophobia

Acute hemolytic anemia

Weakness and shortness of breath

Hemorrhaging

Nose bleeds
Blood in urine
Pulmonary hemorrhage
Hemorrhagic fever

Hyperazotemia (high levels of nitrogen in the blood)

Nausea and vomiting

With diarrhea
With headache

Neurological conditions

Following "flu-like" fevers
Hemiplegia
Transverse myelitis
Guillain-Barre syndrome Paralysis

Twitchings and neuralgias

Nystagmus

Fibromyalgia

Diffuse pains

Episodic fever

Frequent flu-like acutes
Fever and chills

Weakness

Worse on waking
From overwork or overdoing it

Tired, toxic on waking

Headache, band like

With vomiting

Herpes on the nasal flaps

Measles-like eruption

Sickle cell disease

Weil's disease

Selections from Traditional Homeopathic Sources

None.

Selections from Modern Homeopathic Sources

From Iulian's *Materia Medica of Nosodes with Repertory*

Generalities: Pseudo-grippal [flu-like] state with chill, headache, diffused pains and asthenia; morbilliform [measles-like] eruption in erythematous patches.

Neuro-endocrine-psychic system: Syndrome of meningitis with headache and vomiting, myalgia, rachialgia [spinal pain] and fever.

Digestive apparatus: Relapsing infections; icterus with fever of Garnier and Reilly [infective jaundice]; intense jaundice (cutaneo-mucous), stool normal, very deep coloured urine.

Sense organs

(a) Nose: epistaxis.

(b) Eyes: infection; conjunctivitis with photophobia; photophobia.

Urogenital apparatus: Oliguria, azotemia, albuminuria.

Locomotor system: Musculo-articular pains.

Skin: Naso-labial herpes; petechiae.

Biological characteristics

Polynuclear hyperleukocytosis.

Hyperbilirubinemia with transaminasemia, normal or moderately increased.

Hyperazotemia, albuminuria, cylindruria [casts].

R.L.C.[?] is equal to clear liquid; albumin slightly increased.

Asthenia with pseudo-grippe [flu] state.

Jaundice.

Musculo-articulo pains.

Naso-labial herpes.

Syndrome of meningitis.

Clinical

Epidemic encephalitis.

Curable lymphocytic meningitis.

Acute angiocholecystitis.

Acute hemorrhagic pancreatitis.

Muscular rheumatism.

Commentary

Leptospira interrogans Nosode seems to be of great therapeutic value in acute or subacute hepato-biliary affections. It is very near to *Phosphorus* and (homeopathic) *Chlorpromazine*, and seems to hold the first place in importance. The clinical pathogenesis brings out a physiognomy which clearly shows its value in the degenerative processes of the hepatic function and of the hepatic gland.

Relationships

Nitricum acidum

Veratrum viride

Syphilinum

Platina

Yersinia

Papaveraceae (Poppy family) - especially *Chelidonium majus*

From Julian's *Nosodes* (Differential Diagnoses):

Achyranthes calea: Muscular pains, congestive headache, thirst for cold water, dryness of mucouses, medium fever.

Mandragora officinalis: Alternate euphoria and depression, hepato-vesicular troubles, musculo-articular pains, herpetiform eruptions.

Cuatteria [guameri]: A remedy of liver, of biliary ducts, of kidney, of pancreas. Bilious vomiting; yellow or greenish stools, with nauseating smell.

Agave tequilana: Sad, asthenic persons with hyperacidity, complete anorexia, takes drinks only.

Compare:

Malaria Nosode

Viral nosodes

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VIBRIONALES

VIBRIONALES

This order of bacteria appears in the Proteobacteria phylum among the Gamma group, along with the Enterobacteriales (intestinal bacteria) and the Pasteurales (including *Haemophilus influenzae*), as well as the Pseudomonadales (with the opportunistic pathogen *Pseudomonas aeruginosa* and others). They are most similar to enteric types, but differ from the latter in being oxidase-positive and using a flagellum to move. They also share some features with pseudomonads, but they can metabolize by both respiration and fermentation. The most important human pathogen in the Vibrionales order is the bacterium associated with cholera, *Vibrio cholerae*. Other clinically significant members of the Vibrionaceae family are *Vibrio parahaemolyticus* and *Vibrio vulnificus*. Both are linked to gastroenteritis and the latter is also implicated in wound infections leading to possible acute and fatal septicemia. *Vibrio parahaemolyticus* is an invasive organism mainly affecting the colon, unlike *V. cholerae* which is non-invasive, but damages the small intestine through enterotoxin secretion. The organism formerly known as *Vibrio fetus* has been renamed *Campylobacter jejuni* and moved to the Helicobacteraceae family, along with another vibrio-like organism, *Helicobacter pylori*, linked to gastric and duodenal ulceration and cancer. These have been shifted from the Gamma group to the Epsilon group.

The Vibrionaceae live in fresh or salt water and are among the commonest creatures in surface waters. Pathogenic types from this family can infect an unusually wide range of host organisms, including many varieties of finned fish, shellfish, deep-sea creatures and microorganisms associated with coral. Some that attach to shellfish can cause serious food poisoning in humans. Frogs and other vertebrates and invertebrates may also attract pathogenic colonies. They are responsible for septicemia in farmed salmon and oysters, and bleaching in coral.

They also function as symbiotes of marine life, including most bioluminescent bacteria. In an "ancient and powerful" symbiotic relationship with fugu (the potentially poisonous pufferfish) and similar fish, members of the Vibrionales synthesize the alkaloid and neurotoxin tetrodotoxin (TTX). This inhibits predators' sodium pump metabolism, with potentially fatal results, while the bacteria take advantage of the protection and nutrition offered by their host. [Adapted mainly from Todar and Wikipedia websites]

The Cholera Miasm

Description

Cholera is an acute diarrheal disease associated with intestinal infection with the bacterium *Vibrio cholerae*. Now very rare in industrialized countries, it is associated with poor hygiene, contaminated water supply, and poor sanitation systems. It remains common in sub-Saharan Africa, south-east Asia, and Haiti. It can be potentially severe or even life threatening, with rapid death from dehydration and shock.

Cholera (and other conditions related to Vibrionales bacteria) are serious conditions which can be rapidly fatal if not treated immediately. It is important that a patient or client having this condition is diagnosed and monitored by a licensed physician. Emergency medical care is required. If this disease is notifiable in your area, the appropriate steps should be taken. Information from historical homeopathic literature describing treatment of this condition should be read subject to this caution.

Scientific Names

Vibrio cholerae Pacini 1854 (Approved Lists 1980)

Vibrio cholera
Kommabacillus
Bacillo virgola del Koch
Bacillus cholerae/cholerae-asiaticae
Pacinia cholerae-asiaticae
Spirillum cholerae/cholerae-asiaticae
Microspira comma
Vibrio cholerae-asiaticae
Vibrio comma
Liquidivibrio cholerae

Commentary

Cholera Then and Now

Cholera epidemics were abundant in Hahnemann's time and, for this intense and life-threatening contagious disease, he recommended specific homeopathic remedies made from plants and minerals. In the 1830s, his top two remedies were *Camphora* (originally unpotentized) for the first collapse stage, and *Cuprum metallicum* at the second stage, involving copious vomiting and diarrhea. *Veratrum album* was reckoned a less favorable alternative to *Cuprum*. He also recommended *Cuprum* as a weekly prophylactic if there were cases nearby, along with care over diet and hygiene. [Hahnemann, *Lesser Writings*]. In essence, he defined a miasm of cholera and created a rubric of homeopathic remedies that were ultimately very effective for the treatment of cholera in his time.

Prior to the advent of antibiotics, homeopaths did very well in treating cholera primarily using Hahnemann's recommended remedies. The 1854 outbreak in London, mentioned below, was an example of its effectiveness in historical epidemics. But now, I do believe it is essential for someone with acute cholera to get medical attention in an emergency room hospital setting, due to the risk of rapid deterioration or death, and the availability of modern medical facilities.

The Energetic Miasmatic Consequence

Not much has been written about the sequelae of cholera and its ensuing chronic disease conditions. It is always very important to identify the miasmatic energetic chronic effects of an acute infection. By building materia medica based on these effects, as well as provings and clinical information, we can then use the indicated nosode, even when there is no known history of the disease.

Therefore, this commentary will focus on the energetic Cholera miasm and chronic states, even those passed on generationally. Along with Hahnemann's top three remedies for cholera, a separate commentary is included on the *Cholera Nosode*. Together, they create a well rounded picture of the miasm and, of course, each remedy has its own individual indications.

The actual *Cholera Nosode* was not utilized by Hahnemann and to this day it is not emphasized in the homeopathic professional community. I believe, however, that this nosode, like other well-prescribed nosodes, has an important place in our materia medica. It should be considered, for instance, for chronic disease states that may be traced back to having cholera, or where there is a family history of the acute cholera disease. I have also built a picture of the disposition and individual indications based on years of personal experience and also feedback from students utilizing this nosode.

Furthermore, by examining the action of the cholera bacterium and the effects of its toxins

on the physical body, we can get an idea of the energetic miasm in both the acute disease and chronic disease phases. The horrendous physical symptoms of this illness, like the purging and the body's hypovolemic shock response, give us important clues for prescribing the nosode or considering miasmatic remedies.

The physical action of, and response of the body to the bacterial organism gives us important clues as to the dispositional mind state. If *Vibrio cholerae* bacteria manage to avoid the harmful effects of stomach acid and reach the small intestine, a period of incubation follows when they burrow into these intestinal mucous membranes. Then, as a result of infective forces and toxin release from this part of the digestive tract, there is an abrupt onset of watery diarrhea, which may purge several liters of liquid within hours, leading to hypovolemic shock.

Patients in this collapsed state often feel cold, dizzy, faint, nauseous or very thirsty, as with other types of shock, progressing to unconsciousness. Whereas dehydration involves excess water loss, hypovolemia is characterized by sodium depletion. The body is prompted to go into a massive **conservation** mode, with severe **cramping**. To deal with the resulting volume contraction and salt imbalance, fluid from other cellular compartments in the body moves into the vasculature.

Children are at particular risk of sudden deterioration, underlining the need for vigilance and early medical intervention.

As stressed above, the intense acute situation needs emergency medical attention. Yet these intense symptoms, especially the cramping and conservation mode are also reflected in the main *dispositional mind* themes of the chronic as well as the physical picture which I will explain.

Key Dispositional Themes

The main themes of the Cholera miasm are:

- Purging
- Flow
- Affluence, prosperity, abundance
- Social position, privilege, social status
- Exalted
- Conservation, conservative
- Maintaining, protecting, preserving
- Rules, regulations and rituals
- Holding on
- Cramping
- Mobilization/immobilization
- Apocalypse
- Orthodox, religious mania
- Evangelical
- Angel of death
- The grim reaper, reaping what you sow
- Coldness

Discussion of Dispositional Themes

On the one hand, there is serious purging and on the other hand, we may have a cramped conservation mode of the body to compensate for this rapid outflow. Both these aspects, which reflect the intense physical action and cramping of the hypovolemic shock phase of

acute cholera, are represented in the dispositional themes, including mind themes, of the patient who needs a remedy in the Cholera miasm.

Conservatism and **orthodoxy** are part of the miasm, whether having to do with a style of living, money, politics, or religious beliefs and actions. With the concepts of holding on, maintaining and protecting, we can see a number of characteristic dispositional threads in the Cholera miasm that are part of these overarching states.

Therefore, there is a conservative fear of unpredictability or a feeling that a disaster is imminent, as in the Typhoid miasm. Times of crisis heighten the importance of holding onto wealth and affluence. In this miasm, there can be an indifference to others who are suffering, with a desire to accumulate or cling to wealth and social status.

The miasm is reflected in Gabriel Garcia Marquez's best selling novel *Love in the Time of Cholera*. The heroine's doctor husband clings to routine and continually harks back to "the good old days" and his family fortune. Previously, the wife had been forced to give up her chosen love and enter into this marriage by her father, himself known for shady dealings and willingness to sacrifice his daughter's happiness for the sake of money and status.

When the conservatism is apparent in a religious way, we frequently see ultra-orthodox and conservative religions with evangelistic zeal. The patient lives in a very rigid, conservative way and yet needs to proselytize. There is an active desire to purge unbelievers of their disbelief or of the devil. They feel the need to mobilize everyone to accept their belief system or something cataclysmic will happen. In the classic homeopathic literature, "religious mania" is mentioned frequently as a pathological condition that is helped by remedies in this miasm. This is most clearly illustrated in both *Veratrum album* and *Cuprum metallicum*, representing strong elements of the miasm and the nosode.

In political conservatism, the person organizes to hold onto their and others' position of privilege through conservative right wing politics or totalitarian means. In a more extreme political way, the holding on can be expressed in autocracy or dictatorships, and in closed societies. It reflects a deeply held belief in conservatism and an active belief in social distinctions, ultimating in absolute power. There is a desire to round up and purge those not following the party line. Individuals in this type of society can have a constant fear of being purged. "Cleansing the filth" becomes a rallying cry, even in a nationalistic or prejudicial, racist way.

On a personal patient level, the holding on can be a fear of loss of position and the desperate ambition to climb the social ladder and hold onto social achievements and financial gain. They can seek the strongest person in a group and ambitiously desire to get ahead by aligning with them.

We see that *Veratrum album* is in the rubric "Fear of loss of social position." This social and monetary positioning is also found in another Stage 11 remedy, *Aurum metallicum* as well as *Aurum* salts. The *Cholera Nosode* also has this desire for social position and fear of its loss. The patient feels the need to protect what they have, with a great fear of robbers (*Veratrum album* and *Cuprum* are both in this rubric) as well as dreams of being chased or pursued.

As well, in *Veratrum album*, we see the idea of untruthfulness - it is in the rubric "Liar" [Complete Repertory] - again, a method of maintaining and conserving status whether personally or politically. This is part of the general miasmatic dispositional state.

Having described the conservative political and religious direction the miasm can follow, it is also important to note that, as ever, remedy prescriptions in this miasm are guided more by the individual patient's situation. So, as mentioned, the theme of maintaining or conserving

may come out in a different way, rather than directly in political or religious conservatism. The individual may hold onto their social position, their relationship, success in some endeavor, or their finances. Or they may teach other subjects besides religious ones, but with an evangelical zeal. Eventually, they can experience despair and anxiety as they are not received in the right kind of exalted way they expect, feeling limitations in their social influence or position.

Periodic Table Stage 11

Moving to the perspective that I discussed in the introductory chapters of this book, we can look at this miasm from the perspective of its position in the periodic table. And we can look at the proximity or similarity of other miasms in contrasting stages. The stage for the Cholera miasm is Stage 11 and the contrasting stage is 9 (refer to chart).

Both Yersinia in Stage 9, which is also called the bubonic plague (described in depth in the first volume of *Miasms and Nosodes*), and Cholera in Stage 11 have historically been associated with great political change.

Stage 10 is the peak of success and divides the periodic table. You could say that Yersinia, Stage 9 and to the left, is more left-leaning with a desire to challenge authority via revolutionary egalitarianism and anarchy. Cholera, at Stage 11, is just to the right of centre and has the need to hold onto and maintain the political power, authority, and privilege that is achieved in Stage 10. I associate Cholera with right-leaning conservatism or even totalitarian political movements with purging and maintaining even through violent suppression.

On a more personal patient level, the Cholera miasm at Stage 11 directly follows Stage 10, the stage of success. Stage 11 desires to hold onto or maintain this success. Prior to Stage 10 there is doubt that one can achieve, and at Stage 9 one may give up and then attack successful people. But at Stage 10 there is **confidence**, or even over-confidence, that one can achieve **success**. This success can come in many different forms represented by the different series (such as work in the Iron series, leadership in the Cold series, culture, art and so forth in the Silver series), which indicate the nature of the patient's aspiration and field of work.

Jan Scholten has various themes for Stage 11:

Holding on

The theme is holding on to that which has been achieved.

Maintaining

It is quite an effort for them to maintain their position.

Preserving

They try to preserve what is there, to hold on to the stock that has been built up over the years. Or they might feel that it is up to them to stock up.

Protecting

They try to protect their own achievements, but they also feel protective towards other people. Here we see their strong sense of responsibility coming out.

Possessions, wealth

Because they have built up their possessions over the years they tend to be quite wealthy.

Enjoyment, privileged

They are able really to enjoy what they have achieved.

Expansion

They can also have the feeling that they have to expand their success, not so much in the sense of making it even bigger, but more in the sense of making everything a part of it.

The general sense is: ruling, guarding, maintaining, keeping, protecting.

Signature: electricity and heat conductors

The elements that belong to this stage are the best conductors of both electricity and heat. Electricity and heat quickly spread throughout these metals. Copper, gold, and silver have always been used as a means of payment: they are metals that keep their value.

[qjure.com website and *Elements of Homoeopathy* by Jan Scholten]

Hahnemann's Three Main Cholera Remedies and Their Miasmatic Implications

As mentioned, Hahnemann stated that there were three main remedies for cholera in his time: *Camphora* or *Camphor*, *Cuprum metallicum* and *Veratrum album*. These remedies all reflect all the phases of bacterial action as described. They also each represent various aspects of the miasm emphasized in their own individual way. Interestingly, these remedies, especially *Cuprum* and *Veratrum*, have a great deal of orthodox religiosity and evangelism. Even *Camphora* has rubrics such as "Delusions, sees devils."

On a physical level, it is apparent in *Veratrum album* that the symptomatology of the diarrheal or purging phase is uppermost. The complaints of *Veratrum album* patients are accompanied by severe diarrhea and vomiting. I have used *Veratrum album* in cases of severe dysmenorrhea or in other acutes where the patient has continual vomiting and diarrhea, and great coldness. But also, on a mental level, we can see mental states and mental pathology where the patient has to manically purge and move. And we could say the idea of purging is one of the themes in this miasm and in particular in *Veratrum album*.

James Tyler Kent's description of *Veratrum album* in his classic *Lectures on Homoeopathic Materia Medica* highlights its cholera-like nature as recognized by Hahnemann and compares it to *Camphor* and *Cuprum*:

Profuse watery discharges. These conditions occur without apparent provocation. In cholera or cholera morbus, it seems that the fluids run out of the body.

Lies in bed, relaxed, prostrated, cold to the fingertips, with corresponding blueness, fairly purple; lips cold and blue, countenance pinched and shrunken; great sensation of coldness as if the blood were ice-water; scalp cold; forehead covered with cold sweat; headache and exhaustion; coldness in spots over the body; extremities cold as death. Full of cramps; looks as if he would die.

This state comes out during the menses, during colic with nausea, with mania and violent delirium, with headache, with violent inflammations.

Is it any wonder that Hahnemann predicted that *Veratrum*, *Camphor*, and *Cuprum* would become remedies and the cure of cholera; he saw in their nature the ability to cure. He saw the similitude.

This similarity is also described in physical terms in Kent's section in the same work on *Camphor*:

The gastric irritation is marked. Everything is vomited. The tongue is blue and cold and the breath is cold. Everything coming out of the body is cold. The air as it leaves the chest feels like that from a cellar, like *Carbo v.* and *Verat.*

The tongue is cold and trembling. Such states are found in cholera. All through the cold stage there is burning. The inside of the body seems to burn, or there is a sense of internal smarting like a rawness or a sense of burning without heat.

The pain in the stomach in gastritis is so violent that the anguish on the face is equal to that

in *Arsenic*; a deathly anguish is felt in his stomach and he feels that he must die. Burning, rending, tearing pain in the stomach with retching and vomiting.

Cramps in stomach and bowels and spreading to other parts of the body until there are convulsions and opisthotonos.

Anguish at the pit of the stomach drives him to despair. Heat in the stomach. Cold feeling in the stomach. Abdomen is full of colic and burning. Cold feeling in the abdomen.

Cholera stools; rice water discharges, with anxiety, restlessness, spasms of the muscles, cramps of the chest, prostration, increasing coldness and blueness; wants to be uncovered and he is going into collapse.

So taking what Kent says in combination with my experience of applying these remedies and the miasmatic nosode, we can see many other modern conditions can be successfully cured by applying the concepts or themes of the acute symptoms in a chronic way. This can include conditions such as ulcerative colitis and other bowel conditions, stomach pathology, dysmenorrhea, chronic cramps, chronic fatigue, mania states, schizophrenia, psychosis, and epilepsy.

For example, Kent says that *Camphor* has "exhaustive discharges" where "they sink down." You could say that this describes chronic fatigue syndrome very well. And *Camphor* is indeed one of the major remedies indicated for this where there are confirmatory symptoms individual to the remedy. Chronic fatigue itself is also generally part of this miasm, although you can also think of other groups of remedies, such as remedies in the Fabales plant order and remedies made from light and imponderables.

We can see mental parallels for the intense physical symptoms in Kent's *Lectures on Materia Medica* section on *Veratrum album*:

The mental symptoms are marked by violence and destructiveness; he wants to destroy, to tear something; he tears the clothes from the body.

Always wants to be busy, to carry on his daily work. A cooper [barrel-maker] who was suffering from the *Veratrum* insanity would pile up chairs on top of one another. When asked what he was doing, he replied that he was piling up staves. When not occupied with this he was tearing his clothes, or praying for hours on his knees, and so loud that he could be heard blocks away.

Exalted state of religious frenzy, believes he is the risen Christ; screams and screeches until he is blue in the face; head cold as ice, cold sweat, reaches out and exhorts to repentance. Exhorts to repent, preaches, howls, sings obscene songs, exposes the person. Fear and the effects of fear; fear of death and of being damned; imagines the world is on fire.

Mania with desire to cut and tear everything, especially the clothes, with lewdness and lascivious talk.

Puerperal mania and convulsions, with violent cerebral congestion; bluish and bloated face; protruding eyes; wild shrieks, with disposition to bite and tear.

Loquacity, he talks rapidly.

She is inconsolable over a fancied misfortune; runs around the room howling and screaming or sits brooding, wailing and weeping.

Alternate states of brooding, screaming, and screeching. A few such remedies would empty our insane asylums, especially of recent cases. Insanity is curable if there are no incurable results of disease.

These intense states in Kent's description, which include religious mania and even psychotic states mentioned plus other *Veratrum* symptoms such as "Exalted state of religious frenzy,

believes he is the risen Christ," reflect the physical purging. He also comments on the usefulness of *Veratrum* and related (cholera-like) remedies for patients in insane asylums. Though of course you do not necessarily have to see this extreme condition to prescribe *Veratrum album* or any other remedy in the Cholera miasm.

In the clinic, I have personally always found in the "*Veratrum* patient" that there is a certain very bright, intense look in their eyes - a look of insanity even when there is no clear expression of that. Also, in both main *Veratrum*s (*Veratrum album* and *Veratrum viride*) there can be great despair and depression, which can lead to insanity. It is a despair that others have not grasped their greatness as a teacher or as someone who brings something new and important to the world.

Among the brief pointers for a third minor type, *Veratrum nigrum*, is clinical cure of "fierce headache threatening acute mania" [*Clarke's Dictionary*]. Not only that, these individuals tend to be teachers, religious leaders, or individuals whose job it is to "purge" as well as to teach something with great evangelical fervor. A resultant despair may settle if the patient feels they are not being elevated to the level befitting the important message they are bringing.

It is not only zeal for traditional religions that we may see here but also for new concepts or new issues. I had a patient with severe dysmenorrhea where she had vomiting and diarrhea during her menses. She experienced a depression as a result of her teaching of an acting technique not being accepted generally. She brought this new technique from Europe to be used in North America and was quite evangelical about it. As a result of a few doses at monthly intervals of *Veratrum album*, the dysmenorrhea, vomiting, and diarrhea as well as the depression stopped.

Modern cholera epidemics tend to happen after natural disasters such as in Haiti after the earthquake in 2010. Interestingly, we see *Veratrum album* in the rubric "Dreams of apocalypse, end of the world."

We also can see the deep **coldness** that may develop during the shock stage of the acute disease appear in a chronic way in patients. In the *Cholera Nosode*, this deep coldness is a sensation that many have described as a ghostly or deathly presence around them. The *Cholera Nosode* patient may be focused on this type of ideation and actively seek out haunted places. In a sense, they have the quality of the angel of death.

You could also say the characteristic physical coldness is presented on a dispositional level where there is a coldness emotionally or lack of concern for the suffering of those that they consider below them, lower in status, or not part of the group-the "have nots." It is also reflected in religious groups where unbelievers are considered evil and to be banished or purged. There is a general lack of caring except in a calculated way or as a result of rules that say they must care. Donations or generosity are for social appearances or because of religious duty, rather than pure compassion.

In physical terms, *Veratrum album* patients have coldness and sensitivity to cold. But the remedy with deepest coldness we know is *Camphora* and it was recommended for this stage in acute suffering. Rubbing camphor (as contained in Tiger Balm) on the skin creates a cooling effect. The patient who needs *Camphora* can be deeply cold - "chilled to the bone" as the expression goes. *Cuprum metallicum* and its salts are remedies for Raynaud's phenomenon where there is blueness and coldness of the extremities.

With the Cholera miasm being at Stage 11 of the periodic table, we can also see that the remedies in that stage inform us even more about the miasm. We see the mineral remedies *Cuprum*, *Argentum*, *Terbium*, and *Aurum*.

Even *Terbium metallicum*, the Lanthanide element in Stage 11, has the theme of *maintaining* autonomy (autonomy being a quality of Lanthanides) as well as maintaining self-control. And several points in Scholten's summary for this remedy (in *Secret Lanthanides*, p 267) also match the overall feel of the Cholera miasm:

They want to show that they have everything under control, even in the most turbulent and terrifying circumstances ... Being out of control feels like a real threat, as if they may lose themselves, as if they will be sucked into a black hole, as if a devil has taken over.

In homeopathically prepared *Aurum metallicum* (gold), there is a deep and desperate need to establish wealth and hold onto it. We well know as homeopaths that when that need is not met or their wealth is lost, the *Aurum metallicum* patient has suicidal thoughts and actions. Interestingly, *Aurum metallicum* is in the rubric "Delusions, sees dead people," "Dreams of dead people," and "Dreams of death," corroborating this feature of the Cholera miasm which I described above. So even though traditionally *Aurum* salts are thought of in the Syphilitic miasm, the Cholera miasm should be considered as well.

I've mentioned *Cuprum metallicum* both in Stage 11 and as one of the trio of cholera remedies selected by Hahnemann. But we also see in this remedy rubrics such as "Delusions, sees figures," or "Delusions, sees phantoms." The idea of imminent disaster is also found in rubrics for *Cuprum metallicum* such as "Fear of robbers," "Fear of fire" and so forth. Kent's *Veratrum* description goes on to say that a practitioner should use *Cuprum* when there is extreme cramping in cholera:

In cases of this sort which are characterized by superabundance of cramps, *Cuprum* is the simillimum. For those with coldness and blueness and scanty sweat, vomiting, and purging, *Camphor* is the remedy. These are called "dry cholera"; they sink down and die without exhaustive discharges. In proportion as there are coldness, blueness and scanty discharges, *Camphor* is indicated. In proportion as copiousness, blueness, and coldness are present, *Veratrum* is indicated. *Secale* has something of cholera in it. *Podophyllum* has exhaustive stools, *Arsenicum* anxious restlessness.

Camphora too has many rubrics or symptoms related to the key mental or dispositional themes in the Cholera miasm: "Delusions, sees phantoms" (many different rubrics), "Delusions, has horrible visions," "Dreams of ghosts," "Fear of evil," plus "Dictatorial" and many more.

So when we look at the Cholera miasm we have these elemental themes starting with the idea of holding on, moving to conservatism, affluence, and desire for social position. But in the more advanced states, we can see more extreme conditions and serious mental pathology such as dictatorial sociopathic behavior, and mania or psychotic states with schizophrenia.

We can compare this miasm to the Typhoid miasm in the reciprocal Stage 2, and to a lesser degree the Syphilitic miasm. The former is described in Volume 1 of *Miasms and Nosodes*, the latter in this volume. In essence, the Typhoid miasm has a feeling of impending disaster and an urgent need to deal with the crisis as if their very survival depended on it. In Stage 2, there is a desire to hide, not be seen and sometimes a lack of confidence in dealing with the situation. Whereas in Cholera, Stage 11, there is an assertion of their need to hold onto or maintain their position in order to deal with impending problems. In the Syphilitic miasm, (Stage 17) the feeling is that the end is near and, therefore, desperation.

Names and Meanings

Vibrio - from Latin verb *vibro, vibrare*, to set in tremulous motion, move to and fro, vibrate,

noun *vibrio*, that which vibrates, the vibrating, darting organism.

Cholera - from Greek χολέρα, and Latin *cholera*, a disease in which the humours of the body are violently discharged by vomiting and stool; also an obstinate obstruction of the viscera; jaundice; nausea. The species epithet is genitive, *cholerae*, of cholera.

The word probably derives from *khloros* Χλωρός, greenish yellow, with reference to the color of bile secretions, but *khole* is also a groove, and by extension a gutter or drainpipe. There are associations here with Cholera miasm polarities of stubborn fixity (stuck in a groove) and gushing flow, plus themes of affluence versus poverty or depletion, along with extremes of social position (in the gutter).

Choler - from Greek χολή, *khole*, bile, gall, hence bitter anger, wrath. One of the four ancient and medieval bodily humors, choler was associated with the gallbladder and the yellow bile produced by the liver, biliousness, i.e. nausea, along with irascibility and irritability. There are also connotations of provoking disgust, from the custom of applying gall to the nipple to encourage weaning. Definitions and synonyms include:

An irritable petulant feeling;

A strong emotion; a feeling that is oriented toward some real or supposed grievance; Peevishness, annoyance, bad temper, vexation, being cross, querulous, fractious, snappish, easily riled or provoked to anger.

Jaundice-from Old French *jaunisse*, from *jaune*, yellow, derived from Latin *galbinus*, yellowish, yellowing of the skin due to the abnormal presence of bile pigments in the blood.

The qualities traditionally associated with this condition have some affinities with cholera: jaundice is equated with jealousy and envy, along with ill humor. The related adjective (jaundiced) denotes bitter resentment, spiteful hostility, and cynical scepticism, as well as distorted, bigoted views.

Older terms include:

Cholera asiatica - signalling the Asian origin of many historical outbreaks;

Cholera morbus - a term coined in the 1600s for acute gastroenteritis, occurring seasonally (in warm weather) and marked by cramps, diarrhea and vomiting, but not necessarily caused by *V. cholera*;

Cholera infantum - the same condition as Cholera morbus, here applying to children, who were typically the main victims.

Family

Of the Vibrionaceae family in the Vibrionales order.

Source Notes

[Adapted mainly from CDC, Merck, Todar and Wikipedia websites]

The Disease

"One of the great social and political forces in human history
.... a filth disease"

[Wayne Biddle, A Field Guide to Germs]

Transmitted by ingestion of food and water contaminated with infected feces, the disease is typically mild or asymptomatic in affluent, well-nourished individuals, whose stomach juices are able to destroy the bacterium. However, in around 5-10% of cases, the microorganism multiplies astronomically resulting in severe symptoms, most characteristically profuse, watery diarrhea, often termed "rice-water stools" from their color and consistency. Onset is so sudden that a classic description runs: "Of all pestilences cholera is perhaps the most aweinspiring: it may run so rapid a course that a man in good health at day break may be

dead and buried ere nightfall." [Harold Scott, p 649] Up to half the body's water may be excreted within 24 hours (up to 20 liters in an average 70 kg male, having 40 liters of body fluid) and victims may shrink visibly, with sunken features and a scaphoid abdomen. With 3 to 5 million cases worldwide annually as of this writing, cholera is responsible for around 100,000 deaths each year and globally has increased steadily since 2005. Sporadic cases in industrialized countries most often result from consumption of contaminated raw or undercooked shellfish from polluted river or coastal waters. There is no clear evidence of direct person-to-person transmission. Reinfection on repeat exposure is possible, though rare; however, immunity to one biotype does not apply to another. The incubation period ranges from a few hours to 5 days, with 2 to 3 days being average.

The diarrhea may be accompanied by vomiting, restlessness or irritability along with signs and symptoms resulting from severe dehydration and electrolyte imbalances, such as rapid heart rate, muscle cramps, low blood pressure, weak pulse, thirst, dry mucous membranes, loss of skin elasticity and blackening of the surface due to ruptured capillaries. Death is due to hypovolemic shock, where the heart is unable to pump enough blood to the body, resulting in failure of organs, including the kidneys. Consciousness may remain till the end, or there may be coma. The disease may be fatal within as little as 2 to 3 hours, but more often shock follows within 4 to 12 hours of the first liquid stool, with death after 18 hours to several days.

With prompt rehydration treatment, recovery is usually quick (only 1% fatality in those receiving this) and there are typically no long term sequelae. Antibiotics are also used in some cases.

Descriptions of cholera may be found as early as the 5th century BC in Sanskrit. Greatly feared during historical pandemics as an ugly and devastating disease, cholera first spread from its endemic base in India between 1817 and 1823. During the 19th century and to a lesser extent the 20th century, further waves raced seemingly inexorably across Europe and on into the New World, hence the name of Asiatic cholera. Public terror and death rates escalated and the specter of disease cast its shadow beyond the communities of the "great unwashed."

Brutal tactics were often employed in efforts to contain it, though the epidemics eventually contributed to the implementation of long overdue public health and social reforms. It is also significant that a Parliamentary controversy during the devastating London cholera epidemic of 1854 exposed concerted efforts by the medical and political establishment to suppress reports of superior results from homeopathic treatment of the disease. [Dean, 2015]

The virulent El Tor strain first appeared in the Philippines in 1961, signaling the seventh pandemic. Suspension of chlorination in Lima due to fears over possible carcinogenic properties of chlorine reactions probably contributed to the outbreak in Peru in 1991, while a neglected sewage system was linked to the last cluster of cases in Naples in 1973. The emergence of new strains such as 0139 "Bengal" (distinguished from the classical 01 serotype) remains a matter of global concern.

The Bacterium

Vibrio cholerae is a Gram-negative, rod or comma-shaped bacterium whose natural habitat is brackish or saltwater. A facultative anaerobe, it moves in this aquatic environment using a single flagellum at one end. It can undergo respiratory and fermentative metabolism. As described in the Vibrionales introduction, it is related to enteric bacteria but shares some features with *Pseudomonas* types. *Vibrio* species are among the commonest microorganisms. Only a tiny minority of strains are pathogenic, affecting only humans.

Though isolated and identified as the cause of cholera by an Italian anatomist Filippo Pacini in 1854, its association with the disease only became more widely known in the 1880s through the work of Robert Koch, famed for his discoveries regarding tuberculosis.

If it survives the hostile conditions in the stomach, it is well adapted to life in the small intestine. It is resistant to bile salts, and protects itself by burrowing into the mucous layer, using both chemical secretions and mechanical penetration of its long, thread-like fimbriae or pili.

Diarrhea is triggered when the multiplying bacteria release an enterotoxin that triggers enzymes in cells of the intestinal mucosal membranes to pump water and electrolytes from blood and tissues into the intestinal cavity. Flakes of mucus and epithelial cells, along with huge numbers of *Vibrio* bacteria, are voided in massive amounts of watery fluid.

Remedies in the Cholera Miasm

Some of the main remedies in this miasm:

Stage 11: *Cuprum*, *Argentum*, *Terbium*, and *Aurum*

Hahnemann's Trio of Remedies for Cholera: *Cuprum*, *Veratrum album*, and *Camphora*

There are many remedies that have been utilized for cholera in the classical literature particularly those related to severe gastrointestinal problems. Listed here, in alphabetical order, are some that have been referenced or utilized more frequently.

Aconite

Aethusa - "cholera affections in old age" (Clarke)

Ammonium carbonicum

Ammonium causticum

Antimonium crudum

Antimonium tartaricum

Argentum nitricum - Stage 11, Suicidal thoughts in cholera (Knerr)

Arsenicum album (many references in the classical literature)

Bismuth

Bryonia

Carbo vegetabilis - state of collapse

Chloralum hydratum

Colchicum

Croton tiglium

Euphorbia corollata

Cuaiacum

Hydrocyanicum acidum

Ipecacuanha

Iris versicolor

Jatropha

Kali bromatum - strongly suggested for cholera and has the symptom: "Delusion singled out for divine vengeance" and many mental symptoms about crime, wealth, etc.

Lachesis

Mercurius

Opium

Phosphorus

Ricinus communis

Secale

Sulphur

Tabacum

Xanthoxylum fraxineum

Zincums

The Cholera Nosode

Homeopathic abbreviation

Choler. or *Vibrio-c.*

Commentary

I discussed the Cholera **miasm** in the previous commentary touching only briefly on the nosode yet much about the discussion of the miasm can be applied to the nosode. In this commentary we can now turn our attention in a more focused way to the homeopathically potentized *Cholera Nosode* or the energetic resonance of cholera. I am discussing the use of this homeopathic remedy in the context of chronic disease while emphasizing that acute cholera is a serious, life-threatening condition where the patient should be immediately hospitalized and receive emergency medical care.

Many of the depictions of cholera epidemics had the angel of death - a skeletal figure with a scythe flying or floating over crowds of dead and dying people. Hahnemann himself used this term [*Lesser Writings*, p 761], and interestingly, I have found one of the strongest indications for the *Cholera Nosode* is what I would call "the presence of the angel of death." It is a sensation or delusion of the **angel of death** in black-hooded male or female skeletal form or something similar - deathly beings, or creepy, shadowy entities. There can be nightmares of similar malign presences in their home or around them.

There may be visions or feelings of such dark powers lurking ominously around the individual or the home, chasing them, or even threatening to spirit away loved ones or belongings. These apparitions and images can occur in nightmares or in waking hours, causing a sense of deep dread and despair with a feeling of impending disaster.

They may think that their possessions are about to be taken from them or that their children will be abducted by these dark forces. (This also appears in many remedies made from spider venoms and other groups of remedies).

Such horrific images and presences may also be found in remedies from the Solanales plant family such as *Stramonium* and others. However, the *Cholera Nosode* has primarily a feeling of dread, **impending doom and impending loss** in response to the visions and dreams, whereas Solanales remedies have primarily a feeling of fear and **terror**.

Here are some of the dreams from a 30-year-old patient with postpartum depression who responded well to the *Cholera Nosode*:

I have a dream that I'm seeing silhouettes that aren't there when I pass rooms, things moving in my peripheral vision, bodies in pools of water, blood, death. And just a haunting, crawling feeling of dread.

But I'm the only one seeing these things. And I'm trapped there, I'm trying to protect my kids from the evil - they are sleeping upstairs on another floor and I can't get to them, or they've been abducted and I get a call that they've been found but it doesn't look good.

This same patient had previously benefited from *Veratrum album* as she had a history of severe vomiting while giving birth to her child. She also had relayed that many years prior, while visiting in India, she was hospitalized with severe diarrhea and vomiting. It was not diagnosed as cholera but had all the hallmarks of the acute disease.

As mentioned, the main feeling is one of deep trepidation, but there can be a fear that they will be attacked physically or emotionally in an unpredictable or unpreventable way. This comes from a feeling that they could lose everything (like the Typhoid miasm), driving a pathological need to hold on. In addition, they have a great need to safeguard their

emotional and physical environment and possessions, demonstrating the miasm's quality of conserving and keeping possession.

Of course, like other nosodes, you think of *Cholera Nosode* in a chronic case when there is a history of cholera, whether with the patient or in the family history and where well-indicated remedies fail to work. You can follow up with the nosode after a remedy in the Cholera miasm works. As well, my experience tells me that someone may have had cholera in their past history but the diagnosis wasn't accurately made; instead, what you hear about is a very severe gastrointestinal acute in the past.

I find it important in treating patients who participate in ultra-conservative religious practises. We also discussed in the commentary on the Cholera miasm how the disposition of a patient needing the nosode has all the features of **Stage 11**, with conservative reactivity and holding on.

On an emotional level this may arise from growing up in a religious environment that emphasized apocalyptic consequences. It could also be as a result of being in a family where there was always a pervasively hostile environment, such as imminent or actual divorce, or parents with beliefs and actions that threw everything into disorder. When emotional stress happens, such as in a relationship, the response is to cramp up both emotionally and somatically. There can also be a history of being in a relationship where the spouse has cheated and therefore the patient needs to be constantly on guard, preparing for the worst. They fear that as a result of the spouse's activities that they will lose either their family or their social position amongst family and friends.

In other extreme cases needing this nosode, this need to safeguard, along with the feeling of an unseen but dark and evil shadowy presence, can lead to a kind of depression, with an overpowering feeling of calamity. It can lend itself to an apocalyptic approach to life, even to the extent of building underground shelters and making extensive preparations for the ultimate disaster or conflict. There can also be a tendency to a belief in conspiracy theories. As well, this patient may be quite irascible and hard to get along with. They may show little mercy or sympathy for those suffering or denied justice.

At this more advanced point, the desire to hold on can be manifested by a need to control their environment and this may lead to obsessive compulsive disorders that include rigid control of their immediate surroundings. It creates a belief that if they do not conserve and preserve strongly, their precious children and their possessions will be taken from them, even by dark, unpredictable forces.

They also will have a kind of hyperactivity and need to keep busy all the time. Eventually, though, they go to the other polarity and experience exhaustion and chronic fatigue.

Like *Veratrum album*, there can be an ambitious striving for social position and an intense desire to sustain it. In this case, like *Veratrum*, you may even see stealing and lying to get to the top or to stay there. This is not always present, but the patient is acutely aware of anyone attempting to demote them. They strive for the top spot both at work and socially and can work manically at this. This is driven by their intense need to hold onto status and maintain a special place.

Sometimes, though not in every case, there may be strongly evangelical religious beliefs.

Cholera Nosode and other remedies in the Cholera miasm can be useful in such communities. Even without such religiosity, there is a tendency towards rigid rules, and often a sense of indignation about others who do not follow the rules or social norms.

Evangelism can appear in a different way: they actively promote their social position and their ambitiousness, or share and spread the word about social advantage politically. They

can be outspoken and strongly involved in social media or be socially a strong part of their community. They are quite social individuals and the way the community functions is important to them.

They have a strong belief in the power of prayer, yet feel pursued by an unseen force. Therefore, as in many fundamentalist religions, they may feel that they need to fight or exorcize evil.

They can easily feel controlled and then quickly develop resentment and anger. This irascible quality echoes the purging in the miasm: they will be dismissive of friends or even their spouse under stressful circumstances or if they feel their standing is threatened. They can aggressively attack others and purge them from their carefully-built social assemblage. There can also be periods of dark depressions and incapacitating fatigue. In this phase of the *Cholera Nosode* they become cynical and pessimistic, disgusted with life. This nihilism can come from a dysfunctional family, and may lead to a diagnosis of bipolar disorder (manic depression).

The coldness is there but it can alternate with flushes of heat. The coldness can go to more extreme sensations of freezing, numbness, and icy sensations. They may suffer from fibromyalgia along with coldness.

There is also a sensation of being scratched by an animal.

You may see a history of seizures, as well as skin symptoms like poison ivy reactions. This is a remedy that can follow *Cuprum* and *Camphora* where convulsions are the main symptomatology. A history of severe diarrhea and vomiting (even a history of cholera) may also be found. They will then have a strong gag reflex and easy vomiting.

As mentioned in the discussion about the miasm, severe constipation may also arise, as well as the classic severe, watery diarrhea or chronic bouts. This constipation is part of the conservation or cramping. There can be severe cramping with stool, and they can go days without a stool. In some ways, they feel better, especially emotionally, when constipated, as if the conservation is a good thing.

Clinical Focus Guide

Mind and Disposition Focus

Angel of death, death personified

Angel of death, dreams of angel of death or feeling of angel of death around them

Ominous, associated with the devil, hell, and dying

Sees figures - a black-hooded man or woman with a scythe, skeleton or broomstick

Visions or dreams of ghosts or deathly apparitions

Feeling of doom with visions

 Taken by the devil

Dark

 Dark, creepy nightmares or visions

 Dark shadowy entities or unseen powers approach or pursue them

 Sense of a dark presence

 Especially during pregnancy

 Dark depression

Doom

 Overwhelming impending doom

 Everything seems disastrous

 Apocalypse

Fear someone is going to take them away and kill them

Fear of spiders

Community, social position

Loss of
Holding on to
Member of religious community

Seeking out the strongest group or individual**Following the rules**

Indignation if not followed
Rituals
Perfectionist
Obsessive compulsive disorder
Right and wrong

Emotional cramping**Evangelical**

Very religious
About social position
About national or local group
About a new technique or perspective
A teacher or guru of unique ideas
Being put down and fear loss of position

Irritable, irascible**Purging**

From anger or resentment
By autocratic regimes, especially of foreign persons, or of non-supporters
Work position tenuous, mass firing
Of the devil

Flow

Of wealth (affluence)
Profusion of ideas and thoughts

Maintaining, protecting integrity

Of the body
Of wealth, religion
Of the local community
Of the family (partner cheating)

Conservation, conservative**Mobilization or immobilization****Ailments from loss**

Loss of wealth
Loss of status
Grief leading to religiosity

Intense anxiety

Fear of being purged
Driving to purge others
In the dark

Wealth and poverty

Dreams or fears of financial loss
Ailments from financial ruin - one can't go on (like *Aurum*)
Fear of poverty
Fear of losing one's belongings and status
Dreams of loss or theft of wallet or purse

Filth versus purity

Desire to cleanse the filth (compare *Ignis alcoholis*)

Evil

Fighting or prompting

Stealing or lying

To preserve prosperity or privilege
Munchausen syndrome

Mania states

Industrious and ambitious
Religious
Intensity
Bipolar
High anxiety
Deep depressions

Collapse

Desire to make other individuals or groups collapse

Pregnancy

Fear of pregnancy
Terrible nightmares during pregnancy

Wilful defiance**Alcoholism, addictions****Physical Focus****Cramping**

As in the Tetanus miasm

Diarrhea

Severe diarrhea with simultaneous vomiting
With collapse
With fluid loss and dehydration

Coldness

Freezing, icy
With numbness
Chilled to the bone
Sensation of cold water flowing on skin

Colitis

Night and day

Bulimia**Strong gag reflex****Chronic fatigue syndrome****History of hypovolemic shock****History of vomiting and diarrhea**

Vomiting during birthing, menses
Severe nausea during pregnancy

Fibromyalgia**Sensation as if scratched by an animal****Skin: reaction to poison ivy****Breech birth****Headache**

With sinus involvement

Vertigo

Motion sickness
Incapacitating nausea, even vomiting on trains, airplanes

Seizures, convulsions, spasmodic

With coldness
With falling
From expression of emotion

Dysmenorrhea

Fainting during menses

Selections from Traditional and Contemporary Homeopathic Sources

None.

Relationships

See the Cholera miasm chapter above.

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