

Louis KLEIN
MIASMS AND NOSODES
ORIGINS OF DISEASE
VOLUME 1

TABLE OF CONTENTS

ACKNOWLEDGMENTS.....	4
FOREWORD BY JAN SCHOLTEN.....	5
INTRODUCTION.....	7
Identifying Miasms and Nosodes, and the History of Miasms.....	9
History of Miasms in Homeopathy.....	13
New Microbiological Practicalities.....	32
Identifying and Prescribing Nosodes.....	40
BURKHOLDERIALES.....	53
Hippozaeninum.....	55
Pertussis Miasm.....	64
Pertussinum Nosode.....	69
CLOSTRIDIALES.....	89
Botulinum Nosode.....	91
Clostridium perfringens Nosode.....	101
The Tetanus Miasm.....	110
Tetanus Nosode.....	118
ACTINOMYCETALES.....	129
ACTINOMYCETALES: CORYNEBACTERIUM.....	131
Diphtherinum Nosode.....	134
Propionibacterium acnes Nosode.....	154
ACTINOMYCETALES: MYCOBACTERIUM.....	163
The Tubercular Miasm.....	166
Tubercular Nosode Remedies.....	180
Bacillinum Burnett Nosode.....	189
Tuberculinum bovinum Nosode.....	217
Tuberculinum aviaire Nosode.....	238
Leprosy Miasm.....	254
Leprominum, The Leprosy Nosode.....	258
Johneinum Nosode.....	284
Proving of Johneinum.....	297
ENTEROBACTERIALES.....	363
Bach Bowel Nosodes.....	365
Proteus (Bach).....	374
Colibacillinum.....	381
Typhoid Miasm and Eberthinum (Typhoid Nosode).....	391
Yersinia Miasm.....	407
Yersinia pestis Nosode.....	416
Yersinia enterocolitica Nosode.....	430

Rattus.....	438
PARASITIC PROTOZOA.....	455
Parasitic Miasm or Parasitic Group.....	457
Malaria Miasm and Malaria Compound Nosode.....	463
Toxoplasmosis Nosode.....	488
INDEX OF REMEDIES.....	509
GENERAL INDEX.....	517

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FOREWORD BY JAN SCHOLTEN

I have known Lou Klein for many years and I have always admired his insights on homeopathy and remedies. Besides being a friend of mine, he is a very good therapist and teacher.

This new book "MIASMS AND NOSODES, ORIGINS OF DISEASE" discusses the use of nosodes in homeopathy. The homeopathic nosodes are a very special group for several reasons. First of all they include the earliest living organisms on earth. For about a billion years there were only primitive organisms such as bacteria on our planet. The higher organisms like plants and animals evolved only later, and they probably came into existence through symbiosis or cooperation with bacteria, as Shafica Kara- gulla has explained. The mitochondria in our cells may have descended from bacteria and share many features with them.

A second point is that it is often difficult to ascertain the exact composition of our nosode prescriptions. Bacteria cannot be taken in isolation, as they are too small. Nosodes are made from sputum, tissues like lungs, discharges, cultures in laboratories and so on. So they are mostly not pure but for the most part can be mixed with the material they are living in. That is the reason we have many different Tuberculinum nosodes, for example. So nosodes have the aspect of being vague, not precisely

defined.

Lou Klein has the capacity to work with this vagueness very effectively. He knows how to extract the essence of the remedy from provings, from natural history and especially from patients. He is able to make the vague more exact. This book is the first to do this successfully in homeopathy.

Nosodes are strongly connected with Miasms, as the title of the book indicates. But the concept of miasms is also quite vaguely defined. The term is used in many different ways in homeopathy and thus it is much disputed. One aspect of miasms is their infectious nature, as diseases that can be transmitted from one person to another. And bacteria and viruses have that characteristic. Miasms can also be inherited and as such can be seen as more general qualities. They can be viewed as the state behind all symptoms and syndromes. In that sense all remedies are miasms, but nosodes are particularly closely linked to them. Historically, Hahnemann started with three miasms, Psora, Sycosis and Syphilis, two of which are connected with bacteria, Neisseria and Treponema.

Foreword by Jan Scholten

An important theme in this book is the use of the Stages. The 18 stages originated from the periodic system of the elements, being the 18 columns of the periodic table. But they have become known as more fundamental principles, showing the evolution of all processes in creation. The nosodes can also be classified in stages. Rajan Sankaran has begun to set out the classification of the Plant Kingdom in the form of miasms. Lou Klein brings further depth and precision by classifying the nosodes in stages and families. He also brings in scientific classification of the Bacteria Kingdom, making these remedies much more understandable.

I remember regular discussions with Lou about the nosodes and their stages. Lou had put Yersinia in Stage 9 together with Ignatia, whereas Sankaran had put Ignatia in Stage 12, the cancer miasm. We debated if Diphtherinum is more Stage 12 or Stage 8. And each time it led to a better understanding of those remedies, giving more insight into their real essence. It was great to discuss with a colleague and friend who is so knowledgeable about homeopathy.

Lou Klein doesn't have the showiness of some other teachers. It can take some time to tune into his way of thinking because he has such a broad overview. But once you get in tune, the rewards are great. He teaches you not only the remedies, but also a way of thinking, analyzing and sensing the patient and the remedies.

I see this book as a must for every homeopath.

Jan Scholten, May 2009

INTRODUCTION

Identifying Miasms and Nosodes, and the History of Miasms

Some Relevant Concepts and Definitions

Homeopathy can treat the residual effects of infection even when the infective agent is not present. This is a bold statement, with great significance, because from the point of view of conventional medicine *without* an infective agent present there is little to be done except palliate or suppress. A corollary to the first statement (also crucial to the homeopathic understanding) is that a very large percentage of **chronic diseases** can be associated with an **infective agent**.

The main thrust of this book is not about the acute infection. Nor will we discuss whether conventional medicine is completely effective in treating every proliferation of an infective agent. What we will study in this book is the impact of infective agents on the development of chronic disease, and how that impact can be transmitted to offspring, even without the infective agent present.

In homeopathy, we believe that there are two aspects to any infective disease condition. One is the material aspect that can be seen with the microscope, and the other is the energetic aspect which remains unseen. In fact, we hold that either simultaneously with, or prior to, the manifestation of any disease (including an infection) there is an energetic shift and change in the *host*.

For the homeopath, this energetic shift can best be discerned through attention to the individual disposition of each patient (that is, the host) rather than through the narrow and exclusive task of identifying the common infective agent. A good homeopathic prescription always takes into account the individual nature of the person and their recent and longterm life history as *well as* a specific external etiology.

To the homeopath, the real clues to treating any disease condition are uncovered not only by way of laboratory investigation but by way of a thorough investigation into the individual and their history. This focus on the whole of the person is no longer emphasized in modern conventional medicine.

As noted, there are energetic shifts, which manifest (from an even earlier, latent state) and act as pre-cursory fields for disease, and these have been discussed in homeopathy for the past two centuries. Homeopathy has named them *miasms*, and homeopaths have prepared energetic homeopathic remedies from actual infective agents or from discharges, and these

Introduction preparations are called *nosodes*. These nosodes were, and are, an attempt to treat the energetic disturbance in the patient with a *similar* energetic vibration.

When a homeopathic remedy is prepared from a nosode, it is no longer material; what it becomes is an artifact of the original substance from which it was made. This is what homeopathic remedies actually are - an energetic artifact of the original substance.

When discussing, studying, or even seeing the effect of these nosodal homeopathic remedies, it is always important to keep in mind that the homeopathic remedy itself is energetic. There is nothing left of the original substance; therefore, a nosode is no longer infective by all conventional standards.

If we are to study and to develop homeopathic materia medica, it will require that we focus on the individual dispositional state that can be generated or seen for each remedy rather than completely focusing on the common infective pathology. (I will give further explanation of this distinction below.) Especially in the present modern climate of great drugtaking, with suppression or palliation of the pathological symptoms and thereby a lack of traditional homeopathic modalities, the *disposition* is ultimately the key to effective homeopathic prescribing.

I have already mentioned some terms which outsiders to the homeopathic community will likely find strange or archaic. Indeed, even within the homeopathic community these words can have different shades of meaning. As a result and before proceeding any further, I feel it is important to give my own definition of these terms and offer some insights into the historical evolution of the concepts involved.

Disposition

First and foremost, we begin with the word **disposition**, which Hahnemann used in his *Organon*:

Disposition is that which shapes each person's unique way of responding to events. This includes those consistent attributes, positive and negative, that form our attitudes and our actions.

I came to this succinct definition after careful thought and much application. Hahnemann stresses both symptom and disposition, but especially the latter, in Aphorism 210 of the *Organon*:

.... and in all cases of disease we are called on to cure, the state of the patient's disposition is to be particularly noted, along with the totality of the symptoms, if we would trace an accurate picture of

Identifying Miasms and Nosodes, and the History of Miasms

the disease, in order to be able therefrom to treat it homoeopathically with success.'

As much as disposition plays a prominent role in the *selection* of the remedy, the evaluation of whether we have successfully *applied* a homeopathic remedy is to be found in the curative positive change in **pathology**, in the "annihilation of the disease" (as Hahnemann said), and *not* necessarily with regard to any change of **disposition** in the early follow-ups.

In counter-distinction, pathology can be defined as the true manifestation of disease.

This distinction between **pathology** and **disposition** is necessary for effective evaluation of the homeopathic match between the remedy prescribed and the patient.

In a section of each chapter of this book which bears the title "Clinical Focus Guide," the reader can find short phrases describing each aspect of the remedy under study - both pathology and disposition are combined together.

This book is specifically about miasms and nosodes. In the next chapter, I will be discussing definitions of these words and how there has been an evolution in understanding that has allowed a change of perception concerning miasms. This topic, however, needs some initial explanation.

Miasms

The word *miasm* derives from the Greek *miasma* (gen. *miasmatos*) meaning "stain, pollution" related to *miainein* "to pollute." It also refers to the mist that one may see swirling and arising from a swamp. Hippocrates used the term to describe the idea of tainted water or air that he believed was responsible for the spread of infectious diseases.

Although it seems archaic to us today, "miasma" was a common term in Hahnemann's day. Diseases such as cholera, dysentery, leprosy, malaria (which actually means "bad air"), bubonic plague, and pulmonary tuberculosis were all understood to be caused by "miasma." Miasma was considered "a dangerous, foreboding, or deathlike influence or atmosphere" -the "contamination" or "pollution" that one absorbed when exposed to sickness, death and decomposition.²

As the dominant theory of disease causation for several hundred years, "miasma" was the precursor to modern "germ theory." An understanding of the nature of infection and contagion and its airborne, waterborne, or contact-mediated means of transmission in epidemics emerged as early as the 12th century.³ A definitive link between microorganisms and specific diseases had yet to be accepted in Hahnemann's time, but the stage was

in many ways already set; the theorists had long debated the possibility. The existence of microorganisms had been established and accepted 75 years before Hahnemann's birth, and "seeds" of specific contagion had been proposed as a means of disease causation at least 130 years earlier.⁴

Given its common usage, it was a natural enough step for Hahnemann to appropriate the term "miasm" and remold its definition to envelop the whole of his theory regarding the origin of chronic disease. He included the role of specific infectious agents, but also drew attention to the creation of a long-lasting "miasmatically induced" "change of state" as a result of a disturbance in the energetic field, or the vital force surrounding and permeating the body.

In Hahnemann's view and in subsequent usage within the homeopathic profession, the word evoked both the energetic and contagious aspect. This ability to combine simultaneously energetic, vitalistic views with scientific ones is part of the splendor of homeopathy. To effectively grasp the meaning and utilize the concept of miasm, a description needs to include the energetic and infectious facets. We will discuss this further.

Nosode

Each miasm has a nosode associated with it. A nosode is a homeopathically-prepared remedy made from an infectious disease product either directly from the bacteria or virus, or less directly from a tissue purported to contain it. Due to potentization - the dilution and shaking - nosodes lose their infectious nature even while their energetic possibilities are increased.

As I do not practice an isopathic or pleomorphic approach, there will be little discussion in this book of these methodologies. With an emphasis on the *disposition* of miasms and nosodal remedies, the isopathic approach is marginalized.

The use of homeopathically prepared vaccines in the treatment of chronic disease and for the effects of vaccination (but not as a replacement for immunization) will be discussed in volume 2.

As mentioned, some of the meanings of words and concepts used here have changed and evolved from Hahnemann's original ideas. Therefore, it is important to discuss the historical evolution of the concepts related to miasms and nosodes to which we now turn.

History of Miasms in Homeopathy

Introduction to Hahnemann's Scholarly and Practical Theory of Miasms

In introducing his practical insights related to what was as yet only a theory of miasms and of miasms as a "cause" in chronic disease, Hahnemann was faced with many countervailing forces and opposing beliefs. Not the least of which were those of his fellow homeopathic colleagues who wished to hold exclusively to his earlier, initial admonitions *against* all theories of disease and of cure.

In the 1800's, scientific belief and practice was emerging and solidifying. Somehow, Hahnemann had to introduce his basic model - of energetic, or even spiritual forces that maintained the body in health - within an atmosphere of inquiry and objection. This energetic model is an intrinsic part of the theory of miasms as the underlying cause of chronic disease. The misapprehensions and uproar around this approach obviously continue to this day, given that the material and chemical model of the human body (and of disease) has in time become an almost religious belief. This hardened belief clashes with Hahnemann's concepts and with any model that even remotely encompasses an energetic or spiritual viewpoint.

During the 1800's and then the 1900's, the initial miasmatic model bequeathed us by Hahnemann evolved in various directions; these also will be discussed in this section. As a pioneering and scholarly work, it contributed greatly toward re-defining disease, but this body of knowledge also changed the method of homeopathic prescribing and its clinical application. It was Hahnemann's work on chronic miasms that broke this new ground. He contributed enormously not only to an evolution of the practical, clinical application of curative homeopathy, but also to the development of a new kind of scholarship concerning the nature of disease.

"Disease has always been what society chooses it to mean - neither more nor less. A number of important considerations lead to this generalization. Among these are the following: (1) the definition of disease has varied with time and place in history; (2) the names assigned to diseases are ultimately abstractions, although it is useful at times to act as though they are real; (3) what we mean by diagnostic terms, as with words in general, can be discerned more accurately by what we do with them than what we say about them."

[Robert P Hudson]⁵

Hahnemann was able to organize his research and experience with miasms into three groupings. He named them psora, sycosis, and syphilis.

As time went on, the initial innovative theory expanded in two directions. The primary direction involved an expansion of the three miasms themselves, whereby remedies were "placed" within these three. Later on, concepts, diseases, and almost all information for homeopathic prescribing were placed within one of these three miasms. For some homeopaths, their whole lexicon became essentially a matter of miasmatic orientation and nomenclature. The nature of this grouping process varied from teacher to teacher, but it was continually expanded upon, as was the whole concept of three major miasms.

The other direction started early, but really only built up steam in the late 1900's when there was a movement away from classifying everything into *only* three major miasms,

and instead an attempt was made to utilize *many* infectious diseases as miasmatic categories and as part of the origins of chronic disease. In the 1800's, the first such category, or additional miasm, to be added was tuberculosis. In what follows, I trace historically these various progressions, and discuss some of the ramifications.

Miasm Concept in the early and mid 1800's

After Hahnemann's early successes in treating acute and epidemic disease with his new homeopathic method, he found himself with a number of cases that kept relapsing. In the absence of iatrogenesis or apparent maintaining causes, and despite initial indications of success, symptoms would return and continually resurface, progressively reacting less and less to homeopathic prescriptions even when these were apparently well-indicated. He came to experience that new symptoms would appear which responded "inadequately and imperfectly," until eventually remedies acted "no better than weak palliatives." In describing his predicament and ultimately his solution, he sorrowfully laments in the theoretical introduction to *The Chronic Diseases, Their Peculiar Nature and Their Homeopathic Cure*, that in such cases: "Their beginning was promising, the continuation less favourable, the outcome hopeless."⁶ Eventually, he felt that he had finally come to a deep perception of a missing link in the treatment of chronic disease, which he wrote about in a letter to Baumgartner, a student and colleague:

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.⁷ He made such findings public in his first edition of *Chronic Diseases*, published in 1828. This was the fruit of twelve years spent working on this specific problem. Four more editions followed over the next eleven years: in 1830, 1835, 1837 and 1839.

A year after the first edition of *Chronic Diseases*, the fourth edition of the *Organon* appeared, incorporating into homeopathic methodology for the first time the concept of miasms - Hahnemann's term for the underlying, deeper level of disease which he had identified in those of his cases that relapsed. Here he states basically that there is a "derangement" of the vital force that pre-exists the current illness with which the patient presents - and he called this pre-existing "derangement" a "miasm."

As I discussed earlier, the word *miasma* was in common use in Hahnemann's time and as a concept was the precursor to our modern germ theory of disease causation. In many ways, Hahnemann's miasmatic theory succinctly encapsulates the heated debate that erupted 30 years after his death, and which led to the eventual acceptance of germ theory another three decades or so after that. Uniquely, his theory accommodates *without contradiction* all the various recognised aspects of disease causation which were later to split and polarise the debate: specific and objective disease agents, the susceptibility of the individual sufferer (the "soil"), and the post-infective "stain" or "taint" leading to chronicity and relapse (the "miasm"). He stated that infections were acquired at some point during the life of the patient, and that they were left behind as an energetic impression, precipitating relapse and/or the development of more serious and chronic symptoms. Later in his career, he considered a potentially hereditary element in the etiology of chronic conditions.

Hahnemann's line of thinking, which was primarily fueled by his immersion in the practical homeopathic treatment of chronic disease, can be clearly traced through his

writings of this period. He starts from the standpoint of his own observations on, and successes in treating, acute and epidemic disease:

Why, then, cannot this vital force, efficiently affected through homeopathic medicine, produce any true and lasting recovery in these chronic maladies even with the aid of homeopathic remedies which best cover their present symptoms; while this same force which is created for the restoration of our organism is nevertheless so indefatigably and successfully active in completing the recovery even in severe acute disease? What is there to prevent this?⁸

This led him to the idea of a deeper level of disease, an "unknown primitive malady" which must somehow become evident through a *much greater totality of symptoms* than those he had previously considered relevant in his analysis of "acute cases." Individual (distinct from epidemic) acute complaints consequently became apprehended as acute *exacerbations* of an underlying *chronic state* rather than merely self-contained and unrelated acute "episodes" - a dramatic discovery and a bold assertion in itself. "Homeopathic physicians must not hope to permanently heal the separate manifestations of this kind in the presumption, hitherto entertained, that they are well-defined, separately existing diseases which can be healed permanently and completely."⁹ What is more, the state was non-self-limiting:

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 to a certain degree 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.¹⁰

In Hahnemann's time, the only common well-defined diseases exhibiting such chronic, persistent characteristics, were the venereal diseases syphilis and fig-wart disease. Taking these as his model, he hypothesized that an equivalent *non-venereal* underlying complaint also existed.

In his search for this underlying disease he re-examined the case histories of his patients, looking for common factors in their medical history, for anything that might give a clue to the nature and initial cause of their chronic state. At some point in their history many of his cases featured an outbreak of an itchy vesicular eruption, and in cases where this had not already been recorded, his inquiries often revealed just such an episode in the patient's history. What is more, topical treatment of that eruption frequently seemed to be what had provoked the *onset of chronic symptomatology*. This experience was not unique to Hahnemann - he devotes fourteen pages in *Chronic Diseases* to referencing other cases in contemporary literature.¹¹ Confident that he was on the right track in believing suppressive treatment of this itching eruption to be the root of the problem, he experimented with remedies that covered *the symptom totality of that eruption*.

The result was that he started to have a lot more success in the treatment of the patient's *chronic* complaints. He even found such remedies successful where the patient had no recollection of any such eruption. In these instances, Hahnemann suggested that an unremembered infection as an infant was responsible, and he often found corroborating evidence for this hypothesis from interviewing the relatives. He named this condition - this underlying, non-venereal complaint - *psora* from the Greek for *itch*. This, together with the two principal chronic venereal diseases, fig-wart disease (*sycosis*) and *syphilis*, constituted his initial tripartite miasmatic division. In

evolutionary terms he saw *psora* as primary, followed by *sypilis* and then *sycosis*. Towards the end of his life, as noted by Hering in the preface to Hempel's translation of the *Organon*,¹² Hahnemann distinguished a fourth miasm, *pseudo-psora*, which equated to the tubercular diathesis.

Initially, many of Hahnemann's students vigorously resisted his ideas on these matters, preferring to speculate that, perhaps, the early homeopathic materia medica was simply not well enough developed to provide the simillimum for every case of disease.

However, as time went by, more and more practitioners came to accept the idea of a "miasm," but its nature led to almost as many formulations and interpretations as there were individuals working with the idea. To add further confusion, some authors now believe there were ambiguities and initial translation errors that led at the time to substantial misunderstandings in the English-speaking world.

After 200 years, miasmatic theory is still considered confusing by some and archaic by others. Like everything in homeopathy, we can find within "miasmatic theory" the seeds of genius and deep perception as to the causes and cure of disease - yet it also needs to be touched lightly as an "unfinished" work.

Much of the initial discomfort with the miasm *theory* came from, and still comes from, the impression that Hahnemann is contradicting himself on several counts - especially those places where he cautions us not to speculate.

In the footnote to aphorism 1 of the *Organon*, he is very specific about what the physician's calling is *not*:

The physician's calling is not to concoct so-called systems from empty conceits and hypotheses concerning the interior *Wesen* of the life process and the origins of disease in the invisible interior of the organism (on which so many physicians mongering for fame have hitherto wasted their time and energy). The physician's calling is not to make countless attempts at explanation regarding disease appearances and their proximate cause (which must ever remain concealed) holding forth in unintelligible words or abstract and pompous expressions in order to appear very learned and astonish the ignorant, while a sick world sighs in vain for help. Of such learned fanaticism (to which the name *theoretical medicinal art* is given, and for which special professorships are instituted) we have had quite enough. It is high time for all those who call themselves physicians, once and for all, to stop deceiving suffering humanity with idle talk, and to *begin* now to *act*, that is, to really help and to cure.¹³

But then Hahnemann makes a miasmatic *theory*? He even makes an "attempt at an explanation regarding disease appearances and their proximate cause (which must ever remain concealed)."

Further, he counsels (in the Sixth edition, paragraph 6) that:

The unprejudiced observer - well aware of the futility of transcendental speculations which can receive no confirmation from experience - be his powers of penetration ever so great, takes note of nothing in every individual disease, except the changes in the health of the body and of the mind (morbid phenomena, accidents, symptoms) which can be perceived externally by means of the senses; that is to say, he notices only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease.¹⁴

Seemingly in contradiction with these statements, Hahnemann lived to postulate, in the

form of his miasmatic theory, the existence of diseases which in many instances had no current etiology or perceptible signs or symptoms other than those that could be attributed to them through circular reasoning. On the other hand, even without the fundamentals of modern microbiology his insights furthered the definition of, and expanded our knowledge regarding, the underlying infectious nature of disease. Even prior to genetic science, he saw a familial thread in the nature of chronic disease. Each of these developments was an amazing discovery for his time.

In an even more radical and all-encompassing vision, he went on to speculate about *psora*, the other and largest miasm, as part of a miasmatic triumvirate underpinning chronic disease. In *Chronic Diseases*, he states that *psora* became "the *most universal* mother of chronic diseases" as a result of the suppression of leprosy,¹⁵ reasoning that:

So great a flood of numberless nervous troubles, painful ailments, spasms, ulcers (cancers), adventitious formations, dyscrasias, paralyses, consumptions and crippings of soul, mind and body were never seen in ancient times when the *psora* mostly confined itself to its dreadful cutaneous system, leprosy. Only during the last few centuries has mankind been flooded with these infirmities, owing to the causes just mentioned.¹⁶

Even Hering, an important figure in classic homeopathy, wrote:

What important influence can it exert whether a homeopath adopts the theoretical opinions of Hahnemann or not, so long as he holds fast the practical rules of the master? What influence can it have whether a physician adopt or reject the Psora-theory, so long as he always selects the most similar medicine possible?¹⁷

The symptoms of *psora* that Hahnemann describes in *Chronic Diseases*⁶ are generally assumed to be scabies, common in Hahnemann's time; they accord with infestation by the mite *Sarcoptes scabiei* which burrows under the skin. This assumption originated in Hahnemann's use of the German word *Kratze*, meaning *itch*, but which is also used specifically to mean scabies and was translated as such by Hempel.

Psora is the oldest, most universal and most pernicious, yet, withal, the most misunderstood chronic miasmatic disease, which for thousands of years has disfigured and tortured mankind.

In the thousands of years since it first visited mankind (the most ancient history of the oldest nations does not reach its origin) it has increased its manifestations to such a degree that its secondary symptoms can scarcely be numbered.

The most ancient historical writings which we possess describe *psora* very fully. Several varieties thereof were described by Moses, 3,400 years ago. At that time, however, and ever since, among the Israelites, *psora* appears to have affected more especially the external parts of the body.

The same holds true among the early barbaric Greeks; later, in like manner, among the Arabians, and finally in the uncivilized Europe of the middle ages. It is not my object to detail the different names by which the various nations have designated the more or less severe forms of disease through which leprosy marred the external parts of the body (external symptoms of *psora*). Such names have no bearing upon the subject, as the essence of this miasmatic itch disease remains always the same.

In Europe during several centuries of the middle ages *psora* manifested itself in the form of a malignant erysipelas (St. Anthony's Fire). In the 13th century it again assumed the form of leprosy, brought by the returning Crusaders from the East. Leprosy was thus more than ever before spread through Europe (in the year 1226 there

were in France about 2,000 leper-houses); nevertheless some alleviation of its horrible cutaneous symptoms was found through the means of cleanliness which the Crusaders also brought from the East; aids to cleanliness theretofore unknown in Europe, (cotton, linen), shirts, as well as the frequent use of warm baths.¹⁹

Will Taylor²⁰ and other teachers have suggested that Hahnemann was using the word in the general rather than specific sense. The symptoms of scabies which Hahnemann described in an early monograph on the subject do not resemble his later description of *psora* - although there are strong similarities with the symptoms of scabies, notably the keynote of a late evening and night-time aggravation of the itching and of its intensity. I feel differently about these disparities and my interpretation rests upon reading within the context of the times. Hahnemann was attempting to unify in an all-encompassing way a large swathe of philosophy, spirituality, and religious belief together with the emerging field of science. After proposing his hypothesis, he immediately went on to utilize homeopathic remedies in such a way as to demonstrate that applying them successfully *affirmed the practical validity* - the practical use - of what had been initially a theory.

In that history of disease that Hahnemann reconstructs, *psora* came to encompass many aspects of the chronic disease states and (following on from what is quoted above) he goes on to say:

The *psora*, which is now so easily and so rashly robbed of its ameliorating cutaneous symptom, the eruption of itch, which acts vicariously for the internal disease, has been producing within the last three hundred years more and more secondary symptoms, and so many that at least *seven-eighths* of all the chronic maladies spring from it as their only source, while the *remaining eighth* springs from *syphilis* and *sycosis* or from a complication of two of these three chronic diseases, or (which is rare) from a complication of all three of them.²¹

This seems an extraordinary claim. Purely as a *model* of fundamental disease etiology it has some use, but it is only "provable," and then only in some respects, by the use of circular logic. Attributing seven-eighths of his century's chronic diseases to previous suppressive treatment of

History of Miasms in Homeopathy

leprosy lesions looks like a substantially untenable hypothesis, even if *Kratze* is taken to mean a generalized "itch disease" rather than scabies per se.

Disease is multifactorial and evolves through time - and particularly through social development. Conditions associated with the same microorganism can express themselves differently according to different environments - and nowhere is this more evident than in the various manifestations of *Treponema pallidum* infection, the spirochete associated with venereal syphilis.

There are no detectable morphological or serological differences between venereal syphilis and its endemic tropical forms: bejel, yaws and pinta - diseases that Hahnemann would likely have classified as *psora*.²² Not only that, the conceptual nature of disease entities themselves, in the minds of the human beings that construct them, are also subject to variation and change.

Put plainly, every disease entity is an intellectual construction that is peculiar to some form of medicine; and every form of medicine is nothing but a historical variable in any human community.²³

To a certain degree, this point is in antithesis to some of the principles of microbiology.

These latter principles hold that a specific microorganism can infect other organisms solely with its own type of disease although the infected organism will react with individual variations. Both views are true and, in practice, they apply together: an agent or pathogen is somewhat specific, but it can be modified in its effects by social conditions, hygiene, etc.

Hahnemann's reasoning was always rooted solidly in experience and in close observation; historical developments in research can often rescue such reasoning from its impugned status as "mere theory." And so it is that modern epidemiological studies have now come to note the close relationship of both tuberculosis and syphilis to leprosy (particularly in the case of the first, Hahnemann's *pseudo-psora*).²⁴ Studies have also begun to map disease spread and evolution through history in such a way as to lend support to the notion that leprosy can indeed be viewed as a kind of primitive "proto-disease" from which many others appear to have developed. Tone down Hahnemann's personal crusade against the allopathy of his day, introduce all the other factors relevant in disease evolution and spread, and his model starts to look increasingly plausible.

By updating such concepts, we can then place them in the modern context with current developments in the understanding of disease - and, in particular, of those autoimmune disorders which may be caused by an *acute infectious* agent.

The one individual in Hahnemann's time who appreciated the practical nature of the miasmatic theory was probably Boenninghausen:

And yet the much reviled and ridiculed theory of the three miasms laid down by the founder of our homeopathy is nothing else than a consequential application of the doctrine of anamnesis of chronic disease, as this is most plainly laid down in aphorisms 5 and 206 of the *Organon*. It is therefore totally incomprehensible how this has been so overlooked unless the exact obedience to the fundamental principles of homeopathic therapy cannot deceive the experienced practitioner and persuade him that he may at all times select the most appropriate remedy by means of whole sheets of images of the disease in which is nothing therapeutically characteristic.²⁵

Boenninghausen arrived at the same place that Hahnemann came to - the realization that a list of symptoms will often not reveal the correct remedy and that a deeper, coherent order of symptoms must be found. So then Boenninghausen, along with Hahnemann, investigated the case history ("anamnesis") of patients to help identify remedies that would fit into the appropriate miasm. As well, Boenninghausen added many characteristic symptoms of sycosis. Hahnemann had stated there were 48 homeopathic remedies that were "anti-psorics." Boenninghausen, Knerr, and Kent, in each of their repertoires, modified such lists - not only of anti-psorics, but also of anti-sycotic and anti-syphilitic remedies - such that each miasm had its own group of remedies and each repertory its own selection. On the other hand, there was some controversy and difficulty in incorporating certain diseases into the three-miasm approach.

Boenninghausen, for example, proposed that smallpox be associated with sycosis:

But now when the identity of smallpox with sycosis has been, as it seems, sufficiently proved, the great diffusion given to the miasma through vaccination has been put out of doubt, the treatment of many chronic cases, the anamnesis of which had before been erroneously attributed to psora, has received another form and far more certainty.²⁶

When Hahnemann revealed his theory there were many debates about the actual

nature of miasms, and even more about diseases that had not been put into his miasmatic schema. One such disease was tuberculosis. By some it was called "pseudo-psora," by others it was considered partly psoric and partly syphilitic. The debate went on. What is known is that Hahnemann had a nosode assigned the name "pseudo-psora" present in his own remedy kit; it is thought most likely to have been a nosode of tuberculosis. In this sense, Hahnemann evidently accepted that there were more than three miasms and, perhaps most importantly, he is also shown to be using nosodes to treat miasmatic conditions.

Boenninghausen foretold a new direction beyond the three miasms. He wrote:

I do not wish to deny by any means that there may be perhaps, beside the three above mentioned anamnesis indications, and beside the medicinal diseases, one or another additional miasm to which may be ascribed a similar influence upon health. Nevertheless, such miasm has not so far [been] proved by means of demonstrative documents and it must therefore be left to future investigation.²⁷

This will be further discussed in a later chapter.

Miasm Concept in the Late 1800's

Through the late 1800's, Hahnemann's miasmatic theory was further elucidated by James Tyler Kent. Kent was an American homeopath who viewed homeopathy through both his Swedenborgian and his moralistic Victorian perspectives. He was the most prominent of the post-Hahnemannian homeopaths to acknowledge a version of "final cause" (as Aristotle termed it) and, through his Swedenborgianism, to bring this into the homeopathic equation. Kent equated *psora* with original sin and with "mistaken thinking." He held that disease resulted firstly, from what man is - in substance, in form and in ultimate development - and secondly, from the additional effect of more local influences, both physical and psychological:

Hence this state, the state of the human mind and the state of the human body, is a state of susceptibility to disease from willing evils, from thinking that which is false and making life one continuous heredity of false things, and so this form of disease, *psora*, is but an outward manifestation of that which is prior in man. It was not due to actions of the body, as we find *syphilis* and *sycosis* to be, but due to an influx from a state, which progressed and established itself upon the earth, until we can see it as but the outward manifestations of man's very nature.

The human race today walking the face of the earth is but little better than a moral leper. Such is the state of the human mind at the present day. To put it another way, everyone is psoric.²⁸

And further:

Man hates his neighbour, he is willing to violate every commandment; such is the state of man today. This state is represented in man's diseases. All diseases upon the earth, acute and chronic, are representations of man's internals. Otherwise he could not be susceptible, or could not develop that which is within him. The image of his own interior self comes out in disease.²⁹

J. H. Allen, a contemporary of Kent's, echoes the same viewpoint:

We see sin to be the parent of all chronic miasms, therefore the parent of disease. It never was intended, nor can it be possible, that disease could have any other origin. Man was the disobedient one, and through his disobedience came disease. ... Therefore, why should we blame the climate or the elements or bacteria or microorganisms, when the creator tells us plainly that sin is behind all the ills to which

man is heir?³⁰

In the late 1800's, the miasm theory became a more entrenched and unquestioning part of homeopathic education. For example, in a lecture concerning psora delivered before the students of Hahnemann Medical College of Philadelphia, Dr. C. G. Raue stated:

This has its foundation deeper laid than the itch-insect will ever dig; and, as Hahnemann probably knew of this little animal, it does not seem to have disturbed him much in his eleven years' work to find those grand remedies which we are still necessitated to employ against those deep seated, chronic ailments, the nature of which he designated by the term "Psora," that most ancient, most common, most ruinous and yet most misapprehended disease, of a chronic miasmatic nature, which has deformed and tortured mankind since thousands of years, and which, in the last centuries, has become the mother of the thousands of diverse chronic (or acute) complaints under which the civilized world now is suffering.

Does this sound as though it meant only the acarus itch? In order to be sure of it read the testimony of the hundreds of physicians which Hahnemann quotes (*Chronic Diseases*, pp. 22-40) in order to show the pernicious effects which these physicians had observed in consequence of the suppression of all kinds of cutaneous eruptions.

This oldest and commonest source of diseases had to have a name, and Psora was as good a name as eczema, impetigo, prurigo, or any other.

It is just as true today that a suppression of cutaneous eruptions of various kinds will be followed by disastrous consequences upon the general system, as it was when Hahnemann and others observed it; and it is either ignorance or self-conceit that picks at a name without weighing its full meaning, or the vanity of scientific dudes who like to be seen among the fashionables.³¹

Also in the late 1800's, an English homeopath named James Compton Burnett introduced a homeopathic remedy potentized from breast cancer - *Carcinosin Burnett*. Although not deemed infectious in nature, the concept of a cancer miasm also developed. I will discuss this as a "miasm" more thoroughly in Volume Two of this work, especially when I introduce the use and description of nosodes made from viruses.

Miasm Concepts in the 1900's

In the 1940's, Ortega and others first presented their theories on miasms. These theories were even more all-encompassing. Reflecting their times, the approach was more metaphysical and less moralistic. In the hands of these Latin American homeopaths, this metaphysical approach to miasms evolved into a more archetypal perspective and Hahnemann's original classification became a broad tripartite division of disease expression and tendency, unrelated to any specific infections. This metaphysical bent was evident, for example, when Raschero identified the miasms with directions in pathological process³² - inflammation, he held, corresponded to excitation and therefore to *psora*, proliferation to inhibition and *sycosis*, and destruction to loss of function and *syphilis*.

For Ortega, a Mexican homeopath, amongst other concepts, miasms are characterized by primary colors:

psora = blue, *sycosis* = yellow, *syphilis* = red³³

As well, he simplified the nature of expression within his version of the three miasms: *psora* - deficiency, inhibition, lack *sycosis* = excess, escape, exudation *syphilis* - destruction, degeneration, perversion

In this model, each miasm moves into the other in terms of *intensity* of disease.

Alternatively, you could say that each miasm demonstrates the *intensity* and *severity* of symptoms, as Vijayakar of India later explains in his method for evaluating the direction of cure. This idea of gradation is a notable departure from Hahnemann's original model. Ortega's approach did not keep to Hahnemann's original sense of etiological progression between the miasms: now *sycosis* preceded *syphilis*, the latter taking on an air of finality in its destructive expressions. This is not the only change.

Hahnemann's original concept held that miasms arise from specific infective instances in the patient's own history, or that of his family. This approach, it would seem, is expressly contradicted in Ortega's writings:

Here and now we must warn against even beginning to read these pages with a concept of illness, especially chronic illness or miasm, as something material which is encrusted onto, or added to, the complex functioning of the human entity. Instead it should be seen as the manner of being of this entity, one state of existence out of the many which can be adopted or produced by this indivisible entity which constitutes man, this entity with dynamic forces similar to all those existing in material substance and which yield forms, a "something" which our limited understanding has made us define - always unsatisfactorily-as soul, spirit, entelechy, simple substance, life, matter, energy ...³⁴

Despite their apparent distance from Hahnemann's original formulation, these conceptualizations have nonetheless, in the hands of those who use them, proved themselves valid as theoretical models upon which to base homeopathic treatment. And then, in a single stroke of simplification and insight, George Vithoulkas in *The Science of Homeopathy*³⁵ pointed out, in similar fashion to Boenninghausen, that there may be more than three miasms. That possibly, for example, tuberculosis may be a fourth chronic miasm. In his ground-breaking textbook, Vithoulkas defines miasms as "a predisposition toward chronic disease underlying the acute manifestations of illness 1) which is transmissible from generation to generation and 2) which may respond beneficially to the corresponding nosode prepared from either pathological tissue or from the appropriate drug or vaccine." It is this mode of miasmatic classification, a direction first elucidated by Vithoulkas, which best summarizes where this present book is going.

By the close of the 20th century, the moralistic tone of Kent and of other early homeopaths was being questioned. Harry van der Zee, a contemporary Dutch homeopath, writes: "People often tend to perceive the chronic disease and the miasms in a rather Calvinistic way I have always felt that there must be more to life than this idea of an increasing deterioration of the human race due to sin."³⁶ In his book *Miasms in Labour*, he introduces a new conceptualization for the sequence of the miasms melding miasmatic theory with other modern theories of health and disease, notably building on an analysis of the birth process pioneered by the Czech psychiatrist Stanislav Grof.

Different authors approach classification using different criteria. For Sankaran, it is the primary delusion or sensation of the state; for Vijayakar,³⁷ it is the dominant cellular defense mechanism. Elsewhere, miasms of varying number have been variously conceptualized as a map of the aging process (Lombaerts),³⁸ a gradation of degrees of isolation (Vervarcke)³⁹ or as a sequence of evolutionary signs and possibilities (van der Zee).⁴⁰ There are many other theories, including one which associated the three chronic miasms with the oral and anal stages, and the Oedipal complex. Another associated

them with doctrines of the Catholic Church and still other homeopaths have used Chinese medicine concepts, Kabala, and yet further systems.

Collectively, the referent of these diverse views may be one hologram-matic order, complications arising solely because the latter only gives glimpses of itself from each standpoint. But where does that leave us when it comes to clinical practice? Ultimately, we have to come back to the signs and symptoms of disease in the widest and deepest totality evident within the individual patient, and what this requires of us is rigorous, direct observation.

Whether an obstacle to cure is conceptualized as a fundamental consequence of original sin, an infective miasm, a maintaining psychological misapprehension, or a post-viral syndrome, the symptoms and picture for prescribing the remedy remain the same. Whether microorganisms themselves and/or their corresponding energetic patterns are causative of the state (as Hahnemann and more modern germ theory-based perspectives contend), or are themselves merely a symptom of a deeper Gestalt (according to Kent), the association between the two - the disease pattern and the remedy to be prescribed - is what matters. That association is what underpins the various conceptual frameworks of miasmatic theory. It is this that we can usefully employ when it comes to what might loosely be termed, "miasmatic" treatment - which I regard, practically or "operationally," as the use of miasm-defining remedies to represent each Gestalt, and the use of nosodes prepared from the products of disease processes.

Miasm Concept in the 2000's - The Modern Nature of the Three Miasms

It is really in the beginning of the 21st century that we see the development of some strong defining characteristics in the modern reading of miasms. With the entrenchment of pharmaceutical, conventional medicine, we also see some very dogged skepticism directed at homeopathy and at theories such as the miasms. This opposition is very similar to that experienced by Samuel Hahnemann and his wife Melanie during their times - particularly at the hands of the established guilds and apothecaries.

Jeremy Sherr, a sublime teacher of Hahnemann's *Organon* and of the traditional miasmatic theory, has written a book entitled *Dynamic Materia Medica, Syphilis*.⁴¹ The bulk of the book is essentially the materia medica of "syphilitic remedies," using as a guide the Boenninghausen organizational matrix. Sherr's book is also an attempt at a full integration of both the science (microbiology) and the *art* of medicine and art in general.

Sherr elucidates Hahnemann's original miasmatic theory and at the same time traces syphilis both backward from Hahnemann's work and forward to its unmasking in 1905, and the discovery of the organism, *Treponema pallidum*.

Vijayakar,⁴² a modern homeopathic physician in Mumbai (Bombay, India), utilizes the miasms to map out the direction of cure in an individual patient using as a template the comparative and related study of embryonic tissue and cell growth. He describes the survival mechanism of the body as 1) Homeostasis, 2) Growth/Repair, and 3) Defense/ Destruction.

Homeostasis (balance) refers to those perpetual functions of maintenance performed by cells-functions which include respiration, the intake of nutrients, the excretion of waste and fulfillment of the cell's specific role (producing an enzyme, for example).

Vijayakar sticks to the three miasms as the basis for his conceptions. His system states that these miasms, or processes, are nothing more than disturbances in body function. The psoric miasm is a disturbance in cellular homeostasis. When homeostasis is disrupted, the cells become prone to infection and inflammation and functional abnormalities may occur (such as a hormonal imbalance). Skin eruptions are a sign of such disruption, to which psora is closely linked. He goes on to state that if such a disorder is not cured at this stage, or if it is suppressed, it will generally progress to deeper more vital organs (also represented by embryonic tissue). The bowels or lungs are commonly affected next, resulting in, respectively, inflammatory bowel disorders or bronchitis. When a disturbance in growth or repair occurs, there is an overproduction of cells. This results in tissue proliferation such as warts, tumors and spondylosis - the syphilitic miasm. Lastly, if the defense/destruction mechanism is disordered, the result is ulcers, loss of the myelin coating of nerves, and other tissue loss. This is the syphilitic miasm, which Vijayakar considers to be a deep disorder in the body. In the end, he presents a complex theory of chronic disease, but all within the model of three miasms.

Defining More Than Three Miasms

For many modern homeopaths, the broad division into three miasms was unsatisfactory because the structure threw up too many exceptions, both conceptually and practically in the clinic. Many, like myself, appreciated the "broad stroke" concept of the three miasms and its various intents and usages, but we also sensed, both from practical experience and from discoveries in microbiology and in modern genetics, that more differentiation was required if we were effectively to treat chronic disease. Consequently, there arose the present tendency in miasmatic application - a swing back toward greater specificity of a multitude of infective origins. Each infective disease entity becomes a new miasm that can be defined, traced, and filled with a particular range of homeopathic remedies.

This specificity has strong historical roots. It expands on earlier efforts by many homeopaths not only in the 1900's, but even earlier. Particularly of note are J. Compton Burnett's pioneering works from the late 1800's, such as *The New Cure for Consumption By Its Own Virus*, a small book on *Bacillinum*.⁴³ Burnett also used other nosodes and homeopathic remedies made from disease matter, all of which he documented.

Over time, with the influence of such work as Burnett's, there were always practitioners impelled to go beyond the original nosodes and homeopathically prepare various infectious disease products, often because they found themselves clinically in an extreme situation that they perceived demanded something that did not yet exist. Gradually, many such substances were potentized and introduced into the homeopathic materia medica where each was individually elucidated - although usually not linked together.

Finally, in the 1960's and 1970's, Othon A. Julian published in France a series of papers on nosodes that culminated in his book, *Materia Medica of Nosodes with Repertory: Treatise on Dynamised Micro-Immunotherapy*.⁴⁴ He included many new nosodes, and categorized them microbologically although his methodology reflects his own "micro-immunology" and allergy-based fashion of prescribing, not all of which I subscribe to.

Ultimately, a more organizational system was introduced and initially described by Rajan Sankaran of Mumbai. He wrote about information that had been developed

within the homeopathic community for many years - particularly by Dutch, Indian and German homeopaths. Further developing the concept that Vithoukas had mentioned, Sankaran elucidated a number of miasms discussing the Tubercular, Leprous, Cancer, Malarial, Typhoid and Ringworm miasms in addition to Hahnemann's original three (along with Hahnemann's observations on acute disease read by Sankaran as the Acute miasm). Sankaran linked these ten miasms in a figure of eight (Fig. 2).⁴⁵ Jan Scholten⁴⁶ then placed these miasms in his revolutionary schema, the *Stages* of the Periodic Table, showing both a miasmatic progression and the relationship of these disease groupings to other remedy groups not previously defined miasmatically (for example, the element or mineral remedies in each of the relevant Stages). All these new miasms assigned a stage on the periodic table soon contained other homeopathic remedies including homeopathic remedies made from plants and other substances besides minerals. I have found this schema to be substantial in its workability and in the results it has brought in clinical practice, but I would also say that it is still a work in progress.

In this book, I have added further new miasms and nosodes to the beginning list that Sankaran gives, and I have placed these in the Periodic Table schema developed by Scholten. I have also come to some new conclusions based on my understanding of the classification of bacteria and viruses into Orders (as well as Families and Genera) and how these groupings, particularly at the Order level, link nosodes and remedies within one or another of these particular new miasms. A graph showing the full Periodic Table with the association between Stages and miasms will be published in Volume 2 of *Miasms and Nosodes*.

Ironically, as a result of the number of new miasms and nosodes that I introduce in this Volume 1, the three major historical miasms will actually only be discussed fully in Volume 2.

The Testimony of the Clinic

My approach is always clinical and result-orientated. I have been in practice for over 30 years, and this approach and expectation has served my patients and my practice well. Not only that, I initially conveyed information about these new miasms and nosodes in seminars and courses that I have taught. To evolve the information in this book, I then utilized the feedback from the clinical results of students and colleagues who applied these initial discoveries. This process is still ongoing.

My overall experience in using the broader selection of both new and old homeopathic nosodes has been excellent. There are always more nosodes to be discovered and potentized, as well as more perceptions and understandings to deepen and clarify.

New Microbiological Practicalities

Introduction

Hahnemann brilliantly predicted modern microbiology in his original treatise on the chronic diseases.⁴⁷ And as I have said, even with little or no knowledge of the material presence of a microbe, he also ascribed many disease conditions to an *infective etiology*.

As he was writing, microbiology was in its very infancy, following recent technical innovations to microscopes. As these instruments developed, they subsequently opened a completely new window onto a realm of what are still considered disease-

causing infectious entities. Eventually, even in Hahnemann's lifetime, homeopaths started taking infectious discharges from various sources and making them into homeopathic remedies. It is reported that Hahnemann eventually used a number of homeopathically potentized nosodes, one called the "acute nosode," a precursor to modern *Medorrhinum*, and another that we have already met in this Introduction - "Pseudo-psora," the assumed precursor to many other tubercular homeopathic nosodes.

Now, of course, microbiology has further expanded our perception of our wee microscopic companions - expanded it to the point of overuse and an overexclusive focus. We have all experienced or derived some benefits from the ability to diagnose a disease based on its microbiological nature - we know the role of laboratory results. The treatment of microbes by antibiotics and similar medications has significantly reduced mortality from certain kinds of infection, but unfortunately, there are limitations to the uses of this approach and there are issues around its impact on the chronic state of our health. As well, the use of antibiotics has brought about ever more resistant strains of microbes, along with much iatrogenesis, some very serious. On the other hand, in this regard, it should also be noted that this book is not suggesting that anyone go against the conventional legal reporting and treatment protocols of their jurisdiction and local health authorities.

Taxonomy

With the expanded use of nosodes (and their miasmatic concepts), contemporary homeopathic practitioners have developed new needs. Through its multifactorial analyses, modern microbiology can assist us, for example, in organizing our current "multiple miasm" approach as well as giving us clues as to when such remedies may individually be indicated in our homeopathic prescribing. With our current awareness of modern microbiology, the time now seems ripe for a consistent and well-defined taxonomy of the homeopathic remedies made from microbes. This involves better identification and clearer distinctions regarding the source of each remedy in each group, both on the part of homeopathic pharmacies and by clinical homeopaths. Such taxonomy does not negate, to my understanding, the overview provided by Hahnemann and his miasmatic triumvirate. Rather, it enhances it and provides us with another approach, more to-the-point and more pragmatic.

Frans Vermeulen, in his recently written book *Monera*,⁴⁸ has effectively organized much of the known information on currently available nosodes. The book is encyclopedic in its organization and repeats older materials related to the nosodes including some new clinical information.

Below, I offer a taxonomical model for the bacteria nosodes. It represents the placement of individual bacteria nosodal remedies into their associated microbiological classifications, using one of the two main modern systems of taxonomy. In drawing it up, I have slightly modified and adapted some of Vermeulen's encyclopedic research with reference to these groups of bacteria.^{49,50} In addition to this list and grouping of bacteria, a list of parasitic protozoan organisms can be found in the final section of this book, devoted to remedies made from these.

Some of the bacteria in the list below will be described in Volume 2.

In a similar fashion, we can utilize a categorization of viruses and I will also present this in Volume 2.1 have used viral nosodes with great success and look forward to sharing these results and information.

A Classification Model of Bacterial Nosodes

Most bacteria (including all those below) are Eubacteria, which have been divided into three main types. Examples of the two most important types are included below:

Gracilicutes (basically Gram-negative, with slender cell walls) and **Firmicutes** (basically Gram-positive, with thicker cell walls).

Names of **phyla** (usually ending in -a) are shown like this

PROTEOBACTERIA

Rhizobiales

Actinomycetaceae

Brucella melitensis

Names of **orders** (ending in -ales)

Names of **families** (ending in -aceae)

Names of **species**

Gracilicutes

PROTEOBACTERIA **Group Alpha**

Rhizobiales

Brucellosis Nosode - *Brucella melitensis*

Rhodospirillales

Kombucha (a culture of acetic acid bacteria from the *Acetobacter* genus and yeasts)

Rickettsiales

Typhus Nosode - *Rickettsia prowazekii*

Group Beta

Burkholderiales

Hippozaeninum (Glanders Nosode) - *Burkholderia mallei*

Pertussinum (Whooping Cough Nosode) - *Bordetella pertussis*

DPT Vaccine (& other vaccine combinations)

Faecalis (Bach) - *Alcaligenes faecalis*

Neisseriales

Flavus - *Neisseria pharyngis* subsp. *flava* (*N. flava*)

Gonotoxinum - *Neisseria gonorrhoeae*

Medorrhinum - *Neisseria gonorrhoeae*

Meningococcinum - *Neisseria meningitidis*

Sycotic Compound (Bach, *Syc-co.*) - probably includes *Neisseria mucosa*

Group Gamma

Enterobacteriales

Bacillus Seven (Paterson) ?

Bacillus Ten (Paterson) ?

Dysenteriae Compound (Bach, *Dys-co.*) - *Shigella dysenteriae*

Gaertner (Bach) - formerly *Salmonella enteritidis*, now *Salmonella enterica* subsp. *enterica*

Morgan (Bach) - *Morganella morganii*

Morgan Pure (Paterson) - *Morganella morganii*

Morgan Gaertner (Paterson) - *Morganella morganii*?

Mutabile (Bach/Paterson) - perhaps a type of *Escherichia coli*?

Proteus (Bach) - probably including *P. mirabilis* & *P. vulgaris*

Colibacillinum (*E. coli* Nosode) - *Escherichia coli*

Eberthium (Typhoid Nosode) - formerly *Salmonella typhi*, now *Salmonella enterica* subsp. *enterica*

Paratyphoidinum - formerly *Salmonella paratyphi*, now *Salmonella enterica* subsp. *enterica*

Pestinum - *Yersinia pestis*

Yersinum (Serum yersinae) - *Yersinia pestis*

Yersiniosis Nosode - *Yersinia enterocolitica*

Pasteurellales

Hib Vaccine

Haemophilus influenzae B Nosode (Bacterial meningitis Nosode) - *Haemophilus influenzae*

Vibrionales

Cholera Nosode - *Vibrio cholerae*

Group Epsilon

Campylobacterales

Campylobacter species including *C. jejuni*

Helicobacter species including *H. pylori*

SPIROCHAETAE

Spirochaetales

Lyme Disease Nosode - *Borrelia burgdorferi*

Weil's Disease Nosode - *Leptospira* species

Syphilinum - *Treponema pallidum* (subsp. *pallidum*)

Framboesinum (Yaws Nosode) - *Treponema pallidum* subsp. *pertenue* (*T. pertenu*)

CYANOBACTERIA

Chroococcales

Mycocystis

Nostocales

Saxitoxinum (toxin in "red tide" bloom produced by several types of bacteria & algae)

Oscillatoriales

Spirulina

Firmicutes

ENDOSPORA

Bacillales

Anthracinum - *Bacillus anthracis*

Listeriosis Nosode - *Listeria monocytogenes*

Staphylococcinum - *Staphylococcus aureus*

Tyrothricin (antibiotic from *Bacillus brevis*)

Lactobacillales

Enterococcinum - *Enterococcus* species [Julian: *Streptococcus/Enterococcus faecalis*]

Lactobacillus

Pneumococcinum - *Streptococcus pneumoniae*

Scarlatinum - *Streptococcus pyogenes*

Streptococci num - *Streptococcus* species

Streptoenterococcinum - *Enterococcus faecalis* (*Streptococcus faecalis*)

Clostridiales

Botulinum - *Clostridium botulinum*

Clostridium perfringens

DPT Vaccine (& other vaccine combinations)

Tetanus Nosode - *Clostridium tetani*

Tetanotoxinum - *Clostridium tetani*

PIRELLULAE

Chlamydiales

Chlamydinum - *Chlamydia trachomatis*

ACTINOBACTERIA

Actinomycetales

Corynebacteriaceae

Diphtherinum - *Corynebacterium diphtheriae*

Propionibacterium acnes [also classified in Propionibacteriaceae]

DPT Vaccine (& other vaccine combinations)

Micromonosporaceae

Gentamicin

Mycobacteriaceae

Tuberculinum avis/aviaire - *Mycobacterium avium*

Tuberculinum bovinum (Kent) - *Mycobacterium bovis*

Other tuberculins are made from either M. tuberculosis or M. bovis:

Tuberculinum Denys

Tuberculinum Klebs

Tuberculinum Koch

Tuberculinum Marmorek

Tuberculinum residuum (Koch)

Tuberculinum Rosenbach

Tuberculinum Spengler

Tuberculinum Swan

Bacillinum - *Mycobacterium tuberculosis*

Bacillinum testium - *Mycobacterium tuberculosis*

BCG (VAB) - *Mycobacterium bovis*

For more detailed information on the tubercular nosodes, see the relevant section.

Leprominum (Leprosy Nosode) - *Mycobacterium leprae*

Johneinum - (Johne's Nosode) - *Mycobacterium paratuberculosis*

Nocardiaceae

Nocardia lutea

Streptomycetaceae

Amphotericin

Chloramphenicol

Doxorubicin

Erythromycin

Mitomycin

Neomycin

Nystatin

Oxytetracycline

Salinomycin
Spiramycin
Streptomyces
Streptomycin

This Volume also includes Parasitic Protozoa not included in this list.

Using Contemporary Genetic Research to Homeopathy's Advantage

Genetics has much promise in terms of its ability to predict states. For example, a number of years ago I read that the gene marker for idiopathic chronic pancreatitis (and the condition cystic fibrosis) is thought to offer some protection from the disease typhoid. This link would make sense from a clinical perspective. The homeopathic remedy *Crotalus horridus*, both in my experience and in the texts, is a remedy for pancreatitis and a remedy which *also* features many, many references for typhoid.

On the other hand, the concept that inherited disorders are caused by a single defective gene is not widely accepted in most genetic research and literature. The Environmental Genome Project, an outgrowth of the Human Genome Project, is based on the premise that only a few disorders are caused either by a single genetic, or by complex sets of interactions between genetic and environmental factors.

This methodological (and, perhaps, philosophical) distinction - between a reductionistic approach which looks for one defining trait and a multifactorial approach drawing up multiple traits which combined give the remedy a distinctive profile in its group memberships - has also arisen in homeopathy.

Specific genetic discoveries are just one part of our larger homeopathic puzzle. From our homeopathic point of view, we must add a third factor - the "energetic." The whole issue with miasms is that the impact of a disease is not only genetic, but also involves some sort of inherited "energetic body" or energetic force. It is this "vital force," as we and many others have termed it before us, that can and must motivate not only the healthy body, but also in its defectiveness, the manifesting of disease states.

Both of the tools that I have mentioned - genetic predictability and the taxonomy of microbiological agents - can, however, help us in modern homeopathy. Having said that, we must bear in mind that these scientific endeavours are themselves changeable and classifications do shift.

The larger orders containing smaller families can give us a classification that is readily available for use in evaluating where we can "place" a set of symptoms. The genetics also gives us a way of doing this. Both though, are only *part* of the picture and even in allopathic medicine the understanding of microbes and their taxonomy has failed to live up to the promise of being some sort of panacea either for infectious disease or for chronic disease, particularly autoimmune disorders.

Such taxonomy is only one aspect, one tool within a whole set of tools, that we can use; crucially, unlike with allopathic approaches, we do *not* need the bacteria to be present in order to effect a cure or change. In conventional medicine, simply identifying the microbe or etiological agent can often lead to an intervention that alters the picture, but without effecting any real practical change except a palliation or suppression of symptoms.

Taxonomy of infectious agents can also explain some of the dispositional (as well as pathological) similarities that exist between various homeopathic remedies made from

microbes in the same order or family. As can be seen from the taxonomy given above, it may also be helpful to switch the names of nosodes and miasms over to those *taxonomic* names given for the relevant families of the bacteria or virus. For example, the "Sycotic" miasm might better be described as the "Neis- seriales" miasm. Our Sycotic miasm contains many well-known remedies with which we are all familiar - nosodes such as *Medhorrinum* and non- nosodes such as *Natrum sulphuricum*, *Thuja*, etc. But if we look at the homeopathically-prepared microbes in the Neisseriales order, we will see even more homeopathic remedies, such as *Flavus*, *Meningococci- num*, etc that should be included in the miasm. My experience is that the patient who will benefit from these other Neisseriales nosodes will have many similarities to *Medorrhinum* and the more well-known remedies. Taxonomy can also help us to select a more exact remedy or nosode from among a general order, arriving at a more specific species.

Identifying and Prescribing Nosodes

Introduction

I have endeavoured in this book to draw out the *dispositional* state both of the new nosodes introduced here and of the new and associated miasms. This is a difficult and rather daunting task since miasms and nosodes can, by nature, be quite ephemeral, and their perception by the homeopath may not be dependant on the expression of a firm and structured mental and dispositional state. Unlike mineral remedies - and even plants and other animal-source remedies - the nosodes do not always fit into *situational* materia medica.

As I will describe in this chapter, these nosodal remedies sometimes do not have a comprehensive dispositional state, even though I endeavour to give some representative situations of a person who may need the nosode. Finally, a nosode is just the disease and often, if the state arises from hereditary transmission, it can be very subtle in its symptomatology and therefore quite difficult to grasp. This is unlike a plant remedy whose symptomatology arises from a situation or an injury etc.

Over time, I have not only utilized the nosodes in the situation of "never well since a certain disease or infection" (or "ailments following"), I have also been steadily observing and grasping the dispositional mind and "action state" of the patient needing these nosodes. Of course, this has already been done for the well-known nosodes such as *Medorrhinum* and *Tuberculinum bovinum*, but not with the newly-introduced ones. In addition, many that were introduced decades ago have remained obscure, such as *Pertussinum* or *Tuberculinum aviare*. For these still-obscure nosodes, the history of having the similar disease or condition would often be the only trigger for the homeopathic prescription. Having more information should certainly help to confirm and most importantly, to identify the necessity of a nosode while still in a *latent* stage prior to pathology developing.

In some ways, this brings us back full circle to Hahnemann's original homeopathy. The identification of a multitude of nosodes is not *just* based on a theoretical construct; it is also a practical approach, even based on direct impression. This type of direct observational homeopathy is one that I have practiced and taught for most of my homeopathic career. I always ask myself, "What is the distinguishing feature of this individual or patient?" To answer this, I go beyond their story and the possible etiology, or their version of what caused the problem or disease. This latter material can be crystallized into a modified socially acceptable story, so a deeper more individual perception is necessary. Much of this can come from the direct impressions of the patient within the interview and the importance of good case taking cannot be underestimated.

Two Different Types of Nosodes and States

For the purposes of prescribing the nosodes, there are two different kinds of patient presentation, each arising from miasmatic influence. The first derives from a recent infection, which I would term a near-acute nosode, while the second, which I would term a generational or more chronic nosode picture, derives from a family trait or inherited trait.

The first type, the near-acute nosode, can be indicated for a patient who has been recently infected by the infective agent that is the basis for the nosode. In the case of

someone who has had multiple infections, the disposition then becomes very important since I prescribe a single remedy at one time with long intervals in chronic cases. The second type concerns someone who has a *family history* of the disease. In the case of the first, a strong indication is "never well since" the specific infection. The second scenario is much more difficult to detect. Usually a first remedy from a plant, mineral or animal has worked and now, this type of nosodal state appears. At times, the situation is such that there is little of the disposition evident (the disposition that I have associated with whichever nosode) and in its place solely the "disease" itself remains. In such instances, it may also be difficult to perceive the nosode, especially where the homeopath's grasp of the disposition of that remedy is weak. But then, nosodal remedies can *in general* be difficult to identify and prescribe. I have included, in many of the commentaries on each nosode, a brief paragraph or two on the "subtle" presentation of a nosode and how that would look, alongside a much longer description of the more florid and exposed states. The fact that this description of the "subtle" presentation is shorter than that of the more overt presentation does not mean that it happens any less frequently. In fact, quite often a homeopathic nosode prescription may seemingly be based on very little. It is my intention in presenting the more dramatic scenario that this overstated picture will lead the practitioner toward a fuller grasp of the nosode - and thereby a better ability to take note of the more subtle clues.

General Nosode Themes and Indications

Here are some general themes about nosodes that can serve as indications:

Infection and Mode of Transmission

Nosodes are made from infectious diseases. The idea of *infection* is a strong theme, of course physically, but even in the dispositional aspect and in the actions of the patient. In addition, of course, there are various *means* of infection. For some nosodes, the vector of infection is sexual transmission and therefore, we will see many issues around sexuality and infectious sexuality, such as in *Medorrhinum*. In some nosodal remedies, the mode of transmission is through the alimentary tract, through food, etc. In others, it may be through blood and an arthropod (eg a mosquito, flea or tick). The language of the patient and their activities will be demonstrative of their specific infectious dispositional quality relative to the remedy that they need. We can see some of the symptoms and aspects of the nosode defined for each remedy as related to the specific mode of transmission.

This theme may also manifest in a more general way. For example, you may have a situation where the family, parents or friends treat the child *as if* they were infectious or carrying an infectious disease.

The Disease Itself

The nature of the indications for a nosode remedy is *not* for the *effects* of the disease, but ***for the disease itself***. As I have discussed, you could say that the "nosodal state" is a primary state and, in many cases, *devoid of situational information or framework*. This is unlike the typical prescribing experience when perceiving a plant homeopathic remedy or indeed other types of remedies, where the prescription follows from the practitioner's observation that the patient is in reaction to, or part of a certain "situation." This idea of "the disease itself" has other practical ramifications. One of the indications for giving a nosode is "when there is a paucity of symptoms." I have found that a miasmatic remedy is indicated in cases where all you see is the disease and very little

else in the way of dispositional symptoms. Or, differently stated, where it is hard to bring forth the disposition of the patient.

This is rather elusive in explanation but not in action - at least, for someone with clinical experience. The prescribing circumstances are as follows: a non-nosodal remedy has worked dramatically well, but it has not eradicated *the disease* in its entirety. All that you have left are some threads of indications - but the *disease itself still remains*. In these circumstances, the indication for the nosode can often be very subtle. For example, in the homeopathic nosode *Toxoplasmosis* we see in some cases a whole dispositional picture that includes a love of cats and clinging, along with many fears. At other times, the disease itself will be the only remaining clue - and in the case of *Toxoplasmosis* that clue may just be that the person has had recurring glandular swelling with a history of exposure to a sick cat. Prior to this juncture, you may have given some remedies successfully based on the patient's disposition, and at such times their mental and emotional case may have been quite evident. Now, many of those problems are no longer present, but the case almost seems to have stalled. In such circumstances, the nosode may be indicated and the commentary section or information on "Subtle Indications" may apply.

If you are fortunate with a case that needs one of these remedies, you may see that there is a family or personal history of a particular disease. However, it is more likely that the disease symptoms of the patient, even though they are not exactly like the disease symptoms of the nosode needed, will have some quality of that disease which the nosode can cause in its crude form.

In many cases, this concept of the "disease itself" is something that applies to the second or third prescription where a nosode is chosen only *after* one remedy has acted, albeit not completely. It is helpful at this point to look back at the historical whole of the case, where more overt or active symptoms of the miasm and nosode may have been present.

The Miasm Represents All Polarities; the Nosode Moves towards One Polarity

Choosing a nosode to cure a chronic condition is a different solution from that which Hahnemann initially conceived when introducing the miasmatic theory. At the time of introducing the miasms, the homeopathic solutions he gave were from a list of homeopathic remedies made from primarily *plants or minerals* for the purpose of treating the *effects* of a specific miasm. For example, one such remedy for the "cure" of sycosis or the Sycotic miasm, as suggested by Hahnemann, was *Thuja occidentalis*. It is interesting to note that in his original work Hahnemann did not suggest *Medorrhinum*, the actual nosode of gonorrhea.⁵¹

Now we see *Medorrhinum* as a major remedy within the Sycotic miasm and have various indications for it. Some of these indications are very explicit, based on an overt state that is frequently described in many of the more modern texts. On the other hand, I have also prescribed this remedy where most of these symptoms and themes are quite subtle.

But why would you prescribe a nosode rather than one of the plants or the minerals (or even other animal-kingdom remedies) that were originally suggested in the lists drawn up by Hahnemann and by Boenninghausen? The previous discussion contains much of the answer but there are a few additional points associated with the actions of a patient needing a nosode. By incorporating nosodes into the general miasmatic group of

remedies, we add a specific (and qualitatively distinct) idea to that collection of remedies. One polarity of action of these remedies is *reactive* (the non-nosodal plant remedy, for example). The other category and polarity is *proactive* (the nosode of that miasm and to a lesser degree animal source remedies in the miasm). Yet, both of these types of remedies are in the same miasm.

In the "miasmatic grouping," we can then utilize many remedies from vastly different sources for patients with many different dispositional aspects and actions. A patient falling within a particular miasmatic category can be in a very injured, reactive state triggered either by the infectious disease or by circumstance and thus need a more "reactive" remedy for that. Another patient may themselves be the causative and even disruptive influence in the family and therefore need a more "proactive" remedy, but within the same miasm.

But once you get to the nosode, metaphorically at the "center" of that grouping, you find that the state is more active but less distinct. This is because when this nosodal quality emerges it will itself be modified by the nature of the first prescription. That is to say, depending on the direction from which the person approached the nosodal polarity of the miasm, the degree of proactivity remaining in the dispositional state will differ. In other words, depending on the previous remedy prescribed, the general dispositional state of the nosode can look much different.

If they had a plant remedy prior, the nosodal state will be softer and reactive; if they had an animal remedy within the same miasm, the nosodal state may be more pro-active and reflective of that. An effective description of a nosode will have flavors of both polarities.

For example, if someone is in the *Yersinia* miasm, and if they needed *Ignatia* or *Piper methysticum* as a first prescription, when it comes time that they require a *Yersinia* nosode, such an individual will in dispositional *quality* be gentler than if their first prescription had been, conversely, *Rattus rattus*. This latter remedy is also in the *Yersinia* miasm, but it is an animal remedy and thus like the nosode, it presents with a more proactive disposition. Despite these distinctions, under *both* scenarios - that of the patient who entered the land of *Yersinia* as a gentler plant *and* that of the patient who began their stay in *Yersinia* as *Rattus* - eventually the patient can move into a state which is an expression of the single polarity - that is, into an expression of the nosode itself and the center of the miasm.

Identifying the Miasm and Ultimately the Nosode

Knowing what the patient's miasm is can be predictive of the nosode. Determining the *miasm* can be done in a number of ways:

a) Using a Grouping of Remedies in a Miasm

From the beginning, homeopaths grouped remedies into miasmatic categories, as I have discussed in previous chapters. It started with a brief list from Hahnemann and was expanded upon by homeopaths like Boenninghausen and even Kent in their respective repertories. Now, contemporary homeopaths are adding new miasms: those consolidated by Sankaran and Scholten and others; as well as those that I have added both in the present book and in my previous book, *Clinical Focus Guide*, Volume 1,⁵² To state this more accurately, remedies are being placed *with greater specificity* both into established miasmatic groupings and into those miasms that are newly recognized.

With the addition of Jan Scholten's reading of the Periodic Table, a natural grouping mechanism has been born. In Jan Scholten's schema, remedies, even those

that are non-elemental, are grouped into stages and miasms each of which have clear prescribing indications.

This categorization method, whereby Miasm is aligned with Stage, is currently attracting further resources - such as the miasms newly recognized in this present volume - which then further extends its scope and efficacy. As noted above, one trait distinguishing my use of miasmatic theory is that I have clinically recognized *multiple miasmatic aspects within one remedy*. Clinical practice has shown me that a remedy is not restricted to one miasm, nor, in the case of a mineral, to the stage it is in.

However, by assigning one Miasm to one Stage, strong and useful tools have been developed. I have prescribed the remedy *Selenium* and then followed it (after more than one year) with the nosode *Leprominum*. I have seen the *Malaria nosode* follow *Cina* etc. In both instances, this is a specific application of the alignment co-authored by Scholten, Sankaran et al.

My clinical experience has brought further insights. For example, as noted in *Clinical Focus Guide* Volume 1, I have observed that *Tellurium* (in Stage 16) has an aspect that reflects the Ringworm miasm as well as the disease miasm in the stage that it is in. Under the "one Miasm, to one Stage" approach, the Ringworm miasm is assigned to Stage 3. I have found clinically that this assignment of Ringworm to Stage 3 is generally accurate. However, I have also found the presence of Ringworm, and of Stage 3 aspects, in remedies which are not naturally assigned to Stage 3 - such as *Tellurium*, which is naturally assigned by the Periodic Table to Stage 16 and which acts accordingly in much - but not all - of its symptomatology.

I should add that, in my practice, I like to see something more for the remedy which I intend to prescribe than simply its membership in an indicated grouping; I prefer not to use a remedy's group membership as the *sole* indication. Furthermore, I find that if I am considering prescribing a *nosode*, something currently in the patient's disposition, activities, and life will reflect, and thus confirm, the indicated nosode.

b) Diagnosed Disease Indicating a Miasm

Certain diseases may have a proclivity to certain underlying infectious etiologies. This is the case for Graves' Disease (or certain other thyroid problems) and *Yersinia enterocolitica* or again for Crohn's disease and *Johneinum*. In instances such as these, the diagnosed disease itself may function as an important indicator for the nosode. Alongside this, I prefer to see some dispositional indications - albeit subtle - before I am willing to prescribe the nosode.

This point needs some further discussion and elucidation because it is one that is very important to the health of homeopathy in general. As already noted, I do *not* subscribe to an isopathic or sequential method. Neither approach respects the individuality of the patient.

In the case of isopathy, the approach holds that if the patient has had a particular infection then you simply give that particular infective agent. In the case of sequential therapy, it is a matter of giving one remedy at a set interval relative to another, with little or no consideration or exploration of the patient's current state. This may be one indication, but I have found that to base a prescription *simply* on etiology *without* a totality or the whole of the case (*Inbegriff*) is an inaccurate way of choosing a remedy and one that falls short of *homeopathic* prescribing.

It is for this reason that I have developed (and am continuing to develop) a materia medica that can distinguish the individual nature of each dispositional state relative to a

specific nosode and determine the individual thematic quality of each taxonomic order (or sometimes a family or genus) of bacteria, viruses and similar micro-organisms.

The homeopathic remedy for Crohn's disease *is not always* the nosodal remedy *Johneinum* and the *only* remedy for Graves' Disease *is not always* the nosodal remedy *Yersinia enterocolitica*. My experience tells me, quite frequently, that an initial remedy is needed which is individual to the person - and perhaps quite different to that required by others with the disease - and that this is needed *prior* to the nosode. Moreover, even when reaching that juncture, in some individuals with the "same" disease what may be indicated is a *different nosode*.

c) *Cenetic Relationship*

As noted above, information about which diseases come from which infectious root is being revealed by genetics. That chronic pancreatitis appears to have genetic links to typhoid (as mentioned above) allows me to think in a certain manner. For example, a patient has complaints including chronic pancreatitis and *Crotalus horridus* works initially. Then three to five years later they present again, this time with only chronic pancreatitis (or with another less limiting problem. This is evidence that *Crotalus horridus* has stopped acting, so I can now consider the *Typhoid nosode*. In practice, I have found that the nosode will "finish" the cure in such a situation. This recalls both Hahnemann's original conundrum (where a well-indicated remedy did not work or failed to continue to work) and his ultimate miasmatic solution - which has now evolved and expanded into the use of many different nosodes.

d) *Finding the Miasm Yourself*

Many remedies have strong relationships to a specific miasm or to a number of miasms. Through your own research, you can find a miasm that encompasses the pertinent aspects of a remedy that you have already successfully applied in the case. This research includes matching dispositional similarities as well as matching the similar disease conditions to a miasm.

For example, I noticed many years ago that *Ignatia* was indicated for the plague (*Yersinia pestis*) in Boenninghausen's *Repertory*.⁵³ I took note of it, but did not understand its implications, nor did I feel I had any use for the information. Now, knowing the nature of the *Yersinia* or plague miasm, I can see (and I discuss it in this book in the appropriate section) the use of the nosode *Yersinia pestis* following a prescription of *Ignatia* in certain cases. For Boenninghausen, his inclusion of *Ignatia* in the plague rubric was most likely the result of having used *Ignatia* in the case of an individual with the disease or a history of the disease. For me, it is based both on the pathological indication as given by the classic texts, and because I grasped that the general dispositional indications for the *Yersinia* miasm are also to be found in *Ignatia*.

Direct Methods

The ideal method of prescribing *matches* the largest totality of the patient's problem, fully revealed and grasped, to the similar picture of a remedy, also abundantly revealed. Of these two aspects, the method of *allowing* the patient to reveal their total symptom picture is not within the scope of this book, but it is an essential part of case taking. The other, the direct method of finding the nosode, requires that a significant amount of the totality of the remedy picture has been revealed.

The ideal start for this complete symptom picture of a remedy is either a proving, or an accurate predictive methodology. I have been involved with both these *initial* methodologies. At times, as described in this book, I will also prescribe without using

either of them. This latter recourse has been taken as a result of the urgency of a patient's suffering, requiring unique techniques, and my deep intention to help that patient. It is also reflective of the ability, derived from years of experience, to discern *what is not in the case*. Such insight includes the knowledge, quite quickly, that many well-known remedies are not indicated and that a lesser-known remedy is now necessary.

All of the *initial* information, including that derived from provings, is actually quite speculative until we confirm it with repeated successful clinical experience. In this book, I relate both this initial information and the subsequent accumulation of clinical experience in an attempt, thereby, to reveal more of each miasm and of each nosodal remedy.

In what follows, two important sections on each nosodal remedy and miasm are the *commentary* and the *clinical focus* derived from the evolution of my understanding. My intention in writing this whole book, but especially in writing each of the sections just named, is to foster in the homeopathic practitioner direct methods of grasping and of prescribing nosodes. Ultimately, a focus upon what is important within the *dispositional characteristics* and the *themes* of a remedy is what brings us to a broad and special insight - the direct insight that leads to successful prescribing and thus to curative action.

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BURKHOLDERIALES

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The **Burkholderiales** are an order of proteobacteria. They include several pathogenic bacteria, including species of *Burkholderia* and *Bordetella*.

Traditionally in homeopathy two Burkholderiales have been potentized and used:

Hippozaeninum,
Pertussinum.

These two homeopathic remedies are related to glanders and to whooping cough (pertussis), respectively. These Burkholderiales share similarities in that they both have a glairy or viscous mucous discharge. Even though each remedy has its specific focus in fact both remedies can be used for affections of the sinuses as well as for whooping cough. Certain Burkholderiales play a role in the complications of cystic fibrosis. They have yet to be made into homeopathic remedies but I believe they will be important in the homeopathic treatment of this disease.

Hippozaeninum

Homeopathic abbreviation

Hippoz.

Synonyms

Clanderinum, *Clanderin*, *nosode of Clanders*

Malleinum, *Mallein*, *Maleine*

Farcinum, *Farcin*

Hippocaenicum (*Fincke*)

Ozenine

Rotzbazillus (*bacteria*) [in German]

Rotzkrankheit (*disease*) [in German]

Description

A homeopathic nosode made from *Burkholderia mallei* which is a Gramnegative bacillus. It belongs to the Burkholderiaceae family. It is the bacterium that causes glanders, an infectious disease primarily affecting horses and other equines.

As described, glanders is a serious condition which is frequently 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. 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

Burkholderia mallei (Zopf 1885) Yabuuchi et al. 1993

Bacillus mallei

Pseudomonas mallei

Commentary

In chronic cases, even without a history of contagion, the physical symptoms for this remedy are very strong and specific. They have to do with severe nasal and sinus problems. It is a remedy that I think of when there is a severe, recurrent sinus infection that extends deep into the sinus cavities; it may even threaten the brain or ultimate in

meningitis. You may see a history of horrendous (and recurring) nose and sinus infections.

In the classical texts, this remedy is described for gangrene of the nose for when the nasal cartilages are necrosed, and even for osteomyelitis around the nose. I also have seen it curative in these conditions. As a result of the sinus problems, there will be headaches - even migraines. Frequently in the history of such individuals, there will have been surgical drainage of, or surgery to enlarge aspects of, the sinuses. Usually there is a bloody, greenish discharge, but there can be all colors of mucus discharge including gray. It is a remedy where well-selected remedies fail to act, or are failing to help a sinus infection that continues to worsen.

Like other diseases that are carried by, or affect, one particular animal, this homeopathic remedy exhibits signs of the animal it is most related to. In the case of *Hippozaeninum*, the disease glanders affects horses, and so the individual needing this remedy may have a strong love for horses, or a history of close contact with them; they may have frequently ridden horses especially as a child. Clinically I have seen individuals who need this remedy even dreaming of horses, or having a great fascination with them. You may find such a history - where someone loves horses and/or has worked with them - but I have also seen this remedy successfully prescribed without these indications present.

The disposition of the individual needing *Hippozaeninum* is similar to that seen in other homeopathically prepared horse remedies such as *Lac equinum*. It is also similar to the Tetanus nosode which in general has an affinity with horses.

Hippozaeninum is a remedy useful to the veterinarian for treating chronic problems in horses, even though the incidence of glanders is now quite minimal.

All the remedies with an affinity to equines share dispositional information in the treatment of humans. Those needing homeopathic remedies from horse products may present as quite ambitious individuals who can overextend themselves. In *Hippozaeninum*, the individual will work very intensively at a project, overexert themselves mentally and/or physically, and then collapse usually with a sinus infection, fever, and profound weakness. In the collapsed state, they can become very lazy and have an aversion to work.

They can have haughtiness and a feeling of superiority toward others while also, quietly, feeling the opposite polarity: worthlessness. Children can become suddenly quite obnoxious in their interactions with others and demand physical connection. In general, the person needing *Hippozaeninum* feels emotionally better when they are distracted by work. On starting to rest, they can experience anxiety along with, or separate from, a worsening of their physical symptoms. With the fever, they can easily go into delirium; this remedy can be mistaken for some of the Solanaceae remedies, and there can be foolish and shameless behavior during the delirium.

This is also a remedy for catarrhal conditions in the ears and throat in addition to other upper respiratory conditions. It is usually accompanied by thick, viscid (glairy) mucus and rattling in the chest and trachea - although there can be a chronic "dry" asthma especially in a person who has had their tonsils removed. This "glairy" quality is discussed more fully in the section on *Pertussinum*. There can also be a history of pulmonary abscesses.

At the beginning, the asthma has much of the characteristically thick mucus, but then it goes dry and a more severe asthma sets in. Where there has been a history of sinus

infection and then asthma, or chronic sinus problems with asthma, you should think of this remedy. The other Burkholderiales, such as *Pertussinum*, are of course also related to the lungs.

Grimmer also describes this as an important remedy for the treatment of cancer and you can sense the validity of his insight from the remedy's malignant eroding nature in the sinuses:

This remedy is needed in diseases affecting profoundly the skin, mucous membranes, and glands; ulceration and necrosis; suppuration and sloughing of tissues with destruction of parts are marked expressions of this remedy.

Cancer of the breast has been cured with complete restoration of a breast almost destroyed by ulceration and sloughing of tissue; lupus excedens and other malignant skin diseases were also cured.

Names and Meanings

Hippozaeninum - Greek, *hippos*, horse + *ozaena*, fetid discharge from the nostrils.

Ozaena - Latin, polyp, later applied to a disease with fetid nasal discharge and atrophy of nose structures.

Mallei n - Latin, *malleus*, hammer.

Glanders - Middle English, *glaundres* or Old French, *glandres*: glands.

Farcy-Old French, *farcin*, from the Low Latin, *farcimimum*: chronic glanders.

Rotz - German, glanders.

Family

B. mallei is of the family Burkholderiaceae, in the Burkholderiales order.

Source Notes

Hippozaeninum is made from a discharge containing *Pseudomonas mallei*. This is the bacterium that causes glanders, a chronic debilitating disease of horses and other equines, as well as some members of the cat family and transmissible to man. It attacks the mucous membranes of the nostrils of the horse, attended with an increased and vitiated secretion and discharge of mucus, and enlargement and induration of the glands of the lower jaw.

According to *Stedman's Medical Dictionary*: "Farcy is the skin form of glanders. Mallein is an allergen, analogous to tuberculin, made from the growth products of *Pseudomonas mallei*, the causative agent of glanders; used as a diagnostic agent to provoke reactions in animals affected with glanders."

Adapted from the Center for Disease Control website:

Primarily a disease of horses, mules, and donkeys. In humans, disease can occur in four basic forms: acute localized infection, septicemic illness, acute pulmonary infection, or chronic cutaneous infection. Symptoms include fever, malaise, pleuritic chest pain, cervical adenopathy, splenomegaly, and generalized papular/pustular eruptions. Case-fatality rate is over 50% with traditional antibiotic treatment, though susceptibility data suggest newer antibiotics should be efficacious. Rare in humans. Sporadic. No naturally acquired cases have occurred in the United States in almost 60 years. Cases continue to occur in Asia, Africa, the Middle East, and South America. Sequelae: systemic invasion can occur with resulting chronic abscesses.

B. mallei is generally transmitted from animals to humans by invasion of nasal, oral, and conjunctival mucous membranes; by inhalation into the lungs; or through lacerated or abraded skin. At risk: veterinarians, horse and donkey caretakers, abattoir workers,

workers in laboratories where the organism is being handled or in areas where equines may be infected.

Glanders is an infectious disease that is caused by the bacterium *Burkholderia mallei*. Glanders is primarily a disease affecting horses, but it also affects donkeys and mules and can be naturally contracted by goats, dogs, and cats. Human infection, although not seen in the United States since 1945, has occurred rarely and sporadically among laboratory workers and those in direct and prolonged contact with infected, domestic animals. Geographically, the disease is endemic in Africa, Asia, the Middle East, and Central and South America.

Glanders is transmitted to humans by direct contact with infected animals. The bacteria enter the body through the skin and through mucosal surfaces of the eyes and nose. The sporadic cases have been documented in veterinarians, horse caretakers, and lab technicians.

In addition to animal exposure, cases of human-to-human transmission have been reported. These cases included two suggested cases of sexual transmission and several cases in family members who cared for the patients. ... The symptoms of glanders depend upon the route of infection with the organism. The types of infection include localized, pus-forming cutaneous infections, pulmonary infections, bloodstream infections, and chronic suppurative infections of the skin. Generalized symptoms of glanders include fever, muscle aches, chest pain, muscle tightness, and headache. Additional symptoms have included excessive tearing of the eyes, light sensitivity, and diarrhea.

Localized infections: If there is a cut or scratch in the skin, a localized infection with ulceration will develop within 1 to 5 days at the site where the bacteria entered the body. Swollen lymph nodes may also be apparent. Infections involving the mucous membranes in the eyes, nose, and respiratory tract will cause increased mucus production from the affected sites.

Pulmonary infections: In pulmonary infections, pneumonia, pulmonary abscesses, and pleural effusion can occur. Chest X-rays will show localized infection in the lobes of the lungs.

Bloodstream infections: Glanders bloodstream infections are usually fatal within 7 to 10 days.

Chronic infections: The chronic form of glanders involves multiple abscesses within the muscles of the arms and legs or in the spleen or liver.

Clinical Focus Guide for *Hippozaeninum Nosode*

Appearance of Patient

Can have swelling around eyes, nose and cheeks, or collapse of sinus and nasal cartilage

Mind and Disposition Focus

Ambitious

Persevering

Overextending, working hard and then collapsing

Competitive

Emotionally better working

Worse when resting or focusing on condition

Ambition alternating with abject laziness

Desire for recognition

Episodically clinging to others versus needing freedom

Aristocratic

Putting others down

Haughty

Oversensitive

Clairvoyance

Sensitive to the energy of others

Desire for direct connections - senses dishonesty

Deep resentments

Unexpressed

From loss of freedom in relationship

Loyal but a deep dislike of the person they are loyal to

Constant feeling of being annoyed by their partner

Unhappy when partner happy

Desire for freedom

Desire to travel, yet with attachments

Lively, "free" disposition

Feeling of being tethered and has to break free, contradicted by responsibility

Dreams of horses

Dreams of "cowboys and Indians"

Affinity to horses - desire to ride horses

Delirium at night

Sees images of animals, wild persons

Foolish behaviour

Delirium, during fever, of wild animals and people

Wild dreams**Getting others to tell lies for them****Physical Focus****Sinus infections and related nose problems**

Recurrent and severe infections that go deep into sinus cavity

Thick, purulent nasal discharges: gray, yellow or green, corroding or bloody

Ulceration, swelling (also in the mouth)

Infections threatening the brain

"Malignant ozaena," corroding

Severe pain in nose and sinus

Upper portion of nose sensitive to touch

Eruptions in nostrils

Gangrene of nose**Catarrhal inflammation with increased mucus production**

Affecting the eyes, mouth, nose, ears, upper respiratory tract

Chronic infections

Actinomycosis also called "lumpy jaw" (see *Corynebacterium*)

Epistaxis**Conjunctivitis****Rattling respiration**

Difficult respiration from mucus

Rattling in old people

Facial cellulitis, (erysipelas)

Pustules on the nose

Ulceration of cornea

Abscesses

In muscles

Lymphatic swelling and abscess

Fever with delirium

Fever evening and night

Migraine headaches

Starting from sinuses

After sinus infections

Meningitis with history of nasal infection

Auto-immune diseases

Rheumatoid arthritis

Ankylosing spondylitis

Soreness of extremities, especially arms

Soles of feet sensitive

Enlarged spleen and/or liver

Desires fruit

Breast cancer

Severe rodent ulceration from cancer

Abscess of penis

Oedema of lower limbs

Growth

"Too fast growth, in young people"

Fruit

Desires fruit

Helminths (parasitic worms)

Environmental sensitivities

Selections from traditional homeopathic sources

From Boericke's *Materia Medica*:

This powerful nosode, introduced by Dr. J.J. Garth Wilkinson, covers symptoms which suggest integral parts of consumption, cancer, syphilis, etc., and promises useful service in the treatment of ozaena, scrofulous swellings. Pyaemia, erysipelas.

Chronic rhinitis; sanious secretion.

From J.H. Clarke, *A Practical Dictionary of Materia Medica*:

The disease is called "Glanders" when the catarrhal symptoms are pronounced;

"Farcy," when these are not noticeable, the skin being chiefly affected, with deposits in the lungs.

Of recent years Mallein, a toxin prepared from glanders, has taken an important place in veterinary practice of the old school as a test injection for deciding whether a horse suspected of glanders actually has the disease or not. If the horse reacts it is concluded there is glanders. In a number of cases in which animals have reacted to the first injections, a repetition of the "test" has failed to elicit reaction, thus proving that Mallein is curative as well as diagnostic (H. W., xxxv. 149).

The nosode has been used by homoeopaths, at the suggestion of Garth Wilkinson, on

the phenomena of the disease as guides, and in a large number of cases involving low forms of suppuration and catarrh, malignant ulcerations and swellings, abscesses and enlarged glands; and also in conditions similar in kind, but less in severity. I have used it with excellent effect in cases of inveterate nasal catarrh and of glandular enlargement. The nasal affection may go on to ozaena, ulceration of nasal cartilages and bones. Glanders in the horse affects the lungs no less than the upper respiratory tract, causing coughs and disseminated ulcerations and deposits throughout the lungs. It has cured papules and ulcerations in frontal sinuses, pharynx, larynx, and trachea; hoarseness; old cases of bronchitis, especially in old persons where suffocation from excessive secretion seemed imminent. Bronchial asthma. Whooping-cough. A cough commencing at Christmas and lasting till June has been cured by it. Malignant Erysipelas, particularly if attended by large formation of pus, and destruction of parts. Ulcers have no disposition to heal; livid appearance. Swelling and redness of nose and adjacent parts, with severe pain. Catarrh: nose inflamed with thick and tinged defluxion, tonsils swollen, fauces gorged. Obstinate catarrh. Discharge: often one-sided, albuminous, tough, viscous, discolored, grey, greenish, even bloody and offensive, acrid, corroding. Chronic ozaena. Nose and mouth ulcerated. Cartilages of nose become exposed and necrosed, septum, vomer, and palate bone disorganized. Caries of nasal bones. Checks the liability to catarrhal affection.

Selections from contemporary homeopathic sources

From Julian's *Materia Medica of Nosodes with Repertory*:

History and authority: Introduced by Drysdale, Loffer and Schutz 1882, proved by Wilkinson, Spinola, Bollinger and Virchow (Hering *Guiding Symptoms* Vol. V), cited in Julian).

Source for the preparation: From glanders in horses.

Relationships

Compare: *Bacillinum*

Pertussis Miasm

Pertussis is a serious bacterial infection of the lining of the breathing passages particularly in the windpipe area. Pertussis, also called whooping cough, is caused by *Bordetella pertussis* bacteria and is extremely contagious.

Acute symptoms of the infection include prolonged, violent coughing spasms with severe difficulty inhaling. The labored inhalation, of air causes the person to make a high-pitched crowing, or whooping sound. Pertussis can be fatal particularly in babies. The acute symptoms usually start 2 weeks after contagion, and increase to the point where there are attacks of a choking cough that last from 1 to 2 minutes often with vomiting, severe facial congestions, and a feeling (or appearance) of suffocation.

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.

Currently, I am experiencing less pertussis in my practice. There are some physicians, however, who claim that many serious coughing epidemics, lacking perhaps the intensity of the "whoop," are actually *Bordetella pertussis*-derived.

In the classical homeopathic literature, homeopaths have described many remedies for the treatment of an acute outbreak of whooping cough including the nosode *Pertussinum* which I describe in this section. In this context, I have found the most commonly-used remedy in my practice to be *Coccus cacti*. Having said that, I know whooping cough treatment *can be* a long haul, but happily I have seen a much quicker resolution once the correct homeopathic remedy is found. I have seen many practitioners giving too many remedies with only temporary results.

Surprisingly, I have found that taking the obvious route doesn't always work with whooping cough. For example, using *Arnica montana* to treat a patient who has severe whooping cough concurrent with epistaxis may give some results, but such gains are usually temporary. More dynamic, curative results will be attained by using homeopathic *Indium metallicum* which has a similar indication: "Whooping cough with epistaxis, bleeding, haemorrhage."

Indium metallicum is in Stage 13 of the Periodic Table and the Pertussis miasm is primarily in this stage. You see the idea of old things, antiques, retreating, collecting, mold (sensitivity to mold), and mycosis in this stage. In the chronic dispositional state of the nosode, you see this same idea as described below in the chapter on *Pertussinum*. One of my patients who did well on *Pertussinum* had an antique motor car that he had owned for years; he left it in the garage, but never got around to repairing or dealing with it until after the remedy at which point he sold it right away and cleaned out his garage. Particularly after the whooping cough has gone on for many days you can see an exhausted, retiring individual as befits Stage 13.

From a chronic, or generational miasmatic point of view, the imperfect treatment of this disease (through allopathic means) can engraft a state whereby the person is very susceptible to chronic coughs as well as to asthma particularly with difficulties on inhalation. It should be thought of in asthma where well-selected homeopathic remedies - and even other nosodes (like *Tuberculinum aviaire*) - have little effect. The description below of the dispositional state of the nosode *Pertussinum* will help identify it in these cases.

Of all the vaccines, the DPT (diphtheria, pertussis, tetanus) vaccine has perhaps the most profound and chronic impact on health, leading especially to various mental disturbances including autism, memory loss, and sociopathic behavior. There can be great irritability, fever, and vomiting from this vaccine; in the miasm and in the nosode you may also see easy vomiting.

Remedies in this Miasm

(from the *Complete 2005 Repertory*, compiled by Roger van Zandvoort)

Cough; WHOOPING (195): **Aeon.**, adon., agar., **Alco-s.**, all-c., alth., alum., alumn., **Ambr.**, am-c., am-m., am-pic., **Ambr.**, ambro., **Anae.**, **Anan.**, ang., ant-c., **ANT-T.**, **Arg-n.**, arist-cl, **ARN.**, **Ars.**, ars-i., ars-s-f., arum-t., asaf., asar., aven., bad., **Bar-c.**, bar-m., bar-s., **BELL.**, **Brom.**, **Bry.**, cact., **Calc.**, **Calc-p.**, calth., **Caps.**, **Carb-ac.**, **Carb-an.**, **CARB-V.**, carbh-h., care., **Cast.**, **Cast-v.**, caul., **Caust.**, cer-ox., cetr., **Cham.**, **Chel.**

Chin., chlol., chlor., cic., **CINA**, Coc-c., cocain., **CON.**, **COR-R.**, croc., Crot-h., **CUPR.**, Cupr-acet., Cupr-ar., dig., **DIOS.**, **DIRC.**, **DROS.**, Dole., dys-co., Ephe., erio., ery-a., ery-m., eucal., euph., **Euphr.**, **FERR.**, ferr-ar., Ferr-p., foen., **Formal.**, gauL, glyc-g., **Graph.**, grin., guare., **HEP.**, Hippoz., Hydr-ac., **HYOS.**, hyper., ictod., ign., **Ind.**, indg., *iod.*, **IP.**, **Just.**, Kali-bi., **KALI-BR.**, **KALI-C.**, kali-chl., kali-i., **Kali-m.**, **Kali-p.**, **KALI-S.**, kali-sil., **Kreos.**, **Lach.**, **Lact.**, **Laur.**, **Led.**, **LOB.**, **Lye.**, **Mag-m.**, *mag-p.*, marr., **Meph.**, *mere.*, mese-c., **Mez.**, mosch., **MUR-AC.**, naphtin., narc-ps., nat-c., **Nat-m.**, nice., **Nit-ac.**, **NUX-V.**, oena., oeno., ol-j., op., orig., osm., oxyg., par., passi., per., ph-ac., phel., **Phos.**, pimp-a., plan-l., podo., **Prim-v.**, **PULS.**, rhus-t., **Rumx.**, ruta, sabad., salx-a., **SAMB.**, **Sang.**, sanguin-n., sec., senec., **Seneg.**, **SEP.**, **Sil.**, spig., **SPONG.**, **Squil.**, stann., stict., **Stram.**, **Sul-ac.**, **SULPH.**, syph., **Tab.**, tere-ch., **THUJ.**, **Thymu.**, **THYMU-V.**, tong., **Trif-p.**, tub., urt-u., v-a-b., vac., **VERAT.**, verat-v., **Verb.**, verbe-h., verbe-o., **Viol-o.**, **Vise.**, zinc., zinc-p.

From the above list you can see that there are **many** remedies for the treatment of whooping cough. Of course, the mind and disposition - along with modalities - pinpoint the specific remedy for each individual case. This applies also to any remedy which fits the genus epidemicus for any particular outbreak. Below, I give some condensed information for *Coccus cacti* although that remedy should be thought of as only one out of many possibilities.

Comments on *Coccus cacti*

This is one of the main remedies for whooping cough and of this miasm, and as such I am giving a longer commentary on it.

The *coccus cacti* is a sessile, parasitic insect that lives on cacti in the genus *Opuntia* feeding on moisture and nutrients in those cacti. The insect produces carminic acid [a red glucosidal hydroxyanthapurin] which deters predation by other insects. This acid can be extracted from the insect's body and eggs to make cochineal dye. Cochineal is used primarily as a food coloring and for cosmetics and was even used by the Aztecs. After synthetic forms of pigments and dyes such as alizarin were invented in the late 19th century, natural-dye production gradually diminished. However, current health concerns over artificial food additives have renewed the popularity of cochineal dyes, and the increased demand has again made cultivation of the insect profitable.

The homeopathic remedy *Coccus cacti* is very useful *during* whooping cough as well as *after* whooping cough. The mind and disposition of the remedy in homeopathic form reflect the parasitic nature of the original insect. Remember, though, that these insects are parasitic *on a plant*: accordingly they will not be as aggressive as we might see in a homeopathic remedy made from parasites on animal life. But you can see parasitic and insect dispositional qualities in children needing *Coccus cacti*. You will see a child who is very clingy and also very "buggy" who is constantly irritating other members of the family along with being lazy and demanding that others in the family "help" them. The bugginess can also be reflected in the fact that the child will have many disturbing tics. It is a remedy to be considered for tics that start after a cough, or where the tics involve coughing and/or constant clearing of the throat.

In adults, an individual needing this remedy can be involved in a line of work or profession that requires "bugging" other people, or getting something quickly - such as telephone soliciting. Alternatively, they can be similar to other fungi or parasitic remedies and be dependent on another person. More discussion about parasitic disposition can be found in the section on Parasitic Protozoa.

As well, the remedy has an insect quality, and so you also see a kind of industriousness with a desire for luxurious living and social status. This industriousness, though, can quickly pivot and flip into laziness and dependency. They may be constantly involved in get-rich-quick schemes and even be successful in these activities. They can then be generous when the money flows in an attempt to buy affection and care from others. There is a crass and exaggerated quality to all of this behavior.

In the classical texts, there is an odd rubric: "Mind, Delusions, body, body parts: adherent to woolen sack, night, while half-awake." In my experience, individuals after a long bout of whooping cough can end up very weak and may indeed have the feeling that they are stuck in their bed sheets. This remedy will help unravel them. Not only that, I have seen that children needing this remedy frequently have a blanket, which they are very attached to; they suck on this blanket and carry it everywhere.

The main symptoms of the *Coccus cacti* whooping cough, as I have seen it, are that the cough and the patient are worse at 11:30PM (23:30hrs). I have seen a startling exactness to this time aggravation. Alternatively, they can be worse on the half hour during the night. They can also have a 2PM aggravation.

Other modalities include: Better OPEN AIR, and cold air. Worse from a warm room. Coughing from the least exertion. Worse in the winter, and with catarrhal conditions typical of winter.

Like other remedies in the Pertussis miasm, the mucus is thick and viscid - "glairy"! The mucus can be vomited up after coughing.

Boerliche, in his *Materia Medica*, has a great description of the situation and specifically of the cough - all of which I have found very accurate, clinically: Constant hawking from enlarged uvula; coryza, with inflamed fauces; ACCUMULATION OF THICK VISCID MUCUS, which is expectorated with great difficulty. TICKLING IN LARYNX. Sensation of a crumb behind larynx, must swallow continually; brushing teeth causes cough. Fauces very sensitive. Suffocative cough; worse, first waking, with tough, white mucus, which strangles. Spasmodic morning cough. WHOOPING COUGH ATTACKS END WITH VOMITING OF THIS TOUGH MUCUS. Chronic bronchitis complicated with gravel; large quantities of albuminous, tenacious mucus, are expectorated. Walking against wind takes breath away.

Coccus cacti is an important remedy for whooping cough but I have also used it for acute coughs without the whoop present and especially in cases where the cough has been prolonged, lasting even months. It is also a remedy in bladder problems including severe pains on urination.

Pertussis Miasmatic Remedies

Some of the other remedies that I have seen more frequently useful in whooping cough are:

Antimonium tartaricum

Antimonium muriaticum

Bryonia alba

Carbons - *Carbo vegetabilis*, *Carbo animalis*, *Carbon dioxide* (recently proven),

Graphites

Castanea vesca

Chlorines

Corallium rubrum

Cuprums

Drosera

Indium metallicum

Kalis

Laurocerasus

Lobelia

Oxygenium, Ozone, oxygen salts, etc.

Sambucus niger

Sulphur

Thuja

Thymus

Veratrum

Viola odorata

... And many more. I always feel that any remedy, no matter how minor, when needed is simply needed.

Pertussinum Nosode

Homeopathic abbreviation

Pert. (Synthesis), *Per.* (Complete)

Synonyms

Coqueluchinum, *Coqueluchin* (remedy)

Bordet-Cengou bacillus (bacteria)

Keuchhusten (disease) [in German]

Description

Pertussinum is a nosode derived from the etiological agent of whooping cough that is an epidemic disease characterized by catarrh of the respiratory tract with periodic spasms of the larynx that end in a loud whoop. In the past, it was most likely made from the sputum of a person with whooping cough.

Acute pertussis, particularly in babies, can be a fatal disease. It is important that a patient or client having this condition is diagnosed and monitored by a licensed physician. Emergency 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

Bordetella pertussis (Bergey et al. 1923) Moreno-Lopez 1952

Bacterium tussis-convulsivae

Haemophilus pertussis

Commentary

Being with someone who has whooping cough can require patience and fortitude.

Pertussis, or whooping cough, is characterized by recurrent bouts of spasmodic coughing that continue until the breath is exhausted. Such bouts end in a noisy inspiratory stridor (the "whoop") caused by laryngeal spasm. Pertussis is also called the "100 day" cough. As many a practitioner or parent knows, it can be a very long and tedious haul.

Over the years of treating many cases of whooping cough, the nosode *Pertussinum*, also called *Coqueluchin*, has figured prominently in pro-

gressively shortening the time spent treating individuals with the condition. By using homeopathic remedies, especially *Pertussinum*, I have seen the one-hundred-day cough cut down to just a few days. In some of the acute cases, I have given other well-indicated remedies with only limited results and then turned to this one. Many of the old practitioners recommend this remedy in the later stage of the disease; I have used it in both the early and late stages with dramatic success.

I have also used *Pertussinum* in cases where there was a serious cough without the signature "whoop" at the end as well as in other chronic states. Understanding the use of *Pertussinum* in the acute condition can help in treating the chronic, miasmatic condition as well as in the treatment of para-pertussis. It is even a remedy you would consider in adults where well-selected remedies fail to act during a severe spasmodic cough, or in other ailments described below. In adults, you don't always see the "whoop" so strongly; instead, you see episodic or continuous, uncontrollable spasmodic coughing. The chest and larynx can seem as if in a spasm all the time. The voice is "squeaky" and this can eventually lead to a diagnosis of asthma. There is a glairy consistency to the mucus, with difficulty expectorating. All of the Burkholderiales have "glairy" discharges as a characteristic - that is, they have a slimy viscid consistency.

I have also prescribed *Pertussinum* in chronic situations without acute whooping cough. For example, when there is a history of whooping cough with deficient recovery. I have given it even where a history of acute pertussis is absent. The chronic state, in a very subtle way, echoes the acute whooping cough without the actual cough itself. One aspect of this chronic state is a tendency to sleepiness, or a besotted condition. As a result of the unrelenting cycle of spasmodic coughing and whooping, the patient with whooping cough can pass into a drowsy and weakened state leading to confusion or even to dementia. We see this state in other important remedies for whooping cough such as *Coccus cacti* and in the Antimoniums as well as the Ammoniums.

As mentioned, *Coccus cacti* is prepared from a cochineal insect which burrows into cacti. Its aggressive, parasitic nature is reflected in the remedy's homeopathic symptoms and dispositional state. These dispositional symptoms are very similar to the remedy *Pertussinum* making it an important remedy in the miasm. These dispositional symptoms are reflected in the time of year characteristic for, and in the developmental sequence typical of, whooping cough.

Fertile ground for the development of whooping cough exists when children are restricted to the home, or if a very set routine is dictated. This can especially be the case during, or just after, a long winter where the child develops a kind of "cabin fever." Because of the circumstances (and the nature of the parent), the parent eventually loses patience and imposes too many restrictions on the child. The child's enthusiasm and spirit are dampened by the restrictions imposed. The child eventually becomes "buggy" and resistant as a way of avoiding such direction from the parent. The child might say, "Mommy, I want to do this "Mommy, I want that..." "Mommy, Mommy, Mommy, I ..." in a repetitive fashion. (Those of you who have raised kids will know what I mean.) Alternatively, the child may become extremely clingy.

In due course, an annoying cough mirroring this mental state eventually breaks out with the signature "whoop." The physical manifestation, then, is a continuation of the "buggy," pre-dispositional state. In the classical texts, many of the authors describe the cough as "irritating" and, of course, this can be the experience both from the personal perspective of the individual experiencing the cough *and* for those interacting with that

person.

In Julian's *Materia Medica of Nosodes with Repertory*, he succinctly sets out a theme for this remedy: "Somnolence and state of confusion, muscular jerkings." In a sense, the two disparate parts of this statement together underlie the whole of the patient's disposition combining to create a contradictory duality. On the one hand, there is a sleepy and confused state while on the other there is a tendency for the body to express itself with a constant explosive cough, similar to a constant muscular jerk. The emotional and mental state *alone* reflects this same duality. In the chronic state [or picture], as in the acute, there is mental confusion and indifference alternating with a caring desire to do it right and help others - best described by the word "thoroughness." In the "thorough" stage, they have a feeling that they or others haven't "done it right." These states can alternate, but, may turn ultimately into a state of depletion and confusion.

The confusion is also about touch and about how things touch them. In the acute stage, this reflects the delusion that things cling to them (also witnessed in *Coccus cacti*) and, in the chronic stage, it reflects the feeling (with aversion) that people are clinging to them, or that they must cling to people. This delusion is of a like nature with the mucus. The expectoration we see in this remedy is, as I have said, glairy which is defined as "having a slimy, viscid consistency." This "glairy" quality can also be seen on a mental/emotional, or dispositional, level. They have a sticky and tedious quality and a desire to "slime" everything. What I mean is that they seem to slow things down around them and make easy tasks "sticky" and tedious. The homeopathic interview may even have this quality.

The patient's state in whooping cough has a strong impact on those around them. Others around them may feel the need to suspend their life, work and activities. As a practitioner, particularly during a whooping cough case, you can feel that the patient, as well as the whole family is clinging to you and wants you to stop what you are doing. You may get frequent phone calls and feel a pressure to interact with the family constantly. But, in this, they are not so much fearful as just matter-of-fact. The actual patient suffering from the whooping cough may not even want interaction, but it is as if everyone around them is impacted, in some strong way, by their state and by their constant cough.

It is interesting that in homeopathic *DPT*, the remedy made from the vaccine, there is a compelling need by the child to touch everything. Further, in some whooping cough remedies, like *Arnica Montana*, *Antimonium tartaricum* or *Antimonium crudum*, - there is an easily-shocked, confused state with *an aversion to (or aggravation from)* being touched.

The *Pertussinum* patient can have a fear that they will be interfered with - "touched" - and thus they retreat; while doing so, and in spite of this, they also send out a different message. In the beginning, they are sensitive to shocks whether emotional or physical. Initially, they feel quite delicate (internally) while seeming impervious (externally). Internally, they respond immediately - from even a small shock they can feel as if jolted, but this response is not fully expressed. An underlying resistance may also manifest as facetiousness, or jesting in face of the force; alternately, they can present with either anger, or with indifference and retreat. Yet the underlying state remains: they can be quite subtly demanding and have a sticky personality with a tedious quality and desire to do everything in a thorough and accurate fashion.

In the beginning chronic dispositional state, individuals needing *Pertussinum* can be quite ambitious and demand accuracy in all that they do. They are painstaking in the details of what they do and what others do. As a result, they may have a job that requires accuracy and thoroughness such as accounting or even computer work. It may also be an artist who is very particular and accomplished as a result of their *thorough* knowledge of their craft. They may suffer if they cannot assure the quality of what they do. Co-workers will find them a "stickler" for details and accuracy.

In the end stage of the chronic state, unrelated to the acute presentation of whooping cough, they appear emotionally unaffectionate and can have an almost sleepy, bewildered expression. Their speech can be mono-tonal but the consonants are over-emphasized so that some words sound as if they are being spat out. They can also mutter and you may find yourself, as I have, feeling exhausted and sleepy while speaking to, or interviewing, them. This effect that the chronic patient has on the practitioner is similar to the state of the parent who takes care of a child with acute whooping cough ending up exhausted and at their wits' end.

Particularly after an acute cough, they can suddenly go into an exhausted, stuporous, and bewildered state - so much so that they quit their job or work. They eventually retreat from the world appearing exhausted and simply unable to complete tasks. They want others to do it for them. Yet those around them will also feel stuck; although they can experience a great need to help the individual because the latter is so bewildered. (There is a similar quality found in the homeopathic remedies made from certain vaccines.) Household members around the *Pertussinum* individual will stop their lives as if they need to suffer alongside the patient.

In spite of their chronic state of exhaustion, the *Pertussinum* patient will be restless, showing bursts of activity that end nowhere. A household reflective of this state can feature many uncompleted tasks. Their excuse is that if they can't do it right then why bother finishing it. They start with a compulsive desire to do everything right. Or they may get stuck on one task by over-focusing.

The individual needing *Pertussinum* can become very reliant on others and even retire from their work, under perform in work, or go on chronic disability. The chronic *Pertussinum* patient is someone who collects old things and has many projects for repairing old things, but can never get down to it. Others around them seem to tolerate all sorts of collectables in the house and garage.

The individual needing *Pertussinum* can also have a proclivity for the secret drinking of alcohol, or for other addictions - including sexual addictions such as constantly viewing pornography. With the aid of alcohol, there can be explosive and short-lasting expressions of emotion followed by a stuporous state (as in *Morphinum*). Eventually the outbursts stop and the emotional expression instead becomes flat and tedious.

They can at times appear drunk or hung-over, even without having drunk alcohol - with an appearance similar to the *Crotalus horridus* patient. They have intense hangovers with sensitivity to wine (the sensitivity is to the *mold and/or sulphites* in the wine).

The *Pertussinum* patient can have difficulty sleeping in the first part of the night; they may stay up late and then fall into a deep, yet restless, sleep for the remainder of the night. They may think over what they did imperfectly during the day. They can also suffer from sleep apnoea and/or may moan during sleep. During the day, they can feel sleepy and may need to lie down and not be bothered, habitually taking long naps.

Both in the more acute phase and in the end stage of the chronic state, they are

indifferent to the world, in a kind of besotted condition, relying on others. We may see this *after* someone suffers from whooping cough; without the miracle of homeopathy, this indifference can continue long after the cough has cleared up. They may have difficulty concentrating, complain of sleepiness and of a need for sleep. In light of this, I have mistakenly given the *Pertussinum* patient homeopathic *Opium. Antimonium tartaricum* has a similar state and this nosode is a remedy that follows it.

In children, you think of this remedy if the child has difficulty absorbing material in school after having had the whooping cough where the family dynamic is comparable to that pictured above.

The physical level is very much intertwined with this mental state. As discussed under the theme of "somnia and jerking," contradictory forces are suppressed, ultimately creating profound tension in the body's musculoskeletal system. The resulting conflict of energy is expressed through the cough or, as we shall see, in the musculo-skeletal system. We can characterize the physical cycle as "imperfect expression followed by violent expression."

On the physical level, we find these themes expressed in chronic spasms and osteoarthritis. More significantly, I have seen this remedy related to the condition of ankylosing spondylitis, or Marie-Strumpell disease. Ankylosing spondylitis resembles rheumatoid arthritis and mainly affects the spine, ultimately in a hunched posture and resistant joints. There is both brittleness as well as bending (as in *Bambusa arundinacea* and *Klebsiella*, both also good remedies for ankylosing spondylitis). It is as if something has to give and it is the spine that does so.

The *Pertussinum* patient, whether or not they have ankylosing spondylitis, suffers physically when they over-exert themselves. They can also suffer from too much rest, particularly on the muscular or skeletal levels (as does *Phus toxicodendron*). This is a reflection of the emotional forces within- while remaining restless they eventually become cramped up. The pathology also comes out when they are under stress. It is a remedy to consider for an individual working in an extremely stressful or pressurized job demanding thoroughness with either recurring bouts of coughing (or other spasmodic respiratory problems), generalized cramping or joint problems.

From the preceding, we can see that this remedy may be helpful in another condition: Wegener's granulomatosis. You may also find *Pertussinum* helpful in cystic fibrosis (remembering the keynote, "glairy mucus"), but individuals with this disease will probably respond better to other Burkholderiales, potentized.

Many of the selections from classical texts describe the use of this nosode in the acute treatment of whooping cough. J.H. Clarke, in England, championed its use in the 19th century. This can be helpful and important considering the virulent nature, and the contemporary rise in the incidence, of *Pertussis bordetella*.

From my perspective, it is equally as important to see its use in the chronic cases, particularly in someone suffering with different symptoms, but with or without the history of a severe cough bordering on whooping cough, or a history of frank whooping cough. Pertussis (whooping cough) can affect very young babies and at that age it can be especially deadly also leading to problematic sequelae. Due caution and care with the use of homeopathic remedies, and medical attentiveness to the state of the baby or child, is warranted.

Names and Meanings

Pertussis - Latin, *tussis*, cough + *per*, through, beyond, thoroughly, or indicating

destruction.

Whooping cough - the characteristic cough, severe and hacking, is followed by a high-pitched intake of breath that sounds like "whoop" - compare Old French, *houper*, to shout.

Whoop-a long, noisy inspiration.

Bordetella - a genus named after Jules Bordet.

Coqueluchinum - French, *coqueluche* - whooping cough; figuratively, "idol, darling, sweetheart."

Family

B. pertussis is of the *Bordetella* genus, within the Alcaligenaceae family, of the Burkholderiales order.

Source Notes

The homeopathic remedy is made from human sputum, sterilized - in particular, the glairy and stringy mucus that contained the virus of whooping cough.

Adapted from Wikipedia and the Center for Disease Control website:

Pertussis was recognizably described as early as 1578 by Guillaume de Baillou (1538-1616), but earlier reports date back at least to the 12th century. *B. pertussis* was isolated in pure culture in 1906 by Jules Bordet and Octave Genou, who also developed the first serology and vaccine.

Bordetella pertussis is a Gram-negative coccobacillus. Transmission occurs through direct contact with discharges from respiratory mucous membranes of infected persons. A highly communicable, vaccine-preventable disease that lasts for many weeks and is typically manifested in children with paroxysmal spasms of severe coughing, whooping, and postussive vomiting. This disease results in high morbidity and mortality in many countries every year. In the United States, 5000-7000 cases are reported each year. Major complications are most common among infants and young children and include hypoxia, apnea, pneumonia, seizures, encephalopathy, and malnutrition. Young children can die from pertussis and 13 children died in the United States in 2003. Like measles, pertussis is highly contagious with up to 90% of susceptible household contacts developing clinical disease following exposure to an index case.

Symptoms include coughing fits which may be followed by vomiting due to the sheer violence of the fit. In severe cases, the vomiting induced by coughing fits can lead to malnutrition and dehydration. The fits that do occur on their own can also be triggered by yawning, stretching, laughing, or yelling.

The most serious side-effects of traditional "whole-cell" pertussis immunizations were neurological, and included seizures and hypotonic episodes.

Clinical Focus Guide for *Pertussinum Nosode*

Appearance of Patient

In the beginning, the patient can be quite lively and clingy towards the parent or partner, even in the interview. After days of coughing or after the acute disease, the patient then looks besotted and stupefied. They can be quite sleepy and droopy. They tend to be totally focused on their cough. In the chronic presentation, they can be quite organized but with a bewildered look.

Clingy, glairy. Mucus flies on coughing or sneezing - they may wipe or cough their

expectoration onto others.

Mind and Disposition Focus

Stupefaction and Confusion

Exhausted mentally

Easy intoxication

Desire to sleep or lie down

Difficulty in concentrating

Alternating states

Desire to help, caring alternating with obstructive behaviour

Ailments from frustrated idealism

Disappointment in changing others or organizations

Clingy or averse touch

Tedious, thick and clingy

Delusion, things cling to them

Thoroughness and "Sticky" Personality

Carefulness, thoroughness

Stickler for details

"Sticky" or "glairy" personality

Slowing others down by their carefulness (cf. Magneticums)

Accuracy and quality important

Somnolence, sleepy

Muttering

Sleepy, alternating with explosive expression of behavior or explosive cough

Sleeplessness in the early part of night

Easily dominated, fighting back with passive-aggressive behavior or with clinging

Buggy and clingy

Stuck

Bugging those who are suppressing them

Children of dictatorial, working parents

Child of dominant parent(s)

Slowing parents down, stopping them from working

Children who suffer from over-working parents

Touch

Desire to touch

Clinging

Aversion to touch

Arrested development

Sudden childishness

Retreat, retiring from work

Collectors

Avoiding connection

Suddenly unable to work

Collecting

Antiques

Alcoholism

Confusion worse alcohol

Sexual addictions

Pornography collections

Organizer

Speakers, directors, managers

Tics

Facial tics, clearing throat

Physical Focus

Cough and Whooping cough

Worse "laughing, nervous shock, emotion, effort, rest"

Worse eating, cold air

From taking cold

Sighing at end of cough

Vomiting on coughing

Epistaxis with cough

Convulsive, continuous cough

Paroxysmal

Whooping-type cough

Stinging pain in chest with cough

Strangling sensation on coughing

Glairy discharges

Slimy, viscid consistency

Spitting mucus

Expectoration that sticks to everything

Laryngeal spasm

Muscular jerking, Tourette's, sudden shouting

Jerking movement of the wrists

Myelitis

Polyneuritis

Pain, stiffness and numbness in body parts

Acute pain in metatarsal

Easy spraining of wrists

Carpal tunnel syndrome

Skin itchy

Worse in bed

Itching upper limbs

Itching palate on lying down at night

Muscle tension and joint stiffness

Ankylosing spondylitis

Tightness in sternum, on lying down

Tightness, cramp in calves, arms, legs, etc.

Wegener's disease

Hyperinsulimia

Type 2 diabetes, with onset after a long-term cough or whooping cough itself

Desires alcohol, Wine aggravates

Sensitive to mold

Itching under toe nails

Selections from traditional homeopathic sources

From T.J.M. Collet, *Isopathie* (cited by O. A. Julian):

In September 1879, when I was staying in Marolles-en-Hurepoix (Seine- et-Oise) there was an epidemic of whooping cough among the children of that country. The directress of the girls' school brought to me some of the children suffering from whooping cough. I took the secretions from the mouth of one of the girls and made from them the 6th dilution in alcohol. I advised to give 5 drops of this remedy in two tablespoonful of water to be given in the morning, two consecutive days every week for 4 to 5 weeks even when the children have no fits of cough, and this because of the tenacity of the disease and its easy relapse. The fits of cough diminished rapidly during the day although the fits were more frequent at night. But after eight days, in many of the children, there was great amelioration, although some of them had the cough from time to time. After 15 days all the children became almost normal. Nevertheless the use of the medicine was continued, 5 drops every week for two or three weeks more in order to be assured of the complete cure as the disease often reborns [sic] out of the ashes.

In January 1894, remembering the good effects of the medicine among the students of the school, I advised the same remedy to a mother who consulted me for her child attacked by the same disease which was then raging in the country she lived, in Creuzot, near Saint-Thibault (Cote d'Or). I advised her to apply the same remedy and even sent her in [sic] a packet of powder of the ground globules of the 6th dilution of whooping cough of Marolles. I advised her to dissolve this packet in two tablespoonful[s] of pure water and to give 10 drops of this solution in one half glass of the decoction of violet to be given in the morning before any food once a day, for one month or five weeks.

From the very first day of the application of the remedy, the mother wrote to me that the young child was coughing much less. It had only two fits at night. After eight days it had only occasional fits of cough, with less of [sic] suffocation and had a good general condition. After 15 days the mother considered her child as cured, but continued according to my advice the remedy, once every eight days, for still [sic] 2 to 3 weeks, in order to avoid late relapses.

From J. H. Clarke's *Whooping Cough Cured by Coqueluchin*:

Whooping-cough, as every one knows, is an infectious disease. It is characterized at the outset by catarrhal symptoms which cannot be distinguished from an ordinary cold in the head. The catarrh is soon followed by a cough, at first irritating, but rapidly becoming spasmodic. When the disease is fully developed the fits of coughing are attended with symptoms of suffocation, congested face, the fit terminating in the characteristic "whoop," which announces that the air has at last been admitted into the lungs. There is another feature of the cough which is no less characteristic - the expectoration of a clear, glairy, tenacious mucus. This mucus contains the virus of the infection, and it is from this that the *Coqueluchin* of homoeopathy is prepared.

It is not my purpose now to describe whooping-cough and its dangers and possible consequences, which are numerous; but merely to give an account of a powerful remedy which may be used to meet it. As my practice is a consulting and not a general one, I do not have many opportunities of treating cases of this disease, and my experience with the remedy is not very extensive. But it will be found to be sufficiently striking.

I may state here that I have used the remedy in one preparation only - the thirtieth centesimal potency.

CASE 11 Miss R, 20, an American, had been coughing for fourteen days, when I was sent for to see her at the Hyde Park Hotel on Oct. 3rd, 1905. The patient was a victim of infantile paralysis, and was very easily upset in her nerves. At the age of 10 she had a cough like this, which went on indefinitely; and since that time the family always got into a panic when a cough started with her, because it was apt to keep on for a very long time. On the present occasion the whole family were detained in London by it, as they dared not risk travelling, though they very much wished to continue their journey. Miss P. had been once successfully vaccinated, but the doctors tried to vaccinate her several times before they could get it to "take." She was subject to bad sick headaches, which she used to get at the monthly period. She was also subject to heavy colds in the head. Feet cold and dry. When she goes to bed, on first lying down she coughs, and when once she can get over this she sleeps well for a time. The cough is dry, and is brought on by motion.

I may say the family were allopaths for the most part, but they had heard of me from a nurse whom they met in Paris. Their one sheet anchor in these conditions was *Nepenthe*, given in one- or two-drop doses. This was the only thing that sufficed to keep the patient quiet till she could get sleep.

There was nothing very characteristic in this cough that I could then discover, and my first prescription was *Stannum* 3, gr. v., every two hours.

Oct. 4th. No change. *Nepenthe* had to be used.

Now I had to go more deeply into the case. One new symptom I elicited was "pricking in the roof of the mouth on lying down." I was told, when I first saw the patient, that she had "never had whooping cough." But when I came to cross-examine, I found that when she had the first attack of this cough, ten years before, the question of whether or not it was whooping-cough was canvassed, and all the pros and cons having been duly considered, it was decided in the negative. "She must have had whooping-cough many times, if it was," was the mother's remark. At any rate, I thought it was near enough to make a "like," as she had "strangling fits" with the cough, as if she would never get her breath. I prescribed *Coquel.* 30, gl. x.; aq. 3vi; 3 ii, every two hours.

October 5th. Cough better; not so constant; strangling fits in bed not so bad. Less pricking in roof of mouth. Very little expectoration, but much nasal discharge which is thick.

Repeat.

The patient was so much better that the parents thought they need not trouble me again.

On October 8th I received a polite note from Colonel P., the patient's father: "My daughter has improved so much since she has taken the second remedy that Mrs. P. has decided to leave on Tuesday."

I have no doubt whatever that this was a case of whooping-cough in the first instance, and that this delicate girl had never had the strength to get completely over it, and had never had the "simillimum" - i.e., the exact homoeopathic remedy - to help her until she got my *Coqueluchin*.

CASE III. Since the first edition of this work was printed I have had an opportunity of treating the father of this patient, and his case will form an appropriate pendant to her own, so I will give it here.

On May 25th, 1906, Colonel R sent for me on his own account. He was 65 years of age, and was a "martyr" to cardiac asthma, which came on eighteen months before,

after a treatment at Carlsbad. He had good general health, except that he was very gouty. His mother and a maternal uncle had both died of heart disease, and his father had died at 60 of paralysis. He had been twice badly wounded in the American War. He had suffered from a delicate throat since he was four years old. His throat, I found, was gouty-looking, and he was troubled with tickling in it, which caused the cough. The cough was in paroxysms. There was some wheezing in the chest, and bronchial rales at the bases of the lungs. The heart was enlarged. There was free nasal discharge. The tongue was fairly clean, appetite good for breakfast and lunch. The bowels were regular, but for twenty years he had been liable to suffer from chronic diarrhoea. He had been eight times vaccinated, the last being at the age of 40.

The cough and asthma were the trouble. In consequence of the asthma he has an exile from his native land - he positively could not exist in America. Whilst I was examining him it fortunately happened that a fit of coughing came on, and I was thus enabled to observe it. During the paroxysms the appearance of the patient was exactly like that of a person in a fit of whooping-cough, although there was no whoop. As *Coqueluchin* had done so exceedingly well for the daughter, and as the case of the father was so very much like hers, I thought I had very good ground for giving the same remedy. I therefore prescribed *Coquel.* 30 gl. vi. to aq. 3vi., a dessert spoonful every three hours. Three days later I called again on my patient, and a very grateful patient I found him. The cough was vastly better, and the cold had all gone from the nose. He had slept well on the night of the 25th. The last two nights had been disturbed by asthma. I now gave *Natrum sulph.* 30, every three hours in the same way. This cleared up the case. On May 31st there was no cough at all, except to clear any phlegm in the morning. The nights had been good. Whether or not there was an element of whooping-cough in Colonel P.'s case, as, in my opinion, there undoubtedly was in his daughter's, the similarity was close enough in any event and the curative action was as prompt as could be desired. ...

CASE VIII. Master R., aged 6, a very delicate, nervous boy, with a bad family history behind him, including lupus and cancer in his paternal grandparents, was under me for constitutional treatment, and was brought to me periodically when each prescribed course of treatment was finished. His mother brought him in the usual way on December 18, 1905. This time there was something new. He had what his mother described as a "fearful cough and cold" for a week. He had also had headache, and had vomited. There was much expectoration with the cough, and I found wheezing all over the boy's chest. He had a suffused and puffy look about the face.

I asked the mother if there had been any cases of whooping-cough in her neighborhood. She did not know of any; but she had her suspicions, and she had always had a dread of whooping-cough for her boy, as her husband's only brother had died of it. I told her I believed it was the beginning of whooping-cough, but I did not think she need be at all alarmed. I told her to keep the boy quiet. He was to have no fatiguing walks, but he might walk out in the forenoon when the weather was fine. Rx. *Coqueluchin* 30, gl. x.; aq. zviij; a dessert spoonful every four hours. December 29th. Eleven days later the boy was brought to me again. There was a great change in his condition, and this is what had happened. The characteristic "whoop" appeared after a few days, generally in the early morning. He retched twice in the street after he had the medicine two days, and he brought up a great quantity of glue-like expectoration. The attacks in the street were so characteristic that careful mothers of

families who happened to be in the street at the same time prudently passed by on the other side, to avoid carrying the infection to their own children.

The whooping only lasted a day or two; the sickness only occurred a few times. The expectoration had ceased three days before his second visit, and now he hardly coughed at all. I examined his chest, and found that the signs of catarrh had completely cleared up.

Repeat, night and morning only.

In this case the remedy had acted by developing at once the crisis of the disease, and then wiping it out. The patient was able to return to school when the holidays came to an end.

CASE IX. On February 20th, 1908, I was asked about a boy of 10 by some relatives of his who are patients of mine. The boy was and is exceedingly delicate. He lives in the country and is under the care of a local medical man who treats him in conjunction with a London specialist, who has diagnosed the child's condition as being catarrh of the duodenum. He has a large abdomen and is always constipated. For this he takes Cascara and malt, and he passes stringy mucus with the stools. His mother, who is herself delicate, having a spinal trouble, has always had a terror of whooping-cough for her boy, as she was convinced he would never survive it. And now the dreaded event has apparently arrived!

A week before he was noticed to cough for the first time. The next day the cough was quite troublesome, and the local doctor called it bronchitis or catarrh. It was impossible for the boy to be brought to me just then, and I was asked if I could do anything on the verbal information received. I said I had no doubt I could, and prescribed *Coquel.* 30, every two hours.

February 24th. Cough not quite so incessant, but the fits are longer when they come. No whoop. Sometimes there is expectoration but no sickness. Repeat.

February 29th. "Cough certainly lessened. Fits neither so long nor so frequent. The doctor says his chest is quite clear. The only development has been an in drawing of the breath between the fits of coughing, which gave the impression that a 'whoop' was coming." It was thus evident that the remedy had assumed complete control of the disease. The report continued: "The patient has a white tongue and has come out all over spots, apparently as a result of his chronic stomach weakness." Repeat.

March 3rd. Better. Coughs still less. He now developed one of his throat attacks, and *Belladonna* 30 was given as well as *Coquel.*

March 13th. The mother wrote to tell me her boy was almost well. "I have felt so grateful that the cough was cured without getting worse, as my boy is very delicate." If *Coqueluchin* had never done anything else besides piloting this delicate boy - *tuto cito et jucunde* - through what might otherwise have been a very critical illness, it would have established its claim to the gratitude of two persons at least - that of his mother and myself. I have never seen the boy; but he was under the supervision of his ordinary allopathic attendant, though he was taking my remedies.

CASE X. Miss X., 28, a rather delicate young lady who had been under my care for some time for indigestion and other troubles, complained on October 18th, 1907, of a cough which had come on after a sore throat. She had been very much disturbed by the cough, which started with a tickling in the hollow of the throat, which nearly choked her. There was expectoration in the morning. The cough was worse in the evening, worse by talking and by lying down. At times she has a fight to get her breath, and once

she did actually whoop. I ascertained that she had been in contact with children who had whooping-cough and had no difficulty in diagnosing the trouble - or the remedy.
Rx. *Coquel.* 30, discs, 1 every two hours.

October 28th, 1907. Cough very much better. None at all except in the morning, and then only very slightly choking.

Very soon after this the cough was completely cured. ...

CASE XIV. October 23rd, 1906. I was consulted about Master D., who had a severe cough, very loose, complaining of tickling and uncomfortable feeling in the throat after coughing.

Rx. *Corallium* 30, one dose every two hours.

October 29th. He was brought to see me. The cough wakes him early in the morning from four to seven AM. The cough is loose, hacking, and with the cough there is much cold in the head and sneezing.

Rx. *Antim. tart.* 30, thrice daily.

November 8th. Cough the same. Seems as if he had a heavy cold in the head all the time. Seems well in himself. I now began to suspect that there must be a specific cause at work, and found there had been cases of whooping-cough in the school he had been attending.

Rx. *Coquel.* 30, every four hours.

December 3rd. Coughs very little now. Is practically all right.

Selections from contemporary homeopathic sources

From O. A. Julian, *Materia Medica of Nosodes with Repertory*:

Generalities

Restlessness. Cries. Tears.

Anorexia. Asthenia. Predisposition to tuberculosis.

Jacquelin-Burnand Syndrome.

Neuro-psychic system

Convulsions. Hemorrhage from the meninges.

Paralysis. Neuro-motor deficit. Paresis.

Troubles of conscience.

Psycho-motor or sensorial troubles.

Somnolence and state of confusion, muscular jerkings (movements of the extension flexion [sic] of the wrists). Myelitis. Polyneuritis.

Digestive apparatus

Ulceration of the tongue.

Vomiting.

Cardio-hemo-vascular system

Cyanosis, sweats, weakness.

Tachycardia or tachy-arrhythmia.

Thermoregulations: Slight hyperthermia around 38° to 40° with convulsions.

Respiratory apparatus

Spasm of the glottis.

Dry cough, spasmodic - of different intensity, comes suddenly.

Increasing jerking cough with cyanosis, with a phase of apnea followed by the taking of respiration.

Repeated fits which end in the rejection of mucosities and vomiting.

Laryngospasms.

Tracheo-bronchial adenopathy.
Dilatations of bronchi.
Dense, thick, mucus expectoration.
Dragging bronchitis.
Tracheo-bronchiac adenopathy.

Sense organs

Nose: Epistaxis.
Eyes: Chemosis.
Ears: Oto-mastoiditis.

Modalities

Aggravation by laughing, nervous shock, emotion, effort, rest.
For whooping cough think of *Coccus cacti*, *Belladonna*, *Sulphur*, *Antim. tart.*, *Kali carb.*, *Kali bich.*, *Puls.*, etc.

Clinical diagnosis

Tuberculous state.
Syndrome of Jacquelin-Burnand (Atypical tuberculosis of sub-febrile form, general torpid toxemia, of slow evolution, broken-down condition).

Relationships

Mistaken for: *Opium*, *Manganum oxydatum*, *Morphinum*, Snakes especially *Crotalus horridus*, *Coccus cacti*.

Related: *Coccus cacti*, *Manganum*, *Rattus*, *Antimonium*, *Bambusa arundinacea*, *Rhus toxicodendron*.

Feline Bordetella - I had a female patient in her 40's who developed a chronic and constant cough after volunteering in a cat shelter. She had a love of cats. I prescribed homeopathic *Feline Bordetella* and it cleared her cough and also improved her general state. More in the second volume on animal nosodes and miasms. See also *Toxoplasmosis*.

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CLOSTRIDIALES

CLOSTRIDIALES

The **Clostridiales** are an order of bacteria within the Clostridia class of Firmicutes. This order includes *Clostridium* and other similar genera. They are distinguished from other Bacilli by lacking aerobic respiration.

The physical similarity between remedies in this section is evident in their effect on the nervous system, primarily causing either profound paralysis or profound contractive spasmodic conditions such as lockjaw. In other words, the symptom picture includes paralysis as well as spasm. As well, we see the pathology of gangrene.

On a dispositional level, these remedies can share either a state of paralysis or one of controlled excitability. In the latter, any loss of inhibition is quickly followed by reintroducing control; such control may even go so far as "clamping shut." There can be a dark quality present. All these remedies can share dark, gruesome dreams and may feel as if guilty of a crime or as if accused of a crime.

In this regard, we could say that a major theme for all the Clostridiales is encompassed by the word "mortification." Mortification can have various meanings, all relevant to the physical and dispositional state caused by bacteria associated with gangrene:

1. "A feeling of humiliation or shame, as through some injury to one's pride or self-respect." As applied to the physical pathological level, we also find "a cause or source of such humiliation or shame."
2. The practice of asceticism by penitential discipline to overcome desire for sin and to strengthen the will.
3. In pathology, the death of one part of the body while the rest is alive; gangrene; necrosis.

(Adapted from The Random House
Unabridged Dictionary 2006)

Botulinum Nosode

Homeopathic abbreviation

Botul.

Description

Botulism is a muscle-paralyzing disease caused by toxins produced by the bacterium *Clostridium botulinum*.

As described, botulism is a serious condition which can be 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. If this disease is notifiable in your area, the appropriate steps should be taken.

There are a number of homeopathic remedies suggested for acute botulism in the classic texts - such as Arsenicum album - while more modern texts also suggest Naja and even homeopathically-prepared Chlorpromazine. Information from homeopathic literature describing treatment of this condition should be read subject to this caution.

Scientific Names

Clostridium botulinum (van Ermengem, 1896) Bergey et al., 1923 *Bacillus botulinus*

Commentary

Who would ever have predicted that women and men would get together and have a party while a medical doctor injected them with an extract of botulism? Well, in North America, plastic surgery botox parties are all the rage and the idea, I gather, is to paralyze or create flaccidity so that the skin on the face is wrinkle-free. Botox is a manufactured drug made from a toxin produced by the bacterium *Clostridium botulinum*. More and more cases of systemic botulism have occurred as a result of the injection of Botox.

Allopathically, the drug (Botox) has been used not only for the treatment of facial wrinkles but also underarm sweating, cervical dystonia (a neurological disorder that causes severe neck and shoulder muscle contractions), blepharospasm (uncontrollable blinking), and strabismus. The effect is temporary - even when dealing with the smoothing of wrinkles, more Botox is needed to induce an equivalent effect the second time. The side effects, particularly whole body effects, can be quite severe and we are now seeing patients who have never been well since a Botox injection (or group of injections). Some of the less severe side effects recall the chronic and more paralytic symptoms of *Botulinum* in homeopathic remedy form, such as anxiety as if going to die, muffled hearing and speech, numbness, tremor, weakness and flu-like feelings.

The allopathic perspective is to intentionally induce paralysis by using *Clostridium botulinum* to "treat" the various problems that may be caused by over-contraction. Interestingly, in this same order of bacteria alongside *C. botulinum*, we find *Clostridium tetani* that causes spasms and over-contraction. The homeopathic perspective is to prescribe a substance in potentized form, using similar to cure similar - we feel that is a much better way to create a long-term solution or cure. Accordingly, the use of homeopathic *Botulinum* is more indicated in patients with a history of paralysis rather than of contraction; whereas Tetanus Nosode, on the other hand, acts curatively for spasms rather than paralysis.

Therefore, we see that the *homeopathic* indication for using the homeopathic remedy *Botulinum* has been, according to Boericke, "Mask-like expression of face, due to weakness of facial muscles." Of course, it is now difficult to tell whether this mask-like look is a natural occurrence or one brought about by injections of Botox. However, from the perspective of utilizing homeopathic *Botulinum Nosode* the cause is not so significant in that the mask-like look in itself is an indication for prescribing *Botulinum*.

On a mental and dispositional level we may also see a similar flaccidity along with a physical history of paralysis, particularly to the facial area. The patient may talk in a loquacious manner but in an almost droning, annoying, monotonous way which makes you, as the listener, feel paralyzed and uncomfortable. The patients themselves have a similar feeling and can even have fears regarding paralysis (with or without an actual history of paralysis). It is as if their mode of expression is paralyzed. The patient will also complain of severe lassitude; therefore, this is a remedy to consider in chronic fatigue syndrome: a paralyzing weakness that may be present without any other physical symptoms. The patient can feel as if they are carrying a heavy load and can barely move their body even to compensate.

Prior to this state and in the initial development of a miasmatically- induced pathology there can be a disposition which has, as its main feature, *controlled excitability*, similar to the *Tetanus* nosode and miasm. There can be flashes of excitement and expression but then a quick return to control. In the case of *Botulinum*, such control is achieved

para-lytically; in *Tetanus*, conversely, the control and the resultant end-stage involve contraction. *Botulinum* patients may even feel at times that they are "out of control" but from an objective perspective this is not the case: even in this aspect they present with a shade of flaccidity. Similar to *Carcinosin*, it is as if they have a governor on their emotions (and on any expression) such that it never gets too "out of control." In particular, the *Botulinum Nosode* patient does not seem to express emotions in any very strong way.

Accordingly, the type of work that this patient may seek is one which does not require too much physical expression. I find it is an important remedy for people that lean toward the intellectual side and whose expressions can then be magnified by the form of communication used - this can include those who are very much into computers. It can also be a remedy for someone whose mode of expression is paralyzed or even someone who is diagnosed as mentally-handicapped in various ways.

There is an inability to connect to their senses or even to reality and so there can even be a sense that they cannot taste well, or that they cannot experience reality very well. In a similar fashion, in a recent proving of this remedy, the participants felt as if their time sense was diminished:

"Time felt more normal, but cooking proved it is still slipping. I was watching the grill but left the sausages too long and burnt them." "Time just disappears."

"Talked for what seemed like 20 minutes, but when I looked at my watch it had been nearly 2 hours."

[*British School of Homeopathy Proving* (2004)]

I have seen this issue of time manifested especially in the dreams of *Botulinum* patients.

This lack of grip on reality, and in particular on the senses, is similar to *Helleborus niger* which is an important remedy in the Clostridiales miasm.

The patient can also have serious anxiety about "doing a good job," particularly in relationships and they can be very focused on parenting skills. This came out in the proving and, coincidentally, prior to seeing the proving I had a patient who was an expert on, and gave seminars regarding, parenting skills. You can see a great involvement in parental education.

The bacteria can cause severe food poisoning or *botulism*, especially from canned spinach and pork sausage. I have frequently observed that patients needing this remedy have a history of severe food poisoning. This is similar to another Clostridiales remedy, *Clostridium perfringens* (although *Clostridium perfringens* does not have such a strong paralytic aspect and has more chronic diarrhea, while *Botulinum* has more of a chronic constipation or "paralysis" of the rectum).

Asking about a previous episode of food poisoning is frequently a good way of confirming a Clostridiales nosode. In chronic cases where homeopathic *Botulinum* has been successful, you may see many symptoms reflective of acute botulism (as described in the Source Notes), but in a longer term and less acute or severe presentation. I have also successfully used this remedy where the patient has described a past acute situation which sounded like botulism although it had not been diagnosed as such, and which left them permanently disabled - particularly with chronic lassitude.

This paralytic weakness is an important part of the remedy, also reflected in the mental state. Inside they feel weak and indifferent - "as if the plug on my energy has been

pulled," as one patient put it. They may present in a rather formal way so as to mask this underlying weakness. They worry, thinking and thinking about situations, but are ineffective at taking action. Alternatively, they can be someone who actually does accomplish much, but you would not know it from their demeanor which is very deadpan. It is also for someone who is rather backward, even considered mentally handicapped (compare *Helodrilus*), homeopathically prepared earthworm. In the healthier patient, they will be the person who attempts to stop others from having fun and will darken the brightest of situations either with dark humor or through attempts at seriousness. In the more deeply ill patient, their presence alone evokes in others a paralytic effect; you as a practitioner will feel significantly drained after an interview with them and will also feel that the time with them has gone too slowly.

Names and Meanings

Botulus, - Latin, sausage.

Schweinebotulismustoxin - German, literally, "pork sausage poison."

Family

Of the Clostridiaceae family in the Clostridiales order.

Source Notes

Traditionally, for the starting material of the homeopathic remedy *Botulinum* contaminated pork is used.

Adapted from the Center for Disease Control website:

Botulism is a rare but serious muscle-paralyzing disease caused by a nerve toxin made by a bacterium called *Clostridium botulinum*.

Clostridium botulinum is the name of a species of bacteria commonly found in soil.

These rod-shaped organisms grow best in low oxygen conditions. The bacteria form spores, which allow them to survive in a dormant state until exposed to conditions that can support their growth. There are seven types of botulism toxin designated by the letters A through G; only types A, B, E and F cause illness in humans.

There are three main kinds of botulism, all of which can be fatal and are considered medical emergencies:

- Foodborne botulism occurs when a person ingests pre-formed toxin that leads to illness within a few hours to days. Symptoms begin within 6 hours to 2 weeks (most commonly between 12 and 36 hours) after eating food that contains the toxin. Foodborne botulism is a public health emergency because the contaminated food may still be available to other persons besides the patient.. This type of botulism can occur in all age groups.
- Infant botulism occurs in a small number of susceptible infants each year who harbor *C. botulinum* in their intestinal tract.
- Wound botulism occurs when wounds are infected with *C. botulinum* that secretes the toxin.

In the United States an average of 110 cases of botulism are reported each year. Of these, approximately 25% are foodborne, 72% are infant botulism, and the rest are wound botulism. The number of cases of foodborne and infant botulism has changed little in recent years, but wound botulism has increased because of the use of black-tar heroin, especially in California.

Outbreaks of foodborne botulism involving two or more persons occur most years and are usually caused by eating contaminated home-canned foods with low acid content,

such as asparagus, green beans, beets and corn. However, outbreaks of botulism have occurred from more unusual sources such as chopped garlic in oil, chili peppers, tomatoes, improperly- handled baked potatoes wrapped in aluminum foil, and home-canned or fermented fish. Persons who do home canning should follow strict hygienic procedures to reduce contamination of foods. Because honey can contain spores of *Clostridium botulinum* and this has been a source of infection for infants, children less than 12 months old should not be fed honey. Honey is safe for persons 1 year of age and older.

The classic symptoms of botulism include double vision, blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth, and muscle weakness that moves down the body, always affecting the shoulders first, then the upper arms, lower arms, thighs, calves, etc. Infants with botulism appear lethargic, feed poorly, are constipated, and have a weak cry and poor muscle tone. These are all symptoms of the muscle paralysis caused by the bacterial toxin.

If untreated, these symptoms may progress to cause paralysis of the arms, legs, trunk and respiratory muscles, resulting in death due to respiratory failure. However, in the past 50 years the proportion of patients with botulism who die has fallen from about 50% to 8%. A patient with severe botulism may require a breathing machine as well as intensive medical and nursing care for several months. Patients who survive an episode of botulism poisoning may have fatigue and shortness of breath for years and long-term therapy may be needed to aid recovery.

Adapted from Wikipedia:

Botulinum toxin blocks the release of acetylcholine from nerve endings thus arresting their function. The *C. botulinum* bacteria produce toxin in an anaerobic environment, and the toxin is unstable to heating, so poisoning generally occurs from the use of improperly bottled or canned foods: typical instances of botulism would be home-bottled preserves used in salads. An unusual example of botulism occurred in Britain in the exceptionally hot, dry summer of 1976, when river levels dropped so low in some areas that feeding swans accidentally ingested material from anaerobic layers in a river (normally out of their reach), and were struck by botulism symptoms.

Botulinum toxin is also used cosmetically, for example in reducing facial wrinkles or excessive transpiration, and is commercially known as Botox. Cases of inadvertent botulism have occurred due to overdose or accidental intravenous injection of Botox. One study showed that approximately 5 percent of children whose death was attributed to Sudden Infant Death Syndrome had actually died of botulism.

Clinical Focus Guide for *Botulinum* Nosode

Appearance of Patient

Falling eyelids

Mask-like expression

Expressionless

Formal

Frankensteinian look

Wrinkle-free

History of facial paralysis

Slow but loquacious, thick speech

Sluggish

Mind and Disposition Focus

Despair

Despair of recovery: from weakness
From inescapable situation

Dreams maggots

Gruesome dreams

Paralyzing effect on others

Slow speech or aggression causing others around them to be drained
Taking others' fun away - making others miserable
Nagging
"Dead pan" humor
"Poker face"
Mortifying (shaming) others
Paralyzing others with a philosophy of despair

Indifferent to suffering of others or over-concern about parenting

Outlandish clothing

Clothing that is too tight and revealing

Slow loquacity

Thick speech
Muddled speech

Sudden excitability and loss of inhibitions but then controlled

Mental retardation

Great ideas to accomplish with inability to act

Not accepting stardom

Alcoholism

Inability to manifest action effectively

Profusion of thoughts without effect
Anxiety about others paralyzing them

Focus on computers as the means of all expression

Time goes slowly around them

Loss of time sense

Desire for cosmetic surgery

Physical Focus

Paralysis

Bulbar

Paralysis of face with **Mask-like expression**

Rectal paralysis

Inveterate and severe constipation

Severe retention of urine and stool (sometimes following diarrhea)

Post-diphtheric paralysis

Falling of lids

Dry mouth

Sjogren's syndrome

Great thirst

Or too weak to drink

Slurred thick speech

Flat paralyzing voice

Lassitude

Paralytic weakness

As if carrying a heavy load

Awkwardness

Stumbling easily

Shuffling gait

Vision Difficulties

Diplopia

Dimness of vision, soft focus

3D effect in vision

Sensitivity to light

Wearing sunglasses all the time

Dizziness with staggering

Allergies

Sinus allergies

Asthma with diminished breathing

Environmental Allergies

Respiratory paralysis

Sudden breathing stoppage in infants

Sleep apnea

Pneumonia from respiratory paralysis (cf. *Laurocerasus*)

Difficulty breathing

Difficulty swallowing

Pain, right side of throat

Lump in throat

Trembling tongue

Prostate problems

Prostate cancer

Uremia

Ravenous hunger

Worse sweets

Legs cold

Worse cold

Numbness hands (fingers) and feet

Gulf War Syndrome

Effects of botox treatment

Effects of botulism poisoning

Selections from contemporary homeopathic sources

Adapted from: O.A. Julian, *Materia Medica of Nosodes with Repertory*:

Use of this medicine is based on the pathological symptoms collected from persons intoxicated.

1. Expressionless face, as if a "mask" after a paretic state.
2. Liquid secretions from the nose.
3. Great thirst, dysphagia.
4. Double vision (diplopia), ptosis.
5. Gastric pain; abdominal meteorism.
6. Retention of urine and stools.
7. Paresis of respiratory, speech and walking muscles.

Differential diagnosis

Benzinum nitricum: Diminution of blood coagulation. Asphyxia of extremities; eye troubles, mydriasis, nystagmus, rolling of eyeballs.

Celsemium: Paresis or spasmodic paralysis of the lower limbs. Mental and physical weakness with tremblings, paresis and paralysis. Absence of thirst. Urgent desire for stools.

Lathyrus: Paresis and spasmodic paralysis of the lower limbs.

Causticum: Chronic state with emaciation, paresis, and paralysis of the upper eyelids, of optic nerves, of vocal chords, of the bladder and intestines, of hands.

Clinical diagnosis

1. Heine-Medin disease.
2. Facial paralysis with ptosis "a frigor"
3. Diphtheric paralysis.
4. Chronic uremia.

From Varma and Vaid, *Encyclopedia of Homeopathic Pharmacopoeia*:

Botulinum (botulin)

Microbiological Name: *Clostridium botulinum* Van Ermengem 1896.

Eye symptoms, ptosis, double vision, blurred vision.

Difficulty in swallowing and breathing, choking sensation; weakness and uncertainty in walking, "blind staggers", dizziness, thickening of speech. Cramping pain in stomach.

Mask-like expression of face, due to weakness of facial muscles, severe constipation.

Biological distribution: soil, decayed vegetables.

Relationships

Loganaceae such as *Nux vomica*, *Gelsemium*, *Tubo-curarine* *Laurocerasus*

The *Naja* group

Modern remedies such as *Chlorpromazine*

Secale

Clostridium perfringens Nosode

Homeopathic abbreviation

Clost-p.

Synonyms

Clostridium welchii

Bacillus aerogenes capsulatus

Description

Clostridium perfringens is the cause of much food poisoning, and also of gas gangrene (myonecrosis or myonecrosis). In some animals it is also the cause of "overeating disease" or "pulpy kidney disease" (enterotoxemia).

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

Clostridium perfringens (Veillon & Zuber, 1898) Hauduroy et al., 1937 *Bacillus perfringens*

Bacterium welchii

Commentary

My first experience in prescribing the homeopathic nosode *Clostridium perfringens* illustrates very well my approach to pioneering the use of a virtually unknown remedy—particularly a nosode with hardly any clinical or proving information.

It was a case of a six year old girl who had severe Epidermolysis bullosa.

Epidermolysis bullosa (Weber-Cockayne syndrome) is a group of inherited disorders in which massive blistering of the skin develops in response to minor trauma. The mother was very protective of the child, and of her younger three year old sister, since both had suffered from this inherited disorder all of their young lives. Both children would get large blisters on their feet after walking a short distance, and also on their hands and waist from slight friction. The mother would curtail their activities and could be seen in my local community pushing them around in a carriage or cart.

My patient, the six year old, also presented in a peculiar way. She entered wearing a hooded jacket and kept it on for the whole duration of the interview, even though the temperature outside was mild and the room warm. She did not make any eye contact with me and for the most part played quietly by herself facing the wall, away from me. When she did turn to talk with the mother, I could see that she was very pale and had a rather strained and morbid expression on her face.

Prior to seeing me for this first consultation, she had had her case taken by a good homeopath who was a student of mine. I had consulted on her case at that time and suggested *Mancinella*, as the sap from this tree can cause severe blistering on the skin. The *Mancinella* helped significantly but only for a period of about six months and repetition failed to garner any further positive response.

She had suffered from diarrhea from a very young age. The mother said, "When she was a baby she would always have her knees up and diarrhea shooting out onto her legs." She was also getting continuous stomachaches and had been treated for "parasites" by a naturopath. As a baby she had an abdominal hernia surgically repaired.

The mother also said that she was very attached to her as well as to her sister. When I asked the child about this, she said, "I know why but I'm not going to tell you."

She was home-schooled. She was a very intense, moody child, who was "not very cheery," but could focus on one project for long periods. She could slip into states of helplessness where she then became whiny or argumentative, especially with her sister.

The mother said that the child "has a connection with people who are dying." She insisted on frequently visiting her dying grandmother at the hospital and was there when she died. The mother thought she supported her well during this and that the girl was OK afterwards. The grandmother's cancer was diagnosed during the pregnancy of this child. The mother had been in a state of "horror" when told that news.

I knew from my experience that the child was not going to fit into well-known homeopathic remedies or even into many of the groups of unusual remedies with which I was familiar. I also knew that homeopathy had as yet only an imperfect response to this disease and so I set out to understand some of the roots of this crippling hereditary condition. I studied this case - no, more accurately, I contemplated the whole child, as well as the nature of the disease, for a time. During this time I would see the mother either carrying the child or wheeling her around. My heart was continually moved, and yet I was having difficulty choosing a remedy for the child. I decided to give this even deeper contemplation and also to try and think in a more creative way. I wanted to find something in nature that could cause the problem and which would also encapsulate something of the child's general state. When I focus more on what underlies the case, I always keep in my mind's eye a picture of how the patient presented in the interview, thereby maintaining in a visceral way a real sense of the patient.

Since I had some response from a first remedy made from a plant, I was now also looking for an underlying causative or miasmatic agent and for a reflection of this chronic disease in an acute state. After considering them, I ruled out *modern* underlying causative agents such as radiations, toxic metals and other chemicals and looked in the direction of a nosode.

I wanted to find something that would cause, in an acute disease, a great blister-like swelling as well as diarrhea. I looked, searching through various options. What finally came to me was an anaerobic bacterium that in gas gangrene creates a huge blister and which can also cause a foodborne illness with severe diarrhea. I felt that if we could see how this same type of acute pathology was translated into a chronic condition then we would see its similarity to diseases where there is chronic blistering. Not only that, when I thought of the child covering herself, and her rather dark personality, these seemed to match what I would conceive of as the general mental and emotional state of a homeopathic remedy made from an anaerobe like *Clostridium perfringens*, (which was prepared but not homeopathically proven). Lastly, *Clostridium perfringens* is a food poisoning agent and therefore covered the "chronic diarrhea" aspect.

I am pleased to say that the child responded beautifully to just two doses of *Clostridium perfringens* 30c. She has been virtually blister-free, and hood-free, for over five years and her personality is now cheery and well-balanced.

There is a similarity between this remedy and known homeopathic remedies which have blistering as a key aspect - particularly remedies like *Mancinella* and *Cantharis*. I now know that *Clostridium perfringens* follows these two remedies. In the Mind section

of the Repertory, what dispositional symptoms do these better-known remedies share? The main symptom is "Mind, Delusions, possessed, he or she is" or "Mind, Delusions, devils, possessed of, is." In the *Clostridium perfringens* patient there is a feeling as if they are possessed by something dark. They appear "gothic" and horror-filled, similar to the chronic *Cantharis* patient who, I have found, likes to wear black clothing and is rather dark in their demeanor. In distinction, *Mancinella* still retains a degree of innocence to their being but they also have this same tendency to be attracted to black magic and dark forces. As I wrote in the first Focus Guide, my experience of *Mancinella* and of other Euphorbiaceae is that the mind is elastic and easily "blistered," thus reflecting what can happen on the physical level.

I have also found that the patient who needs *Clostridium perfringens* likes to wear a hat, a hood, or something else that covers the head. They can also wear dark clothing. They are reluctant to reveal anything of themselves and would rather remain enigmatic. They share their "gothic" personality type and attraction to horror and death with many of the homeopathic remedies made from fungi. In fact, all the Clostridiales are good miasmatic remedies related to, or following on from, homeopathic remedies prepared from fungi.

Clostridium perfringens has a dispositional state that we witness in a patient who follows an ascetic and penitential religious practice. In this, we see the underlying theme of "mortification" which is present in all the nosodes made from potentially gangrenous bacteria. As described in the introduction to the Clostridiales order, mortification has a number of primary meanings and I will now explain how these apply to this nosode. how each of these applies to this nosode.

One of the meanings of "mortification" that applies to the religious state just discussed is "the practice of asceticism by penitential discipline to overcome desire for sin and to strengthen the will." The patient can suffer from deep shame and sees the religious and penitential lifestyle or vocation as a way out of this shame. Of course we can also see the black religious garb itself as part of the "look" of this miasm.

This penitential aspect of the theme can manifest in differing degrees and situations. I had a male patient in his sixties who had done well from *Cadmium sulphuratum* for many years. In the initial visit, his chief complaints were allergies and depression. After a number of years of doing well, at a follow-up appointment, he suddenly showed up wearing a black cap (toque) pulled tightly over his head and other dark-colored warm clothing. He kept the clothing and cap on throughout the interview, even though the room was quite warm. At this appointment he was again moderately depressed but not as bad as the first appointment.

He described how he and his wife lived a frugal, vegan lifestyle - even though he craved meat and luxury to a certain extent. He and his wife were very critical of any divergence on such matters. In this case, the "mortification" (you could say) has to do with a lifestyle choice.

On top of this, his current depressive state had been triggered by being falsely accused of abusive behavior by a previous student. The alleged event had taken place over twenty years ago. Currently, he was having gruesome dreams of people being held hostage and being sliced up by the person holding them hostage. I asked him if he had had any episodes of food poisoning and he replied that he had indeed had a very serious episode when he was younger, and he described the episode as being very serious. With the characteristic dark clothing and cap, "mortification," false accusation,

dreams and a history of food poisoning, I prescribed *Clostridium perfringens* nosode. In the follow-up, his clothing had changed and he was cap-free. He presented with a dramatically sunnier and consistently happier mood which has continued in subsequent follow ups.

The meaning of the word "mortification" also extends to pathology and we see this in gangrenous states as described in the third definition: "the death of one part of the body while the rest is alive; gangrene; necrosis." And, of course, this may be an important remedy for the treatment of gangrenous states, although I have had no experience yet with this pathology using this particular nosode.

In addition to the case mentioned, I have had other successes treating individuals with Epidermolysis bullosa using homeopathically-prepared *Clostridium perfringens*. However, I do not have enough patient experience with this disease to say whether other types of Clostridiales nosode made into homeopathic remedies might achieve a similar result or whether other nosodes may be indicated. The challenge for homeopathy is also that many such patients will need a range of different first prescriptions *before* the *Clostridium perfringens* can work in such a wonderfully deep way.

Names and Meanings

Clostridium - from Creek, *kloster*, spindle.

"Food service germ" and "Cafeteria cramps" - Conditions are favourable for *C. perfringens* in food that has been prepared hours before it is to be served and then kept warm or at room temperature.

Tissue gas - the name given by mortuary workers to the action of *C. perfringens* on dead bodies.

Family

Of the Clostridiaceae family in the Clostridiales order.

Source Notes

Adapted from the US Food and Drug Administration website:

Clostridium perfringens is an anaerobic, Gram-positive spore-forming rod (anaerobic means "unable to grow in the presence of free oxygen"). It is widely distributed in the environment and frequently occurs in the intestines of humans and many domestic and feral animals. Spores of the organism persist in soil, sediments, and areas subject to human or animal fecal pollution.

Perfringens food poisoning is the term used to describe the common foodborne illness caused by *C. perfringens*. A more serious but rare illness is also caused by ingesting food contaminated with Type C strains. The latter illness is known as enteritis necroticans or pig-bel disease.

The common form of perfringens poisoning is characterized by intense abdominal cramps and diarrhea which begin 8-22 hours after consumption of foods containing large numbers of those *C. perfringens* bacteria capable of producing the food-poisoning toxin. The illness is usually over within 24 hours but less severe symptoms may persist in some individuals for 1 or 2 weeks. A few deaths have been reported as a result of dehydration and other complications.

Necrotic enteritis (pig-bel) caused by *C. perfringens* is often fatal. This disease also begins as a result of ingesting large numbers of the causative bacteria in contaminated foods. Deaths from necrotic enteritis (pig-bel syndrome) are caused by infection and necrosis of the intestines and from resulting septicemia. This disease is very rare in the

U.S.

In most instances, the actual cause of poisoning by *C. perfringens* is temperature abuse of prepared foods. Small numbers of the organisms are often present after cooking and multiply to food poisoning levels during cool down and storage of prepared foods. Meats, meat products, and gravy are the foods most frequently implicated. Institutional feeding (such as school cafeterias, hospitals, nursing homes, prisons, etc.) where large quantities of food are prepared several hours before serving is the most common circumstance in which perfringens poisoning occurs. The young and elderly are the most frequent victims of perfringens poisoning. Except in the case of pig-bel syndrome, complications are few in persons under 30 years of age. Elderly persons are more likely to experience prolonged or severe symptoms.

The bacterium can also cause tissue necrosis, bacteremia, emphysematous cholecystitis and clostridial myonecrosis (gas gangrene). The last named is a deadly form of gangrene; it progresses rapidly, expanding within internal tissues, leading to toxemia and shock.

Clinical Focus Guide for *Clostridium perfringens*

Nosode

Appearance of Patient

Gothic, dark quality (not always)

Wearing a head-covering

Mind and Disposition Focus

Gothic

Darkly shy

As if possessed

Possessing others

Devil and gothic ideation

Gruesome ideas and dreams

Moody and irritable

Deep and dark depressions

Chronic depression

Sensitive to criticism

Emotional contraction, does not want to share emotions

Gloomy

Desire to wear a hat or cover the head

(cf. *Psorinum*)

Dark clothing

Need to be taken care of

Manipulated - in a spider's web

Suffering of a spiritual teacher

Difficulty prioritizing

Difficulty accomplishing tasks

Mortification

Deep shame

Religious self-mortification

Death ideation

Ascetic life-style

Self denial
Anxiety at night

Guilty of a crime

Falsely accused
Or: criminal intent
Deep guilt and shame with no way out

Dreams gruesome

Dreams of sliced-up bodies
Dreams of rotting flesh

Waking at night with anxiety

Waking 3-4 am

Physical Focus

Chronic diarrhea

After food poisoning
Watery
Shoots out

Gangrene, Gangrenous states

Or history of gangrene
Following remedies for the treatment of gangrene
Mortification of the flesh

Blistering

Epidermolysis bullosa
Large blisters on the skin
Large swelling
Testicular swelling - hydrocele

Toxemia

Rapid septic state

Environmental Sensitivities

Sensation as if always cold

Chilly

Relationships

Follows: *Mancinella* (and other Euphorbiaceae), *Cantharis*, *Heroinum*, *Ailanthus*,
Ammoniums, *Calypte Ana*, *Cunpowder*, *Secale*, *China Sulph- uricum*, *Pyrogenium*
Fungi Remedies

Similar to: Yersinia Miasm and other gangrenous remedies

Compare:

Clostridium cadaveris Nosode
Clostridium difficile Nosode
Clostridium parapatrificum Nosode
Clostridium tertium Nosode
Clostridium mixture Nosode

The Tetanus Miasm

Description

Tetanus or "lockjaw" is a disease of the nervous system caused by the bacterium *Clostridium tetani*. It enters the body through a break in the skin. Often associated with rust, the *C. tetanus* endospore can thrive within the rough surface of a metal corroded by rust. Puncture wounds - for example, as caused by a nail (whether rusty or not) - are an ideal ground for any bacterium that thrives in a low-oxygen environment.

As described, tetanus is a serious condition which can be 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. 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.

Commentary

Reflecting on the chronic state of the Tetanus miasm, I became more aware of links existing between the underlying themes of some of the main homeopathic remedies in this miasm - *Helodrilus* (earthworm), *Hypericum perforatum*, *Angustura vera*, *Tellurium* and *Tetanus Nosode*. The main theme is the conflict, **stretching versus tension and spasm**. On the level of mind and disposition, this conflict can be represented, on the one hand, by stretching the intellect or consciousness and, on the other hand, by tensely rigidifying through dogma or shame. On a physical level, it can be understood as the conflicting term "spastic paresis," or by various states of spasm that are accompanied by paralytic weakness in individual muscles or muscle groups.

If we look at the main symptoms of acute tetanus, we can see how it renders itself into a chronic disease state. A common first sign of tetanus is muscular stiffness in the jaw (lockjaw), followed by stiffness of the neck, difficulty in swallowing, rigidity of abdominal muscles, spasms, sweating and fever. In our classical literature, there is much reference to the successful treatment of acute tetanus using homeopathic remedies. In the early 1900's James Tyler Kent in *Lectures on Homoeopathic Materia Medica*: That would needs *Hypericum*. It prevents tetanus. Every practitioner knows that lockjaw may develop after an injury to sentient nerves. The old school doctor is frightened by these shooting pains up the arms after an injury. A shoemaker may stick his awl into the end of his thumb or a carpenter may stick his finger with a brass tack and he does not think much of it, but the next night shooting pains extend up the arm with much violence. The allopathic physician looks upon that as a serious matter, for he sees lock-jaw or tetanus ahead. When these pains come on *Hypericum* will stop them, and from this stage to advanced states of tetanus with opisthotonos and lock jaw *Hypericum* is the remedy. It is full of just such symptoms as are found in tetanus and such symptoms as lead to tetanus and it is full of all the manifestations of an ascending neuritis.

In chronic conditions, the fever representing the acute infection is absent, but the rigidity of the muscles along with spasms may be present. More specifically, I have found this miasm associated with "lockjaw" and, in more chronic terms, indicated in the treatment of Temporo-mandibular joint (TMJ) syndrome.

We should, of course, see *Hypericum* as an important remedy for the treatment of acute tetanus, but we must also make sure to consider it in chronic conditions where

spasms are present and where a history of tetanus-like symptoms prevails, along with the traditional indications for *Hypericum* (injury to "sentient" nerves).

This is an important miasm to understand if we wish to treat neurological conditions, especially those resulting from injuries to the nervous system- even in the absence of any history of infection by tetanus. Although frequently overlooked, one of the most important remedies in this miasm and for temporo-mandibular joint problems is *Angustura vera*. I find it is the first remedy I consider for someone having problems opening their jaw, or experiencing severe pain in the jaw joint. You also see that patients who need these remedies may have large jaws or have a "horsey" look. I say this not to be humorous but because the idea or theme of "horse" is strongly prevalent in this miasm.

Characteristic of *Angustura vera* is emotional bitterness just as the crude substance, angustura bitters, is considered one of the bitterest of substances. We can say that this emotion is partly representative of the dispositional state of the miasm itself. Underlying this bitterness there is an emotional vulnerability. This vulnerability extends, also, to the physical level where the nerves themselves are vulnerable and easily compressed. Interestingly, I initiated and was the master prover of homeopathically-prepared Earthworm, *Helodrilus caliginosus*, which I now believe is primarily in the Tetanus miasm. It is a remedy for injuries to nerves, especially to the spinal cord with herniation of the discs. In discussing the homeopathic remedy *Helodrilus caliginosus*, I have differentiated it from *Hypericum* and *Tellurium*, but *Helodrilus* is also similar to *Angustura* since it has the symptom of "Mind, sadness, bitter." During the proving of *Helodrilus* one of the provers said, "I feel so bitter, sour, resentful of everything." When you have a very bitter substance in your mouth (try to imagine it now) you clamp your lips together and close your jaw tight. This creates a certain expression of bitterness on your face. This tension, expression and the associated feelings are very much part of this miasm. At the same time, and at the other pole, we find a feeling of flaccidity in the patient, a "giving up," as well as despair. Together, these themes or states make up the conflict that is central to the Tetanus miasm.

With this bitterness comes a sense of despair. They may feel as if repudiated by God, or as if they have committed a crime, (as in *Kali bromatum*, a strong remedy for tetanus as described by Hale and by other practitioners of the classical period). Or they may feel as if they are part of a fateful story over which they have little control, at the mercy of an outside, greater force, the fates or "karma." *Helodrilus* also has this feeling and in my experience, such patients are frequently accused of committing a crime. In both remedies, the associated feelings are mortification, guilt and despair. They can also feel that they have missed opportunities, or that they must work very hard and under pressure to create opportunities - whether business or personal.

Tetanus is a disease that is transmitted through injury and in particular through puncture of the skin. In the Tetanus miasm, the feeling is that their ego or consciousness has been punctured; associated with this we may see sensations of floating and disassociation. There is also a sensation of compression and pressure, both physically (TMJ problems, migraine headaches) and emotionally (great pressures to do with work), all of which we may compare to Stage 8 in the periodic table schema. As well, classically, many of the Cuprum remedies (Stage 11) have been found curative in the disease tetanus and can present with a constriction.

This miasm is associated with injury to the nerves. Indeed, this type of injury can even

be an etiology for epilepsy and behind much epilepsy we may find this miasm - compare "tetanic" spasms or "tetanic" convulsions. *Hypericum* and associated remedies in the miasm are also for traumatic injuries to the newborn, during birth - for example, shoulder dystocia. As well, we see elements of spasm present in asthma. I say all of this because when a well-selected remedy fails to act, or alternatively when a remedy has been acting and then you seem to "lose" the case from lack of an effective second prescription, such situations may require the *Tetanus Nosode* or a remedy from this miasm.

The other condition in this miasm that yields to homeopathic remedies in this miasm, is fibromyalgia, where there are both spasms and despair. In particular, as I will discuss below, conditions with spastic paresis or paralysis with spasm (even such as is evident in quadriplegia), are common to this miasm.

To explain further the real theme of this miasm we can look at the root or etymology of the word "tetanus" which comes from the Latin word (and ultimately from the Greek tetanos) meaning "muscular spasm," but more literally with the sense, "**a stretching, tension.**" This paradoxical "stretching yet tension." This paradoxical "stretching yet tension" more accurately sums up what I have seen clinically as a dispositional theme for remedies within this miasm.

It is why at the same time you can have so many serious spasms in the repertorial physical symptoms of *Hypericum* but also, even in the classical literature, the references to "stretching pains" as well as "Generalities, stretching ameliorates." With this type of pain and spasms you would expect to see very constricting mental symptoms in *Hypericum*, but instead we find rubrics that indicate **expansion** such as "Mind, Delusions, lifted up, he or she is" or "Mind Delusions, light, incorporeal, immaterial, he is."

The patient in this miasm, as much as they may have a rather bitter expression, will also appear stretched, or even flaccid and vulnerable at the same time. In *Helodrilus*, this may mimic the way an earthworm stretches and contracts. More significantly, in the homeopathic proving of earthworm, there were many contradictory symptoms; indeed, there were symptoms of stretching (dreams of stretching beyond mental, or even, sexual taboos) followed by an intense, contracting remorse and shame. I have previously described it in *Helodrilus* as a "conflict of morality versus desire." This reflects a common feeling for all remedies in this miasm: they need to stretch, they are even emotionally vulnerable but they also have a strong constricting mechanism in their consciousness. This is also representative of a general theme in the Clostridiales - mortification. The mortification or shame follows the stretching in the Tetanus miasm. So, the main underlying mind and disposition state is the conflict between stretching, on the one hand, and the tension of rigid rules, dogma, shame and remorse, (mortification) on the other. They have the sensation of rigid forces around them, yet are fundamentally curious individuals who want to "stretch." For example, I saw both *Angustura vera* and the *Tetanus Nosode* work for a patient who was an artist - she had a strong artistic temperament but was also involved in a rigid religion. As an artist, she wanted to stretch her art, her perspective, and even her consciousness, but the rigid religious forces around her prevented her from doing just that. She secretly felt that she must struggle and even try to overcome this rigidity but then became easily "locked" down by her own sense of guilt and mortification through the religious involvement. There are many other possible situations representing this conflict of "stretch versus

tension." It could present as a person with a spouse who is very rigid about rules; they follow these imposed rules, not keeping to the integrity of their inner expansive yearning or sense of purpose. The same conflict can also be encapsulated by someone who is scientifically curious and open yet feels bound by current "scientific" dogma - open science versus formal, closed science. They can also be shamed into being closed and rigid after presenting their new ideas. You can also say it is for a homeopath conflicted between limited, constricting claims and rigid representations such as "classical remedies only" versus the stretching evolutionary modern perspective in homeopathy. Another situation may have to do with sexual exploration constrained by rigid morality and shame.

On the more proactive side in this miasm, we may see someone who shames or mortifies others in an attempt to actively "cramp" the outcome and put tension into a situation.

If the stretching does not lead to a positive evolution for the person, then the end stage becomes one of "caricature" where there is a stretching or exaggeration solely of the peculiarities of the person. With their inner belief that they are "peculiar," they can be ganged up on (or they feel that others may gang up on them). They can also feel, somehow, that they are a criminal; indeed, others may actually accuse them of crimes they did not commit.

A patient in this miasm who is in the "Silver series" may feel that their artistic side is lost or incomplete as a result of this conflict. In the instance of *Tellurium*, they eventually become eccentric and rather cartoon-like without internal development and fulfillment. In some ways, "cartoonlike" encapsulates not only the resultant end-state of individuals needing *Tellurium* but also the appearance of other individuals in this miasm. I found cartoon images very prevalent in the dreams and ideation of the provers, and in patients needing *Helodrilus*, earthworm.

Physically this can be represented in the condition of "spastic paresis," although there are many other muscular and neurological conditions I also associate with this miasm, not the least of which is affections of the TMJ. Spastic paresis is one of the indications that O.A. Julian gives for *Tetanotoxinum*. In differing degrees we can also see this picture in someone who has had a life-changing spinal injury or with injuries of this nature. It is also similar to polio and to other neurological conditions including Multiple Sclerosis. Indeed, this miasm has many similarities with the Polio miasm. As Hering states for *Angustura*, "No confidence in use of voluntary muscles, could not finish what he attempted."

Horses and humans are the most susceptible to the microbe *Clostridium tetani* and the idea of "horse" is prominent in the Tetanus miasm. One other sign of tetanus is a stiff gait and rigidity of the extremities, which is called the "sawhorse" stance. In the homeopathic remedy *Lac equinum*, we have a form of this conflict that I've been discussing but there it has to do with ambition - the feeling is of being very ambitious and competitive but at the same time having to constrain that ambition, like a high-strung racehorse at the starting gate. What is interesting about the prevalence of tetanus in horses is that both *Hypericum* and *Helodrilus caliginosus* have dreams of horses. In fact, the provers of *Helodrilus* experienced *many* dreams of horses.

Names and Meanings

Tetanus - Latin, from the Greek *tētanos*, muscular spasm or convulsive tension, originally from the Greek *teinein*, to stretch.

Family

Of the Clostridiaceae family in the Clostridiales order.

Source Notes

Adapted from the Center for Disease Control website and Wikipedia:

Tetanus (lockjaw) is a serious disease that causes painful tightening of the muscles, usually all over the body. It can lead to "locking" of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in about 1 in 10 cases.

Tetanus is a global health problem since *C. tetani* spores are ubiquitous. The disease occurs almost exclusively in persons who are unvaccinated or inadequately immunized. Tetanus occurs worldwide but is more common in hot, damp climates with soil rich in organic matter. This is particularly true with manure-treated soils: the spores are widely distributed in the intestines and feces of many non-human animals such as horses, sheep, cattle, dogs, cats, rats, guinea pigs, and chickens. In agricultural areas, a significant number of human adults may harbor the organism. The spores can also be found on skin surfaces and in contaminated heroin.

Early symptoms: lockjaw; stiffness in the neck and abdomen; difficulty swallowing.

Later symptoms: severe muscle spasms, generalized tonic seizure-like activity; severe autonomic nervous system disorders.

Relationships

Some of the main remedies:

Tetanus Nosode, (Tetanotoxinum, etc)

Hypericum perforatum and all of the Theales

Angustura vera

Helodrilus (in Klein *Clinical Focus Guide*, Volume 1)

Tellurium

Lac equinum

Kali bromatum

Drosera

LSD (especially, but also other mind-expanding drugs made into homeopathic remedies)

Atrax robusta

Lachesis

Bitis ariensis

Natrum muriaticum

Secale and other Ascomycetes

Stage 8 and also stages 11 and 16

Other remedies in the Tetanus miasm:

Adamas

Cuprums

Ericaceae

Physostigma

Rhus toxicodendron

Spider venoms, especially the Araneas

Thalliums

Tuberculinum Marmorek

Zincum muriaticum

Remedies in this Miasm

Search in ReferenceWorks:

Tetanus (219): abel., acet-ac., aeon., aconin., aesc., aeth., agar., agar-ph., all-c., alum., alum-met., alum-p., am-acet., am-c., am-caust., ambr., aml-n., amyg-am., anac., anan., ang., ant-t., anti-tetox., aran-ix., arg., arg-n., am., ars., art-v., asaf., atro., bac., bell., benz-n., bism., blatta, both-l., bruc., brucin., bry., bufo, buth-aust., cadm-s., calc., calc-f., calc-sil., calen., camph., cann-i., cann-s., canth., carb-ac., carbn., carbn-h., carbn-s., cast., caust., cham., chin., chin-s., chinin., chlf., chlol., chlor., chlorpr., **Cic.**, cic-m., cimid., cina, cocc., coff., coffin., colch., coloc., con., conin., cori-m., cortico., crot-c., crot-h., cupr., cupr-acet., cupr-f., cupr-m., cupr-p., cur., dig., dpt, dros., dttab., dulc., echi., fic-i., galv., gels., glon., glyc-g., graph., grat., guare., hell., helo., hep., hippoz., hydr., **Hydr-ac.**, hydroc-ac., hydrog., hyos., **HYPER.**, ictod., ign., iod-ac., ip., jab., jasm., jatr., juni-v., kali-br., kali-c., kali-cy., kali-n., kreos., lac-h., lach., lat-h., lat-k., lat-m., laur., led., linu-u., lob., lyc., lyss., mag., mag-c., mag-p., meny., mere., mill., morph., mosch., mur-ac., naja, nat-m., nat-s., nicot., nux-m., **NUX-V.**, oena., ol-an., ol-j., olhd., op., ox-ac., oxal., **Passi.**, per., petr., phos., **Phys.**, phyt., pic-ac., pico., pise., plat., plb., psil-s., psor., puls., pyrog., rhod., rhus-t., salam-l., sang., sant., scorp., scut., sec., seneg., sep., sil., sium, sol-c., sol-n., solin., stann., staph., staphycoc., stram., stroph., **Stry.**, stry-p., sul-ac., sul-h., sulph., sus, tab., tanac-p., ter., tetox., teucr., thebin., ther., thiop., thuj., thyr., upa., valer., verat., verat-v., verin., vesp., vib-p., vip-a., vise., vitis, zinc., zinc-m.

Tetanus Nosode

Homeopathic abbreviation

Tetox.

Synonyms

Tetanotoxinum, Tetanus toxin

Differentiation

The main tetanus-derived remedy described in the homeopathic literature is made from the tetanus toxin produced by tetanus bacteria. Homeopathic remedies have also been made from the tetanus bacteria themselves (*the Tetanus Nosode*), antitoxins (produced by the immune system in response to tetanus infection or immunisation) and tetanus toxoids (anatoxins) which are attenuated bacterial strains (including equine types) used in vaccines. A range of vaccines including tetanus are available, including DPT (now usually known as DTP).

Description

Clostridium tetani is an anaerobic bacteria whose spores are found in soil, street dust, and animal (or even human) feces. Tetanus spores germinate in the body, producing a highly poisonous neurotoxin in the blood, spreading to the nervous system.

As mentioned in the description of the miasm, tetanus or "lockjaw" is a disease of the nervous system caused by the bacterium *Clostridium tetani*. It enters the body through a break in the skin. Often associated with rust, the *C. tetani* endospore can thrive within the rough surface of a metal corroded by rust. Puncture wounds - for example, as caused by a nail (whether rusty or not) - are an ideal ground for any bacterium that thrives in a low-oxygen environment.

See the safety warning in the section on the Tetanus Miasm for cautions in terms of treatment of tetanus disease itself.

Scientific Names

Clostridium tetani (Flugge, 1886) Bergey et al., 1923

Bacillus tetani

Commentary

Many of the important fundamental themes for this nosode are covered in the Tetanus Miasm chapter. I have used this nosode for a range of indications - after receiving the vaccine, but also following a remedy that is in the Tetanus miasm, where the symptomatology is still very "tetanus-1 like." The symptoms will include something to do with the muscles cramping or "locking up," particularly in TMJ problems or in similar nerve and muscular problems.

I have even seen *Tetanus Nosode* improve *lifelong* tendencies to contraction that were accompanied by an emotional state of severe bitterness.

As I mentioned in the description of the Tetanus miasm, we can understand the themes better by looking at the root or etymology of the word "tetanus," a Latin word from the Greek tetanos defined as "muscular spasm" but more literally signifying "**a stretching, tension.**" This paradoxical stretching yet tension is present in the nosode. We can see a person who feels entrapped in old dogmas and at the same time is attempting to move into new ideas.

Individuals who need the nosode can cramp others' styles or prevent others from truly

evolving spiritually in their work or in their personal life. At the same time, they may preach the idea of moving on, or be at the forefront of some movement that entails many new ideas and "out of the box" thinking but, in reality, be preventing others from evolving or developing those same new ideas or from enjoying the freedom promised by the new ideas.

Their way of restricting others' freedom is by shaming or mortifying the other person into contracted behavior. The individual can even have a "Grim Reaper" attitude (or invoke "the wrath of God") and when someone is having fun or a good time, can ruin it by suggesting that something terrible or negative will happen as a result (compare cholera miasm and nosode). The patient who needs the Tetanus nosode may feel this internally and either subtly or overtly exhibits this.

I prescribe *Tetanotoxinum* as opposed to *Tetanus Nosode* where there is more of a toxic general state that can be exhibited by severe bloating of the abdomen, where every morsel of food seems to increase the uncomfortable feeling in the abdomen, preventing eating (or being aggravated on eating). With this, there can come stiffness in the extremities and even convulsions. The patient will say they feel "toxic."

This nosode is also a remedy to be considered for allergic reactions with tension, hives and anaphylaxis - where other remedies fail to hold or where you see elements or a history of the dispositional theme present.

Names and Meanings

Tetanus - Latin, from the Greek *tētanos*, muscular spasm or convulsive tension, originally from the Greek *teinein*, to stretch.

Wundstarrkrampftoxin - German, literally, "wound-stiff-cramp toxin."

Family

Of the Clostridiaceae family in the Clostridiales order.

Source Notes

Historically, this remedy has been made from the "toxin" of the results of tetanus.

An endospore is a non-metabolising survival structure that begins to metabolise and cause infection once in an adequate environment. Because *Clostridium tetani* is an anaerobic bacterium, it (and its endospores) will thrive in environments that lack oxygen.

Tetanus is an acute, often-fatal disease of the nervous system that is caused by the nerve toxins of the bacterium called *Clostridium tetani*. This bacterium is found throughout the world as a normal element in the soil and in animal and human intestines.

Contaminated wounds are the sites where tetanus bacteria multiply. Deep wounds or those with devitalized (dead) tissue are particularly prone to tetanus infection.

Puncture wounds such as those caused by nails, splinters, or insect bites are favorite locations of entry for the bacteria. The bacteria can also be introduced through burns, any break in the skin, and drug injection-sites. Tetanus can also be a hazard to both the mother and newborn child (by means of the uterus after delivery and through the umbilical cord stump).

The potent toxin which is produced when the tetanus bacteria multiply is the cause of the harm in this disease.

From Ulrich Welte MD, Kandern, Germany:

"Supple muscle tonicity is a result of the balance in a feedback system between

peripheral impulses going from the muscles to the spine (these are the afferent nerve currents), and the central nervous impulses going from the spine to the muscles (these are the efferent impulses). In tetanus, this balance between spinal cord and muscles gets out of tune. The complex interaction of inhibition and excitation is disturbed, and tetanospasmin plays a crucial role in this. This toxin is produced by *Clostridium tetani* spores and binds specifically to neuronal cells. It blocks the release of neurotransmitters, thereby blocking the spinal inhibitory pathways and motor neurons. This blockage of inhibitory impulses leads to the typical clinical manifestations of tetanus. General muscle rigidity arises from uninhibited afferent stimuli entering the central nervous system from the periphery. The excess of peripheral impulses floods the central nervous system, and the balance between tension and relaxation gets lost. Reflexes are magnified, and the result is severe spasm of striated muscles. This can go as far as causing fractures and tendon ruptures. The typical lockjaw is the most common manifestation, but also smooth muscles are involved. Autonomic dysfunction is seen as increased basal sympathetic activity and episodes of sympathetic overactivity."

Clinical Focus Guide of the *Tetanus Nosode*

Mind and Disposition Focus

Preventing others from stretching their consciousness

Conflict between stretching consciousness and tension of rigid rules Preaching freedom but preventing others from attaining it Or: a history of being so prevented.

New, "on-the-edge-of-change" group member

Mortifying or shaming others

Self-Mortification as an example to others

Over-concern with the fate of others

Constricting the fate of others

Having a partner who is dying of a disease

Despair

Of health

Invoking the Vengeance of God

As if had committed crime after stretching ideas and consciousness Accusing others

Involved in fundamentalist religion

Ruining fun

Love of, or affinity for, horses

Dreams of horses, images of horses

Old emotions that are dormant but suddenly appear

Old bitterness

Excitability alternating with control

Memory poor

Flashes of clarity alternating with obtunded state

Physical Focus

Symptoms disappear but then are suddenly triggered

Spasms and contraction

Stretching ameliorates

Spastic paresis

Lockjaw - residual

Cataracts

Anaphylaxis

(O.A. Julian states that *Tetanotoxinum* is the main remedy for anaphylaxis)

Chemical allergies

Swelling

Fibromyalgia

Asthma

Important remedy for treatment of horses

Selections from traditional homeopathic sources

None.

Selections from contemporary homeopathic sources

A proving of *Tetanus Toxin* by P. N. Pai in Bombay was published in 1967 in the British Homoeopathic Journal and also in the same year in the Journal of the American Institute of Homeopathy.

From O. A. Julian, *Materia Medica of Nosodes with Repertory*:

History: Introduced and used by Cahis of Barcelona towards 1930.

Stock: Dilution of tetanic toxin. This product is not commercialised and cannot be prescribed in France.

Pathogenesis: No experiment was done.

Clinical diagnosis

Inveterate bronchial affections.

Trismus.

Tetanus.

Parathyroidian syndromes.

The clinical indications are: anaphylactic conditions, especially after the injection of serum (Stock from horse), all the spastic conditions, the muscular cramps, tetanus, dysfunction of the parathyroid gland, perturbation of calcic metabolism. Indications may equally be found in arthroses, neuralgias, spastic paresis and eventually in multiple sclerosis and in Parkinson's disease.

From Synthesis Repertory Version 9.0:

Tetanotoxinum

Abdomen

ABDOMEN - DISTENSION

ABDOMEN - PAIN

ABDOMEN - PAIN - cramping

ABDOMEN - PAIN - lying - agg.

ABDOMEN - PAIN - lying - agg. - cramping

ABDOMEN - PAIN - pressure - agg.

ABDOMEN - PAIN - pressure - agg. - cramping

Back

BACK - PAIN

BACK - PAIN - intermittent

BACK - PAIN - extending to - Hip

BACK - PAIN - extending to - Lower limbs

BACK - STIFFNESS

BACK - STIFFNESS - Cervical region

Bladder

BLADDER - URINATION - dysuria

Chest

CHEST - PAIN

CHEST - PAIN - evening

CHEST - PAIN - burning

CHEST - PALPITATION of heart

Dreams

DREAMS - RIVER

DREAMS - WATER

Ear

EAR - DRYNESS

EAR - NOISES in - humming

Extremities

EXTREMITIES - ERUPTIONS - Feet - Back of feet - vesicles

EXTREMITIES - ITCHING - Knees

EXTREMITIES - NUMBNESS - Feet

EXTREMITIES - NUMBNESS - Hands

EXTREMITIES - PAIN - Lower limbs

EXTREMITIES - PAIN - Upper limbs

EXTREMITIES - PERSPIRATION - Foot - Sole

EXTREMITIES - PERSPIRATION - Lower limbs - evening

EXTREMITIES - STIFFNESS - Lower limbs

EXTREMITIES - STIFFNESS - Upper limbs

Eye

EYE - PAIN

EYE - PAIN - burning

EYE - PAIN - Eyeballs

EYE - PAIN - Supraorbital

EYE - PAIN - Supraorbital - neuralgic

Female genitalia/sex

FEMALE GENITALIA/SEX - MENSES - late, too

FEMALE GENITALIA/SEX - MENSES - painful

Fever

FEVER - EVENING

FEVER - NIGHT

Generals

GENERALS - CONVULSIONS - tetanic rigidity - traumatic

GENERALS - FOOD and DRINKS - sweets - desire

GENERALS - MULTIPLE SCLEROSIS

GENERALS - PAIN - Muscles

GENERALS - PAIN - Muscles - cramping

GENERALS - SHOCK; anaphylactic

GENERALS - TETANUS - prophylaxis

Head

HEAD - EMPTY, hollow sensation

HEAD - NUMBNESS; sensation of

HEAD - PAIN - morning - 7 h - 22 h; until

HEAD - PAIN - evening - 19 h - 19-22 h

HEAD - PAIN - Forehead

HEAD - PAIN - Forehead - evening

Male genitalia/sex

MALE GENITALIA/SEX - ERECTIONS - violent - evening - 19-22 h

Mind

MIND - ANOREXIA NERVOSA

MIND - DULLNESS

MIND - INACTIVITY

MIND - MEMORY - weakness of memory

Mouth

MOUTH - BLEEDING - Gums

MOUTH - MEMBRANE - Tongue - thick

MOUTH - TASTE-sour

Rectum

RECTUM - CONSTIPATION

RECTUM - CONSTIPATION - mild

RECTUM - URGING - frequent

Respiration

RESPIRATION - IMPEDED, obstructed

Skin

SKIN - ERUPTIONS - urticaria

SKIN - ERUPTIONS - vesicular

Sleep

SLEEP - DISTURBED

SLEEP - SLEEPINESS - daytime

SLEEP - SLEEPLESSNESS - night - midnight - after - 3 h

Stomach

STOMACH - APPETITE - increased

Throat

THROAT - DRYNESS

Urine

URINE-COLOR-yellow.

Relationships**Compare:**

From Synthesis:

tetan. *Tetanus Nosode*

tetan-vc. *Tetanus Vaccine*

diph-pert-t. *Diphtheria, pertussis & tetanus*

diph-t-tpt. *Diphtheria, tetanus, typhoid & paratyphoid (DT-TAB vaccine)*

diph-te-pol-

vc. *Diphtheria, tetanus & polio vaccine*

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ACTINOMYCETALES

ACTINOMYCETALES

The **Actinomycetales** are an order of proteobacteria. They include several important pathogenic bacteria, including a range of species from the large genera *Corynebacterium* and *Mycobacterium*.

Because of the scope and importance of these species, there are separate sections devoted to:

Corynebacterium

This includes *C. diphtheriae* potentized as *Diphtherinum*, the diphtheria nosode and introduces *C. acnes*, now known as *Propionibacterium acnes*.

Mycobacterium

This includes the *Mycobacterium* species linked to the miasms & remedies of tuberculosis and leprosy and introduces the nosode *Johneinum* (Johne's Disease, linked to *Mycobacterium paratuberculosis*).

ACTINOMYCETALES:

CORYNEBACTERIUM

ACTINOMYCETALES:

Corynebacterium

Corynebacterium is a genus of Gram-positive, facultatively anaerobic, non-motile, non-sporulated, rod-shaped actinobacteria. Most do not cause disease, but are part of normal human skin flora.

Some nondiphtheria species of *Corynebacterium* produce disease in specific animal species, and some of these are also human pathogens. Some species attack healthy hosts, and others attack immunosuppressed hosts. Some of their effects include granulomatous lymphadenitis, pneumonitis, pharyngitis, skin infections, and endocarditis. Endocarditis caused by *Corynebacterium* spp. is particularly seen in patients with indwelling intravascular devices.

Now, infection by diphtheroids tends to occur in elderly, neutropenic, or immunocompromised patients and those who have indwelling prosthetic devices such as heart valves, neurologic shunts, or catheters.

[Adapted from Wikipedia]

Commentary on the Group

In the *Corynebacterium* group of bacteria we have the homeopathically prepared nosodal remedy *Diphtherinum* and the newer remedy *Propioni-bacterium acnes Nosode*. They both have elements of the major "themes" in this group of bacteria, which is "false coverings" and attachment to ancient familial roots. From a physical perspective, in diphtheria we have the pseudomembrane on the tonsils, pharynx, and/or nose and in *Propi-onibacterium acnes* we have acne, inflammations and eruptions covering the skin.

On a dispositional level, we see that the patients in this group of bacteria are very dependent on the approval of others, particularly those close to them. This approval is related to their appearance. They easily become enmeshed with those they want approval from and they lack self-confidence and self-esteem. This approval also concerns what they say- they felt their speech must be both careful yet humorous. This enmeshment is one underlying reason why they eventually have an exterior that doesn't necessarily coincide with their interior. They even become disingenuous at their work or in their art. They can make superficial attempts to gain approval through exaggeration and boasting or doing heroic deeds. They create a pseudo-personality, like the pseudomembrane. It can also be that they are overly concerned about their appearance and that their self-esteem is dependent on how others perceive them. We see this in the remedies of Stage 6 as well as of Stage 12, but also in *Lycopodium* and *Kali bichromium* which are listed as strong remedies for diphtheria.

They work very hard at their "presentation" - and this has to do not solely with their appearance but with the whole of the individual. As a result, you don't always see who they really are and can have trouble pinpointing an actual disposition for them.

Accordingly, these cases can be hard to prescribe for because there are no keynotes to base the prescription on.

As this pseudo-self takes over, eventually there is an attempt to hide or to distance

from the real self and thereafter the presentation can be of an extremely shy individual who, under certain circumstances, appears very extroverted. There can be a fear of accessing the unconscious and, as a result, you can see chronic sleep problems. Another presentation is of someone who appears very conservative but only so as to hide an underbelly of anarchistic and revolutionary thinking. You could look at this from a different perspective and say that they may be someone who is having a great deal of difficulty in finding their "authentic" self, even with much therapy or spiritual searching. They may feel that this authentic self has been covered over by their own superficiality or by the need to seek approval.

This idea of "failed rebellion" is also a theme within cancer and I see this group of bacteria (along with others) as underlying some cancers. Diphtheria is frequently referred to as "malignant," in a fashion similar to how we refer to cancer, although in diphtheria the reference is to how intense and how fast the acute pathology manifests. For example, Lippe in describing *Diphtherinum* states: "The attack from the onset tends to malignancy."

As much as I have presented this in stages of development - both of the dispositional state and of the pathology - it can all be present simultaneously, as we may see in *Mercurius*, *Zincum*, *Lac caninum* and in other remedies in these miasms.

***Diphtherinum* Nosode**

Homeopathic abbreviation

Di ph.

Synonyms & Differentiation

Julian discusses three related diphtheria nosode preparations used homeopathically and described in our literature.

- 1) Collet introduced the remedy "Dipterine," prepared from diphtheric membrane. (Julian says, "It is the *Diphtherinum* of [H. C.] Allen, Clarke, Boericke, Swan," noting that Clarke also mentions the toxin contained in the membrane under this heading.)
- 2) *Diphtherotoxinum* or diphtheria toxin is "a toxin produced by the Klebs-Loeffler bacillus" (Lippe), prepared by culturing diphtheria bacteria, described historically as "the diphtheritic virus" (eg in H. C. Allen).
- 3) *Diphthericum* is made from anti-diphtheric serum, containing diphtheria antitoxin (prepared from the cultured bacteria and used in immunisation). H. C. Allen refers to this substance as "(Von Behring's) Antitoxin." It is found in liquid and dried forms.

Description

Corynebacterium diphtheriae is a Gram-positive, non-motile bacterium with round and usually clubbed ends. In diphtheria, a leathery sheathlike membrane grows on the tonsils, in the throat and nose. Pronounced "diff-theria."

As described, diphtheria is a serious condition which can be 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. 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

Corynebacterium diphtheriae (Kruse, 1886) Lehmann & Neumann, 1896 *Bacillus*

diphtheriae

Bacterium diphtheriae

Microsporon diphthericum/diphtheriticum

Mycobacterium diphtheriae

Commentary

Most of the information on this nosode in the classical homeopathic texts (circa 1800 to the early 1900's) is about its use in the actual treatment of diphtheria. The conventional allopathic treatment of the times was ineffective and it was not unusual to either die or be left paralyzed if you contracted the disease. Homeopaths fared better in treating the acute disease, particularly using indicated homeopathic remedies and this nosode - with some very spectacular cures documented at the time. The *Diphtheria Nosode* was also used as a post-diphtheric remedy, the chief indication being "never well since diphtheria." Such problems included post-diphtheric paralysis. While it is a serious disease needing medical intervention, it is presently almost non-existent in North America and most of Europe.

The legacy of classic homeopathic information for the *Diphtheria Nosode* makes it difficult to determine its use with a patient who has not suffered acute diphtheria in their lifetime. The features described in classic materia medicas are descriptive of quite profound pathology and a serious acute state.

Someone who has never themselves had diphtheria but is in need of this nosode may not be able to confirm that the hereditary miasmatic influence is present, i.e. that someone in their family history has had diphtheria. I find that many patients, while relating disease information about their parents, may readily say that a parent had tuberculosis and many other serious diseases, but will not know much about the possibility of a forebear having had diphtheria.

However, there are some chronic disease states that respond very well to the *Diphtherinum Nosode* and the indications can be traced to the nature of the acute diphtheria disease. Diphtheria, the disease, affects the mucous membranes particularly in the pharyngeal and laryngeal areas. The beginnings of the acute disease start with a sudden sore throat, malaise, low-grade fever, and headache. The initial pharyngeal and laryngeal involvement then progresses to a very severe state of inflammation and edema, which may impede respiration. The throat eventually develops a tough, adherent membrane and there is muco-purulent nasal discharge.

I transposed much of this information over to modern conditions, where we may indeed see pharyngeal and laryngeal edema and related respiratory problems, but not the severe acute condition. I found such edema to be very typical of someone suffering from various allergic conditions that affect this area of the body. Through clinical use, I found that homeopath-ically-prepared *Diphtherinum Nosode* is a remedy you can consider for someone with chronic allergies who suffers from much swelling, inflammation and mucus in the throat, chest and post-nasal areas.

With the impeded respiration, it also made me consider it as a remedy for *snoring*, *obstructive sleep apnea* and *chronic naso-pharyngeal infections*. I subsequently found this nosode was a very successful choice for such problems when the totality agreed, or when you are in the position of needing to select a nosodal remedy.

It is also a remedy you think of for someone who *catches colds easily*, getting one cold after another, particularly following exercise. The cold can start with throat pain and post-nasal drip, after which thick, attached mucus develops in the throat and chest. The

tongue and throat will feel "leathery." Eventually, there can be laryngeal or pharyngeal swelling and other problems including swelling of the cervical glands.

I have also found it to be an important remedy in food allergies and even celiac disease.

The mental and emotional disposition is analogous, you could say, to the attached tough and leathery "false membrane" in the throat. You can see a tough, together exterior to compensate for, or to hide, a soft and split interior. The patient is not hard, as we may see in *Anacardium*, but rather tough and even daring as in stage 6 on the periodic table. Analogically, the tough false membrane exterior is attached or rooted in tradition, particularly family tradition that we see as a characteristic of this family, the *Corynebacteriaceae*. So we see someone attached to the traditional feeling that they have to record, evoke and discuss, all the while being acutely aware of presenting a tough, socially adapted image.

In a number of cases, I have seen a male patient who may have been rather effeminate as a child or young adult, but who later gets into a line of work that requires a masculine, tough appearance and mode of interaction. They subsequently feel the need to prove that they are tough and courageous through acts of daring such as police or paramedic work.

The self-esteem of the patient who needs *Diphtherinum* Nosode is very dependent on how others perceive them, particularly in regard to their appearance, yet they are not shallow people. They are sensitive to the opinions of others but they can act coolly on the surface. In social situations, they can be very lively and even loquacious yet may choose to isolate or live alone. They can be quite responsible yet may have a rather cool relationship with their spouse.

The other polarity also exists - that of someone, aware of their own false front, who may constantly attempt to strip away dishonesty or false fronts in the family, in a relationship or even in a school or business environment. They may confront family members and others in authority attempting to prove to themselves and others that they are honest. But they are also attached to their ancient roots, their family and family history. They can have a strong sense of responsibility in their familial role similar to what we see in the *Propionibacterium acnes* Nosode, another *Corynebacteriaceae*. At the same time, as I have said, it is important for them to "fit in." Together, these two issues can create a conflict for them. As children, they can even be critical of what they perceive as their own parents' lack of respect for family roots and traditional religion.

The disposition of the *Diphtherinum* patient has many similarities to *Lac caninum* as well as to *Lycopodium* and *Kali Bichromium*, which are all remedies strongly in the Diphtheria miasm. We see a number of disparate aspects from the miasm and also from these remedies reflected strongly within the nosode. These include a conflict around, or tendency towards, the traditional and storytelling about it. There is also, like, as in *Lycopodium*, sexual leering at other men or women; and an inability to stay connected within a relationship yet a sense of duty around it.

The disease diphtheria affects an area that is close to the vocal cords. The patient who needs *Diphtherinum* has a proclivity to traditional values and likes to speak of them. They are attached to these underlying core values, yet are reluctantly accepting of new ideas in order to socially fit in. I noticed that many of the patients benefiting from this nosode frequently and repetitively use the word "odd" or "bizarre" to describe many situations that they experience. It is as if they are attracted to odd behavior and

situations yet also have this attachment to the traditional.

In the remedy *Diphtherinum Nosode*, we see "stupor" as a strongly characteristic symptom, but also an intense sensitivity to pain or experiencing more pain than is warranted by the condition or injury. This is a stupor (and, more precisely, a sopor) but they are "easily aroused when spoken to." This symptom can be related to the polarity "lively when in company, but isolating themselves." They can look as if they are asleep yet walking, similar to someone who suffers from sleep apnea. There is also the symptom: "Sleeps with eyes open."

They can have a fear of suffering or of any ordeal yet put themselves through ordeals. They tend to exaggerate, in their mind, a current or future event and how much it may cause them to suffer. This exaggerated response to suffering also manifests in the way they react to criticism - particularly about their appearance, as we have discussed. You may find someone who focuses on their suffering - particularly on their family's suffering - and who *talks about it at length* when they come out of their timidity and "stupor." The context for this, in the *Diphtherinum Nosode*, is a need for family (sometimes with resentment) and an attachment to the family's courageous sufferings and dramas. They will know much about this. They can look like *Graphites* in this respect, but they are the *story-tellers* and keepers of the family tradition and heritage, even becoming the archivist or genealogist. They can have anxiety about the well-being of family members. At the same time, they may have difficulties with their family especially regarding the *integrity and truthfulness* of family members - and may feel a need to break free from what they perceive as dishonesty or a loss of integrity in the family. There can even be a desire for travel, often to their family's original country. In some patients, you can see more neuro-muscular problems, but not in all. This is a remedy where multiple nerves are affected and the person can experience long-term pain and even paralysis as a result of the inflammation of the nerve. It is also a remedy for paresthesia, sensory disturbance, cranial neuropathy, and also peripheral neuropathy. There can be drawing pains where the muscles or joints "snap." As well, post-diphtheric paralysis can look very much like certain forms of cerebral palsy - especially those where there is an effect on the voice and speech; it has also had effects in deafness.

There is lethargy and weakness with the pain yet sleeplessness. The sleeplessness can be described by the patient as an uncertainty whether they have slept or not, a state not so unusual in sleep apnea.

As mentioned, the patient can ruminate about a perceived ordeal. In this way, we can see that the remedy has some relationship to *Strophanthus* remedies, which have the rubric "Mind, Fear of an ordeal." We may see heart problems, similar to *Strophanthus hispidus*, just as we may see myocarditis secondary to diphtheria the disease; the less compromised chronic patient may suffer from arrhythmias and tachycardia.

Many of the characteristics of this remedy are also those of old age and this homeopathic remedy may be indicated in old age more frequently than we suspect. In a younger person, there can even be skin problems where the skin is very dry and then there is a sensation as if the skin or limb is "withered." This applies especially to the palms of the hands and also to the nature of skin eruptions, including psoriasis.

We may see the patient needing this remedy complaining of a constant tendency to colds or to allergies where the sinuses and pharynx are involved.

Boericke, in the language of the last century, described this remedy as: "Adapted to

patients prone to catarrhal affections of respiratory organs, scrofulous individuals." *Scrofulous* is defined as someone with scrofula - that is, a tuberculous swelling of the glands of the neck. Although not necessarily tuberculous, the swelling and lymphatic involvement can be present in the *Diphtherinum Nosode* patient. The pertinent issue, as ever, is that this area of the body is primarily affected - the pharynx and the upper throat, reaching as far as the sinuses and as low as the chest and heart. It is similar in some ways to *Hippozaeninum* but in *Hippozaeni-* num deep sinuses are affected, whereas in *Diphtherinum Nosode* it tends to be more superficial.

Names and Meanings

Diphtheria - from Greek $\delta\upsilon\lambda\theta\epsilon\rho\alpha$ diphthera, pair of leather scrolls, thence leather, skin, membrane.

El garatillo - Spanish, the strangler.

Family

Of the Corynebacteriaceae family in the Actinomycetales order.

Source Notes

Adapted from Center for Disease Control and Wikipedia:

Diphtheria is an acute bacterial disease caused by toxigenic strains of *Corynebacterium diphtheriae*. There are four biotypes: gravis, mitis, intermedius and belfanti. Toxin-producing strains of *C. ulcerans* may also cause a diphtheria-like illness.

The disease affects the mucous membranes of the respiratory tract (respiratory diphtheria), the skin (cutaneous diphtheria), and occasionally mucous membranes at other sites (eyes, ears, or vagina).

Early symptoms of respiratory diphtheria include malaise, sore throat, difficulty in swallowing, loss of appetite, and a mild fever (rarely $>101^{\circ}$ F). If the larynx is involved, the affected person may become hoarse. Within 2-3 days, an adherent, gray membrane forms over the mucous membrane of the tonsils, pharynx, or both. Attempts to remove the membrane cause bleeding. In severe cases of respiratory diphtheria, cervical lymphadenopathy and soft tissue swelling in the neck give rise to a "bull-neck" appearance. Extensive membrane formation may result in life-threatening or fatal airway obstruction. Diphtheria toxin can cause serious systemic complications, including myocarditis and neuropathies, if it is absorbed from the site of infection.

Cutaneous and nasal diphtheria are localized infections that are rarely associated with systemic toxicity. The case-fatality rate of respiratory diphtheria is 5%-10%.

Cutaneous diphtheria presents as infected skin lesions which lack a characteristic appearance. Cutaneous diphtheria is common in tropical countries. Complications and deaths are much less frequent in cutaneous diphtheria, though cutaneous lesions are important in transmission.

The incubation period is typically 2-5 days (range 1-10 days), and the onset of symptoms is gradual. Humans are the only known reservoir of *C. diphtheriae*.

Diphtheria is transmitted directly from person to person by close contact with respiratory droplets or by direct physical contact with discharge from skin lesions, and rarely from fomites [inanimate objects]. Raw milk or dairy products have been reported as vehicles for transmission.

In the pre-vaccine era, children were at highest risk for respiratory diphtheria.

Diphtheria remains endemic in developing countries. Large outbreaks of diphtheria occurred in the 1990s throughout Russia and the newly independent states of the

former Soviet Union which reported more than 50,000 cases. In the Americas, diphtheria was more recently reported from Paraguay, the Dominican Republic, and Haiti. In the US, sporadic recent cases have primarily involved adults.

Historical note

One of the most famous North American outbreaks of diphtheria was in Nome, Alaska. The trip made to get the antitoxin is now commemorated as the Iditarod Trail Sled Dog Race, an event famous for the endurance of the competitors, both human and canine.

Clinical Focus Guide for *Diphtherinum Nosode*

Mind and Disposition

Toughness with attachment to the traditional

Proving they are tough

Ordeals

With attachment to the traditional

Deep commitment to ancient roots which conflicts with appearances and fitting into society - Compare Malaria

Ancient Roots

Genealogy - focus on family roots

Justice for injury to family roots

Ancient injury to family, ethnicity still felt as raw

Fitting in socially - taking feedback personally

Holding family members to a high ethical standard

Grief about family

Responsibility for familial role

Family feuds over integrity

Must speak and communicate when in company

Use of vocal cords

Singers or aspiring singers

Speech makers

Linguistics

Talent for speaking and knowing many languages

Loquacity - family stories

Stupor alternating with liveliness in public

Searching and speaking about their roots

Talks loudly or Loss of personal voice

Anger about duality

False versus true self

Anger about superficiality, yet attracted to it

Honesty and raw underneath

Sensitivity covered by humor or bluster

Pushing others to deal with mistakes of past

Anger about dishonesty especially within family

Low self esteem

Proving competency

Mechanical person (fixing things) or avoids mechanical altogether Hard workers - over-involved in work

Daringness and Courage

Proving that they are courageous
Courageous actions
Courageous job
Loquacity about courageous experiences of family
Proving their masculinity

Fear of loss of social position

Need to fit in socially
Fear of falling, dreams of falling
Concern about superficial, (but not a superficial person)

Death of relatives

Fear death of relatives
For the sake of dead relatives
Protecting ancient roots
Taking care of a dying relative

Guilt

Does not look at you directly

Can be intimidating by the way they look
Also Leering

"Odd or Bizarre"

Attracted to the unusual yet traditional
Hidden eccentricity
Tattoos about family or friendships (false coverings)

Effeminate

Hiding effeminate nature

Sopor

Sleep disturbances leading to exhaustion

Stupor, sleepy confusion when alone but then suddenly cheery and communicative with company

Stuporous

Hard to answer questions one on one
Communicative in company

Carphologia (picking or grasping at objects)

Talks in sleep with eyes wide open

Desire to be held

Clinging

Jesting

High sex drive and sexual interest in others

Sado-masochism
Leering (not in every patient)

Physical Focus

Toxic conditions, including acutes of the upper respiratory tract

Tendency to malignancy
Easy infections of the naso-pharyngeal area

Sleep apnea

Swelling of naso-pharyngeal area

Snoring

Naso-pharyngeal affections

Swelling, naso-pharyngeal
Chronic allergies
Malignancy in naso-pharyngeal area
Thick yellow nasal discharge that eventually becomes ropy and then clinkers
Recurring adhering clinkers
Polypus

Nose

Liquids come out of nose
Fan-like motion
Epistaxis with sore throat
Foetid smell
Swelling internal nose

Recurrent sore throats with swelling and swollen glands

Chronic aching in throat
Throat reddish purple - serious looking - with dark swelling
Hawking

Membrane on throat

Grayish white
Hawking up thick mucus that adheres to the throat/pharynx

Laryngitis, recurrent

Loss of voice easily
Paralysis of vocal cords

Offensive breath

Tip of tongue red or dark

Swollen tongue

Diphtheria symptoms

Stomach, empty feeling

Sipping milk ameliorates

Thirsty

Heart

Endocarditis, Myocarditis

Tachycardia

Heart skipping a beat

Paralysis, upper extremities or lower extremities

Dryness of skin of upper extremities

Palms dry
Withered looking skin
Psoriasis

Trembling

Parkinson's disease or essential tremor

Polyneuritis

General coldness - can never get warm

Cold extremities
Sudden collapse

Food allergies - wheat and dairy

Celiac disease

Severe seasonal allergies

Hayfever

History of diphtheria

Generally pale-looking

Selections from traditional homeopathic sources

Acute infectious diphtheria was treated by homeopaths in the 1800's. There was little effective treatment for it by conventional medicine. Someone with the symptoms of acute diphtheria should be seen by a licensed medical doctor and, if this disease is notifiable in your area, the appropriate steps should be taken.

Most of the information in our classic texts is based on the actual treatment of acute diphtheria with homeopathic remedies, including *Diphtherinum* sequelae.

From Boericke's *Pocket Manual of Materia Medica*:

Diphtherinum - potentized diphtheritic virus

Adapted to patients prone to catarrhal affections of respiratory organs, scrofulous individuals. Diphtheria, laryngeal diphtheria, POST-DIPHTHERITIC PARALYSIS. Malignancy from the start. Glands swollen; tongue red, swollen; breath and discharge very offensive. Diphtheritic membrane thick, dark. Epistaxis; profound prostration. Swallows without pain, but fluids are vomited or returned by the nose.

From Lippe's *Keynotes and Redline Symptoms of the Materia Medica*:

Diphtherinum - Common name: diphtheritic virus (or the toxin produced by the Klebs-Loeffler bacillus).

The attack from the onset tends to malignancy (Lac-c., *Merc-cy.*) (A.).

Weak and restless, but without pain (B.).

Yellow, thick, nasal discharge (B.).

Talks in sleep with open eyes (B.).

Jerking of single parts (B.).

Dark-red swelling of the tonsils and palatine arches; parotid and cervical glands greatly swollen; breath, and discharges from the throat, nose and mouth, very offensive; tongue swollen, very red, little coating. (A.)

Breath horribly offensive (*Ars, Carb-v., Merc., Mur-ac., Nit-ac., Phos., Sulph.*) (A.).

Diphtheritic membrane, thick, dark gray or brownish black; temperature low or sub-normal; pulse weak and rapid; extremities cold and marked debility; patient lies in a semi-stupid condition; eyes dull, besotted (*Apis, Bapt.*) (A.)

Swallows without pain but fluids are vomited or returned by the nose (*Gels., Kali-P., Lach.*) (A.)

Epistaxis or profound prostration from very onset of attack (*All-c., Apis, Carb-ac.*) (A.)

Laryngeal diphtheria (*Chlor., Kali-b., Lac-c.*).

Sopor or stupor, but easily aroused when spoken to (*Bapt., Sulph.*) (A.) Post-

diphtheritic paralysis (*Gels., Lach., Mur-ac.*) (B.) Fluids are returned by the nose.

When the patient from the first seems doomed, and the most carefully selected remedies fail to relieve or permanently improve.

RELATIONSHIP: Similar to *Ars., Bapt., Brom., Carb-Ac., Caust., Chlor., Gels., Lach., Mur-ac., Phos., Sulph.*

(A.) = H. C. Allen, (B.) = Boericke

Adapted from *Homeopathician - A Journal for Pure Homeopathy* (1914, No. 2-

3):

Two cases of diphtheria - Diphtherinum

By Benjamin C. Woodbury, Jr, MD., Portsmouth, NH.

Case 1: On April 18, 1913, I was called to F, the nine-year-old daughter of Mrs. R, and found her with a very sore throat, upon which were patches which aroused suspicions of the nature of the sickness. She had begun to be [ill] in two days preceding, attended school, however, and felt better the next morning; but she was unable to finish her dinner on account of pain when swallowing. That night she became very feverish. Her symptoms were not very clear when I first saw her, the following morning.

Throat: grayish-white exudate (membrane) covering both tonsils.

Pulse 120. Temp. 102.6°.

Restless.

Skin hot and dry.

Thirst for cold water, which produced:

Nausea unless water warmed when drunk.

Mouth: profuse flow of saliva.

Tongue yellowish-white.

Breath very offensive.

Kali-mur. 6, in water.

April 20.

The characteristics of the case being not clear, she was given: *Diphtherinum* cm, one powder.

This was administered with the idea that it might arouse a more natural expression of the disease. After this remedy was used, the membrane, which had extended from the tonsils to the pharynx, including the uvula, began to assume a yellowish appearance and exhibited signs of demarcation.

Glandular swelling, agg. right side. Salivary secretion much increased, requiring almost constant wiping from the mouth. Throat sore to touch. Pain agg. swallowing; amel. hot drinks. Soreness began on right side, membrane extending to left. Symptoms all appearing to correspond, *Lyc.* 200 was given in water.

Symptoms improved rapidly, membrane clearing slowly but steadily, until:

April 25.

Glandular condition persisting:

Lyc. 200 repeated.

(a) This was clearly a *Lycopodium* case from the first, yet no amount of questioning elicited the information necessary for prescribing it in the beginning. No trace of membrane remained after April 30, twelve days from the beginning of the siege.

(b) Cultures sent to the laboratory May 1st, [3rd] and 4th, were reported negative.

(c) Two lessons are impressed by this case:

No remedy should be given until its indications are clear. In all cases where there is a determination of the disease from one to the other side of the body, the subsequent progress of the case may give the clue, when early indications are uncertain or masked.

Case 2, treated successfully with Lachesis, is included for comparative purposes.

Case 2: The mother of the child (case 1) required attention, two days following the discharge of the former patient.

May 6. Chills. Aching in back. Throat general aching.

Soreness began on left side, last night, agg. swallowing.

Membrane, a grayish-white color, now on both sides, limited to the tonsils; uvula not involved. R. side more sensitive and painful. Glands swollen agg. on left side.

Tongue thickly coated, yellowish white. Breath: characteristic odor.

Temperature 100.6°. Pulse 100.

Lach. 6, having no higher potency in the medicine case.

Within twenty-four hours the membrane began to disappear; in two days the throat was free from any evidence of it, except a tiny spot between the uvula and the left tonsil.

The membrane, soreness and swelling disappeared from right to left. Three days later, a slight huskiness of the voice with scrapy feeling in the larynx developed, but another dose of the same remedy with a warmer room-temperature put a stop to the difficulty.

Negative cultures were obtained within a week from the appearance of the first symptoms. Animal food was not allowed in either case. The diet consisted entirely of fresh fruit-juices, particularly pineapple, until the symptoms began to subside, then cereals and vegetables. There were no sequelae in either case.

Discussion of diphtheria

Some have given *Diphtherinum* in from twelve to forty-eight hours, when they failed to cure diphtheria. A single dose is found to abort. *Lac-can.* has also proved useful. While some find diphtheria the hardest thing to tackle, and most confess it is no joke, others have no fear of ordinary diphtheria, but feel helpless in the presence of membranous croup: patient with no rise of temperature; prostration; but child wants to play all the time; no odor to the mouth; membrane does not become gray nor offensive. Symptoms of the disease do not appear alarming, until the patient chokes and membrane cuts off the air. There appear to be no symptoms on which to base a prescription, yet the patient dies.

Dr. Kent reminds that when a patient is sick enough to develop pathologic results to that extent, there must have been symptoms of the patient preceding this period. It is the gravest error to attempt to prescribe on symptoms of the disease. Find the symptoms of the patient and select the remedy for the patient; then the pathology need cause no concern. For several years he has not seen a diphtheria patient. The parent or the nurse telephones a description of the patient, he prescribes on the image thus gleaned, which is generally a clear image of some remedy, and within twenty-four hours improvement is too far advanced to warrant a report to the health-board. The evidences [sic] of Diphtheria have disappeared, and thereafter the patient progresses to entire recovery. It is absolutely necessary, however, to give attention to the symptoms of the patient, and not those diagnostic of the disease.

We object to the use of antitoxin. It is dangerous. Dr. Sherwood, in treating about twenty cases has lost but one. In that patient, dysentery appeared first, then sore throat followed. He called a consultant and they agreed that it was a combined diphtheria and scarlet fever. The consultant said use antitoxin, but he said: No. They used it on the boy, who died within forty-eight hours, while his sister made a speedy recovery under the influence of homoeopathic remedy alone. Dr. Farrington saw a young man who had been seen by an allopath, and on the diagnosis of diphtheria was given antitoxin. The throat was covered with membrane, but *Phytolacca* relieved entirely, within a few days. He had another patient, a girl whose throat was lined with yellowish membrane, very offensive, but no other characteristic symptoms. *Diphtherinum* cured her in three days.

From the *Homeopathic Herald*:

Diphtherinum Case

A boy, seen on 15.12.41, aged 1 year 11 months, 16 teeth, weight 28 lbs.; looked well and sturdy on 15.1.41. Inoculated during this last month; lost 3/4 lb. in weight; miserable and whining; bronchitis; signs of bronchitis in his chest; no temperature.

26.1.42. Still bronchitis, whiny and sorry for himself.

23.2.42. Weight 28 lbs.; 16 teeth; still a few rhonchus found, left ear discharging, roughness and scaling of face and chin - *Diphtherinum* CM. given.

2.3.42. Gained 2 lb. in weight, left ear dry, slight discharge of right ear; still a few spots on the face below the right eye.

19.3.42. Weight 29 lbs.; right ear discharging - very offensive; 16 teeth - *Diphtherinum* CM.

7.5.42. The last four teeth erupted, weight 30 lbs. 3 ozs.; ears no longer discharging, no treatment had been given for the ears except the occasional dose of *Diphtherinum*. No medicine.

18.5.42. Repeat *Diphtherinum* CM. Very well, lively and bright.

8.6.42. *Diphtherinum* CM. repeated.

13.7.42. Weight 31 lbs. 12 ozs., height 2 ft. 9 ins.; well and lively. Again of nearly 4 lbs. in a little over five months, between February 23rd and July 13th, and the eruption of four teeth, which is the remarkable result of a few doses of *Diphtherinum*; which also cured discharging ears and the bronchitis which came on after the diphtheria immunization in January, 1942. The child is just a picture of health, full of the joy of living, laughing and joking the whole of the time.

Selections from contemporary homeopathic sources

Adapted from O. A. Julian, *Materia Medica of Nosodes with Repertory*:

Diphtherinum entry: Diphtherotoxinum

Clinical Pathogenesis

Generalities

Phospho-fluoric or fluoro-phosphoric type.

Rapid weakness.

Paleness, nonchalance, anorexia.

The child is puny, rapidly fatigued, does not like to play, has often nosebleed, repeated colds. Mediocre appetite. Is not a good student in school. The adult soon loses breath, coughing; expectorates with difficulty; breath and expectoration nauseating.

Neuro-endocrino-psyhic system

(a) Mind: Asthenia, psycho-motor slowness (Tilitcheff) with Paretic condition especially of the lower limbs. (O.A. Julian)

(b) Nerves: Nasal sound, liquid discharge from the nose, difficult deglutition, because of the paralysis of the palatal vault.

Paresis of the lower limbs, steppage.

Polyneuritis, incomplete [sensory-motor] symmetric, [flaccid] with distal predominance and loss of deep sensitivity.

(c) Endocrine: Thyroid: Emaciation, chilliness, tendency to colds and bronchitis, palpitations.

Digestive apparatus

Anorexia, tongue, red and swollen.

Pain in the pregastric region.

Constipation.

Cardio-hemo-vascular system

Paleness, palpitations.

Hypotension, adynamia.

Tachycardia.

Thermoregulation: Vesperal fever with bad general condition.

Respiratory apparatus

(a) Throat: Paralysis of the vocal chord. Bitonal voice.

Micro [polyadenopathy] of the two sides of the neck.

Big tonsils with false membranes.

Malignant angina from the beginning, pseudo-membranous with the state of prostration.

Thick false membranes of dark colour.

Dyspnoea, laryngitis.

(b) Lungs, pleura: Humid cough, with bad smelling, foetid expectorations, are persistent.

Difficulty to expectorate, worse at night, especially in children and old persons.

Harsh cough, voice lost.

Sense organs

(a) Nose: Bad smelling, nasal crusts, with foetid secretion. Epistaxis:

Cold with bad smelling nasal secretion.

Reflux of liquids by the nose or while vomiting.

Mucous coryza, sometimes pseudo-membranous or sero-[sanguinous]

(b) Eyes: Troubles of accommodation. Short sight.

Modalities

Aggravation by movement. Amelioration by heat, in bed.

Posology

Dynamisations: Prescribe 4 CH to 30 CH.

In subacute state: 7CH, 30CH.

For neurologic syndromes: 7 CH, 5 CH, 30 CH.

Positive Diagnosis

Paleness, fatigue, anorexia.

Throat, red, swollen; tonsils with pseudo membranes.

Chilliness, palpitations, hypotension.

Paretic troubles, sensitive motor nerves of the lower limbs.

Subfebrile state.

Differential diagnosis

Nosodotherapy: See *Influenzinum*, *Serum of Yersin*, *Staphylococcin*.

Classical Homoeopathy: *Arsenicum*, *Lachesis*, *Arum triphyllum*, *Mercurius cyanatum*, *Kali bichromicum*, *Silicea*, *Thuja*, *Bryonia*, *Ferrum phosphoricum*, *Causticum*, to mention only the more frequently used.

Renovated homoeotherapics: (in O.A. Julian; *Matiere medicale homoeopathique*, Librairie LeFrangois, Paris) [sic].

Acidum hippuricum: Weak, worn out subject, abhorring breath, thick membranous exudates on the tonsils and in the back of the throat, viscous nasal secretion, bad smelling.

Rajania subsamarata: Prostration, mouth open, swollen lips, sticky saliva, foetid breath, abhorring, hyperthermia, thready pulse; swelling of the throat and of the region of

parotids, epistaxis, contracted pupils, insensible.

Clinical diagnosis

Generalities

Strumous diathesis in scrofulous persons, psoric or tuberculinic, with tendency to catarrh of the throat and of the respiratory mucosa. Patient has a weak vitality for which he is susceptible to germs of diphtheria and from the start it has the tendency to become malignant." (H.C. Allen) Pseudo-suprarenalian asthenia. (Tilitcheff)

Tuberculous condition.

Demineralisation.

Preventive of winter rhino-pharyngo-trachitis. (Zissu)

Preventive of influenza (with *Influenzinum* in 5 CH or 7 CH).

Diph.

Zissu specifies moreover in these preventive treatments: [reticulo-endo- thelial tissue] and amygdalian tissue in 5 CH or 7 CH.

Syndrome of "patraquerie" [malaise] of Jacquelin-Burnand. (O.A. Julian) Neuro-endocrino-psychic system

Diphtheric paralysis.

Paralysis of vocal cords (non-diphtheric).

Myelitis (Syndrome of [Guillain] Barre).

Flaccid paralysis. (O.A. Julian)

Multiple sclerosis.

Basedow's disease.

Depressive psychosis.

Anxiety neurosis.

Headache of students. (Zissu)

Digestive apparatus

Cortico-gastric dysthermia. (Cl. Berger et [al.]

Hypochlorhydric gastritis.

Cardio-hemo-vascular system

Myocarditis.

Cardiothyreosis.

Respiratory apparatus

1. Anginas and relapsing anginas.

2. Paralysis of vocal chords. (Cartier)

3. Relapsing rhinopharyngitis of children.

4. Chronic bronchitis of old men.

5. Acute or chronic bronchitis of catarrhal form of the [mucosa] of children and old men.

6. Trachitis and dragging tracheo-bronchitis.

7. Bronchorrhoea.

8. Spasmodic cough.

Sense organs

Nose: Chronic rhinitis. Membranous rhinitis; acute rhinitis; epistaxis.

Eyes: False presbyopia.

Commentaries

Diphtherotoxinum is an important and valuable biotherapeutic.

It should be considered under two aspects:

1. As a specific biotherapeutic for diphtheria in all its different forms.
2. As a biotherapeutic according to its own clinical pathogenic structure. Its specific structure has been valorised by the work of our great friend Paul Chavanon, who died so early.

From 1930 Chavanon started his researches on diphtheria, codified its homoeopathic treatment and of this Romeyer of Evreux made [a] beautiful clinical and statistical study [of this].

Chavanon published his book, "*La Diphtherie - Traite de Therapeutique et immunisation.*" in 1932. He made a critical study about the university therapeutic and showed by the help of clinical observations, the advantages and the possibilities of homoeotherapy in that affection.

He studied the clinical homoeopathic *Materia Medica* as well as the therapeutics] of after-effects due to different anti-diphtheric serums.

Concerning *Diphtherotoxinum* he published some clinical cases of diphtheric paralysis cured with *Diphtherotoxinum* 30 K or 12 K and the favourable action on the carrier[s] of the germ.

Chavanon specified the preventive vaccination with *Diphtherotoxinum*, 4,000 K or 8,000 K at the rate of one or two doses at an interval of 4 to 8 weeks resulting in the negativation of Schick's reaction.

But the experiment was conducted on 45 subjects and the result seemed at first favourable, but was not confirmed.

The problem remained open.

As regards the clinical pathological built, *Diphthericum* is revealed as a polychrest nosode.

There are the tubercular states, the demineralised condition of sudden weakness and depression with fatigue, weariness of legs, the patient either young, adult or old drags on without any joy for life.

Diphtherotoxinum 30 CH (Sometimes associated with *Bacillinum* 30 CH) is to be advised in these cases:

Repeated colds, repeated anginas, "Influenzal states" for "Yes" or for a "No," [sic] are to be treated by *Diphtherotoxinum* 30 CH and with, if necessary, *Aviary* [sic - *Tuberculinum aviaire*] 30 CH or *V.A.B.* 30 CH.

The same thing may be said regarding acute or chronic bronchitis, for harsh cough or for cavernous cough.

Finally O.A. Julian has advised since long time [sic] prescribing of *Diphtherotoxinum* 30 CH in neurological affections where there predominates a motor weakness and a paralysis of the soft muscles.

If the disease is recent, or if the necessity arises, this medicine may be associated with *Gelsemium*, *Lathyrus*, *Cuprum*, *Arsenicum*, *Causticum*. The clinical results are often satisfactory, sometimes very much surprising and valuable.

As adjuvant treatment, it is prescribed in the cancer of larynx, of oesophagus, of lungs. It is also prescribed in foetor ore [sic = *foetor ex ore*, bad breath] chronic blepharitis, dyspnoea, cardiac weakness.

It is after the publication of *Materia Medica der Nosoden* of O.A. Julian by Haug-Verlag in 1960 that the nosodotherapy took an important step in Germany and *Diphtherotoxinum* has gained the prestige of effective therapeutic agent.

It is regrettable however that our legislation hardly allows the injection of biotherapeutics.

It is a great loss for the patients.

Clinical cases

Case No. 1. (R. Schmitz-Harbauer, in *Klassischer Homoeopathic*, No. 2, 1963, p. 68). Engineer of 28 years feels since one month nervous, anxious, with uneasiness, depressed; sweats easily, regular stools.

Antecedents: Whooping cough, measles, repeated anginas A. T 15/9, and pulse 120.

Prescription: *China arsenicosum* D6, one tablet thrice daily.

After 14 days pulse becomes more slow, but always sweats and nervous. Prescription: *Diphtherinum* D10 brings complete cure.

Relationships

DD: *Diphtherinum*, *Diphtherotoxinum*, *Diphthericum* (see the Differentiation section for *Diphtherinum* Nosode above). Synthesis includes the abbreviations *diphth-b* for the bacterial culture of *Bacillus diphtheriae* and *diph-vc* for diphtheria vaccine. See also the Relationships section for Tetanus Nosode for other compound preparations including diphtheria nosodal material.

Related:

Mercurius cyanatus and other Mercuries, *Kali bichromium*, *Lac caninum*, *Lycopodium*, *Zincums*, *Lachesis*, *Hippocampus kuda* (the seahorse), Duck (*Anas*) remedies, *Loon* (the bird *Gavia arctica*), *Lemna minor*, *Hippozaeni- num* and many others.

Propionibacterium acnes Nosode

Homeopathic abbreviation

Cory-a

Synonym

Corynebacterium anaerobium Nosode

Description

Propionibacterium acnes is a Gram-positive bacterium and belongs to the Propionibacteriaceae family; it was formerly classified in the Corynebacteriaceae family and known as *Corynebacterium acnes*. Replication of the bacteria is related to puberty and it is an aggravating cause of acne.

Although the exact identity of the remedy known as *Corynebacterium anaerobium* is unconfirmed, *P. acnes* is the strongest contender, as it is by far the most common of the small number of (basically) anaerobic corynebacteria found in the human body, mainly on the skin. Most corynebacteria are basically aerobic; other anaerobic forms are found in dairy products, as described in the Source Notes section below.

Scientific Names

Propionibacterium acnes (Gilchrist, 1900) Douglas & Gunter, 1946

Corynebacterium acnes

Bacillus acnes

Corynebacterium parvum

Commentary on Propionibacterium acnes Nosode and the Propion Miasm

This is a homeopathic remedy that I have found to be a "missing link" in its obvious role: the treatment of acne and acne rosacea. It would be a mistake, though, to think that it is always a first prescription in the treatment of acne. I have found usually a different remedy is needed as a first prescription and then this nosode. Also, there is much more to this remedy than an isopathic acne remedy especially when we look at its relationship to the *Corynebacterium* miasm and its own dispositional state.

Cory-a

A very large percentage of teenagers at one time or another develop acne. But not all develop severe inflammatory acne, which is where we may see more of the psychological effects. These effects show similarities to those themes we have already discussed in other *Corynebacterium* remedies like *Diphtherinum*. The way the teen deals with it is important and often we will see an exaggeration and a focus on problems of external appearance.

Acne most often starts at around age 11 for girls and 13 for boys. It is associated with changing (raging) hormones and, in particular, androgenic hormones. Bearing out this association, I have seen that patients who have responded well to this remedy are quite tall and muscular, especially girls or women.

Similar to the Diphtheria miasm, a major "theme" in this Propion miasm is "false coverings," yet a need to feel connected to ancient roots. It is manifested as an internalized family pressure to succeed and to fulfill their family obligations, yet a concern about how others see them, similar to what many individuals feel around puberty. *Calcareo silicata*, a major remedy for acne, also has many elements of this dispositional state.

Because of such a strong sense of family obligation and very strong sense of guilt (like the Bromines, also good for acne) they eventually have difficulty in breaking free of their supposed role. They feel as if they are in servitude. How many times have we heard from pubescent young people (or the parent of such): "I'm not your servant!" So, at the same time, they attempt both to purposely spoil others' expectations for their success, all the while experiencing much resentment and guilt.

Their sense of obligation continually rears up so that there is an inability to fully break away from their own and others' expectations. Anger and resentment are sublimated into unusual body feelings and sensations as well as perseverating thoughts.

Propionobacterium patients can develop odd sensations in their body, such as that a limb is being pulled upward, strong feelings of floating and even flying, or dreams of flying. This is also similar to aspects of homeopathic *Falco peregrinus* as well as to the Old and New World vulture homeopathic remedies (where we can see both acne and servitude).

They can also experience hypochondriacal anxiety - tremendous anxiety about small anomalies in their health or their body, even going into delusional states. At this point, their conflict seems intolerable for them. They may seek relief by pursuing religious or spiritual groups or eventually cutting themselves off from the family by seeking a new spiritual or religious family. On the other hand, they have a very high sex drive which prevents them from fully partaking in the possibility of celibacy.

The theme of servitude is present in adults as well, but here it may manifest in different ways. They may retreat into their own profusion of thoughts and fantasies of becoming independent but at the same time having a strong sense of injustice, fighting against servitude. Alternatively, they may actually be quite dictatorial and put others into servitude within their relationship activity (children, partner, etc.)

Eventually, for the patient needing *Propion Nosode*, there can be a focus on death within the family, or even a desire for family members to die. There can be a desire for, and fantasies about their parents (or sometimes spouse or children) *dying or being killed* - this will apply to those they feel are causing their unbearable conflict. It is noteworthy that in *Calcareo silicata* there are *dreams and delusions of dead relatives*. The individual who needs this nosode can also experience great guilt when a member

of their family dies and it may have a profound impact on their activities such that they will then go back into the family fold, only to quickly feel (yet again) that they are in servitude.

Keeping up physical appearances is a very important aspect. Of course, the mortification of having acne either as a teenager or adult can often create this concern. Like other *Corynebacteria* they are enmeshed with others' opinions. They can attempt various strategies to deal with this, but mostly it is through success or achievement where they feel effective.

Interestingly, this bacterium is one that is associated with septic states in joints, the heart and other areas. It is to be thought of in relapsing infections and sepsis after surgery for the placement of artificial joints. *Actinomyces bovis*, a related bacterial nosode, is a good remedy to consider in recurrent infections from dental implants, and for dental infections in general, as it causes "lumpy jaw" in cattle.

Names and Meanings

Propion - *Latin, pro*, for + *Creek, pion*, fat, rich

Acne - inflammation of the sebaceous follicles, possibly derived from the Greek *akme*, a point

Family

Of the Propionibacteriaceae family (formerly the Corynebacteriaceae family) in the Actinomycetales order.

Source Notes

Adapted from Wikipedia and Microbewiki:

Species of *Propionibacteria* can be found all over the human body. *Propi-onibacteria* are generally nonpathogenic; however, when certain species of *Propionibacteria* contaminate blood and other body fluid, they can cause a number of infections including the common skin disease acne vulgaris (caused by *P. acnes*).

Although *Propionibacterium acnes* can be found on the skin of prepubescent humans, true colonization actually begins 1 to 3 years before sexual maturation. The numbers of the bacteria rise from fewer than $10/\text{cm}^2$ to $10^6/\text{cm}^2$ (mostly on the face and surrounding areas). *P. granulosum* also inhabits the same generally areas as *P. acnes* but at about one hundredth that of the numbers of *P. acnes*. In addition, *P. acnes* and *P. granulosum* are known to be part of the gastrointestinal tract microbial flora.

Propionibacterium acnes is a relatively slow-growing, (typically) aerotolerant anaerobic Gram-positive bacterium that is linked to the skin condition acne; it can also cause chronic blepharitis and endophthalmitis, the latter particularly following intraocular surgery. The genome of the bacterium has been sequenced and a study of the bacterial genome has shown several genes that can generate enzymes for degrading skin and proteins that may be immunogenic (activate the immune system). This bacterium is largely commensal and thus present on most people's skin; it lives on fatty acids in the sebaceous glands, on sebum secreted by pores. It may also be found throughout the gastrointestinal tract in humans and in many other animals. It has also been found in corneal ulcers, and on very few occasions there have been reports of damage to heart valves leading to endocarditis, and infections of joints (septic arthritis). *P. acnes* is highly sensitive to light in the 405-420 nm range (just outside the ultraviolet band): this activates a *porphyrin* (Coproporphyrin III) found in this bacterium which damages and ultimately kills it by releasing singlet oxygen. A total irradiance of 320

J/cm² is found to inactivate this bacteria in vitro. The glow caused by the porphyrin can be seen under the UV light of a Wood's lamp, used as a diagnostic tool in dermatology. Phototherapy involving light from this near-ultraviolet band and also near-infrared has also been used to treat acne.

Propionibacteria are slow-growing, non-spore-forming, Gram-positive, anaerobic bacteria. They can be rod-shaped or branched and can occur singularly, in pairs, or in groups. These bacteria are named after their unusual ability to generate propionic acid from glucose, catabolising it with transcarboxylase enzymes; they also produce lactic acid and acetic acid.

As well as occurring on human skin, *Propionibacteria* are also found in dairy products, particularly hard Swiss cheese such as Ementhaler, where they convert the lactose in milk to lactic acid in milk, and release CO₂.

Clinical Focus Guide for *Propion acnes nosode*

Appearance of Patient

Acne

Pleasing alternating with surly

Mind and Disposition Focus

Conflict of Family Obligations and Expectations

Great hopes for the family

Marring others' hopes for them

Guilt

Hero (cf. Carbons, *Diamorphine*)

Servitude

Breaking free of - or promoting - servile behaviour

Subtle surliness

Refusing

Puberty concerns

Concern about appearance

Hypochondriacal Anxiety

Fear of infection

Fear of disease

Exaggeration about disease

Concern about shape of limbs

Odd body sensations

Sensations of floating and flying

Dreams of flying or hovering

Limbs floating, pressures on a single limb

Perseverating thoughts

Overwhelming fantasies of greatness

Fantasies of death of relatives

Dreams of death of relatives

Great guilt after death of a relative

Physical Focus

Acne

Rosacea

Inflammatory

Large boils with purulent smelly discharge
Cysts on the skin
History of acne
Acne on chest and back

Eye infections

Red rash around the eyes and on the eyelids

Food

Crave cheese, chocolate
Worse chocolate

Anorexia and Bulimia

Septic Arthritis

Infection in artificial joints

Sarcoidosis

Selections from traditional & contemporary homeopathic sources

None.

Remedies in this Miasm

Bromiums, Silicates - especially *Calcarea silicata Sulphur* and other Oxygen group salts.

Asterias rubens.

van Zandvoort, *Complete Repertory*, 2005

Skin; ERUPTIONS; Acne(219): abrot., acon-ac., **Agar.**, Aids, alco., **ALCO-S.**, am-c., ambr., amph., amygd-d., **Ant-c.**, **Ant-s.**, ant-t., anthr., aranix., arge-p., **ARIST-CL**, arn., **ARS.**, **Ars-br.**, **Ars-i.**, ars-s-f., ars-s-r., art-v., asim., aster., **AUR.**, aur-ar., aur-br., **Aur-m.**, aur-m-n., aur-s., bac., bamb-a., bar-c., bar-s., **Bell.**, bell-p., berb., **Berb-a.**, blatta, bor., bov., brom., brosg., bufo, cadm-s., **Calc.**, calc-f., **Calc-p.**, **Calc-pic.**, **Calc-s.**, **CALC-SIL.**, calen, cand-a., **Cann-s.**, canth., **caps.**, caras, carb-ac., **CARB-AN.**, **CARB-V.**, care., cath-a., **CAUST**, cheL, chir-f., chloram., chlorpr., chrysar., **Cic.**, **cimic.**, citl-l., clad-r., clem., cob., coenz-a., **Con.**, **Cop.**, cortico., cortiso., **Crot-h.**, croto-t., cur., cycl, cymbo-ci., des-ac., dios., **DLILC.**, elaps, **Eug.**, **FL-AC.**, foil., geoc-c., gink., glon., glyc., **GRAPH.**, grat., guare., harp., hed., **HEP.**, *Hydr.*, hydr-ac., hydrc., ichth., impw., ind., *iod.*, iris, jug-c., **Jug-r.**, **KALI-AR.**, kali-bi., **KALI-BR.**, kali-c., **KALI-1.**, kali-m., kola., **Kreos.**, **Lac-cpr.**, lac-eq., **Lach.**, lamp-c., lap-laz., **LAPPA**, **Led.**, lim-b-c., lsd, **LYC.**, mag-c., mag-m., mag-p., mag-s., mane., **Mangi.**, **Med.**, *mere.*, *mez.*, morg., morg-g., mur-ac., nabal., **Nast.**, nat-br., nat-c., **NAT-M.**, nat-p., nept-m., nice., **Nit-ac.**, **NUX-V.**, ov., oxyg., ozone, peg-h., **Petr.**, **Ph-ac.**, **PHOS.**, **PITU-A.**, pix., Plb., posit., prot., prun., pseuts-m., **PSOR.**, **PL/LS.**, querc-r., **Rad-br.**, **RHOD.**, rhus-r., **RHUS-T.**, rob., **Ros-d.**, rumx., **Ruta**, sabin., **Sang.**, sanie., saroth., **SARS.**, sec., seL, **SEP.**, ser-ang., **SIL.**, staph., staphycoc., sul-ac., *sul-i.* sulfa., sulo-ac., **SULPH.**, sumb., syc-co., **SYPH.**, tax-br., teg-a., tell., **Ter.**, **TEUCR.**, thaL, thal-s., **THUJ.**, tritic., **Tub.**, tub-m., tub-r., turq., uran., uran-n., uro-h., *verat.*, viol-o., **Viol-t.**, **ZINC**, zing.

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ACTINOMYCETALES:

MYCOBACTERIUM

MYCOBACTERIUM

The *Mycobacterium* genus is found in the Mycobacteriaceae family of the Actinomycetales order.

Mycobacteria are aerobic and non-motile bacteria (except for the species *Mycobacterium marinum* which has been shown to be motile within macrophages) that are characteristically acid-alcohol fast. Mycobacteria do not contain endospores or capsules, and are usually considered Gram-positive. While Mycobacteria do not seem to fit the Gram-positive category from an empirical standpoint (i.e. they do not retain the crystal violet stain), they are classified as an acid-fast Gram-positive bacterium due to their lack of an outer cell membrane. All species of the genus *Mycobacterium* share a characteristic cell wall, thicker than in many other bacteria, which is hydrophobic, waxy, and rich in mycolic acids/mycolates. The cell wall makes a substantial contribution to the hardness of this genus.

[From Wikipedia]

The Mycobacteria represent a large and important group of human pathogens. The homeopathic remedies prepared from them share many similarities, with complex themes and symptom structures. Within this genus, three important miasms and their corresponding remedies can be differentiated: the Tuberculosis miasm (with major and minor tubercular nosodes), the Leprosy miasm (with the leprosy nosode *Leprominum*) and the Johne's Disease miasm (with *Johneinum*, the nosode prepared from *Mycobacterium paratuberculosis*).

Johne's Disease is an infectious wasting condition of cattle, sheep and other ruminants. *M. paratuberculosis* has also been implicated in Crohn's Disease. In the past, when thinking miasmatically for a patient with Crohn's disease, I may have prescribed a Tubercular remedy or even a Tubercular nosode but now I prescribe *Johneinum*, a remedy for which I was the master prover. The reasons for such a choice will be discussed in this section, which includes the remedy proving.

The Tubercular miasm, being particularly rich in homeopathic information, has a separate chapter devoted to the miasm itself. I then include a chapter which distinguishes between the various tubercular nosodes, including some of the minor remedies. There follow separate chapters on three of the major tubercular nosodes: *Bacillinum*, *Tuberculinum bovinum* Kent and *Tuberculinum aviaire*.

The Tubercular Miasm

Some Homeopathic Remedies derived from Tubercular sources

The following three major remedies are described in separate chapters:

Bacillinum Burnett

Tuberulinum bovinum Kent

Tuberculinum aviaire (avis)

Other tubercular preparations are described in the chapter on Tubercular Nosodes including:

Tuberculinum Denys

Tuberculinum Koch

Tuberculinum Marmorek

Tuberculinum residuum Koch

Tuberculinum Rosenbach

Tuberculinum Spengler

Bacillinum testium

BCG (=VAB)

Family

The *Mycobacterium* genus belongs in the *Mycobacteriaceae* family, which is placed in the order of *Actinomycetales*.

Commentary

As described below, tuberculosis is a serious condition which can be 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. 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.

Sources and Identities of Tubercular Nosodes: the historical background

The introduction of homeopathic remedies made from tubercular substances in the late 1800's was momentous. The use of these remedies was paramount since tuberculosis was rampant thereby creating serious consequences for those suffering, and posing a challenge for physicians.

With hindsight, it can be seen that this disease impacted not only on the primary infected individual, but also on their family and offspring, thus its importance as a miasmatic influence even today in societies where active tuberculosis is not so rampant. Not only that - the sequelae for those who actually survived the acute infectious phase of tuberculosis were distressing, and could lead to a life of chronic misery, although, as Thoreau said, "a beautiful misery."

Hahnemann had not touched upon a tubercular miasm or nosode in his original treatise on the miasms, but later embraced it and called it "pseudo psora." As such, it was one of the missing links added later to homeopathic understanding and literature. The importance of this miasm was underscored especially by homeopaths in the British Isles where tuberculosis was endemic. The new addition of tuberculosis as an impor-

tant chronic miasm complemented Hahnemann's practical concept of miasms as an underlying cause of chronic disease. Later in his life, it was said that Hahnemann utilized the nosode "*Pseudopsora*" which was homeopathically potentized from a tubercular source.

The classical homeopathic literature has a plethora of cases demonstrating excellent cures both of active tuberculosis (as well as all sorts of sequelae), and of hereditary problems related to tuberculosis. In modern times, because of regulatory and legal considerations, active tuberculosis in my area of the world is strictly treated by means of allopathic medicine. Once the infective phase is over, however, I come across many instances of the sequelae of tuberculosis - both material and energetic.

Subsequent to their introduction, use of various tubercular nosodes has developed over the years along with an understanding of the chronic and hereditary sequelae. These nosodes were also used for lung and other conditions unrelated to active TB. In the beginning, the primary remedy used by most homeopaths was *Bacillinum Burnett*, a remedy made from a macerated human lung contaminated with tuberculosis. The crude substance used was very pyrogenic (unlike some of the later preparations of laboratory-cultured bacilli) and most likely contained other bacteria and toxins.

Dr. James Compton Burnett, an English homeopath, introduced this homeopathic remedy which he named "*Bacillinum*," and described many remarkable cures in *A New Cure for Consumption by its Own Virus*. In this influential book, Burnett explained how he came to prefer remedies made from lung tissue rather than from tuberculous human sputum. The latter was the source used by the American homeopath Swan, who published his findings on his *Tuberculinum* as early as 1879; Burnett credited him as the most likely coiner of the term "*Tuberculinum*."

Soon after, James Tyler Kent in America introduced a homeopathic remedy made from tubercular glands of slaughtered cattle. He called his remedy *Tuberculinum bovinum*, but this was sometimes shortened simply to *Tuberculinum* and our repertory abbreviation Tub. in Kent, *Synthesis and the Complete* is allocated to this preparation. Then, as well as being used for Burnett's, Swan's and Kent's remedies, the same name *Tuberculinum* was also applied to yet another different preparation, the tuberculin of Koch.

Koch was the scientist who first identified the tubercle bacillus as the causative agent of TB in 1882. In 1890 he announced the discovery of his "tuberculin," a substance derived from tubercle bacilli, cultured in a laboratory. Allopathic attempts to inject this substance to treat the disease proved unsuccessful, though work to develop tests and vaccines for TB continued. Burnett was among those who tried *Tuberculinum Koch* in potentized form; he felt it didn't act as well as his own *Bacillinum* made from the macerated lung, nor as well as sputum-derived preparations: "I say the difference between our old friend *Tuberculinum* or *Bacillinum* and that of Koch lies in the way it is obtained. Ours is the virus of the natural disease itself, while Koch's is the same virus artificially obtained in an incubator from colonies of bacilli thriving in beef jelly; ours is the chick hatched under the hen, Koch's is the chick hatched in an incubator."

Later, variants of this preparation (eg *Tuberculinum residuum Koch*) were produced by Koch himself and many others (including Denys, Marmorek, Rosenbach and Spengler) and a range of these were subsequently potentized for homeopathic use. The complexity of the preparation processes involved (tubercle bacilli, like other mycobacteria, are notoriously hard to culture) and the variety of names applied to these

different allopathic substances across different languages has led to mistakes in their identity in both conventional and homeopathic literature.

Two other homeopathic nosodes were introduced at the end of the nineteenth century: Burnett's *Bacillinum testium* was a variant prepared from tuberculous human testicle, while the French homeopath Cartier pioneered an avian tubercular nosode prepared from chicken tuberculosis. Most authorities have retained distinct symptom pictures for these two remedies.

Although many homeopaths did distinguish between these different preparations, there has historically been a tendency to combine information about tubercular nosodes without always differentiating their different sources. Clarke did scrupulously separate the symptoms for Burnett's *Bacillinum* and *Tuberculinum Koch* in his *Dictionary of Practical Materia Medica*, but he was the first of a long line of homeopaths to argue that: "I do not find any appreciable difference between the action of *Tub. [Tuberculinum Koch]* and that of *Bac.* My own impression is that they are practically identical, and that the one will answer to the indications of the other."

He may have also unwittingly contributed to confusion and ambiguity which has grown up around the identity of tubercular nosodes, by giving information about *Bacillinum* which seems to conflict with Burnett's own descriptions. Clarke's *Dictionary* defines this remedy as: "A nosode of tuberculosis named and first described by Dr. Burnett, for whom it was prepared from tuberculous sputum by Dr. Heath." Later in the *Bacillinum* entry he lists "*Tuberculinum* of Swan" as one of several other "nosodes of phthisis" with which *Bacillinum* should be compared. Burnett's *New Cure* specifically cites "Dr. Heath of London" as the person who can supply "the identical *Bacillinum* of which I have made use" and Dr. Swan rather than Dr. Heath is mentioned in connection with the sputual products; though here Burnett too is rather vague, saying that: "In my earliest efforts I made use of *tuberculinum* from various sources, sometimes obtained from one place and sometimes from another, but *I imagine that* [my emphasis] the various supplies were for the most part primarily from Dr. Swan of New York." It is perhaps surprising that Clarke did not amend this entry when the 1900 edition of his *Dictionary* was republished in 1925, though the death of Burnett in 1901 may perhaps account for this oversight. Julian has repeated the information in Clarke's entry heading, describing *Bacillinum* as sputal in origin.

An extra complication is the interchangeable use of human and bovine stocks by both conventional and homeopathic suppliers. Koch originally prepared his tuberculin from a human source and Clarke follows Koch in describing: "*Tuberculinum. Tuberculin of Koch. A glycerine extract of a pure cultivation of tubercle bacilli (human),*" [my emphasis]. However, Koch's separation of human and bovine forms (later proved correct) was not universally accepted initially and as noted in contemporary sources: "any tuberculin may be prepared with a human or with a bovine strain of bacillus." [Hewlett's 1914 *Manual of Bacteriology* p308]. Government regulations have also influenced how nosodes have been prepared historically and currently.

Given all these factors, the situation evolved to one where most modern homeopaths did not differentiate their usage of each of these remedies. Pharmacies began to lose track of the source of their preparation, and/or to use tubercular sources interchangeably. In the beginnings of my practice of homeopathy over 30 years ago, I also did not take much notice of differences between the preparations of *Bacillinum* and of *Tuberculinum bovinum*. But over the years, I started to prescribe them to differing

types of patients.

Kent's original repertory supposedly contained only symptoms from *Tuberculinum bovinum*. However, careful study of our literature has warranted the creation of separate listings for different tubercular nosodes. On examination, I find that each remedy contains rubrics which give quite a different flavour to each of these tubercular homeopathic remedies. In the end, I have come to believe that there are indeed marked differences between the various preparations, and I have been more successfully curing patients with severe problems and differing dispositions by using a specific tubercular remedy for a specific situation.

In the chapters which follow, I differentiate and expand on what I consider to be the most important tubercular remedies: *Bacillinum*, *Tuberculinum bovinum*, and *Tuberculinum aviaire*. I also provide briefer information on some of the more minor tubercular remedies.

Shared Themes of Tubercular Nosode Remedies

I hasten to add that, in addition, there are underlying themes shared by all of the tubercular remedies. Having discussed discrepancies between the sources of tubercular remedies, and the problems that arise from lumping the nosodes together, it is also important to discuss the commonalities of themes in the overall miasm itself. I believe this helps to create, in the style of Boenninghausen, a general impression that can later lead us to a particular (and more exact) remedy selection.

In Chinese medicine, the lungs have to do with the *soul* - the soul lifting energies upward - and this is the deeper meaning of the Tubercular miasm. Patients in this miasm are soulful individuals, swollen with great emotion and mental faculty (figuratively speaking). There is *expectancy*, a hope of great connection on a soul level - expectations that, realistically, cannot be consistently satisfied in their lifetime. This intense feeling permeates everything that they do or think. It has the quality of someone who is in love at the beginning of a relationship, and as such there is a burning romantic quality to all that they experience, and everything to which they aspire. They will do anything to maintain this passionate connection and reach their soulful ideal - often acting from a compelling feeling that they must abdicate responsibilities even to the point of renouncing *anything* that might get in the way. They want to break free. This swollen passion creates an incredible hopefulness and a hectic or feverish desire to accomplish, and to change all that is around them to match this full ideal that they have. The romantic and passionate idealism can become a torment, experienced as a feeling of easy oppression and of restriction by circumstances which they have to fight to overcome.

With any slight impingement, the idealistic bubble bursts, and we have the other aspect of the tubercular state - a feeling of being trapped easily. With this feeling, there comes active defiance or contrariness that can lead to active malicious behaviour.

As well for the Tubercular patient, there exists a feeling that death is imminent, and that they need to respond by living life to the fullest. Characteristically, they may "burn the candle at both ends."

There is a desire to travel, or to change circumstances; discontentedness and dissatisfaction can arise quickly regarding whatever is before them. The present never seems to live up to the swollen ideal. In another stage of this miasm, we have a kind of "ennui," also referred to (in the classical texts) as "cosmopolitan." This gives the idea of being "burned out as a world traveler," but having a more sophisticated worldview as a

result. Of course, in many of the acids we see this element of the miasm. Therefore, in this miasm we see some form of passionate idealism, of discontentedness leading to motion and travel, alongside various related physical conditions that will be discussed further under each specific remedy. Tuberculosis was also referred to as *phthisis* and *consumption*. Emotionally or dispositionally you could say that the tubercular patient is "consumed" by their passion or interest. On a physical level the term "phthisis" signified that aspect of the acute disease which was a progressive "wasting" of the body. In the chronic miasmatic sequelae, we can see this aspect especially in *Tuberculinum bovinum* and *Tuberculinum aviaire*. In *Bacillinum*, you may have a kind of yo-yo effect, severe weight loss followed by weight gain. In all instances, the idea of *consumption* is strong. Also physically, you may see fine features as well as pigeonchested individuals. The disease was accompanied by a hectic fever. The idea of "hectic," both dispositionally and also in the way that pathology develops, continues to have some significance. I will talk about this more in following chapters. There are some key physical features of remedies in this miasm which will be discussed in the chapters on specific Tubercular nosodes.

Source Notes for the Tubercular Miasm

Adapted from sources including Wikipedia and the Center for Disease Control website:

History of Tuberculosis

There are references to tuberculosis in ancient Babylonian, Egyptian, and Chinese writings, and there is paleopathologic evidence of spinal tuberculosis in neolithic, pre-Columbian, and early Egyptian remains. Mummies dating from 2000 to 4000 B.C. show evidence of tuberculosis of the spine, or Pott's disease. Tuberculosis was known from the time of Hippocrates as *phthisis*, which is derived from the Greek for "wasting away." The Latin word *scrofula* was used to describe tuberculosis affecting the lymphatic system, producing swollen glands especially in the neck. Because newly crowned kings of England and France were believed to have special healing powers, the most desired treatment for this "King's Evil" was being touched by kings.

Tuberculosis did not become a major problem, however, until the crowded urban living conditions of the early industrial revolution created epidemiologic circumstances favoring its spread. In the seventeenth and eighteenth centuries, tuberculosis - also then known as *consumption* - was the cause of the "White Plague" in Europe. During this period it is estimated that nearly 100 percent of the European population was infected (mostly with latent rather than full-blown symptoms) and 25 percent of all adult deaths were caused by tuberculosis.

Because the symptoms of tuberculosis were thought to make sensitive and artistic dispositions even more so, tuberculosis in the 19th century became romanticized in literature and fashion. Lord Byron reportedly remarked, "I should like to die of consumption because all the ladies would say, 'Look at that poor Byron, how interesting he looks in dying!'" Similarly, Henry David Thoreau (a tuberculosis victim himself) wrote, "Decay and disease are often beautiful, like the hectic glow of consumption." This paradoxical affection for the disease pervaded tastes in fashion; women strove for a pale, fragile look and used whitened make-up, favoring thin, muslin dresses.

Microbiology and histopathology

Tuberculosis is mainly caused by *Mycobacterium tuberculosis* or less often by other species including occasionally *M. bovis*, and much more rarely *M. africanum*, *M. canetti* and *M. microti*.

Like all the other Mycobacteria, these species share the unusual staining characteristics known as "acid-fastness"; they are typically identified using the special Ziehl-Neelsen or Kinyoun staining techniques.

With Ziehl-Neelsen staining, tubercle bacilli look like fine red rods, slightly curved, more or less granular, isolated, in pairs or in groups, standing out clearly against the blue background. In sputum they often lie parallel to one another, or two organisms may adhere at one end to form a V. An estimated 10,000 organisms per milliliter of sputum are required for smear positivity, and a single organism on an entire slide is highly suspicious.

At present, diseases due to *Mycobacterium bovis* are relatively rare, due to pasteurization of milk. *M. microti* mainly affects immune-compromised patients, while *M. africanum* is mainly found in West African countries. Hence the terms "tubercle bacillus" and *Mycobacterium tuberculosis* are, practically speaking, synonymous. Humans are the only reservoir for *M. tuberculosis*. It is an aerobic, non-spore-forming, non-motile bacillus with a high cell wall content of fatty acids. Growth is slow, the generation time being 15-20 hours, as compared to well under 1 hour for most common bacterial pathogens.

Tuberculosis is one of several diseases - along with leprosy, brucellosis, syphilis and schistosomiasis, to name just a few - that are caused by agents evoking a distinctive pattern of chronic inflammation referred to as "granulomatous inflammation." The histopathology in granulomatous diseases is characterized by granulomas - small collections of modified macrophages called "epithelioid cells" that are usually surrounded by a rim of lymphocytes. Another feature of the granuloma is the presence of Langhans' or foreign body-type giant cells formed by the coalescence and fusion of macrophages. In tuberculosis, the granuloma is referred to as a "tubercle" and is classically characterized by the presence of central caseous necrosis.

Epidemiology

General considerations

Tuberculosis is one of the most common and lethal infections in the world. It kills more children and adults than any other infectious disease in the world today. Worldwide, *Mycobacterium tuberculosis* infects a third of the world's population, and it is estimated that 30 percent to 60 percent of adults in developing countries have TB infection. Every year, there are 8 million new cases of tuberculosis in the world, and 2 million people die of the disease. It is estimated that in the next 20 years, nearly 1 billion people will become infected and 200 million will get sick.

In industrialized countries, the incidence of tuberculosis declined significantly between 1700 and 1940, *prior* to the development of antituberculosis allopathic drugs. More importantly, the factors credited with this reduction in tuberculosis incidence usually include improvements in nutrition and housing, better ventilation of homes and work sites, pasteurization of milk, and the isolation of highly infectious tuberculosis cases in sanatoria. After the development of relatively effective anti-tuberculosis chemotherapy, the incidence of tuberculosis morbidity and mortality declined even more rapidly. In the United States, the number of tuberculosis cases has declined from more than

84,000 in 1953 to 15,000 currently, but hopes of eradicating tuberculosis were extinguished in the 1980's by an increase in cases (a 20 percent increase between 1985 to 1992) due to the advent of HIV/AIDS. The HIV epidemic has led to an upswing in tuberculosis cases in the United States and other developed countries, as well as in areas of high HIV prevalence such as sub-Saharan Africa and Southeast Asia. Other contributing factors to the resurgence of this disease in the United States have included homelessness and drug use, as well as increases in immigration from endemic areas. Another important factor has been the deterioration and dismantling of the public health infrastructure for the control of tuberculosis. Tuberculosis is now concentrated in certain medically under-served populations - the urban poor, alcoholics, intravenous drug users, the homeless, migrant farm workers, and prison inmates. Two-thirds of all cases occur in racial and ethnic minorities.

Mode of spread

Although now rare, *Mycobacterium bovis* infection from ingestion of contaminated milk was once commonplace. Almost all infections in the developed world are now due to *Mycobacterium tuberculosis* and result from the inhalation of infectious particles aerosolized (by coughing, sneezing or talking) from an infectious source. After the bacteria are inhaled, they multiply in the lungs and disseminate throughout the body. Some tissues favor retention and multiplication of the bacteria; examples include the apices of the lungs, the lymph nodes, kidneys, long bones, vertebral bodies, and meninges. Most often the immune system controls the infection, which is therefore clinically silent, and the only "symptom" evident of infection is the development of a positive tuberculin skin test (see below).

Progression from infection to active disease

In a minority of infected people, the initial infection may progress to active clinical disease within two years, defined as **progressive primary tuberculosis**. Risk factors for primary disease include immuno-suppression (especially HIV infection), extremes of age, or a large inoculation. For the majority of infected persons, however, tuberculosis remains clinically and microbiologically latent for many years. **Reactivation tuberculosis** may occur years after the initial infection in a small proportion of patients. Risk factors for reactivation tuberculosis disease include older age, immunosuppression (especially HIV), diabetes, renal insufficiency, intravenous drug use, malnutrition, and gastric or ileal bypass surgery. However, the vast majority of persons infected with *Mycobacterium tuberculosis* never develop clinical disease, and the infection stays dormant for the individual's life. However, infection in infants often results in disease, with frequent local progression and dissemination (miliary-meningeal disease). The younger the patient, the greater is the risk of progressive disease until the age of 5 or so.

Clinical manifestations

The patient with **pulmonary tuberculosis** will often have nonspecific symptoms such as anorexia, fatigue, weight loss, chilly sensations, afternoon fever, and - when this subsides - night sweats. These are gradual in onset, surprisingly well tolerated, and often not even recognized by the patient. Local symptoms also indicate advanced disease. A productive cough is usually present. The mucopurulent sputum is nonspecific in character, and both cough and sputum may be ignored by patients with chronic bronchitis. Hemoptysis is usually minor in degree but connotes advanced disease. Chest pain may occur due to inflammation of adjacent pleura.

Extrapulmonary tuberculosis also occurs - for example, tuberculous meningitis, tuberculous pericarditis, skeletal tuberculosis such as Pott's disease (tuberculous spondylitis), renal and genital tuberculosis, tuberculous peritonitis, cutaneous tuberculosis, and tuberculous laryngitis.

Miliary tuberculosis is a term used to describe disseminated tuberculosis. The frequency of disseminated disease is especially high in patients with AIDS.

Diagnosis

The chest X-ray is central to diagnosis, to a determination of the extent and character of disease, and evaluation of the response to therapy. Although not specific, certain radiographic patterns are highly suggestive of tuberculosis, and a strong presumptive diagnosis can be made on the basis of a typical pattern. A positive sputum smear, usual in extensive disease, is almost conclusive in the proper setting. Diagnostic fiberoptic bronchoscopy with biopsy and bronchial washings is an efficient way to obtain diagnostic materials when sputum does not suffice.

Allopathic Conventional Treatment

Currently, **first-line chemotherapeutic agents** for the treatment of tuberculosis include isoniazid (INH), rifampin, pyrazinamide, and ethambutol. These are used in combinations of 2 to 4 agents for the duration of a treatment that may be as short as 6 months and as long as 24 months. Side effects of these antibiotics may be severe and include hepatitis, hepatic failure, and visual toxicity. Pyridoxine (vitamin B6) needs to be taken when taking INH to prevent the development of peripheral neuropathy.

Drug-resistant tuberculosis is becoming increasingly common worldwide. Second-line drugs are used in these cases but these antibiotics are not as effective, are far more toxic, are more expensive and have to be given for far longer periods.

Attempted Prevention

The tuberculin test: Koch's tuberculin (old tuberculin) was an extract of a boiled culture of tubercle bacilli. In 1934 Siebert made a simple protein precipitate (purified protein derivative [PPD]) of old tuberculin, which quickly became the preferred reagent in most areas. Although multiple puncture techniques (Heaf and Tine tests) are preferred in Britain, quantitative tuberculin testing is best done by intracutaneous injection of PPD on the volar aspect of the forearm (Mantoux test). Precise injection producing a raised, blanched wheal is necessary. The reaction is usually read in 48-72 hours, although it can be accurately read up to a week later. A positive test is generally - new guidelines are much more specific nowadays - defined as being greater than 10 mm of induration, and not erythema. Ninety percent of persons demonstrating 10 mm, and virtually all persons with 15-20 mm of induration, are infected with *Mycobacterium tuberculosis*. Soon after INH became available, it became widely used to treat not only active disease or recent infection but also positive tuberculin tests. This enthusiasm, never shared in most of Europe, has persisted in the United States. The value of chemoprophylaxis varies depending on the different patient populations studied, and recommendations are very specific as to who should and who should not receive INH prophylaxis. The risk of hepatotoxicity and death is always a concern: decisions regarding the use of chemoprophylaxis are therefore not trivial.

BCG (Bacille Calmette-Guerin): BCG is a live attenuated vaccine derived from a strain of *Mycobacterium bovis*, and is used in young children throughout much of the world. Although the data are conflicting, most evidence indicates that BCG vaccination of

children will result in a 60-80 percent decrease in the incidence of tuberculosis in a given population. Its use is considered reasonable in countries with a high prevalence of tuberculosis, greater than now exist in the United States and most Western nations.

Names and Meanings

The following are some of the words and meanings that are associated with tuberculosis.

TB - (abbreviated from tubercle bacillus or Tuberculosis)

Tubercular - nodular, having tubercles; suffering from or affected by tuberculosis

Tubercle - a small tuber, protuberance or swelling; a nodule or morbid growth in the lung or elsewhere, in cases of tuberculosis

Consumption - an early name for pulmonary tuberculosis; wasting away of the body; the act or process of consuming or using up

Consume - to destroy by wasting, fire, evaporation, etc; to use, up, devour, exhaust, from Latin, *consumare, consumptum*, to destroy; *con*, completely + *sumere*, to take. Hence the term, "wasting disease," also used for tuberculosis.

Phthisis - consumption, from the Greek, *phthi(n)ein*, to waste away. Also: phthisis pulmonalis (Latin *pulmo, pulmonis*, lung).

Scrofula - tuberculosis that affects the lymphatic system and which results in swollen neck glands (in adults caused by *M. tuberculosis*, but in children usually associated with the related species *M. avium* or *M. scrofulaceum*.) Also called "king's evil," because it was believed that a king's touch would heal the disease. The Latin name *scrofula* derives from the Latin *scrofa*, a sow, because of the supposed susceptibility of that animal.

Tabes mesenterica - tuberculosis of the abdomen. Latin, *tabes*, wasting away, emaciation, shrivelling; Greek, *mesos*, middle + *enteron*, intestines.

Lupus (*vulgaris*) - a chronic tuberculosis of the skin, often affecting the nose. Latin, *lupus*, a wolf.

White plague - sufferers appeared markedly pale, with a "romantic" perception of those suffering from the disease.

Pott's disease - a weakening disease of the spine and joints caused by tubercular infection; often presents with curvature of the back. Named for Sir Percivall Pott, English surgeon. Also described as "gibbous" (humpbacked, from Latin, *gibbus*, a hump).

From Rajan Sankaran, *The Soul of Homeopathy*:

Miasms in between Sycosis and Syphilis - The Tubercular Miasm

There is in homoeopathic literature abundant material on the tubercular miasm as well (apart from the classical trio of psora, sycosis and syphilis). The main feeling in the tubercular miasm is a sense of oppression. It is a feeling that one's weakness is being exploited. The reaction is violent, almost tending towards syphilis. The tubercular miasm can be understood through *Drosera*. The theme of *Drosera* is one of being stabbed in the back, of being deceived by one's own friends: "Imagines being deceived by spiteful, envious people" (Phatak's *Materia Medica*). At the same time there is a great deal of dependence of the patient on his friends. He feels his weakness is being taken advantage of. He feels harassed and let down by his own friends, and reacts to this oppression violently. The cough also is described as "harassing" by Phatak and the slightest irritation causes violent bouts of cough excited by a tickling sensation in the throat. *Drosera* also has suicidal inclinations.

Tuberculosis is one of the most widespread infections known to mankind accounting for much morbidity and mortality. In its pathology we see destruction of tissues and lasting disability in the form of restricted lung space due to fibrosis. There is a great need to take a deep breath: "Oppression of the chest," "Suffocation." We have the sycotic aspect wherein the person lives for the rest of his life with a fixed weakness, and very often has tendencies to recurrent colds and other respiratory affections. On the other hand, tuberculosis is known to have violent progressive features which are almost totally hopeless without medical intervention: for example. TB meningitis, miliary TB, etc.

Remedies in the Tubercular Miasm

From Roger van Zandvoort's Complete Repertory 2008:

Clinical; TUBERCULOSIS (186): abr., **ABROT.**, Aeon., agar., Alco-s., all-s, All-u., allox., aloe, alum., alum-sil, alumn., am-acet., am-c., ambr., ang., ant-c., apis, **Aq-mar.**, arg., arg-n., arist-cl., Arn., **ARS.**, ars-L, ars-s-f., asaf., asc-ac., astac., astra-e., atra-r., aur., **Aur-ar.**, aur-i., aur-m., bac., **Bar-c.**, **BELL**, beryl., bor., brom., **BRY.**, buni-o., calad., **CALC.**, calc-ar., calc-hp., calc-i., calc-p., calc-s., calc-sil., calo., cann-s., **Carb-ac.**, carb-an., **Carb-v.**, care., caust., **Cetr.**, cham., chaul., cheL, **Chin.**, chin-ar., chlor., chlorpr., chr-o., cic., *cist.*, coca, cocc., coloc., **CON.**, cortico., cund., **Cupr.**, **Dros.**, **Dulc.**, elaps, equis-a., erio., ery-a., euph-cy., **Ferr.**, ferr-pic., fil., form., form-ac., glyc-g., **Graph.**, guai., guare., hed., hep., hern-g., hip-ac., hippoz., **Hydr.**, **Hydre.**, hyos., **Ichth.**, ign., **IOD.**, ip., irid., jug-c, kali-acet., **Kali-bi.**, **KALI-C.**, **Kali-chl.**, **Kali-i.**, kali-m., kali-n., kali-s., **Kreos.**, lach., **Laur.**, **Led.**, lepro., lob-e., **LYC.**, m-arct., mag-c., mang., mere., **Merc-c.**, merc-i-r., myos., nast., **Nat-m.**, **Nit-ac.**, nux-m., **NUX-V.**, oci-b., ol-j., op., par., past., paull-p., petr., ph-ac., **PHOS.**, **Phyt.**, plb., poly-a., polyg., **Psor.**, **PULS.**, ran-b., rhus-t., **RUB-T.**, rumx., **RUTA**, sabin., **SAMB.**, sani-eu., sec., sei., senec., seneg., **SEP.**, **SIL.**, sorb-au., spig., spong., squil., **STANN.**, staph., stram., sul-ac., sulo-ac., **SULPH.**, tab., **Teucr.**, *teucr-s.*, teucr-sc., thal., thiosin., **THUJ.**, *tub.*, **Tub-k.**, urea, v-a-b., verat., x-ray, zinc.

From the schemas of Scholten, Sankaran et al.:

Minerals:

Stage 15 of the Periodic Table:

Nitrogen, Phosphorus. Arsenicum, Antimonium, Bismuth, Thulium (of the Lanthanides), Mendeleevium (of the Actinides)

Also: *Iodum, Stannum, Pix, Camphorated Carbons, Ignis alcoholus*

Plants:

Abrotanum, Acalypha, Agraphis, Antirrhinum, Balsam of Peru, Cereus bonplandii, Chocolate, Cimicifuga, Cistus, Citrus vulgaris, Coffea, Drosera, Derris pinnata, Euphorbia lathyris, Cossypium, Cuaiacum, Hedera, Heliotropium peruvianum, Ipecacuanha, /uglans cinerea, Luffa amara, Myrtus communis, Myristica, Naballus serpentarius, Pastinaca sativa, Phellandrium, Psoralea, Pix liquida, Quebracho, Salvia, Schinus molle, Teucrium scorodonia, Thiosinaminum, Ustilago, Verbascum and more

Animals:

Nosodes, Bird Remedies, Insect Remedies, some spider and snake venoms, Many more remedies have been ascribed to this miasm.

Tubercular Nosode Remedies

The following three major remedies are described in detail in separate chapters:

<i>Bacillinum Burnett</i>	<i>Bac.</i> <i>Tub.</i> (referred to as <i>Tub. bov.</i> here)
<i>Tuberculinum bovinum Kent</i>	here)
<i>Tuberculinum aviaire (avis)</i>	<i>Tub-a.</i>
Other tubercular preparations described in this chapter are:	
<i>Tuberculinum Denys</i>	<i>Tub-d.</i>
<i>Tuberculinum Koch</i>	<i>Tub-k.</i>
<i>Tuberculinum Marmorek</i>	<i>Tub-m.</i>
<i>Tuberculinum residuum Koch</i>	<i>Tub-r.</i>
<i>Tuberculinum Rosenbach</i>	<i>Tub-ro.</i> (Synthesis only)
<i>Tuberculinum Spengler</i>	<i>Tub-sp.</i>
<i>Bacillinum testium</i>	<i>Bac-t.</i> (Synthesis), <i>Bac-ts.</i> (Complete)
<i>BCG (=VAB)</i>	<i>V-a-b.</i> (Synthesis), <i>Beg.</i> & <i>V-a-b.</i> (Complete)

plus the following minor tubercular nosodes for which there are no Synthesis or Complete abbreviations:

Tuberculinum CT
Tuberculinum
Klebs
Tuberculinum
Swan

As described, tuberculosis is a serious condition which can be 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. 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.

***Bacillinum Burnett* (homeopathic abbreviation: *Bac.*)**

A nosode of tuberculosis named and first described by Dr. Burnett. In his *New Cure of Consumption* he describes the origin of the substance used in the preparation of the remedy as follows: "The best way to get some really good *Bacillinum* (if any one wishes to prepare it) is to take a portion of the lung of an individual who had died of genuine bacillary tuberculosis pulmonum, choosing a good-sized portion from the parities of a cavity and its circumjacent tissue as herein will be found everything pertaining

to the tuberculous process - bacilli debris, ptomaines and tubercles in all stages (such was practically the origin of the matrix of my *Bacillinum*) and prepared by trituration in spirit. In this way nothing is lost."

He goes on to add: "There is, moreover, nothing disgusting in this, which can hardly be said of sputal *Tuberculinum* - one instinctively shrinks from it. Finally this mode of obtaining our *Bacillinum* will result in our having a fairly constant preparation, and one which will meet all practical requirements in the present imperfect state of our knowledge."

As Burnett's description clearly indicates a human source, the most likely infection agent is *Mycobacterium tuberculosis* rather than *Mycobacterium bovis*. Today, this homeopathic remedy is confused by some pharmacies with other tubercular nosodes including *Tuberculinum bovinum*. There are some pharmacies that prepare *Bacillinum* from sputum rather than lung tissue; this follows entries in Clarke and later Julian which are counter to Burnett's own description, as mentioned above.

***Tuberculinum bovinum* Kent (homeopathic abbreviation: *Tub.*, also known as *Tub. bov.*)**

The term *Tuberculinum bovinum* generally refers to the remedy originally introduced by Kent, who describes in his *Lectures on Materia Medica* how he obtained the substance for his preparation of *Tuberculinum* as follows: "The preparation which I use is a little different from that which is generally found in the market. This preparation I procured through a Professor of Veterinary Surgery. In Pennsylvania there came a time when a handsome herd of cattle had to be slaughtered because of tuberculosis. Through the Veterinary Surgeon of the Pennsylvania University I secured some of the tubercular glands from these slaughtered cattle. I selected from these the most likely specimen. This was potentized by Boericke & Tafel as far as the 6th, and has since been prepared on the Skinner machine, the 30th, 200th, 1000th and the higher potencies. This preparation I have been using for fifteen years. Many of my friends have been using it, as they have procured it from me."

In other words, this preparation is made from the bovine form of tuberculosis caused by *Mycobacterium bovis*. (*M. bovis* can infect a range of warm-blooded animals including cattle and humans, but humans are the only natural reservoir for the closely related *Mycobacterium tuberculosis*.)

Confusion has arisen when the abbreviation *Tub.* and the unqualified name *Tuberculinum* have been applied to remedies other than Kent's.

***Tuberculinum avis/aviaire* (homeopathic abbreviation: *Tub-a.*)**

As stated by Clarke: "A preparation of chicken-tuberculosis introduced by Dr. Cartier and other homeopaths of Paris." It is isolated from tubercles in fowls (from the liver, according to Mathur.)

According to the *Merck Veterinary Manual*, Avian tuberculosis is a chronic wasting disease caused by infection with *Mycobacterium avium* that primarily affects birds but may also infect a number of mammalian species. All species of birds appear susceptible to varying degrees, with pheasants being highly susceptible and turkeys much less so. It is found worldwide, most often in small, barnyard flocks and in zoo aviaries. As it rarely occurs in young flocks, it is less likely in commercial poultry raised with shorter life spans. Among mammals, rabbits and pigs are the most susceptible

species. Localized infections can occur in cattle.

Humans are considered relatively resistant to bacteria of the *Mycobacterium avium complex* (MAC) which are associated with tuberculosis of birds. However, infections do occur and this is an important opportunistic pathogen of people with HIV/AIDS or who are otherwise immuno-suppressed. Infections tend to be progressive, refractory to treatment and may be fatal. More rarely, MAC agents can cause Hot Tub Lung and Lady Windermere Syndrome in non-immunocompromised patients.

This organism is found everywhere in the environment including soil and water and can persist in the environment for many years. Spread from contaminated environments can take place mechanically on shoes and equipment. Infection results from ingestion of material contaminated with the feces of infected birds or other animals. The feces of infected birds can contain very large numbers of tubercle bacilli. Ingestion of infected carcass material is another source of infection. Infected free-flying birds and infected pigs may also spread infection. Eggs are not considered to have a significant role in spreading avian tuberculosis.

This disease causes a wide range of clinical signs such as gradual wasting, especially evident as atrophy of the pectoral muscles, yet having a voracious appetite; depression, dull and ruffled plumage, jaundice, diarrhea, occasionally masses under the skin, and typical "sick bird syndrome." In advanced disease, neurological signs may be observed such as imbalance, lameness or dropping of wing, weakness, and inability to walk, perch, or fly.

***Tuberculinum Koch* (homeopathic abbreviation: *Tub-k.*)**

Koch's original product, introduced in 1890, was the first of many allopathic tuberculins created in an attempt to treat tuberculosis (with largely disappointing and controversial results; later they were employed in vaccines and diagnostic tests for TB). His remedy was known as Tuberculinum Koch or Kochi, Tuberculin T or TK and Koch's Lymph. After later variants were introduced, it was also referred to as Koch's Old Tuberculin (Alttuber- kulin), Tuberculin TA, Tuberculinum crudum and Tuberculinum pristinum. The German is Tuberkulin while the French is Tuberculine.

Koch's preparation method involved starting off cultures of young bacilli in one of a variety of media (including egg, potato, agar or animal serum, ideally dog's) then transferring the bacteria to a liquid broth medium (usually veal bouillon). Glycerin was included as a preservative and after 6 to 12 weeks the whole mixture was heated, concentrated and the liquid filtered out, leaving the "purified" bacterial constituents. It is this "glycerine extract of a pure cultivation of tubercle bacilli" (ie Koch's substance) which is the source for Clarke's *Tuberculinum* entry. As mentioned above, Clarke specifies a human source for the bacteria, although both human and bovine (and both virulent and attenuated) strains were widely used later to create tuberculins.

***Tuberculinum residuum Koch* (homeopathic abbreviation: *Tub-r.*)**

Koch introduced this variant of his original product in 1897, in an effort to reduce the severe adverse effects caused by injecting it. Tuberculinum Rest (Rest = residue in German) or Residual Tuberculin was also called Tuberculin/Tuberculinum TR or R, as well as New Tuberculin of Koch (Neutuberkulin).

Julian's description of the preparation process also mentions both human and bovine sources. An adapted version of the account in his *Materia Medica of Nosodes with*

Repertory follows:

1. Collection of the Bacillary Mass

Human strains of *Mycobacterium tuberculosis* (PN, DT and C) and the bovine Vallee strain of *Mycobacterium bovis* are used to prepare Tuberculin. These stocks are cultivated on Santon medium [which contains glutamic acid, glycerin, and citric acid] for 6 to 7 weeks at 37°C. The cultures are then heated at 100°C for one hour, and then filtered. The portion remaining on the filter, the bacillary mass, is preserved. This portion is then used to prepare Residual Tuberculin.

2. Preparation of the Residual Tuberculin

The bacillary mass is suspended in distilled water, and washed several times to eliminate all traces of the culture medium. Then it is centrifuged. The centrifuge crucible is heated at [?] 15°C and then allowed to liquefy at the ambient temperature. The process of solidifying and liquefying is performed ten times in succession, resulting in a lysate of the bacteria (ie they are broken down into fragments). The homogeneous chamois-brown mass thus obtained is suspended in 20 to 30 times its volume of water and shaken mechanically at the rate of 60 successions a minute for one hour. Thus all the water-soluble matter is separated out.

It is now centrifuged again in suspension in glycerine at the rate of 400 g per 2 litres. The liquid is again submitted to succussion for one hour at the rate of 60 shakes per minute. It is filtered through gauze and the thick opalescent liquid which remains behind constitutes the residual tuberculin.

***Tuberculinum Denys* (homeopathic abbreviation: *Tub-d.*)**

In 1896, the scientist Denys introduced his Tuberculin BF (bouillon filtre, filtered broth), which was similar to Koch's, but was prepared without heating or concentration. Julian has an entry on this nosode.

***Tuberculinum Marmorek* (homeopathic abbreviation: *Tub-m.*)**

Unlike other allopathic tuberculins from this era, Marmorek's preparation reported in 1903 was not an extract of the tubercle bacilli (or their soluble products) themselves, but a serum extracted from horses vaccinated by the filtrates of young cultures of tubercular bacilli. It was prepared through a complex series of processes (involving guinea pig and calf sources as well as horses, plus *Streptococcus* cultures from tubercular sputum and the live and attenuated bacilli themselves). It was designed as an antitoxin to counter toxins produced by the bacteria causing tuberculosis. Julian mentions the use of homeopathic potencies of this product by Nebel and Vannier and suggests VAB as a possible substitute, given that it has been illegal to prescribe *Tub-m.* in France. The name is sometimes spelled Marmoreck.

***Tuberculinum Rosenbach* (homeopathic abbreviation: *Tub-ro.*)**

This version was prepared from both tubercular and ringworm material.

***Tuberculinum Spengler* (homeopathic abbreviation: *Tub-sp.*)**

Julian describes this remedy on pp554-6 of his *Materia Medica of Nosodes with Repertory*; on p606, he distinguishes between Spengler's Tuber- culine (similar to

Koch's but from a bovine rather than a human source) and his IK (Immunkorper) preparation. To prepare the latter, he collected blood from rabbits previously injected with human TB bacteria (plus secondary infection agents including streptococci cultured from tubercular sputum), diluting it in water with added antiseptic materials. He believed this had antitoxic and lytic powers against tubercular bacteria. This was the basis of the Spenglersan-Meckel product used against osseous and visceral tuberculosis.

***Bacillinum testium* (Bac-t. in Synthesis, Bac-ts. in Complete)**

This preparation of tuberculous testicle was introduced by Burnett and a brief entry is included in Clarke, who described it as "having a more direct relation to the lower half of the body than the pulmonary *Bacillinum*. My own experience confirms the correctness of this inference; but it must not be supposed that *Bac. test.* does not act in pulmonary cases, or vice versa."

***BCG* (=VAB)(V-a-b. in Synthesis; Beg. and V-a-b. in Complete)**

Julian gives a description of homeopathic potencies made from this allopathic product, used in immunization against TB. The term VAB was coined by him as the product name Bacille-Calmette-Cuerin was then under copyright. It stands for "Vaccin attenuue bilie" to reflect its method of preparation from an attenuated (non-virulent) form of a bovine strain using a bile peptone broth.

The following remedies mentioned briefly in homeopathic literature do not have repertory abbreviations:

Tuberculinum GT: the German term (gereinigtes) for PPD (purified protein derivative). All the preparations allied to Koch's fall in this general category; modern types are usually cultured using a synthetic medium. The *Tuberculinum* AF (albumen free) type mentioned by Schmidt (said to be prepared in an inorganic medium with citrates and without albumen or peptone) is probably an example of this type.

Tuberculinum Klebs: This was also known as tuberculocidin or *Tubercu-locidinum*, a tuberculin prepared from an ill-defined source, treated with alcohol and bismuth.

Other tuberculines mentioned by Julian include those prepared by Maragliano, Hirschfelder, Beranek (Oxytoxin). Landmann (Tuberculol), Siebert and Roemer (Tubolytin) and Vaudremer (the latter including the fungus *Aspergillus niger*, which slows down the process of making the tubercular bacilli avirulent). Schmidt also lists the tuberculin of Friedman, prepared from a marine turtle source, as well as a mixed tubercular-syphilitic nosode.

Tuberculinum Swan: Said by Burnett to be sputal in origin though according to H. C. Allen's *Keynotes and Characteristics* possibly alternatively from "a drop of pus obtained from a pulmonary tubercular abscess."

Tuberculinum versus Bacillinum

The *Tuberculinum* entry in Clarke's *Dictionary of Practical Materia Medica* includes the following explanation to distinguish between the two terms:

I consider it best to reserve the name *Tuberculinum* for this preparation of Koch, as it is universally known by that name. Burnett's "*Bacillinum*" is now accepted as the name of the original homeopathic preparation, and though its originator, Swan, named it *Tuberculinum*, it owes its present position in therapeutics to Burnett, and it will simplify matters if we make the term *Bacillinum* cover the homeopathic nosode and

Tuberculinum the preparation of Koch.

As mentioned above, he states later in the same entry his own belief that the two are practically identical.

Burnett's *New Cure of Consumption* offers the following differentiation:

I say the difference between our old friend *Tuberculinum* or *Bacillinum* and that of Koch lies in the way it is obtained. Ours is the virus of the natural disease itself, while Koch's is the same virus artificially obtained in an incubator from colonies of bacilli thriving in beef jelly; ours is the chick hatched under the hen, Koch's is the chick hatched in an incubator.

Selections from contemporary homeopathic sources

From P. Sankaran, *Elements of Homeopathy*:

Tuberculinum seems to have a very wide range of action. One is surprised to find in it symptoms of several polycrest remedies which we use in everyday practice.

Tuberculinum has to be considered, especially in patients whose near relatives have been affected by the disease. Such patients may also give a history of having had measles or whooping cough in severe form (*cf. Carcinosis*), or repeated attacks of pneumonia. Such patients with pre-tubercular states are called, "*tuberculiniques*" by French homoeopaths. These patients may have repeated exacerbations of local symptoms, e.g. migraine, diarrhoea, intermittent fever, etc. Vannier gives a vivid description of their constitution. He also describes an interesting sign elicited where a tubercular lesion of the lung has existed. When friction is applied to the chest wall on the both sides, a marked redness will appear and persist for some time on the area overlying the affected part of the lung.

Recurrent attacks of cold, enlargement of tonsils and adenoids have all been ascribed to the tubercular miasm and all these patients may need periodical doses of *Tuberculinum*.

Among all the symptoms, a peculiar one seems to be the great restlessness of the patient who desires to change his dress, diet, residence, occupation, activities, friends, etc., and even the doctor. The patient also feels better by travelling. Even the symptoms change. A drug seems clearly indicated, the drug is given, the symptoms change and next day another drug seems as clearly indicated, and so on, the symptoms changing from time to time.

A definite indication for *Tuberculinum* is that the symptoms are ever changing.

Underhill says, "When the case changes every time you go and the symptoms imitate a different remedy at each visit, think of *Tuberculinum*." This is a cardinal feature of the remedy. Not only do the symptoms change but the patient wants to roam around and seek change of scenery to the point of restlessness.

Kanjilal has described a case of diphtheria in which he found the symptoms continuously changing indicating different remedies such as *Mercs*, *Phos.*, etc. at different times. It was only after he had prescribed five or six remedies he realised that this changing of symptoms itself was a symptom and he prescribed *Tub.* and cured the case.

Kent has described in general the symptoms of *Tuberculinum* under the heading *Tub. bovinum*. Actually, *Tuberculinum* is prepared from the tubercular abscess while *Tuberculinum bovinum* is made from the gland of infected cattle. But the indications for the different varieties of *Tuberculinum* such as *Tub. of Koch*, *Residual Tub. of Koch*,

Tub. aviaire, *Serum of Marmorek*, *Tub. of Rosenbach*, etc., are given by Clarke, Wheeler, Cartier and others. Goldberg summarizes the indications well. Quinton was using *Tuberculinum* constantly in all cases of children and chest diseases or where a hereditary taint is suspected.

Boger writes that he received the following advice from two senior homoeopaths: "When you have failed to find a remedy after trying your best, give a dose of *Tuberculinum* at long range, and then repeat the medicine and you will have success with the remedy you at first failed with."

Wians describes a case of active Tuberculosis; when he gave *Bacillinum* CC it caused an aggravation of his symptoms, which was soon followed by an amelioration. He also writes, "When a patient with the tuberculosis bent cannot get his intermittent fever cured with Quinine, nor apparently with any other remedy, a course of *Tuberculinum* will sometimes cure or make the patient curable. *Tuberculinum bovinum* has served well in many such cases."

Bacillinum Burnett Nosode

Homeopathic abbreviation

Bac.

Synonyms

Tuberculinum Burnett Nosode

Bacillinum

Tuberculous Lung

Tuberculose Lunge

Tuberculosis hominis

Human tuberculosis

Description

The remedy *Bacillinum* was originally made from tubercular lung tissue (or initially expectoration) from a human suffering with tuberculosis. Along with the tubercular bacteria, the raw material for the original remedy contained tissue and products resulting from the tubercular infection. These latter products include the various toxin by-products as well as other bacteria typically present (such as *Streptococcus*, *Staphylococcus* and even elements of ringworm and mycosis). Burnett coined the name *Bacillinum* due to the documented presence of tubercle bacilli in his source. *As described, tuberculosis is a serious condition which can be 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. 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

Mycobacterium tuberculosis (Zopf 1883) Lehmann & Neumann 1896

Bacillus tuberculosis

Bacterium tuberculosis

Mycobacterium tuberculosis *typus humanus*

Mycobacterium tuberculosis var. *hominis*

MTB

Commentary

As I mentioned in the Tubercular Miasm and Tubercular Nosodes chapters, from the classic descriptions of tubercular remedies it is sometimes difficult to tell what particular kind of *Tuberculinum* the author is discussing. After Kent's introduction and popularization of *Tuberculinum bovinum*, there was much discussion and even argument about whether to use Burnett's or Kent's remedy. Most of my colleagues have been trained to simply regard *Bacillinum* as a poor cousin to *Tuberculinum bovinum*, interchangeable with it. In the past, when I investigated further and then clinically applied *Bacillinum* in a more specific way, I became convinced that the remedies were different. The main difference can be grasped by attending to its source - *Bacillinum* was made from tubercular lung tissue or expectoration from a human suffering with tuberculosis, whereas *Tuberculinum bovinum* was made from a tubercular gland of a cow.

The varied raw material of *Bacillinum* along with the sparse and unfocused mental and emotional symptoms in the traditional literature make the disposition difficult to grasp. I

will therefore attempt to offer a broader yet also more specific understanding.

I have concluded that *Bacillinum*, once homeopathically prepared, shares symptoms of various remedies; among these we find not only the tubercular remedies, but also the homeopathic remedies *Streptococci-num*, *Staphylococcinum*, *Ringworm*, *Pyrogenium* and even *Syphillinum*. My understanding of this remedy is from direct experience of its use as a single remedy which includes an understanding of its various "parts" and even of its *many* related miasms (particularly the tubercular, the psoric and the ringworm miasms).

In its complexity, *Bacillinum* is similar to *Oleum jecoris aselli* (cod liver oil), which I have described, in the first volume of the *Clinical Focus Guide*, as similarly multi-faceted, and even as a "pre-tubercular" remedy constituted of many different minerals and naturally-occurring ingredients. I also mention this because *Bacillinum* is the main remedy that follows *Oleum jecoris*. With the *Bacillinum* patient's tendency towards affability, business relationship problems, and physical issues such as abscesses and fevers, you can see this similarity to *Oleum jecoris*.

In Bacillinum, one of the main dispositional themes has to do with hectic *striving but then a failure to manifest rapid change*. The tubercular patient becomes consumed by the endeavor to overcome, and to break free of, a perceived problem, particularly one that is threatening or impinging on their own survival, or on the hopeful survival of the structure of their family or a close group. To the *Bacillinum* patient, these impingements seem life-threatening and dangerous, even though they may not be so. The patient may frequently use the words "disaster" or "dangerous" to describe even simple challenges or problems. You get a sense that the problems are not all as big as the internal feeling the patient has about them. In the end, though, the *Bacillinum* patient may take on enormous tasks of social change. They feel a compelling need to save their family, or even mankind, from an imminent threat that will create death and destruction, or loss of the ideal.

In addition, underlying this activity, the *Bacillinum* patient has conflicting core beliefs which account for the difference that this remedy has from other Tuberculinums. The *Bacillinum* patient *wants to break free of conventional restrictions* (like other Tuberculinums,) *but is conflicted by a severe timidity, by an impression of failure, and by a desire to please others even to the point of subservience*. They can experience an internal weakness which can manifest on the mental-emotional level, as well as in physical symptoms and pathology. In light of this, their desire to break free is attempted in a more internalized fashion than other Tuberculinums, and frequently meets with failure, disappointment and sadness.

Individuals needing *Bacillinum* are attempting to manifest their strong idealistic and romantic vision of a perfect world - they feel driven and consumed to do many things at one time, and to work hard in doing so. They feel the need to save the world, or those persons that they are related to. For them, there is a constant feeling of multiple imminent threats and also of social constrictions all of which they are determined to overcome. They may attempt this through artistic endeavors, spiritual pursuits, idealistic social action, or also through the accumulation of material wealth. In spite of being idealistic, they can be very materially orientated with a strong worry about money - an issue of survival.

I have seen two "phases" in *Bacillinum*. First, there is the active phase of passionate hectic activity that pushes changes forward in order to manifest the desired result. In

this first phase, idealism can combine with workaholism and intense hectic activity. In the other broken-down phase, there is instead a collapsed or frustrated ability to manifest, or to change the world around them. This generates a feeling of miserable frustration, and bitter disappointment, of subsequent physical collapse, and the related worry and symptomatology.

This ability or inability to manifest materially is present dispositionally in all those homeopathic remedies that are associated with the pituitary gland and hypothalamus (as a spiritual conduit); I have elaborated on this while presenting a case of homeopathic *Pituitary anterior* at the 1996 IFH (International Foundation for Homeopathy) Case Conference. This shared thematic similarity is why we see *Bacillinum* in symptoms or rubrics that reflect issues of the pituitary and endocrine system such as: "Generalities, Growth: length, in, too fast" and "Mind, Harshness, rough, children, in" (*Pituitary anterior*) and "Generalities, Dwarfishness" (*Pituitary posterior*). What I have seen primarily in *Bacillinum* children, as with those needing the remedy *Pituitary anterior*, is that they tend to grow very quickly, yet imperfectly, and look a number of years older because of their physical size.

As such, *Bacillinum* is similar to the homeopathic remedy *Pituitary anterior*, and a study of both remedies' sets of symptoms will reveal these similarities. It has been pointed out to me while lecturing on these similarities that there is such a thing as pituitary tuberculosis, although it is rare. A 2007 journal article by Sunil et al. states:

"Still tuberculosis is responsible for 20% of the intracranial spaceoccupying lesions in India and tuberculomas of the sellar-suprasellar region comprise 1% of all intracranial tuberculomas."

The theme of "ability to manifest" and "hectic" can also be perceived in the context of the totality of a tubercular remedy. In the disease tuberculosis, we see a romantic, passionate quality and hectic activity. If you look in the dictionaries of the 19th century, you will see that the **only** definition of hectic is a fever occurring usually at an advanced stage of exhausting disease, as in "pulmonary consumption." The idea of hectic *activity* is based on a new word meaning, and its usage starts only in the 20th century. The word *hectic* is now assigned a similar root, and given a new, expanded definition reflecting the sometimes feverish hustle of modern life. This "progression" of meaning shows how the miasm has permeated our modern society, but is now operating on a more mental, or dispositional, level.

This hectic activity is part of all Tuberculinums with the feeling of having to do many things at once in order to accomplish the desired outcome. There is a feeling that many things have to come into play. Specifically, in *Bacillinum* there is also the sense that a disaster is imminent, and therefore more hectic activity is necessary to accomplish everything in order to prevent that disaster.

In this first phase of *Bacillinum*, there is the need for activity which is focused and practical, yet their idealism and their perceptive abilities will mean that their plans are enormous. It isn't always earth-shattering projects that they take on; however, this "intense focus" can be on a business, a family matter, or on more mundane but passionate pursuits. They describe how they work as "persistent." They can also work very hard, day and night, to accomplish their desired ideal. Many times, though, they are the initiator of the idea without the ability or tenacity to follow through. They can have many projects going on at the same time. Their own restless mind demands that they start a new project, and then change to another one.

This motivation can come from the desire to oppose or to be contrary. Like other tubercular remedies, they choose projects that break free of restrictive ideas or rules. *Tuberculinum bovinum* patients overtly and actively want to break the bonds of society especially through malicious and rebellious behavior. The more timid and careful *Bacillinum* patient, while passionately striving to reach similar ideals, avoids being overtly or conspicuously known for such bullish antics - they are too easily embarrassed and driven by the need to please others. *Bacillinum* adults may often choose more intellectual or spiritual pursuits to express the rebellion or risk-taking, thus doing it in a characteristically quiet, internalized yet intense way. They are quite attached to their family, and if they do rebel against them there can be intense feelings of guilt while doing so. Eventually, later in life after such rebellious activity, they will tend to gravitate back into the midst of their family.

In *Bacillinum* children, the rebellion will be intermittent, and less persistently aggressive and loud than we might expect in a *Tuberculinum bovinum* child. In children, we may see temper tantrums (even with biting) but, like *Lyssin* and unlike *Tuberculinum bovinum*, there is in *Bacillinum* a state of remorse afterwards. The child will eventually calm down, and then attempt to please the caregiver.

Bacillinum patients can even become servile or obsequious (the *Strepto-coccinum* aspect), and often seem easy to get along with because of their loyalty. In the end, however, they become easily discouraged, ultimately internalizing their struggle, and seeking the consolation of failure rather than risking too much personal exposure. They have contradictory feelings: they want to please and yet they have a kind of defiance against restrictions. This contradiction creates an internalized conflict that eventuates in feelings of incompleteness, difficult loyalties, and loss of confidence. These in turn lead to great anxiety, and even to strong feelings of guilt. Like other tubercular remedies, their emotions (and any reactions) are strong and passionate, but in *Bacillinum* these are easily suppressed or discouraged. You can see how this remedy could easily be confused with *Carcinosin*, or with *Lac caninum*. Indeed in my experience, it follows *Lac caninum*. *Bacillinum* can have a strong fear of spiders, as can *Lac caninum*, though *Bacillinum* mainly has a strong fear of dogs.

The underlying conflict makes the *Bacillinum* patient alternate between the active phase, and the broken-down, disquieted phase. This alternation can be seen externally in a generous mood alternating with stinginess, both emotionally and materially. We see the rubrics: "Mind, Squanders" and "Mind, Squanders, money" alongside the symptom: "Anxiety about money matters."

In the end, the *Bacillinum* patient can go into a completely broken-down phase. This comes about easily since underlying the initial phase of hectic activity we know that there are the contradictory feelings of poor self-esteem, poor confidence, a desire to please and the belief that life is a never-ending struggle (as in Ringworm). In this failed or broken-down phase, there is much bitter disappointment and the feeling of being injured by others. This is usually internalized but, given the right situation, there can be vocal complaining. In this phase it is easy to mistake *Bacillinum* for nitrate remedies such as *Nitric Acid*, and either the Ammoniums or Oxygen remedies. The individual, either adult or child, can be quite morose and miserable. They don't necessarily show this, and prefer to stay internally discontented yet they still appear like a complainer. When provoked by someone who they perceive has injured them, they may then complain by expressing their bitterness, resentment and anger but primarily they stay in

a state of "melancholia," as it is described in the old texts, and a quiet victimization. At this point, there is appreciable anxiety (particularly after waking); this is a restless anxiety where the hectic activity has been stifled into an unexplainably anxious state. There is a constant feeling that something needs to be done; this feeling can be alleviated by work and intense activity, but if it is stifled in any way the result can be even more anxiety. They can become anxious about small events as if they are "disasters" waiting to happen. They become over-perfectionistic in anything they do (and in what is done by others who work for or with them).

They can have severe anxieties about the well-being of their family - of parents, children or even other relatives - and they become quite attached to them. This attachment to the well-being of their family can alternate with an indifference or desire to break free. You may take the case of a *Bacillinum* patient when they are in a state of being very attached to their family and quite worried or when they have detached from or left the family and are living on their own. These states can also alternate more frequently, particularly when they are in a situation where they have acquired much responsibility for the well-being of others.

The patient can have fears of having a serious disease, such as cancer, as well as great fears about money and imminent poverty. They can change doctors, or go to many different health practitioners since they dissatisfy quickly with their various treatments yet have a strong hypochondriacal anxiety. It is a remedy for health obsession, and for what I call "homeopathy addictions" (the constant need to take homeopathic remedies). Adults, and particularly children, can have anxious nervous tics, or pull out their hair to the extent of having bald spots, and they can suffer from alopecia.

In either phase, in both adults and in children, you don't see the intense active maliciousness that you may see in *Tuberculinum bovinum* although both remedies share the underlying dissatisfaction. In children there can be rapid mood changes, but in fact, in *Bacillinum* children you may see a more compliant element until they are provoked by some activity which they feel the need to refuse. As I have said, *Bacillinum* children grow quickly physically, and are therefore awkward and cautious with problems around spatial orientation (like the *Datura* family). While appearing rather slow, in fact they are quite intellectually well-developed, but simply have co-ordination problems. They seem spaced out, or absentminded because they have a large imaginative world; they easily become artists or involved in artistic endeavors.

Bacillinum children can also seem rather obstinate and passionate about certain people or things in their lives, which is not always easily expressed. They don't want to be interfered with, and can complain and whine. In this regard, superficially you may confuse the remedy with *Natrum muriaticum*. As well as being emotionally sensitive, they can have strange fears that they obstinately hold onto, even though at times they may not exhibit these fears; they may even engage in activities that seem as if they don't have such fears. It is as if they have an idea of something that they "should" be fearful of, and then stick to it out of loyalty and obstinacy to this thought or idea, but not out of true fear. *Bacillinum* patients may take on responsibility at a young age, including working from a young age, in part because they need lots of productive activity. They have a profound emotional capacity, and can be quite sympathetic; their solution to problems is "working through" them.

I see more obese and larger patients needing *Bacillinum*, and this can be a

distinguishing feature from other tubercular remedies where we see a more refined and very thin-looking patient, although *both body types* can be associated with *any* of the tubercular remedies. The *Bacillinum* patient's problems can be associated with their obesity, but they also have many of the general tubercular problems.

They can have a history of infections with fevers similar to those shown by remedies from the Compositae (Asteraceae) family. The sinuses are particularly affected and then the lungs, or an alternation between the two. They are sensitive to cats (like *Tuberculinum bovinum*) and can react with sinus or breathing problems. The sinus infections can compare in their depth and severity to *Hippozaeninum*. They can have many lung problems, including a history of tuberculosis. With these problems, there is usually a large production of *purulent mucus with "bubbling rales."* In addition, there can be constrictive asthma and impeded breathing which eventually changes the physical structure of the lungs, chest cavity and ribs. Eventually, you can see emphysema and bronchiectasis.

There is also a tendency towards either cellulitis, or other severe internal infections where a fistula is present (in any area of the body). As well, you may see enlargement of the glands, particularly of the cervical glands. With the use of antibiotics, and the common surgical removal of tonsils and adenoids, though, I have found that these indications may be absent.

As children and adults, these patients may exhibit tremendous amounts of energy but with certain reversals (both physical and emotional). They may quickly go into a fatigued and weak state that takes much time to clear up. Once chronic, this fatigued state can be triggered by any acute infection, especially if the latter is treated with antibiotics, or after a bout of influenza or even a strong emotional setback or conflict. In the end, they may have chronic fatigue problems and avoid physical exertion, all the while retaining that internal feeling of restlessness and anxiety. This fatigue can also be from anemia, which the *Bacillinum* patient can easily suffer from.

If they have had many antibiotic treatments, you may see that the patient becomes less susceptible to infection, but develops a deeper alternation of states, like *Artemisia abrotanum*. In this instance, paralyzing rheumatic complaints develop, along with weakness, pain and cramping. At this point, when the *Bacillinum* patient experiences a pain (whether a headache from indigestion or an extremity pain) it is experienced as severe and described as "deep in " Eventually there may be soreness all over the body or soreness from slight injury, especially sore to touch. Injuries fail to heal (as is true for the Inert Gases), and become chronic with muscular pain, cramping and soreness at first, followed by wasting. Usually the diagnosis of their multiple complaints will be difficult, and eventually you may see a diagnosis of chronic fatigue syndrome, of various postencephalopathies, or of fibromyalgia.

Burnett also discusses *Bacillinum* as an important remedy in the cure of ringworm. I would only give it for this when the totality agrees. A pertinent indication is "eczema of the eyelids," although I have seen many cases where this indication is not present, or where the patient expresses it simply as a dryness and itching in the eyelids. Their skin, in general, is usually quite dry, rough (and even hard) or has patches of parchment-like skin. At the same time there can be severe acne and boils.

Bacillinum patients are quite sensitive to various chemical skin treatments, even perfumed skin lotions. Their skin can react with hives, eczema, or other eruptions. You may see a systemic reaction since, along with the sensitivity to chemicals and

perfumes, they are also affected by having perspiration suppressed. Anything that prevents free perspiration, such as some creams, wool clothing, or certain synthetic materials, will cause discomfort and sometimes severe skin (or even systemic) reactions.

The food symptoms of *Bacillinum* can be similar to those of other tubercular remedies: smoked meat (and smoked fish), cold water and ice cream. But in this remedy, there is also a craving for vinegar, mustard and pickles. As well, there can also be a craving for eggs. The *Bacillinum* patient tends to overeat, especially when under emotional stress (for example, when angry). They can also have strong food allergies.

Since it is a remedy made from a human discharge or tissue, *Bacillinum* should be compared to *Lac humanum* - we see a similarity here in the alternation of states, particularly states that alternate from indifference to a sensitivity to others' suffering. In *Bacillinum*, it is an intense sensitivity to suffering and oppression which then alternates with complaining, selfishness and an indifference to suffering.

Of course, there can be a family history of "tubercular" etiology. The classical homeopathic literature suggests many other miasmatic aspects and symptoms present in this remedy in addition to those I have already mentioned, such as the syphilitic, sycotic, psoric and even the leprous. Primarily, in my experience, *Bacillinum* is an important remedy where there is a family history of tuberculosis (particularly of disseminated tuberculosis but of whatever kind), and where there are alternations and contradictions of states. It is on such aspects, therefore, that this remedy can be differentiated from other Tuberculinums, and in particular from *Tuberculinum bovinum*. In its more subtle presentation, *Bacillinum* can address a variety of complaints and states with more subtle indications and is therefore an important remedy to be considered for the Tubercular miasm.

Names and Meanings

Bacillinum - from Latin, *bacillus*, aerobic rod-shaped bacterium; also, loosely, any disease-causing bacterium.

Family

In the genus *Mycobacterium*, of the Mycobacteriaceae family in the Actinomycetales order.

Source Notes

As mentioned in chapters on the Tubercular Miasm and Tubercular Nosodes, currently some pharmacies confuse *Bacillinum* with *Tuberculinum bovinum* and some make it up from only the sputum of a tubercular patient, rather than the lung tissue recommended by Burnett himself. Check your sources: the sputum works well, especially when the patient exhibits states which have much sputum.

Adapted from the Centers for Disease Control website:

The bacterium from which the remedy is made, *Mycobacterium tuberculosis* is an aerobic, non-spore-forming, non-motile bacillus with a high cell wall content of fatty acids. Growth is slow, the generation time being 15-20 hours.

Tuberculosis (abbreviated as TB for *tubercle bacillus* or *tuberculosis*) is a common and deadly infectious disease caused by mycobacteria, mainly *Mycobacterium tuberculosis*. Tuberculosis most commonly attacks the lungs (as pulmonary TB) but can also affect the central nervous system, the lymphatic system, the circulatory system, the genitourinary system, bones, joints and even the skin.

Over one-third of the world's population now carries the TB bacterium, and new infections occur at a rate of one per second. Not everyone infected develops the full-blown disease, so asymptomatic latent TB infection is most common. However, one in ten latent infections will progress to active TB disease which, if left untreated, kills more than half of its victims.

The general symptoms of TB disease include feelings of sickness or weakness, weight loss, fever, and night sweats. The symptoms of TB disease of the lungs also include coughing, chest pain, and the coughing up of blood. Symptoms of TB disease in other parts of the body depend on the area affected.

TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can stay in the air for several hours, depending on the environment. Persons who breathe in the air containing these TB germs can become infected; this is called latent TB infection.

People with *latent TB infection* have TB germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms of TB disease, and they cannot spread the germs to others. However, they may develop TB disease in the future. They are often prescribed treatment to prevent them from developing TB disease.

People with TB disease are sick from TB germs that are *active*, meaning that they are multiplying and destroying tissue in their body. They usually have symptoms of TB disease. People with TB disease of the lungs or throat are capable of spreading germs to others.

Clinical Focus Guide for Bacillinum Nosode

Mind and Disposition

Hectic activity conflicted by a severe timidity, with an impression of failure and a desire to please

Hectic Activity Phase

- Wants to break free of conventional restrictions
- Passionate idealistic striving
- Workaholic
- Start many projects at one time
- Huge undertakings
- Intellectual or Spiritual risk-taking
- Quiet Persistence
- Belief in the hope of technology solving mankind's problems
- Investment in technology
- On the edge of change

Saving others from an imminent threat or mass death

- Survival dreams, hectic activities to save people
- Dreams of saving others from mass suicide or massive man-made or natural

disasters

- Use the word "disaster" or similar frequently

Broken Down Phase - Alternations

- Severe anxieties**
- Restless anxiety
- Unexplainable anxiety

"Melancholic even to insanity"

Alternations of states

Indifference alternating with passion

"Roller coaster" emotions and situations

Cyclothymic [milder form of bipolar disorder]

Fear about health

Intellectualizes reasons for disease state and fears

Changing doctors or practitioners constantly

Complaining

Fear of infection, disease

Addiction to drugs and especially to homeopathic remedies

Internal Discontent

Morose and irritable

Discontented

Bitter Complaining

Life is a struggle

Many obstacles

Episodic obstinacy

Internal restlessness

Stuffing emotions by eating, especially when angry

Spitting

Silent and refuses to answer

Cautious Fears

Fear of injury

Fear of dogs, plus disgust or anger about dogs

Fear of poverty

Anxiety about money - yet "squanders" all their money mainly on vacations and travel

Generosity alternates with selfishness and stinginess

"Materialistic" alternates or conflicts with asceticism and idealism

Fear of downward motion

Fear of getting physically hurt - cautious

Second-guessing decisions

Fear of homosexuality

Fear of holocaust - nuclear, natural, manmade

Fear of getting caught

Ailments from disappointed love

Deep love and romanticism alternates with indifference

Profound anxiety about family alternates with disinterest and desire to escape

Sadness from disappointment

Delusion possessed by the devil

Fear of the devil

Superstitious, intermittently

Dreams complicated

Hectic, complicated dreams

Police dreams

Boats on water

Clairvoyant about old friends or clients who then appear again

Sexual dreams - waking with remorse (*Helodrilus caliginosus*)

Awkward Children

Large internal world - easily hurt

Grow quickly, physically awkward

Or: stunted growth and dwarfish

Physically cautious, spatial orientation problems

Whining

Teaching

Spreading the word

Quiet evangelism

Physical Focus

Tubercular Disorders and past history

Tuberculosis in family history or current TB

Infections

Abscess

Cellulitis

Fistula

Deep sinus infections

Constant coryza

Pimples in the nostrils

Purulent discharges

Tendency to take cold

Colds go to chest

Chronic Chest problems and tuberculosis

Much catarrhal purulent discharge

Bubbling rales

Moist cough turns into a constrictive, dry cough

Changes in ribs - flat ribs, physical constriction

Pneumonia

Hepaticization of lungs

Asthmatic or difficult breathing

Spontaneous pneumothorax

Pain in back and extremities

Rheumatic complaints

Cramping, drawing, tearing

Better continued motion

Worse sitting still

Worse after sleep

With atrophy or emaciation of affected area

Deep pains

Wandering pains

Synovitis

Soreness

Extreme sensitivity to touch

Allergies and sensitivities

Sensitive to materials or creams that prevent free perspiration of the skin or body

Sensitive to synthetic and wool materials

Sensitive to skin creams

Worse perfumes

Environmental sensitivities

Hay Fever leads to sinus or chest problems

Icy coldness of lower limbs

Worse cold damp weather

Hectic or intermittent fever

With chill and heightened sensitivity

"Tubercular" fever

Thirst with fever

Better before the onset of acute or worsening of symptoms

Menses absent or irregular

Poor dwarfish development of uterus

Acrid leucorrhea

Yeast infections

Dysmenorrhea worse flow

Dwarfishness or Gigantism

Children grow too quickly and imperfectly

Children "too-healthy" looking or sickly-looking

Pituitary Type symptoms

Skin Problems

Eczema

Dryness around eyelids

In babies

Dry skin, like parchment

Acne - boils and carbuncles

Vitiligo

Dark discolorations, chloasma

Warts and skin tags

Intolerance of wool clothing

Pulling of hair

Trichotillomania

Alopecia in spots

Ringworm

Tricophytosis

Desire for fresh air

Worse slight draft

Worse artificial air

Better fresh air, blowing open air

Child wants window open even in freezing winter

Obesity

With emaciation of parts

Gain weight easily

Yo-yo dieting

Also: tendency to thinness

Grinding teeth

- Caries and abscesses in the teeth
- Teeth develop imperfectly

Frequent urination at night

Glands of neck and head enlarged with tenderness

Bone disorders

- Pott's disease**
- Osteoporosis
- Osteomyelitis
- Injuries to the back and extremities
- Injuries do not heal

Abdominal complaints - flatulence

- Distention; easy and sudden diarrhea and distention
- Food sensitivities - worse flatulent food, vitamins and synthetic foods

Chronic Fatigue Syndrome

Body discoloration

Food

- Food allergies
- Desires pork, meat
- Worse milk
- Aversion chicken (from texts, unconfirmed)

Diabetes

Selections from traditional homeopathic sources

From Burnett's *A New Cure for Consumption*:

***Bacillinum*: the remedy**

Since the publication of the first edition letters have reached me from physicians, pharmacutists, and others from almost all parts] of the world asking me to supply them with some of the identical *Bacillinum* of which I have made use. I would, therefore, like to say that it may be obtained in England of Dr. Heath, and in America at any of the pharmacies of Messrs. Boericke & Tafel. In my earliest efforts I made use of *tuberculinum* from various sources, sometimes obtained from one place and sometimes from another, but I imagine that the various supplies were for the most part primarily from Dr. Swan of New York. They acted fairly well at times, and sometimes brilliantly, but with nothing like the precision and regularity of *Bacillinum*, and nothing like so incisively.

The best way to get some really good *Bacillinum* (if any one wishes to prepare it) is to take a portion of the lung of an individual who had died of genuine bacillary tuberculosis pulmonum, choosing a good-sized portion from the parities of a cavity and its circumjacent tissue as herein will be found everything pertaining to the tuberculous process - bacilli debris, ptomaines and tubercles in all stages (such was practically the origin of the matrix of my *Bacillinum*) and prepared by trituration in spirit. In this way nothing is lost. There is, moreover, nothing disgusting in this, which can hardly be said of sputal *Tuberculinum* - one instinctively shrinks from it.

Finally this mode of obtaining our *Bacillinum* will result in our having a fairly constant preparation, and one which will meet all practical requirements in the present imperfect state of our knowledge. No doubt in the future we shall have elaborate and scientifically accurate investigations into the characters and qualities of the various bodies that our

Bacillinum no doubt contains; but we who live now must use the means at our disposal, we cannot let our patients die because we have not now the hypothetically perfect pathologico-pharmaceutical preparations which it is permissible to believe our more favored after-comers will possess; we must work with such tools as we have, and our *Bacillinum* is beyond any question the grandest anti-consumptive remedy the world now knows, and is likely to be for long years to come. At the best we can only serve our own generation directly. If we faithfully record our experiences our successors in practical medicine will be able, by following us, to do as well as we; it will be for them to do better, as I have no doubt they will.

From Lippe, *Keynotes and Redline Symptoms of the Materia Medica*:

Bacillinum

Common name - a maceration of a tubercular lung

TUBERCULAR DIATHESIS, BEFORE PHTHISIS HAS DEVELOPED (Tub.) [Bnt.]

Constant disposition to take cold [Br.]. Inflammatory conditions of the eye-lids [Bnt.].

Ulceration of cornea in children [Br.]

Nasal catarrh [Cla.]. Suffocative Catarrh [Br.]

Teeth very sensitive to cold air [Cla.]

Obstinate constipation, with offensive flatus [Br.]

Oppression of breathing; catarrhal dyspnoea [Br.]. Attacks of suffocation at night, with difficult cough [Br.]

Cough, waking one at night [Br.]. Pricking in larynx, then sudden cough; single cough on rising from bed, in morning, easy expectoration [Cla.]

CONGESTION OF LUNGS [Bnt.]

Lungs of old people, with chronic catarrhal condition and enfeebled pulmonary circulation [Br.]

Sharp pain of short duration in chest and various parts of the body [Cla.]

CO-EXISTENCE OF PHTHISIS WITH OTHER DISEASES OR TAINTS OF DISEASE [Bnt.]

WHEN PHTHISIS SUPERVENES UPON OVERCROWDING, BAD FOOD, FOUL AIR, CHRONIC SEWAGE-POISONINGS, WOUNDED PRIDE, ETC. [Bnt]

Bubbling rales and muco-purulent expectoration [Br.]

Many forms of chronic non-tubercular diseases, esp. when bronchorrhea and dyspnoea are present [Br]

Ring-worm [Br.]

AGGRAVATION: Night; early morning; cold air.

RELATIONSHIP—SIMILAR: *Tub.* COMPARE: *Ant-iod.*, *Ars-iod.*, *Lach.*, *Myos.*, *Psor.*

COMPLEMENTARY: *Calc-p.*, *Kali-c.*

(Bnt. = Burnett, Br. = Boericke, Cla. = Clarke)

From an article by Margaret Tyler in the *Homeopathy Journal*:

***Bacillinum* or "*Tuberculinum*"**

Swan's original preparation in use years before Koch arrived on the scene. (*Bacillinum* was Burnett's, specially prepared for him by Dr. Alfred Heath.) Prepared from the oozings of breaking down tuberculous lung, or pus from strumous gland.

Burnett says:

Sulky, snappish, irritable: melancholic even to insanity. Especially in those with a TB history.

Frightened: especially of dogs.

In meningitis; persistent ringworm, alopecia.

Imperfectly developed teeth: delayed dentition.

From an article by W. Younan in the *Homoeopathic Recorder*:

Early or first experiences through life are like so many landmarks on the road, that one may reasonably be excused for refreshing his memory of them, or for pointing them out for the guidance of others. In matters of science this becomes almost a duty, and a physician has this duty to perform par excellence, considering he has the interests of humanity at heart.

Some two or three months after there came under my care a young lady, fifteen years of age, suffering from continued fever of a remittent type. No impression could I make upon the course of the fever, which had already run into the third week with persistent high temperatures. One element of gravity seriously complicated the case: The heart was damaged from early childhood by a sharp attack of rheumatic fever, and there was present a loud mitral bruit. At this stage typhoid symptoms supervened with an alarming diarrhoea and an incessant cough, which was short and dry. An allopathic physician, a mutual friend, examined the case with me, and gave a very unfavourable prognosis, the state of the heart arresting his attention particularly. The ordinary typhoid remedies had been given in vain, and I was resigning myself for the worst, when suddenly a very bad fit of coughing suggested to me the possibility of the whole being latently tubercular.

For I had repeatedly examined the chest for physical signs and could find none.

What a straw is to a drowning man, so was the tubercular inspiration in favor of the administration of *Bacillinum C.* to me. Two globules were administered at my morning visit, and I left in fear and trembling for the possible loss of most valuable time. Imagine my surprise and delight, however, when on visiting the patient in the evening I found that the fever had been less high during the day, the number of stools diminished and the cough less frequent and troublesome. For the following days a placebo was prescribed, and I had the supreme satisfaction to note how slowly and yet surely the patient went into convalescence. A second dose of *Bacillinum* was not necessary. The young lady went up country for a change, and when some months after she returned to town, looking greatly improved, I made an examination of the heart and was surprised to find the mitral insufficiency less pronounced. I lost sight of her for over a year, when one day being called to attend her sister I found my interesting patient had just returned from school up country, where she had enjoyed the best of health. I questioned her as to the heart, and she informed me that that organ had given her less and less trouble as her general health had improved. A final examination conclusively showed me what I had never dared to expect - a complete restoration of the heart. Not a trace of the once too evident mitral bruit could be detected, and I have since learnt to believe in the curability of organic valvular disease of the heart. I have lately heard that the young lady remains in good health. Not long after my experience with the case related above I attended the two youngest children of a family living in one of the healthiest localities in town. Both of them came down with continued fever, which, in the third week of its course, developed typhoid symptoms, those of the lungs and bronchial tubes being specially marked. *Rhus tox.*, *Arsenicum*, *Phosphorus* and *Sulphur* had failed to benefit, and both the doctor and the patient were in a bad way. I well remember being called out one night to one of these children, as the mother had become quite alarmed at her breathing and general condition. I cannot say why I questioned the anxious mother as to the milk supply of the house except that the wish to trace her children's disease to

tuberculosis was father to the thought. Her answer was definite and assuring to the effect that the goala [milk-man] had been supplying very bad milk for two or three months, and that, in consequence, since the children's illness, she had been using condensed milk. I fear the stable door here had been shut when the horse had run away! However, I jumped to the conclusion that tuberculous milk was at the root of the children's typhoid fever, and what more was wanted than to give the little patients a hair of the dog that bit them! Two globules of *Bacillinum C.* were given to each and a placebo administered every three or four hours as a fever mixture. *Bacillinum C.* proved as true as steel, and that single dose of orthodoxly ridiculous magnitude was sufficient to kill the whole army of tubercular bacilli that had presumably invaded the organism of each sick child. Both children went into speedy convalescence, and I, their doctor, incurred a deep debt of gratitude to *Bacillinum C.*, which has become deeper and heavier with subsequent years of experience with it.

I am also very thankful to Dr. Burnett for having taught me the use of this very potent drug, without which many a morbid condition would remain incurable.

From an article by John Young in the *Homeopathic Recorder*:

John Young, M.D., Forsthaus, Herisau, Switzerland, formerly of Brooklyn, New York)

Through the *Homeopathic Recorder* [March number, 1891], I became aware of Dr. Burnett's little book, *New Cure of Consumption*. Being myself interested in the treatment of consumption, I bought the book at the store of Boericke & Tafel, as also the medicine *Bacillinum*. Having carefully perused the contents of the little book, I determined, as I was about to sail for Europe, to try its effect on my arrival in Switzerland. During my short stay in Basel I had occasion to administer *Bacillinum* to about six persons. From Basel I went to Herisau, Canton d'Appenzell. There I had occasion enough to distribute amongst my friends the wonderful effect of *Bacillinum*, amidst the great opposition of the doctors, who laugh and snarl at the idea of such a treatment as something completely new in practice. Since sixteen months many very remarkable cures have been performed, even several known as incurable, so that from east to west, all through Switzerland, *Bacillinum* has found an entrance. In a journal, treating on "General Conduciveness," I asserted that the principal cause of idiotism and cretinism are tubercles in and around the brain, and the only remedy to reach these tubercles, and to re-establish a harmony between moral and physis, [is] *Bacillinum* in its different strengths. This affirmation brought the strong phalanx of Allopaths against me in controversy openly in the same journal. They could not deny the cures, but ridiculed the idea of using such means to cure diseases. My last words of defense were those which Dr. Burnett used: Machs nach! Aber machs besser! (It makes no difference. But it makes better.) [The actual meaning of the quote is: Do it like me, but do it better.] This ended for the present our controversy.

Allow me to send you here a few, but very interesting cases, where *Bacillinum* has shown highly its curative power.

1. A mother brought a child of 12 months, covered from head to foot by a syphilitic eruption, the eyes like raw flesh. I gave the child on her tongue, 15 small pellets of *Bacillinum*, 200. A week after, the change was more than could be expected. Again the same dose; 8 days later the child could see well, and the eruption more than half gone. Two weeks longer treatment in the same manner, the child was perfectly healed. A proof that *Bacillinum* has curative effect on syphilis.
2. A Miss E., of 27 years, having spent the winter of 1890-91 in the hospital at Basel,

being sent home in April, 1891, pronounced incurable, suffering with consumption, sent for me May 16, 1891. Examination pronounced both lungs in an advanced state of phthisis. She began with 20 pellets of *Bacillinum*, every eighth day the same dose. In July after, she called at my house in Herisau, and in truth, I was astonished to see her so well. Kept on in taking *Bacillinum*, when in September, visiting Basel, I found her very well.

3. A Miss S., teacher of 38 years in Basel, suffering for years with bad stomach, not able to keep food in her stomach, had the symptoms of a beginning cancer in the pylorus [pylorus]. This lady received *Bacillinum*, one dose every eighth day and after six months was totally cured.
4. A merchant in Basel, 32 years old, consumptive for several years, received from his doctors, as the last resort, *Kreosotum* in capsules. Getting worse from month to month, the family desired he should consult a homoeopathic physician. Was consulted and examination showed the upper parts of the lungs badly affected, covered by tubercles. Also by chronic bronchitis. Received *Bacillinum* 200, 20 pellets every eighth day, keeping for three months the medicine, and to the astonishment of his friends he became a healthy man.
5. A dessinateur [draftsman/designer] here in Herisau suffering from weak lungs, constant cough day and night, underwent a so-called "Knipps" treatment at a place in Germany. Six weeks after he came back, a skeleton, emaciated, miserable. Examination proved the whole upper part of the lungs covered by tubercles. *Bacillinum* cured him perfectly in two months.
6. A young girl of 16 years, of Lofingen. Over two years ago she had scarlet fever, was neglected and lost appetite and sleep; her menses ceased more than 18 months. All appearance was that she was in the decline, [consumption], I gave her of the *Bacillinum*, every week 20 pellets. The result was indeed beyond my expectation. The menses returned and the other complaints disappeared, sleep came back, and after three months she became a blooming girl.
7. This is a very remarkable case. A maiden lady of 37 years, residing at Lichtensteig, being more or less sick for sixteen or seventeen years. The first cause was hysterical spinal irritation; grew worse from year to year; her spine curved over one and one-half inches; her left hand inflamed, which led to amputation of her index [forefinger], Over two years ago she became helpless in both legs. The doctor at Wattwyl [city hospital], though[t?] [it was then just the fury of Dr. Koch's lymph system] to inject in her the lymph. This he did eighteen times. After this had been done, her legs, from hip to foot, became as dead, without any feeling. It was on December 2, 1891, I found her in that condition. I left her *Bacillinum*, 20 pellets, every week one dose. After four weeks some feelings returned; also became able to move her toes, keeping on for some time more in the same manner. In May last she was able to sit up. In June she was strong enough to get up and walk alone in her room. Now it is August 9th. Her legs are perfectly normal, and with the exception of the curve on her back and sore hand, she is as she had been in her younger days. This lady had been pronounced incurable, and people of Lichiensteig, with their doctors, are enchanted over such a cure. *Bacillinum* has done its work perfectly, and many such so-called incurable cases would yield under the blessed influence of this wonderful medicine.
8. Another case where old and new school doctors have more or less failed. A

butcher's wife about 58 years old, residing in Lichtensteig, has been for years complaining of rheumatism, but more especially a stiffness and redness in her arms, hands, legs and feet, which resulted slowly into arthritical, gouty contractions of the joints of fingers, toes, even on the knees, so as to become unable to shut the hands, and walking only with great difficulty. She received *Bacillinum* in the above named order, and in less than three months all her stiffness was removed, and she is now very well. Here it was evident that *Bacillinum* absorbed the chalky substance in the joints.

9. A case of idiotism and cretinism, which made a great stir. In August, 1891, I was called by telegram to go to a place near Neuchatel, about 150 miles from Herisau, and found there a 10 year old girl, a perfect idiot and cretin. The history of the child was about this: Until after vaccination [she was 1 and a quarter year old] was very well; from that time she began to act as having no sense, growing worse from months to years. Her parents consulted in different cities, as London, Paris and Vienna without the slightest amelioration. They heard of me by a doctor of Basel, that I had attended there a 16 year-old idiot, whose reason returned partially. I found the girl in the following condition: Long or tall, 2 feet and 5 inches; old, 10 years; the teeth hidden in the gums, could hardly stand on her legs, unable to walk and talk; head, front narrow and large on the back; several smaller and larger elevations on the skull, some soft, others hard; nose, eyelids and lips extremely large; type of an idiot and cretin.

A careful examination, especially of the deformed head, with its elevations, disclosed nests of tubercles. Her eyes without life, no desire for anything; in fact the most ungrateful expression! Now what to do! My thoughts settled soon on one point, to give an antidote to these colonies of tubercles, and decided on *Bacillinum*, as the only means to bring on a change. She received on the 10th of August, 1891, 20 pellets, to continue every week the same dose. Visited her in October said year; great change; she began to talk and walk, the teeth sprouting out of the gum, the head a better form, and the general condition of the whole body was changed. Kept on, by the same medicines. In November it was decided that I should go to London to a conference, to confer with Dr. Burnett. [Dr. Burnett mentioned my visit to him in his second edition of "*Cure of Consumption*/" pages 151 and 152], After this, every month brought some new change. It is just a year since the child came under my attendance, and what a change has *Bacillinum 200* operated? The child talks, walks, [even runs], has grown three and a half inches, intelligence restored, enjoys extremely her life, being so cheerful and bright. Now am I wrong to assert that the main causes of idiotism and cretinism are tubercles, brought on either by bad virus of vaccination, or inherited from the parents the germ of such a dreadful calamity?

Selections from contemporary homeopathic

sources

From P. Sankaran, *Elements of Homoeopathy*:

Bacillinum

Frequency of colds leading to bronchial irritation. Sudden and deep seated cough. Low resistance to upper respiratory infection.

McAdam says he has used *Bacil.* with excellent results in a variety of respiratory conditions and in cases where he suspects a tubercular soil.

Usher, A. Clement and many others report actual cases of tuberculosis cured with *Bacillinum* or *Tuberculinum*.

Winans describes several cases of tuberculosis, flu and appendicitis cured with *Bacillinum*.

Waffensmith quotes Burnett saying that *Bacillinum* is the potentized portion of lung containing the tubercle bacilli. He mentions among its symptoms taste of blood in mouth, green colour of tongue, aversion to water, desire for eggs, etc.

McNiell in a discussion says that this was one of the remedies he used for cyclical vomiting. Children who had cyclical vomiting often had a tendency for papular urticaria and for these children he found that *Bacillinum* was nearly always the most useful remedy.

From O. A. Julian, *Materia Medica of Nosodes with Repertory*:

***Bacillinum* Burnett**

It is Burnett who baptises [sic] and experiments with this nosode of which the preparation was made at his request by Heath, starting from the sputums of tuberculous patients after having been assured of the presence of B.K. [Bacilli of Koch ie tubercular bacilli] by a microscopic examination. Burnett also experimented, according to Clarke, [with] another nosode *Bacillinum testium*, prepared from the testicle of tuberculous patients.

In U.S.A. *Bacillinum* was utilised, in high dilution frequently repeated as a preventive of tuberculosis.

There is no real pathogenesis of *Bacillinum*. The experiment of Burnett is essentially clinical.

The symptoms are very similar to those of *Tuberculinum bovinum* of Kent. Fincke and Swan gave an outline study on a nosode prepared with the pus of the tuberculous abscess. This product was sometimes called *Bacillinum* of Fincke and seemed to have been confused with the *Tuberculinum* of Hering. [Hering's *Cuiding Symptoms* entry for *Tuberculinum bovinum* Kent lists Swan, Burnett & Biegler as authorities].

Clinical cortico-visceral protocol or clinical pathogenesis

Generalities

Lability of symptoms, child or adult having the "craze for traveling."

The patient has a deep-seated headache; an eczema of the eyelids; coughs and spits.

Nervous system

Adult:

Bacillinum is a depressed patient, sad, irritable, is better nowhere, constantly changes places, country, doctors. He has a craze for movement. He feels uneasy in his own room, like a stranger.

Has frequent chill, does not know how or where it comes. Violent, deep, depressing headache, better by complete rest, and is aggravated by the slightest movement of the head.

Localisation: Suborbital, right side, irradiating towards armpit.

Sensation as if there is a tight iron band around the head. (*Cactus*) Trembling of hands.

Sensation of coldness, humidity, as if the dress is wet above the dorsal vertebra.

Child:

Bacillinum is always in movement, distracted, emaciated.

Timid, is easily afraid, especially of black dogs.

Often wakes up, has a weak body, irritable.

Complains of headache, especially after school tasks.

Headache of students, aggravated by the least exercise, mental exercise, has defective eyesight. (Myopia)

Sleep

Adult - Absence of sleep during headache. The patient sleeps during the day, is restless at night.

Child - Restless sleep, with dreams and nocturnal hallucinations.

Eyes, ears

Eczema of the eyelids; eczema of the ear passage. Impetigo behind ears.

Respiratory system

(a) Nose: Small painful furuncles, situated specially on the nasal orifices. Discharge of foetid pus, greenish. Ozena.

(b) Lungs: bronchitis with jerking and fatiguing cough, spasmodic. Pricking pains in the larynx causing cough. Abundant mucus or muco-purulent expectoration. Cough worse at night but very often the patient does not wake up. Cough while sleeping.

Digestive system

(a) Mouth: Toothache. Teeth sensitive to cold air. Roots of the teeth are painful. Abundant dental tartar. Teeth shoot up badly in children.

(b) Stomach: Gastric flatulence with pinching pain under the right ribs. Appetite diminished or augmented, in the latter case gradual emaciation.

(c) Abdomen: Bloating, meteorism, indurated inguinal adenopathy. Blackish, stools, alternating with stubborn constipation. Sometimes intestinal hemorrhage. Morning diarrhoea, urging, accompanied by sweats and nausea.

Uro-genital apparatus

Urine, pale, abundant with whitish sediment. Nycturia.

Dysmenorrhoea, very painful with abundant long continued menstruation.

Loco-motor system

General weakness of the back.

Left knee painful, aggravation in the beginning of movement, then amelioration by continued movement, a walk for example.

Skin

Impetigo of the head; pityriasis versicolor, squamous eczema, generalised pruriginous eruptions.

Weeping eczema of the head, behind ears in the folds of the skin.

On the face, especially on the left cheek, some small button-like eruptions; juvenile acne, which persists for long time (*Anthrac.*) Alopecia of the head.

Fever

Fever with flushes of heat and perspiration.

Modalities

Aggravation: By movement, cold air, at night and in the morning. Amelioration: By change of weather, continued movement.

Positive diagnosis

Bacillium is characterised by: Patient having the craze for movement.

Headache, deep headache, aggravated by movement.

Eczema of eyelids. Impetigo.

Chronic cough with abundant muco-purulent expectoration.

Differential diagnosis

Lac caninum: It is a remedy of changing places, crosswise.

Belladonna: Beginning and ending suddenly. Hypersensitiveness to light and headache, better by tight bandage.

Craphites: Is indolent, apathetic, obese, constipated and eruption with honey-like secretion.

Chamomilla: Has night cough which does not awake the patient while sleeping, but Chamomilla is a restless patient, too much sensitive to pains, has intolerable pains.

Pulsatilla: A mild type, weeping; having labile character, changing, with a hyposthenia, dyspepsia and troubles of venous stasis. Catarrhal irritation of the mucous membranes with thick greenish yellow excretion, nonirritating.

Natrum muriaticum: Is depressed, with chronic headache, anemic, emaciated, medial fissure of the lower lip and great desire for salt.

As well as *VAB* [BCC] and *Tuberculinum*.

Clinical diagnosis

The indications of *Bacillinum* are very polymorphous because its spectrum of action extends by the intermediary of the nervous system to many regions.

General diseases

Denutritional state. Emaciation.

Troubles of growth in children having hereditary tuberculosis.

Tubercular condition: Burnand-Jacquelin syndromes [atypical, subfebrile form]

Rachitis, Scrofula.

Addison's disease.

Nervous system

Idiot. Hydrocephaly.

Mental instability.

Student's headache.

Insomnia of children.

Eyes, ears

Eczema of eyelids and of the auditive conduit.

Digestive apparatus

Dental caries, especially of children.

Intestinal tuberculosis.

Respiratory system

Tubercular laryngitis.

Chronic bronchitis.

Humid asthma.

Bronchiectasis.

Pulmonary abscess.

Genito-urinary apparatus

Uneasiness. Salpingitis having tuberculous etiology.

Inguinal adenitis.

Loco-motor system

Arthrosis of knees.

Rheumatism of Poncet-Leriche.

Skin

Alopecia, impetigo, pityriasis versicolor.

From Rajan Sankaran, *The Substance of Homeopathy*:

A Proving of Bacillinum: Conclusion

[Sankaran proved the remedy on around a hundred participants at the conference in Spiekerroog, Germany in 1993.]

This proving confirmed the picture I had in mind of the tubercular miasm, on which I had already written in this book [*The Substance of Homeopathy*], It made the picture clearer and brought it to life. The main themes of this remedy (and the miasm) are:

- (A) Intense and hectic activity
- (B) Feeling of danger; risk
- (C) Need to take a risk
- (D) Fearlessness; does not feel fear to the extent demanded by the situation.
- (E) Sense of oppression
- (F) Need to help others, especially those in danger
- (G) Hopefulness

We can see from the last rubric that it lies before the syphilitic miasm which is totally hopeless. In *Bacillinum*, the feeling is of oppression and danger but with the hope of finding a way out if he acts rapidly - intense activity in the time available.

Relationships

Mistaken for: *Hippozaeninum*, *Tuberculinum bovinum*, *Calcarea carbonica*, *Graphites*, *Tellurium*, *Arsenicum album*, *Lac humanum* and other human source remedies, Pituitary remedies, *Helodrilus caliginosus*.

Follows after: *Oleum jecoris aselli*, *Silica*, *Lac caninum*, *Tellurium*, *Telluric acid*, *Aurum*, the Compositae [Asteraceae] and others.

Remedies that follow well: *Calcarea fluorata*, *Calcarea carbonica*. Compositae [Asteraceae]. *Tellurium*. *Sulphur*. *Lac humanum* and others.

Compare:

Streptococcinum, *Staphylococcinum*. Other remedies from infectious agents (*Ringworm*, *Pyrogenium*, *Syphilinum*).

The Tubercular, Psoric and Ringworm miasms.

Carcinosinum.

The Human group of remedies.

Pituitary anterior.

Oleum jecoris aselli.

Artemisia abrotanum.

Hippozaeninum.

Daturas.

Compositae [Asteraceae].

Natrum muriaticum. *Nitric acid* and Ammoniums. The Oxygen group.

(Please see also the information on Remedies in the Tubercular Miasm at the end of the Tubercular Miasm chapter.)

Tuberculinum bovinum Nosode

Homeopathic abbreviation

Tub. (Complete & Synthesis)

Tub. bov.

Synonyms

Tuberculinum

Tuberculinum Kent

Tuberculini bovini derivatum

Tuberculosis bovis

Bovine tubercle bacillus

Tuberculosis of cattle, bovine tuberculosis Rindertuberkulose, Perlsucht [in German]

Description

This remedy is made from bovine (cow) glands that were tuberculous. The bacterium is Gram-positive, non-spore-forming, non-motile and aerobic. It is characterized by slow-growing rods which form strands and cords. Many mammals are able to act as host for this bacterium, including cattle, swine, rodents and badgers, along with primates and humans.

As described, tuberculosis is a serious condition which can be 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. 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

Mycobacterium bovis subsp. *bovis* Karlson & Lessel 1970 *Mycobacterium tuberculosis* *typus bovinus* *Mycobacterium tuberculosis* var. *bovis*

Commentary

This remedy was introduced by James Tyler Kent of the United States. He acquired the raw material to potentize this homeopathic nosode from the glands of a slaughtered cow at the Veterinary College of Pennsylvania University. This remedy quickly superseded the use of *Bacillinum* previously introduced by Burnett of England. Kent gives an excellent description of the use of a tubercular remedy, but does seem to mix together information on *Bacillinum* and on *Tuberculinum bovinum*, giving credence to a usage of these remedies interchangeably. As I said in the chapter on the Tubercular miasm, I have attempted to differentiate these remedies, mainly based on my clinical use and a careful study of the literature.

Any grasp of this remedy has to be underscored with appreciation for the *Tuberculinum bovinum* patient's all-consuming and passionate feeling that life is ideally swollen with full and intense promise. When this passionate feeling is in any way impinged upon or lost, even in the slightest degree, then there is an aggressive reaction to free it up. Much of the time such impinging occurs simply by virtue of living in this life and existence. In most instances, this swelled impassioned feeling is constantly impinged upon by the practicalities and ordinary rules of life. So the *Tuberculinum bovinum* patient has constant feelings of wasting, of being trapped or suffocated, in conjunction with an "unbearable sense of being unfulfilled," as it is described in various classical texts. As a result, there is an almost constant feeling of discontentedness and desire for

change. Their inner feelings are also tinged with romantic hope, longing and expectation, and even a poetic sensitivity. If you have ever fallen head over heels in love and then suddenly it is no more or it remains unfulfilled, you can appreciate this feeling. In individuals needing this remedy, this type of intense feeling can be experienced in an almost constant way and in a variety of situations, not just falling in and out of love. It can turn into a desperate, tortured emotion and state.

In children, there is a discontentedness expressed in the form of aggressive and purposefully malicious behavior. The aggression can be directed at anyone in authority, such as parents, so we may see in children some form of wild, spiteful behavior by which they desire to torment those around them. They will deliberately break a parent's or sibling's favorite possession; they will strike others, and be all-round nasty, while constantly contesting the rules as well as others' personal boundaries. They stretch the limits, are dare-devils, and can destroy any peaceful co-existence within a family or close personal group. This behavior, in children, is associated with restlessness and hyperactivity - even with a desire to run away from home. Frequently, these children are diagnosed as ADD or ADHD and are on Ritalin; they eventually become delinquent in their teen years. In more extreme cases, it is also a remedy to be considered in autism and post-encephalitis, especially where there is aggressive behavior and head banging.

In *Tuberculinum bovinum* children, we can see a threatening disposition. These are kids who enjoy the reaction they create. They shamelessly disrupt family activities and social gatherings, and this shamelessness can extend to their sexuality. You get a sense that the parents and other family members are completely burned out from interacting with them, and in the end, the adults feel powerless to do anything to stop the child's behavior. The child is defiant and makes many irrational moves, most of the time not listening to reason. As the phrase has it, this is "a bull in a china shop" - a saying which also recalls the remedy's source.

In adult patients, this need for change and excitement is exhibited in the form of changing jobs, partners, and in a constant drive to travel. The adult *Tuberculinum bovinum* can also suddenly abdicate responsibility by quitting a job, a project that they have worked very hard at, or a position where they have accumulated many responsibilities.

Recreationally, they can exhibit this same state by pursuing dangerous sporting challenges, and also excessive partying. Thus we see the classic keynote of this remedy expressed in various rubrics: "Mind, Change, desire for: constantly," "Mind, Travel, desire to," "Mind, Wander, desires to."

They need much activity - they play hard and work hard. Thus, we also have the idea of "burning the candle at both ends." The right circumstances create an uncommon industriousness, of which the usual direct result is to push the boundaries of personal and societal norms. These are individuals that can work many hours and also be very idealistic in their pursuits.

As adults they feel unfulfilled and fight against boredom. This eventually develops into, or is tinged with, *ennui*. The word "ennui" implies a feeling of world-weariness, as well as boredom; it comes from the Old French verb *ennuyer* or *anoier*, "to annoy, bore" which is also related to the "malicious" theme we have been discussing. In children, as mentioned, it presents as a boredom which then deliberately provokes annoyance. This can also be found in adults, though, as well.

Unlike *Bacillinum*, one of the features of *Tuberculinum bovinum* has to do with the fact that their metabolism is very high. Primarily, these patients are actually quite thin and need to eat frequently. They can easily go into an emaciated state and appearance, particularly after an emotional stress or disappointment. The high metabolism in this remedy is why *Iodum* and its salts have their great affinity to this miasm and indeed have many similarities with *Tuberculinum bovinum* itself. (In older patients this may or may not be very prominent as a symptom.)

To facilitate this "burning up" metabolism, there is a need for frequent food or fuel, as I've mentioned, as well as a need for oxygen. It is a need for fresh air and a state that is much worse for being in a closed warm room. Kent, in his description of *Tuberculinum bovinum*, said, "When phthical patients find no comfort except riding in the cold wind..... This was a symptom specially marked in the lamented Gregg, of Buffalo. He would ride out in the cold winds by the lake for hours." For some reason, this symptom and the way he expressed it - "the lamented Gregg of Buffalo" (which is a city in New York State, in the US) - always stayed in my head. I have subsequently noticed that *Tuberculinum bovinum* patients do indeed have a great desire for strong wind blowing on them, yet paradoxically they can also be sensitive to minor drafts. There is a desire to breathe deeply. *Tuberculinum bovinum* patients also do well in the mountains, and can be significantly ameliorated there.

One of the other similarities between *Tuberculinum bovinum* and *Iodum* (as well as *Syphillinum*) is in the compulsive behaviour and the superstitiousness. As in *Iodum*, there is the feeling of having forgotten something. In *Tuberculinum bovinum*, this takes place in the interview; at the end of the interview or telephone call they will say something like, "just one more thing" "This "just one more thing" becomes two more things, then three more things, etc.. This additional information is mainly about unimportant details. *Tuberculinum* can have compulsive checking, and also a fear that something is going to happen.

If you combine this sense that "something is going to happen" with the tubercular desire to break free of restrictions, you get a person who easily feels oppressed or persecuted by groups of people. This is similar to *Ohneinum* (*Mycobacterium paratuberculosis*) as well as to *Drosera*, itself a very strong tubercular remedy exhibiting this theme or quality.

Tuberculinum bovinum is also described as a remedy in "hereditary alcoholism," and it is important in this condition - particularly in someone who chronically drinks heavily, and who either becomes intensely sentimental when they drink, or becomes violent during drinking. It is also a remedy to be thought of where many family members drink heavily. In this regard, it is very similar to the homeopathic remedy *Ignis Alcoholus*, although *Ignis* has more "instigating and provoking" behaviour, whereas *Tuberculinum bovinum* is more directly and overtly aggressive and defiant. On many occasions I have found that *Tuberculinum bovinum* follows *Ignis*.

A refined tubercular quality is also evident in the physical appearance of the *Tuberculinum bovinum* patient; they have long eyelashes, appear refined, and are small-boned. Their countenance is also tempered by a romantic charisma, and in children we may see a startling precocity.

The tubercular diathesis can eventually develop into severe allergies, weakness, and

many physical kinds of complaints. But frequently, it starts with an unresolved high, insidious fever in conjunction with chills. It's a remedy you think of when you've given many well-indicated remedies in a fever but they have not really affected it in any long-standing way.

Typically in *Tuberculinum bovinum* patients, you will see a recurrent febrile type of affection that eventually ends up in the lungs; this is called a "hectic fever." There are also chills with some modalities - chills, for example, from not covering up. The classic texts give many examples of the treatment of tuberculosis especially where there are tubercular nodes (although because of legal considerations this is not permitted in my country). Even without active tuberculosis, these nodes may appear all over the body, and in many cases in peculiar locations.

The physical focus is primarily the chest. In homeopathic *Tuberculinum bovinum*, the left lung is especially affected, and the patient can have stitching pains, uncontrollable coughing with bronchopneumonia and other chest complaints. Other than in tubercular complaints, I have used this remedy for patients with sarcoidosis, as well. Along with the chest complaints comes tremendous soreness in the body, and pains that wander (in both a specific and broader sense this is a keynote). The patient is restless and even better from movement (but not in the long term), and therefore the remedy looks similar to *Rhus tox*. You think of *Tuberculinum bovinum* when you have rheumatic problems associated with chest problems.

The patient will be thirsty, usually for cold drinks (especially for cold milk) and will either be eating a tremendous amount or have an aversion to food. The thirst is especially worse during the chill. As well, there is the classic keynote of *Tuberculinum bovinum*-craving smoked meats. In children, this craving may be satisfied by eating hot dogs, and I have seen some *Tuberculinum bovinum* (as well as *Bacillinum*) children who will *only* eat hot dogs and salami.

The above partially describes the typical *Tuberculinum bovinum* patient which even beginning homeopaths are familiar with. But then, it is also important to know the *atypical* presentation. The atypical presentation has to do with those rubrics we find in the repertory which pertain to the patient stubbornly not saying much in the interview: "Answer, monosyllabic," and "Answer, monosyllabic: no to all questions: or yes." At this stage, they won't say a word about how they are doing or will say only one or two words, answering your questions with only yes or no. In some ways, it comes across as contrariness or as a rebellion and you may see this more in teenage children yet, on the other hand, I have used it as an indication in adults as well. You can also see this in *Veratrum viride*, but in *Veratrum viride* it is an almost religious type of muteness with less of the contrariness that you might sense in a *Tuberculinum bovinum* patient's silence. It is important to contrast this with another phase of this same remedy which has to do with the vivacious and precocious quality where the *Tub. bov.* patient can be quite lively and loquacious. The loquacity can be to the extent that there is no internal censor, and therefore everything is said quickly and with conviction even though inappropriate.

In the final stages, there are two directions that the patient can go in. One is an increase in the condition of wasting, and the other is towards even more restlessness (in particular, mentally), this latter internalized in such a manner that the *Tuberculinum bovinum* patient can develop a kind of insanity or mania. This insanity is frequently referred to in the classical homeopathic literature in regard to *Tuberculinum bovinum*.

As much as some homeopaths may have the opportunity to see this mania in an institutional setting, just as the old homeopaths did, my exposure has only been within my practice and in an office setting. In our society, many patients with a myriad of severe problems are yet capable of functioning in an ongoing and even "normal" environment by dint of being medicated and well-housed. In light of this, we may see states of extreme pathology that can be hard to identify simply because of this compensated and ambulatory overall condition (which at first glance might easily allow us to downplay the seriousness of their pathology).

In some instances, this mania state has to be perceived in the context of normal functioning. Initially, it may consist in the patient constantly analyzing their condition with exaggerated anxiety, the mind being tormented by quick and profuse thoughts. With this latter aspect on its own, we would think of *Bacillinum*. In *Tuberculinum bovinum*, we see, in addition, an episodically chaotic, destructive and delirious state accompanied by shrieking. Initially episodic, this may start with a fever, but then become continuous and persistent, leading into mania or schizophrenic states. This intense mental state may continue to present itself and may alternate with fever or physical symptoms. Eventually, especially with the assistance of allopathic drugs, a deeply depressed state develops with an internalized kind of restlessness and even self-destructive behavior. At this point, there can be an intense desire to travel which sometimes alleviates the deep mental state or goes with it. This desire to travel may come in the form of not wanting to be attached to any physical location, and thus we see the patient eventually desires to wander or does actually wander away, both in their mind and even physically; at this juncture they can leave their family, becoming destitute and a "bag person."

Schizophrenic and paranoid schizophrenic ideation can develop. I have found that in successfully treating this extreme mental state, the repertory is often unhelpful because it is simply not very specific regarding the multitude of schizophrenic delusions. The few delusional symptoms given for *Tuberculinum bovinum*, though, do represent the *overall quality* of the schizophrenia. In this remedy, the latter has to do with conspiracy theories, as we can construe from the rubric: "Mind, Delusions, animals, of snakes: in and around her" and "Mind, Delusions, crushed, he is: everybody rushing, by."

It is interesting that in the "tubercular" insanity the patient feels a great degree of torment of the heart and this can re-trigger the insanity:

"Without grace, the heart's insanity admits no cure." (Cowper)

One aspect of mania is an excessive or unreasonable desire, an insane passion or craze. In this state, there is a desire to strike themselves or hit their head against a wall. You can also consider this a remedy for headbanging in children. I believe that many of the tubercular remedies are useful in the treatment of bi-polar disorders. An initial remedy, such as one of the homeopathic Lithiums, may be necessary but then, sooner or later, these tubercular remedies can be helpful as a follow-up, particularly *Tuberculinum bovinum*. (As I have said, the use of a nosode as a follow-up remedy can come one to five years or more after the first remedy works.)

The other direction in this remedy's "end stage" has to do with that underlying theme in tuberculosis of "consumption" or "phthisis." Phthisis is a disease characterized by the wasting away or atrophy of the body (or a part of the body), and this wasting can both be seen physically and felt emotionally. In this end stage, the person needing this remedy may complain of chronic fatigue or of myalgic encephalomyelitis (ME) with the

feeling that they are wasting away. The patient feels totally drained of energy; thus *Tuberculinum bovinum* can follow many of our acid remedies. We can also see severe mental states where there is indifference as the main feature, similar again to the acid remedies and also to *Sepia*.

In fact, we can see a kind of "wasting" progress on the physical level until it becomes associated with a kind of rheumatism or other "connective tissue" type of disease especially lupus (either the tubercular skin type, "vulgaris" or the systemic type, "erythematosus" or SLE) but even scleroderma. In Volume One of the *Clinical Focus Guide*, I talked about homeopathic *Lecithin* for the treatment of scleroderma and its relationship to the tubercular miasm.

Speaking of "wasting," we may also see this remedy required in anorexia nervosa, (as are the Spider remedies). There is the delusion of being enlarged in *Tuberculinum bovinum* and this can motivate abstinence from eating. On the other hand, the person needing this remedy may need to eat larger quantities in a futile attempt to keep weight on. The old texts talk of a "tubercular diarrhea" as we see in Kent below. The general theme here, in relation to all the tubercular remedies but especially to *Tuberculinum bovinum*, is that there is extreme exhaustion during and after an acute symptom. Accordingly, exhaustion follows the diarrhea. There can be a headache - very severe, migraine-like, with a constricting feeling as if an iron band is around the head - and afterwards you will see severe exhaustion.

Another keynote of *Tuberculinum* is an aversion (or disgust) to cats. There is also a great sensitivity to cat fur and to animal fur in general. Cats may figure prominently in their ideation; unlike *Sulphur* or *Toxoplasmosis* it is not a love of cats, but quite the opposite.

Having given this extreme picture of *Tuberculinum bovinum*, I should also note that it can appear in a more subtle way. This subtle state is especially evident where *Tuberculinum bovinum* is needed as a second or third homeopathic prescription. At this point, you may get some sense of the struggle to be free - for example, the individual may even be reluctant to answer questions and less friendly than before and you will also see recurring colds and chest complaints starting to develop. They will also be very engaged in projects particularly ones that are altruistic. As well, you might see more of a malicious streak developing without being fully apparent. In some cases, even some physical keynotes of the remedy may be present, such as the desire to be in the mountains, craving for smoked foods and night sweats. In these cases, you may see only subtle hints of the intense state that I have described.

Names and Meanings

Bovinum - from Latin, *bos*, *bovis*, an ox or cow.

Family

The *Mycobacterium* genus is of the Mycobacteriaceae family in the Actinomycetales order.

Source Notes

Adapted from the DEFRA (UK) website and Wikipedia:

Mycobacterium bovis is a slow-growing (16 to 20 hour generation time), aerobic bacterium and the causative agent of tuberculosis in cattle (known as bovine TB).

Related to *M. tuberculosis* - the bacterium which causes tuberculosis in humans - *M. bovis* can also jump the species barrier and cause tuberculosis in humans. It is not

possible to distinguish between the two infections in humans using clinical or normal pathological tests; this is possible only by DNA analysis.

The natural hosts for *Mycobacterium bovis* are cattle, bison and buffalo, but the majority of warm-blooded animals are susceptible, giving a very wide range of animal hosts. The bacterium can establish itself within a wildlife species and become self-sustaining - and act as reservoirs of *M. bovis* for domestic animals. This broad adaptability distinguishes *M. bovis* from the other bacteria classed in the MTB complex. It has been estimated that, during the first half of the 20th century, *M. bovis* was responsible for more losses among farm animals than all other infectious diseases combined. The animals developed TB in the udders; a high proportion of the milk herds were infected, exacerbated by living closely confined and in cowsheds with poor ventilation. In the 1930s, 40% of cows in the UK were infected with *M. bovis*. Historically, through the drinking of raw, untreated milk, tuberculosis often spread to humans through milk from infected cows - the 1930s saw around 50,000 new cases of human *M. bovis* infection every year.

Human *M. bovis* infections remain relatively common in developing countries; in the developed world, only 1% of human TB cases are now of this type. This is mostly due to pasteurisation processing and to more rigorous cattle testing programmes with the immediate destruction of infected livestock. Since 1990, only one case of human *M. bovis* infection acquired from an animal source has been documented in the UK. In 2004, 5.6% of herds were affected by restrictions because of *M. bovis* infection. *M. bovis* can probably also spread from human to human via aerosol droplets.

Clinical Focus Guide for *Tuberculinum bovinum*

Nosode

Appearance of Patient

Thin, tight body

Flush on cheeks can seem passionately healthy

Refined, fine-boned

Mind and Disposition Focus

Discontentedness

Passionate and swollen

Idealistic

"Unbearable sense of being unfulfilled"

Defiance

Contrariness

Tormenting thoughts at night

Purposeful malicious behavior

Threatening

Daredevil

Attention deficit disorder

Destroying a parent's favorite possession

Desire for Change

Better change

Constant desire for change

Desire to travel

Changing jobs, places, relationships, countries, etc.

Hectic lifestyle

Burning the candle at both ends

Workaholics

Have to keep working at intense and fast pace

Burning up

As if no grace in life

Alcoholism

Follows homeopathic *Alcoholus* or, especially, *Ignis alcoholus*

Severe indifference

Sudden loss of affection

Memory loss

Sudden mental problems (cf. *Borrelia*, *Lyme Disease nosode*)

Ritualistic

"One more thing" at end of interview

Refuses to answer

Answers no to all questions

Monosyllabic answers

Hatred of Cats

Fear of cats

Insanity alternating with intermittent fever

Schizophrenia and paranoid schizophrenia

Self-torment or feeling of being tormented

Conspiracy theories

Delusions crushed by everybody rushing by

Delusions snakes in and around her

Mental Retardation

Autism

Physical Focus

Recurrent Respiratory Problems

Lung affections (especially problems with the left lung)

Recurring lung infections and problems

Continuous colds that go to the chest

Dry hacking cough (DD *Bacillinum* which has a moist, rattling cough)

Weak cough

Weak lungs

Thin narrow chest - Pigeon-chested

Respiratory problems and rheumatism

Chronic swollen and inflamed adenoids

Phthisis and Consumption

Rapid loss of weight

Weak, depleted constitutions

Ailments from overexertion

Emaciation despite eating much

Tight body but delicate features

Need to eat frequently

Debility and Anemia

Restlessness

Better movement, change of place

Better in mountains, especially in pine forests

Worse cold and damp, better dry warm

Worse change of weather

Worse warm room

Desire fresh air, doors windows open

General amelioration in open cold air or driving with the windows open

Cold sweat but desire fresh air

Intermittent fever

Face red during fever

Romantic during fever

Chill at a specific time

Profuse perspiration

Night sweats

Perspiration on mental exertion

Craving cold milk, ice cream

Allergy to milk

Allergy to cats, animal fur and dander

Seasonal allergies going to asthma

Craving smoked foods

Smoked meat

Craving delicate food

Desires sushi

Thirst during chill and fever

Taking cold easily

History of tuberculosis

Chronic migraines

Periodic - every week or 2 weeks

Worse damp weather

Worse overeating

Iron hoop sensation around head

Bruised feeling over the body

Arthritic

Fibromyalgia

Aching better motion, where *Rhus tax* fails

Wandering pains

Periosteum

Connective tissue problems

Large stool

Constipation

Constipation alternating with diarrhea

Severe diarrhea

Diarrhea driving out of bed (cf. *Sulphur*)

Nodular red eruptions

Ringworm

Chronic fatigue syndrome

Fainting fits

Weakness after exertion

Weakness in the evening

Chronic Cystitis

Pain if delaying urination

Hyper-Sexual

Selections from traditional homeopathic sources

From James Tyler Kent, *Lectures on Materia Medica*:

[I've included the majority of this excerpt because I believe that Kent had a very intimate knowledge of this remedy and a plethora of clinical cases and experience to back up his insights. (LK)]

I want to take up the study of *Tuberculinum*. The preparation which I use is a little different from that which is generally found in the market. This preparation I procured through a Professor of Veterinary Surgery. In Pennsylvania there came a time when a handsome herd of cattle had to be slaughtered because of tuberculosis. Through the Veterinary Surgeon of the Pennsylvania University I secured some of the tubercular glands from these slaughtered cattle. I selected from these the most likely specimen. This was potentized by Boericke & Tafel as far as the 6th, and has since been prepared on the Skinner machine, [in] the 30th, 200th, 100th and the higher potencies. This preparation I have been using for fifteen years. Many of my friends have been using it, as they have procured it from me.

From observing the effects of this preparation I have been gathering these notes in my interleaved Hering's *Cuiding Symptoms*, and they now guide me in the use of *Tuberculinum*. I do not use *Tuber*, merely because it is a nosode, or with the idea that generally prevails of using nosodes; that is, a product of the disease for the disease, and the results of the disease. This I fear is too much the prevailing thought in using nosodes. In certain places it prevails and is taught that anything relating to syphilis must be treated with *Syphilinum*; that anything relating to gonorrhoea must be treated with *Medorrhinum*, anything psoric must be treated with *Psorinum*, and anything that relates to tuberculosis must be treated with *Tuberculinum*. That will go out of use some day; it is mere isopathy, and it is an unsound doctrine. It is not the better idea of homeopathy. It is not based upon sound principles. It belongs to a hysterical homeopathy that prevails in this century. Yet much good has come out of it.

It is hoped that provings may be made so that we may be able to prescribe *Tuber*, on the symptoms of *Tuber*, just as we would use any drug. It is deep acting, constitutionally deep, because it is a product of disease from a very deep-seated constitutional condition, like *Silica* and *Sulphur*. It goes deep into the life; it is antipsoric; it is long acting, and it affects constitutions more deeply than most remedies; and when our deepest remedies act only a few weeks, and they have to be changed, this remedy comes in as one of the remedies - when the symptoms agree - and brings a better state of reaction, so that remedies hold longer. It may well be considered a species of *Psorinum*.

One of the most prominent uses of this remedy is in intermittent fever. Some of our most stubborn cases of intermittent fever will relapse and continue relapsing, even when such remedies as *Silica* and *Calcarea* and the deeper-acting remedies have been indicated, have acted well, have broken the fever, and in a few weeks, from exposure to cold, from sitting in a draft, from becoming fatigued, from mental exertion, from over-eating and from disordering the stomach this ague has returned. Any of these circumstances will bring back these stubborn cases of intermittent fever when *Tuber*, is needed. When a patient is travelling toward phthisis and he is exposed, an intermittent comes out. He is of a feeble constitution and his complaints have a tendency to relapse, and remedies well selected do not hold long, though they act well at first - they

must soon be changed - changing symptoms.

It is not an indication for *Tuber*, "when the well-selected remedy fails to act." Well-selected is a relative expression and involves too much of human opinion. It may be thought to be well-selected when it is not related to the case. When the well-selected remedy has acted and the constitution shows a tendency to break down, and the well-selected remedy does not hold, because of vital weakness and because of deep-seated tendencies; then it is that this remedy sometimes fits in. Such a case is often tuberculous in inclination, even though no evidence is present of a pathological character.

Burnett dropped an idea that has been confirmed many times. Patients who have inherited phthisis, patients whose parents have died of phthisis, are often of feeble vitality. They do not throw off their inherited tendencies. They are always tired. They take on sicknesses easily. They become anemic; nervous; waxy or pale. These conditions are sometimes met, when the finer symptoms agree, although Burnett evidently used this medicine in a sort of routine way for this kind of constitution, which he

called "Consumptiveness." Persons who had inherited phthisis, who were debilitated and anemic.

It seems from looking over the record of many cures that this remedy has been given many times for just that state on a paucity of symptoms, and if the records can be believed it has many times balanced up to the constitution in that anemic state, where the inheritance has been phthisis. It is not the best indication for *Tuber*., but where the symptoms agree in addition to that inheritance, then you may have indications for the remedy.

If *Tuberculinum bovinum* be given in 10M., 50M. and CM. potencies, two doses of each potency at long intervals, all children and young people who have inherited tuberculosis may be immune from their inheritance and their resiliency will be restored. It cures most cases of adenoids and tuberculous glands of the neck.

The notes that have guided me to its use I will attempt to explain. The mental symptoms that I have seen give way while the patient was under treatment, and the mental symptoms that I have seen crop out under the proving, and the mental symptoms that I have so often seen associated when the patient is poisoned by the tubercular toxins are such as belong to many complaints and are cured by *Tuberc*. Hopelessness in many complaints. Aversion to mental work. Anxiety evening, until midnight. Anxiety during fever. Loquacity during fever. Weary of life. Tormenting, persistent thoughts during the night. Thoughts intrude and crowd upon each other during the night. These I will say are the common mental features, and have often yielded when the remedy has been prescribed. Anyone who has inherited phthisis, anyone who has been in a state of debility, who has had intermittent fever with continual relapses, and these mental symptoms are present, you may think of *Tuberc*. Loquacity during fever is a common feature in hectic fever when the patient is decidedly affected by the toxins of tuberculosis. A person gradually running down, never finding the right remedy, or relief only momentarily; has a constant desire to change, and travel, and go somewhere, and do something different, or to find a new doctor. The desire to travel, that cosmopolitan condition of the mind, belongs so strongly to the one who need *Tuberc*. It comes out so often in clinical experience, is found so often in the *Calcareas*, and especially in *Calc-p.*, always wanting to go somewhere. Such is the

condition of those about to go into insanity, about to go into some lingering disease. Persons on the border-land of insanity. It is true that phthisis and insanity are convertible conditions, the one falls into the other. Many cases that are treated and cured and phthisis of the lungs has just been turned aside, finally become insane. Persons who have been cured of insanity go into phthisis and die, showing the deep-seated character of their nature. The intellectual symptoms and the lung symptoms are interchangeable.

Tuberculinum cures the most violent and the most chronic periodical sick headaches, periodical nervous headaches coming every week; every two weeks; and the irregular periodicity coming under certain conditions, in damp weather, after overwork, from mental excitement, from over eating, disordered stomach - *Tuberc.* breaks up the tendency to this chronic periodical headache when the symptoms agree.

It has been observed in the hands of good prescribers that when chronic constitutional headaches have been broken up, sometimes the patient has a tendency to lose flesh and become feeble. An entire transformation scene takes place; a cough sets in; the headache has been removed, but the patient is feeble. Whenever that takes place, *Tuberc.* is a most useful remedy. A new manifestation comes; a new organ is affected. Sore bruised feeling all over the body. Aching of the bones. Sore bruised condition of the eyeballs, sensitive to touch, and on turning the eye sideways. Persons who have long felt the weakness of tuberculosis, tubercular conditions, and are subject to cold sweat on the head. This was brought out in the provings of *Calcarea*, and those about to go into phthisis have many times been cured by *Calcarea*. The relationship between *Tuberc.* and *Calc.* is very close. They are interchangeable, that is, the one may be indicated for a while and then the other. They are both deep-acting remedies - also *Silica* is closely related to *Tuberc.*, on the same plane of action, going deep into the life in a similar way; *Calcarea*, *Tuberc.* and *Silica*, and the Silicates.

In the *Cuiding Symptoms* is a record, "Pain in the head, as if the head had a tight hoop of iron around it," an iron band. Headache, with frequent sharp cutting pains. Headache, worse from motion. In the *Cuiding Symptoms*, "A sullen, taciturn, irritable" condition of mind. "Screams in his sleep. Is very restless at night. Sister died of tubercular meningitis." That symptom was given by Burnett. It has cured hydrocephalus. Many years ago Doctor Biegler cured a case of tubercular meningitis with *Tuberc.* In many instances it has cured tubercular meningitis and tubercular diseases of the brain in the early stages.

The face becomes red, even to purple, during the chill, and during the heat. Aversion to all foods. Such aversion to meat that it becomes impossible to eat it. Thirst during the chill and heat, for large quantities of cold water. Craving for cold milk. Emptiness in the abdomen, with faint feeling. Anxiety in the abdomen and stomach, much like the *Sulphur* sensation described. An all-gone, hungry feeling, that drives him to eat. This has been cured by *Tuberc.* after *Sulphur* had failed.

All know what a marked feature emaciation is in persons who are going into phthisis. The emaciation often begins before there is any sign of phthisis, gradually losing flesh. A gradually growing weakness, a gradually increasing fatigue.

General relaxation. Weakness and hanging down of the genitals. Relaxed scrotum. Menses too early, too profuse, long lasting. Amenorrhoea. Dysmenorrhoea.

The uterus sags down and is heavy. At the menstrual period, a relaxation, as if the inner parts would come out.

Dry hacking cough before the evening chill (*Rhus t.*), and the hacking cough lasts sometimes during the chill, and sometimes during the fever, but he knows the chill is coming by the cough.

The patient has been cured perhaps a number of times by remedies. Intermittent fever has been cured a number of times by remedies well selected. The fever goes away promptly under the action of the remedy; but from slight exposure, as was mentioned, it comes back again. Now at the end of three, four or five weeks - often two or three - he says, "I know my old chills are coming back again, because of the cough I have." The previous remedies have not been successful. They are not deep enough acting, they are not long enough acting. When the homeopathic remedy is really and truly able to cure the diseased condition it will hold that case, so that when the symptoms come back again the same remedy will be indicated, and only a changed potency perhaps will be necessary. The same remedy is called for; but it is an indication for *Tuberc.* when at every coming back of the case it calls for a new remedy. *Calcarea* breaks up the case once, and the next time it comes back it calls for something else, and the next time for something else, and it keeps turning around. Perhaps a number of times it calls for the same remedies again.

Changing about. That very changing and unsatisfied symptom image is a strong indication for this medicine.

Suffocation in a warm room. Can find easy breathing only when riding in the cold wind. When phthisical patients find no comfort except riding in the cold wind - which is a rare symptom, but has been noticed. This was a symptom specially marked in the lamented Gregg, of Buffalo. He would ride out in the cold winds by the lake for hours. *Arg-n.* many times relieved that, but it is a strong symptom of *Tuberc.* He finally died of tuberculosis.

Desire for deep breathing. Longs for the open air. Wants the doors and windows open. Sits in the room covered with a cold sweat, but wants the air, wants fresh air. When covered with cold sweat he cannot have the wind blowing on him because he takes cold, he is sensitive to it, but he wants the fresh air, he wants the open air. Especially when the tubercular deposits begin in the apex of the left lung, which is the indication that has been verified by quite a number of observers.

"Hard, dry cough. Hard, dry, shaking cough," were symptoms noticed by Boardman - regardless of phthisis. The expectoration is thick, yellow, often yellowish-green in catarrhal conditions. Hacking cough in young girls, where there is a suppression of the menstrual flow, of the first menses. They come on once or twice or three times, and the patient is yellow, is puny, is tired, has a hacking cough, and a suspicious chest. If the tubercular deposits have not gone too far, *Tuberc.* may arrest the progress of the disease. *Tuberc.* often gives immunity if taken before the tuberculosis begins in those who have inherited it. It immunizes the constitution.

Another marked feature recorded by Burnett was ringworms. Burnett was of the opinion that ringworms commonly formed upon those who had inherited phthisis. He thought it was a sign of approaching phthisis, that it was a very common feature of those who have inherited phthisis; and he used the *Bacillinum* 200th. He used it somewhat as a routine remedy on every child with ringworm.

Patients who suffer from weakness in the evening. Rapid pulse in the evening. Every evening for years he has noticed the pulse has been rapid. Palpitation after the evening meal.

Jerking of the muscles on going to sleep, and during deep. Rheumatic pain in the right elbow. Sore bruised condition of the bones and periosteum. Aching, drawing pains in the limbs during rest, better by walking. A strong feature of this remedy is that its pains and aches are better by motion. I have seen this aching distress in the limbs many times where *Rhus* has acted only temporarily or has failed; where *Rhus* seemed to be the remedy, but was not deep enough to hold its action. Where *Rhus* was superficially indicated - or the deep action of the disturbance, the deep inheritance, the tired constitution, the chronic nature of the case prevents the action of *Rhus - Tuberc.* cures these cases. Especially in girls that are book-keepers, and shop-keepers, who have inherited phthisical constitutions, who have aches and pains during damp weather, in rainy weather, during a storm, when the weather changes, when the weather becomes cold; then it is that *Tuberc.* cures after such remedies as *Rhus* have failed; these patients are better by motion, better by walking; worse during rest. While sitting the pains become so severe that he is driven to travel, driven to walk. Aching, drawing pains in limbs during rest, better waking. Coldness of left foot and leg, evening in bed. Stitching pains in limbs during rest. Wandering pains in limbs - in joints. Rains all over the body, but mostly in lower limbs. Aching, drawing, tearing, as if in bones, and nerves, during rest; better walking. Pains in bones of lower limbs. Stiffness on beginning to move. Sore bruised joints. Pains all ameliorated by heat. Drawing pairs in thighs. Stitching pains in limbs. Restless. Stiffness of lower limbs, evening. Physical exertion aggravates.

Complaints worse standing; must move. This is as marked in this remedy as in *Sulphur*. Intermittent fever, with drawing in limbs during rest. Chill seven PM. Chilliness, evening; better in bed. Chill five PM; with thirst. Cough before chill, during chill, and vomiting during fever. Wants to be covered during all stages. Extreme heat, with chilliness. Relapsing intermittents.

Drawing in the limbs in the evening before the chill, and during the chill. He knows the chill is coming on because of the drawing in the limbs. Chill at 11 o'clock at night. Must be covered up during all stages, the chill, the fever and the sweat. The chilliness extends into the fever and into the sweat if there is any uncovering.

Aching in the bones of the head, with soreness of the periosteum - and these are better by travelling about, like *Rhus*. Better by motion; worse keeping still.

Perspiration from mental exertion. Perspiration stains the linen yellow. Heat and perspiration during sleep. We know what a common feature it is in phthisis to have night sweats.

Formication in the skin. This remedy has cured tubercular eruptions of the skin. This remedy has cured red purplish eruptions that are nodular in character; the patient wants to sit all the time by the fire - itching in cold air, better by going to the fire, worse from scratching. Sensitive to every change of the weather, especially to cold, and to damp weather, and sometimes to warm damp weather, and to rainy weather. Always worse before a storm. Can feel every electric change in the weather. Becoming cold brings on all the symptoms, pains, aches, distresses and sufferings. A large list of symptoms of patients that have been cured in all their varying conditions may be found by looking up the *Cuiding Symptoms*.

Periodicity, then, is a strong feature of this remedy, and sensitive to weather changes. Fainting fits. Weakness after a short walk.

It has cured constitutional headaches, periodical headaches that existed forty-five

years. It cures even old people of these periodical complaints.

The pains will sometimes travel. Stitching, pinching, cramping, wandering; and always worse from cold, and from cold damp weather.

From James Tyler Kent, *New Remedies, Clinical Cases & Lesser Writings*:
[This case from Dr. Kent is remarkable. It exhibits one of the points that I made in the introduction whereby a sole indication for a nosodal remedy may be that the case is presenting without much modality but mainly the disease itself. Of course the perception of the true nature of the pathology within a patient is on many occasions difficult but you can see that Kent had also mastered that. (LK)]

Tubercular History: Love and Mental Ability Revived

Now another strange case I may tell you: A woman had been sick four years, declining steadily, when she came to consult me.

She had lost all her loves: had not the ability to exercise that function at all. She was ashamed of it: did not like her husband; did not love her children: and she said: "What shall I do! Don't tell of it. I don't want anybody to know that I do not love my husband; he is a good man. And my children; I have lost all my love for my children."

She had no resolution whatever; was entirely irresolute: was irritable; had no desire to do anything: it was all lost.

Undertaking any mental exertion brought much pain in the occiput; she put her finger directly on the spot: she felt hot right at that spot.

Hers was a marked tubercular history. From her recital I recognized that there was a difficulty - it was clear to me that there was some obstruction in the passage between the third and the fourth ventricles; it appeared to me that the cerebro-spinal fluid would not flow out of the brain to accommodate her mental exertion, and then she would have congestion.

I could strongly suspect that there were tubercular deposits in the brain; I was convinced of this by her strongly tubercular history. But I did not come to a conclusion until after studying her for more than six months, giving her such remedies as I could. She would pick up slightly; and then within a week would drop right back again; I would select another remedy, and after another slight improvement she would again drop back.

Finally, I thought: Here is a tubercular history and here are the tubercular symptoms; I am going to test her.

Putting her under a test with *Tuberculinum bovinum* 10m, she responded to it.

She said, "Doctor, I am a new woman." All of her loves came back; her mental ability revived.

She had 10m twice at long intervals and had 50m twice, also at long intervals.

She responded and felt better after the first dose; within three or four weeks her symptoms returned and I gave her a second one. She is now on the third or fourth dose; now, after about three or four doses she is a new woman, perfectly natural in everything.

Relationships

Differentiate from: *BCG (V-a-b)* vaccine.

Similar: *Iodum* and *Iodum* salts. *Syphilinum*. *Ignis alcoholus*.

Other Mycobacteria such as *Bacillinum* - some of the symptoms are interchangeable.

Other Tubercular remedies (*Drosera*).

Follows: Lithium salts and plants high in lithium. *Nux vomica*, *Ignis alcoholus*, *Iodum*.

Remedies mistaken for: *Rhus toxicodendron*, *Veratrum viride*.

(Please see also the information on Remedies in the Tubercular Miasm at the end of the Tubercular Miasm chapter.)

Tuberculinum aviaire Nosode

Homeopathic abbreviation

Tub-a.

Synonyms

Tuberculinum avis

Aviaire (and incorrectly sometimes given as *Aviare* or *Avai re*)

Avian tuberculosis, Bird tuberculosis

Bacillus tuberculosis avium

Poultry, Chicken, Fowl Tuberculosis

Huhnertuberkulose, Geflügeltuberkulose [in German]

Tuberculose des oiseaux [in French]

Description

This *Mycobacterium* is widely distributed but thrives in, for example, the warmer body temperature of birds and in the water of hot tubs. It is found in the liver and alimentary tract of birds. Infection by the *Mycobacterium* follows either inhalation or ingestion.

As described, tuberculosis is a serious condition which can be 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. 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

Mycobacterium avium Chester 1901

Mycobacterium avium subsp. *avium* Chester 1901 emend. Thorel et al. 1990

Bacillus tuberculosis gallinarum

Bacillus tuberculosis avium

Mycobacterium tuberculosis avium

Mycobacterium tuberculosis typus *gallinaceus*

Commentary

As our materia medica expands it also evolves. With new provings of many remedies made from birds, recent developments have also given me a better understanding of this remedy and a kind of "aviaire" miasm. Therefore, this remedy is an important miasmatic nosode in chronic conditions that you could say belong to the "bird group" of remedies (remedies made from bird products). I have been using this remedy with more and more frequency both in a certain kind of chronic situation which I will describe and, just as importantly, in acute situations.

In acutes, this increased frequency may be because I had overlooked it in the beginnings of my homeopathic practice, or it may be that it is becoming more indicated because of various important epidemiologic and environmental factors. As much as the former is very possible, I also think that my usage reflects the fact that humans are again increasingly becoming infected with animal pathogens. This is a consequence of numerous human and environmental factors that facilitate transmission between species. Understanding remedies such as *Tuberculinum aviaire* and augmenting the numbers of homeopathic remedies made from similar types of pathogen will provide curative results with diseases that are a consequence of an animal/human conduit.

Boericke, in his *Pocket Manual of Homeopathic Materia Medica*, states in the

Relationship section of *Tuberculinum*: "Aviare [sic] -*Tuberculin* from birds - acts on the apices of the lungs; has proved an excellent remedy in influenzal bronchitis; symptoms similar to tuberculosis; relieves the debility, diminishes the cough, improves the appetite, and braces up the whole organism." [The apex (plural, apices) is the highest point of the lung.]

Tuberculinum aviaire is indicated in both acute and chronic conditions. Most of the references in the classical homeopathic materia medica discuss its use in *acute bronchitis following influenza*. You think of it semi- acutely where there is a combination of flu and bronchitis. As much as I have seen it increasingly indicated in this acute situation, I have also seen this remedy work in some patients who were chronically suffering with extremely severe asthma.

Other classical homeopathic texts frequently repeat this indication of "influenzal bronchitis," yet for a modern homeopath an important first question must be as to its exact definition. The term "influenzal bronchitis" was common at the turn of the 20th century, but rarely used now. It was reported, at the time, that many individuals died from acute influenzal bronchitis in the flu epidemics similar to what we see even now with certain kinds of influenzal epidemics. Based on my experience of matching the old description to modern conditions, I would describe it as follows: usually the child or adult starts with a flu-like feeling of malaise, weakness, fever, body aches and even coryza. This continues for a day or two and then an inflammation in the lungs or bronchi develops with or without a cough. Prior to and during the development of the cough, the patient may experience burning and irritation in the lungs or larynx. Sometimes, rather than a cough, there is simply bronchitis with a kind of burning. Usually there is little expectoration. Eventually, this irritation causes more coughing. The cough, in the beginning, is usually not so intense but it is *incessant*. Later it can get more intense but quite quickly the patient becomes even weaker, extending the original feeling of influenza. Accordingly, the cough is not so powerfully expressive. In many of the influenzas that we are seeing now, I believe this remedy is invaluable and frequently the epidemic remedy or "genus epidemicus."

From the perspective of chronic disease, *Tuberculinum aviaire* shares many of the characteristics of other tubercular remedies such as a passionate and "swollen" soul as well as many of the characteristics of homeopathic remedies made from various bird types and products. It is also interesting to note that birds, particularly ducks, carry many viruses - which is why duck liver is used in homeopathic remedies given for the common flu such as *Oscilloccoccinum* (which can also be called *Anas barb*). (I also use these remedies, such as *Oscillicoccinum*, but in a specific way and for particular constitutional types **in chronic treatment**.)

We see a very strong tubercular quality in many of the Bird remedies and in birds themselves; they constantly desire the freedom to fly away and escape. In some types of bird, there is a quality of deep and intense love, idealism and loyalty, such as in "lovebirds," doves, and swans. This is reflected in the homeopathic provings of these and their use as homeopathic remedies. In fact, I tend to think of *Tuberculinum aviaire* as an important miasmatic remedy in chronic disease to follow many of the "Bird" remedies after they have acted. My personal observation is that there is a similarity, in general disposition, between *Tuberculinum aviaire* and the Bird remedies as a group. For example, in the homeopathic remedies *Cygnus olor* and *Cygnus cyg- nus*, (made from the feathers of swans), we see a state similar to *Ignatia* or *Natrum muriaticum*

where the person has lost - or fears they will lose - the love of their life or "soul mate." This is felt to such an extent that they remain in a state of deep and constant grief. Similarly in *Tuberculinum aviaire*, you can see the patient *sacrificing* and *suppressing* much for the sake of love; eventually, desperate to avoid the deep grief they may experience from the disintegration of the relationship, they become easily suppressed. When their relationship is going poorly, they can become extremely anxious and guilty. (This is more like *Bacillinum* and less like *Tuberculinum bovinum*.) They are fundamentally loyal in a relationship, yet can be generally flirtatious.

Individuals needing remedies made from bird products can often have certain characteristic movements which give them a bird-like quality. In *Cygnus olor*, (the mute swan) there is more of an elegant quality to their being, but they can still exhibit movements generally found in patients needing Bird remedies. These movements are characterized by quick intense strokes - "flittering" - and can almost seem mechanical. The movements are similar to a bird which turns its head in quick mechanical jerks and in a way that appears rigid. I have also found that in many instances women will wear their hair "up," meaning they will tie their hair such that it goes directly upward. I found in a recent "epidemic" of acute coughs that the women who responded dramatically to this remedy had this as an indication.

Bird-like qualities are present, both on the physical and emotional levels, in patients needing various bird remedies (particularly remedies made from the smaller, non-predatory birds) and, just as importantly, in *Tuberculinum aviaire*.

Dispositionally, in certain bird remedies as well as in *Tuberculinum aviaire*, those around the patient may describe the patient as having the quality of being "ditzzy." We use the term "scatterbrained" to describe people such as these. Some synonyms of this word are "flighty" and "bird-brained" - words all having to do with birds. These describe an ungrounded way of approaching problems which leads to eccentric responses and interests on the part of the patient.

This state is also reflected in their outlook and activities, as they can flit from one thing to another in a rather comical and cheery way. Overall, they tend to be optimistic, yet they approach problems in a uniquely uncentered way. They are in their own world much of the time and when talking to you seem to focus on silly and irrelevant details of the problem at hand. They are very reactive to other people, but what they focus on and how they respond seems (to others) unimportant and trivial.

Bird remedies in general have this quality but in *Tuberculinum aviaire* there can also be an ambitious, focused attention - primarily upon unusual things. They may collect unusual artifacts or know irrelevant details about some unusual topic, dwelling on subjects that are esoteric and hidden. They like the attention that these eccentric interests bring. This is a remedy for a situation where one is either casually interested in something esoteric and flits from one interest to another, or where the interest persists in a more committed way.

If there is more commitment, the *Tuberculinum aviaire* patient can easily become a member of a group or even a cult. In *Tuberculinum aviaire*, when they feel they are trapped in a situation or by a group or individual (a common tubercular feeling), then they will want to break free, as will all *Tuberculinum* remedies. The method most individual to *Tuberculinum aviaire* is to break free by maliciously *gossiping and revealing the secrets* of the group or individual that appears to suppress them. This remedy should be added to both of these rubrics in the repertory: "Mind, Reveals

secrets" and "Mind, Gossiping."

Many (but not all) *Tuberculinum aviaire* patients have a strong fascination with, and love of, birds (in this sense, similar to *Toxoplasmosis Nosode* which has a love of cats), and they will promote this love by joining societies that protect birds or that further any bird-related interests.

In this regard, I was asked to meet with the husband of a homeopathy student of mine. This 32 year old man was suffering from severe asthma. Over the preceding six months, in spite of various homeopaths and naturopaths treating him, his asthma and allergic sensitivities had gotten worse and worse. He was now having such intense attacks of asthma that he would go into life-threatening status asthmaticus. When reaching this extreme, he would be hospitalized on an emergency basis and put on high doses of conventional medications. During some episodes, he would even be on a mechanical ventilator for days at a time.

I was asked to meet with the two of them on a weekend when I was teaching in their town. We discussed over dinner possible directions of approach using homeopathy. Briefly, we talked about his condition - which I could see was very severe. Most of the dinner, however, was taken up discussing the antics of their naughty and demanding cockatiel! It seemed to me that this bird was an incredibly important part of their lives and, in fact, "ruled the roost" in their apartment. When anyone was home, the bird was let out of its cage, constantly demanding one-on-one attention. They let the bird defecate everywhere - on furniture, rugs and even on them. Not only that: I noticed that both these individuals were rather bird-like. They were both thin and small-boned, and had the characteristic "flittering" movements; also, both were absolutely delightful to talk to, having that kind of childish optimism that we can see in the tubercular miasm (and in particular in this remedy). The husband, now suffering with asthma, had led an interesting yet emotionally intense life that included some abuse as a child.

As we sat caged in a very small Japanese restaurant tatami room, picking at a delicious but small meal of sushi (they didn't order quite enough food for my liking but it seemed to satisfy their small bird-like appetites), I perceived that he needed *Tuberculinum aviaire*, since his disposition and pathology matched my understanding and thereby much of the information in this commentary. After taking all the details of this case, I suggested that he take a single dose of *Tuberculinum aviaire* 200c and continue to seek emergency room help if the asthma got severe. I am happy to say that (currently at four years since the initial dose), miraculously, he has not experienced any more attacks of such severity that he would require hospitalization. His allergies have diminished dramatically.

I have seen this type of curative result from this remedy in **many** other cases of severe asthma particularly in children and babies. The curative results have been for over five years and in two cases for over ten years. The asthma responding to this particular remedy is mainly of a spasmodic type with a great sensitivity to various allergic environmental triggers including (but not limited to) animal fur and pollens. Reflective of the tubercular miasm in general, there can also be sensitivity to environmental allergens such as from new synthetic materials. This is also characteristic of the Polio miasm which I will be describing in later volumes.

I also frequently prescribe this remedy after or during certain types of flu's, particularly those having the *Tuberculinum aviaire* characteristic of flu only symptoms first and then a cough later.

By describing the qualities of bird remedies and of *Tuberculinum aviaire*, I am hoping to encourage within the homeopathic practitioner a grasp (or "Inbegriff" as Hahnemann would describe it) of the direct experience of both patient and remedy. In the case of this remedy, we can see that there is a direct and specific indication in the acute situation which then flows over to the chronic (as asthma). It has taken years of successful clinical experience and observation to develop a "picture" of this chronic *disposition*.

Names and Meanings

Myco- - related to fungus.

Tubercle - a nodule or morbid growth in the lung or elsewhere.

Avis - Latin, bird.

Aviaire - French, adjective meaning "avian."

Family

The *Mycobacterium* genus is of the family Mycobacteriaceae, in the Actinomycetales order.

Source Notes

Adapted from the Centers for Disease Control website:

Several different syndromes are caused by *Mycobacterium avium* complex (MAC), comprising *M. avium* and *M. intracellulare*. Disseminated infections are usually associated with HIV infection. Less commonly, pulmonary disease in non-immunocompromised persons is a result of infection with MAC. In children, the most common symptom is cervical lymphadenitis.

Manifestations include night sweats, weight loss, abdominal pain, fatigue, diarrhea, and anemia. Although the mode of transmission is unclear, MAC is most likely environmentally-acquired.

Clinical Focus Guide for *Tuberculinum Aviaire nosode*

Mind and Disposition Focus

Bird like

Quick movements

Restlessness

Restless Fingers

Ambitious

Hair tied up above head or pulled back and up - looking like a bird tuft

Easy suppression

Fear loss of soul mate

Searching for soul mate

Suffocated in relationship

Children suffocated by overbearing mother or father

Adult suffocated by dominating partner

Breaking free by gossiping and revealing secrets of dominating person

History of Abuse

"Scatterbrained"

"Flighty" "bird-brained"

Ditzy

Focus on silly and trivial issues

Difficulty concentrating
Delightful alternating with indifference

Love of birds

Protecting birds
Have many birds

Eccentric

Esoteric interests
Unusual spirituality and interests
Idiot savant, particularly with regard to music
Deep love of music - esoteric knowledge of music

Gossiping

Malicious gossiping
Reveals secrets of esoteric interests and cults
Reveals secrets
Knows everyone else's problems, especially relatives

Anxiety about health

Anxious after relative gets disease
Fear of cancer, disease - many tests for reassurance

Fear of dark

Fear of enclosed places

Dreams of flying, hovering

Gourmet: Lover of *fine* foods

Dreams of food
Eats frequently small quantities of food
In acute severe loss of appetite after influenza

Desire alcohol

Alcoholic

Nervous weakness with irritability

Fear of excitement, of jarring new situations

Aversion to travel, to being disturbed *or* desire for travel, but with anxiety

Clinging

Physical Focus

Acute bronchitis after influenza

Incessant tickling cough following the flu
Burning in upper part of lungs
Little and difficult expectoration
Affects "apices" or top parts of lungs

Broncho-pneumonia

Epidemic
Post Influenza

Frequent influenza

Weakness after flu
Repeated colds, flu's, grippe

Complications of measles

Cough after measles

Asthma

Severe in both adults and children
Asthma in babies
Asthma triggered by tickling cough
Status asthmaticus
Better sitting still or restlessness
Restlessness during asthma

Allergic Sensitivities

New synthetic materials, animal fur, pollen
Tuberculosis history

Profuse nasal discharge**Irritation of larynx****Teeth not fully developed**

Baby teeth in adults
Multiple abscesses of the roots

Cervical stiffness and fusion

Rain in neck
Jerking in the neck
Constricting pain in neck, worse from asthma

Wandering pains

Aching deep in the bones
Osteomyelitis

Migraine headaches

Worse light
Better or worse motion

Mastoiditis

Following influenza or measles

Tachycardia**Raynaud's Phenomena****Eczema**

Scratching until it bleeds

Psoriasis**Burning palms and ears****Recurring ganglion cysts****Ailments after chemotherapy and iatrogenic disease (cf. *Morbillinum*)**

Never well since an allopathic drug
Effects of chemotherapeutic agents
Incessant cough after chemotherapy

Cancer

Lung cancer (compare to *Cornus alternifolia*)
Other organ cancers

Weakness

Worse in evening
With irritability
As if always having the flu, grippe, etc.

Desire for exercise

Ailments from overexertion or too much exercise

Selections from traditional homeopathic sources

From H. C. Allen, *The Materia Medica of the Nosodes*:

Tuberculinum avis [tuberculin, or tuberculin of birds]

It was tried in human tuberculosis by Pierre Jousset, nearly twenty years ago.

Although the patients requested the remedy, Jousset, Sr. has never confirmed any effects in human tuberculosis.

I have insisted especially upon the value of *Aviaire* in the non-tuberculous diseases of the respiratory organs.

According to Jose Calard, *Aviaire*, in tuberculosis, is especially indicated when the symptoms are acute and of such a nature that they may develop into bronchopneumonia. Wheeler, also, prefers *Aviaire* in acute cases, but especially in the exacerbations of chronic pulmonary affections with profuse expectoration.

His favorite dilution is the 100th, repeated every twenty-four or fortyeight hours, until improvement appears.

From J. H. Clarke, *A Dictionary of Practical Materia Medica*:

Aviaire

Dr. Cartier gave an account of this nosode in his paper read at the International Homeopathic Congress, 1896. *Tub. aviaire* acts most prominently on the apices of the lungs and it corresponds most closely to the bronchitis of influenza, which simulates tuberculosis, having cured several hopeless-looking cases. It has also done excellently in some cases of bronchitis following measles.

Adapted from E. P. Anshutz, *New, Old and Forgotten Remedies*:

[Anshutz's entry for *Bacillinum Burnett* basically consists of Dr. Francois Cartier's 1896 Congress paper, which Anshutz praises as "covering the ground more completely than any other." It includes the following information from Cartier about *Tuberculinum aviaire*.]

Last year I had under my care a truly extraordinary case It was that of a woman who entered the hospital suffering from influenza and who, a few days after a slight amelioration of her symptoms, was attacked with a pulmonary congestion, clearly localized in the top of the left lung and accompanied by all the clinical symptoms of tuberculosis - rales and moist crepitation, dullness, exaggeration of the thoracic vibration, expectoration, fever, perspiration, spitting of blood - everything was there. Examination of the sputa showed distinctly the presence of Koch's bacilli. Everyone at the hospital diagnosed tuberculosis, myself the first.

I gave her *Tub. aviaire* and in three weeks all the symptoms had left. That woman left the hospital completely cured and a year later her health was still perfect. [Cartier then expressed his view that, despite the presence of tubercular bacteria, this patient was suffering not from tuberculous itself but from a pseudo-tubercular bronchitis, a common complication of influenza.]

.... In my clinical report I note ten cases of influenzal bronchitis with incessant cough, fever and expectoration, rapidly cured with *Aviaire* It seems that *Aviaire* does not act in diminishing the cough like an anodyne,

but braces up the whole organism. The relief of debility and the return of appetite are the phenomena observed in conjunction with the diminution of the cough

In contrast with *Bacillinum* I have noted [in *Aviaire*] considerable cough and little dyspnea - an acute inflammatory, extremely irritating cough, such as one meets with in acute diseases or subacute affections in young people - a cough which fatigues, and

which leads to enfeeblement and loss of appetite - in a word, a suspicious cough. Four Cases from a 1908 article by R. E. S. Hayes, 'Experiences with Tuberculinum Avaire.' [sic]

[The incorrect spelling "avaire" has been changed to "aviaire" throughout.]

Case:

Mrs. E. M., age 40, came from England something less than a year previous to the events related. She had not been as strong in this country. She has had what she calls "grippe" for several weeks and does not improve though she is about the house every day. Present symptoms: Cough, worse at night, from tickling in the chest and throat-pit. Soreness inside the upper part of the chest. Hoarseness, worse in the evening. In a general way she feels better in the open air and from motion; worse after a nap in the daytime, better after a night's sleep. Although a refined lady and well enough nourished, physically she appears to be of coarse fibre and to lack general physical tone from poor quality of vegetation, evidenced by the coarse hair, skin, complexion, flat chest, stooping shoulders and angular form. This, with the decided lack of reaction following grippe, relief from motion and open air, decided positively in favor of *Tuberculinum aviaire*. *Tuberculinum aviaire* 1m not only cured the present illness but proved to be the general restorative needed. *Rhus* and *Lycopodium* also came to mind. *Rhus* was the epidemic remedy for grippe and similar affections that season. All three have marked relief from motion and open air. But *Rhus* could not touch the evident dyscrasia. *Lycopodium* would be more suitable for a finer grade organization. There was no family history of tuberculosis. No history of previous illness.

Case: Influenza

Mr. N. S. Age 46, looks 56. Schema: La grippe, ill in bed. Chilly yesterday. Has been troubled with sleepiness indoors. Has had much sore throat lately. Subnormal temperature.

The gentleman knew more about drugs than I did as evidenced by the few symptoms presented. He had been successful in curing about all symptoms of previous years except the above. In fact he had cured about everything except himself. He seemed to be in poor general condition. Quinine was his favorite standby. *Nux vomica* 1m relieved so that there was no report for six weeks. Then:

Chilliness, especially out of doors (winter) and on undressing for bed.

Ill in bed again today. *Nux vomica* 40m.

Five days later, no result worth mentioning.

Rheumatic pain in legs when tired.

Has had grippe twice a year for several years.

Tuberculinum aviaire cm. Good improvement generally ever since. Four months later slight attack of grippe but better health since. One thing I could not cure notwithstanding his promises, the habit of taking tonics, cathartics, quinine, etc.

I believe this man had a narrow escape from organic involvement. The *Nux* was able to palliate some of the drug impression, but the vital force was insufficient to prevent a return of the acute attack nor could it even develop symptoms. This fact, together with evidence of deep-seated dyscrasia and the knowledge that the *Aviaire* has a relation to such cases, was practically my only excuse for the prescription, and a slender chance it was for his fate to rest upon. *Sulphur* was indicated and made good a few months afterward. But it developed a racking bronchitis and coryza.

Case: Influenza

Mrs. S. had not been well for one year. She spent much money on physicians, including frequent visits of a specialist (surgeon) from the city.

The present illness, which she called grippe, began with marked hydroa [itchy, usually vesicular eruption] on lips two weeks previous.

Cough in paroxysms night and day.

Soreness in chest and back from coughing.

Constant perspiration while in the house.

Nervousness and anxiety while in the house, relieved by getting out.

Headache in the house, better out doors.

Sleepless after midnight until 5-6 A. M.

Constantly tired and weak, worse from slight exertion.

Generally worse from motion (probably exertion), relief from open air. History of grippe every winter with frequent relapses from slight exposures. Has increased in weight during the eleven months' illness "from tonics." Menses have been absent six months (climacteric age).

Tuberculinum aviaire 1 m did splendidly. No more need of the specialist. *Calcarea* came in well four months later.

Case: Spinal Irritation

[Author's Note: The symptoms cured or markedly relieved by *Tuberculinum aviaire* I have marked "X."]

Deals with Mrs. A. C., a sufferer from spinal irritation for about twenty years. She gave a history of tubercular affection of the chest in young adult life, with spontaneous recovery. A portion of the middle of the right lung, however, remained solidified until an attack of pneumonia a few years ago, when it cleared up (under homeopathic care). After that incident the vegetative system became quite improved. The spinal symptoms became worse, however. When presented to me she had led the life of an invalid for several years, spending much of her time in bed, with practical disability when out of bed.

She received single doses of *Rhus tox.* in various potencies, *Arnica*, *Nux vomica* and *Bryonia* in the order named at long intervals, according to the totality in the mechanical sphere of the difficulty. The pressure and irritation of the spinal nerves were relieved sufficiently for the spinal bones to limber up to some extent, the ligaments, tendons and cartilages to become more flexible and improved in nutrition. There was much relief from the various pains and disturbances of parts supplied by the affected nerves. But most striking of all, it allowed the vital force freedom to express its resistance to the predisposing cause of all this trouble. Some of the following symptoms had been present before but were never able to be presented in an orderly form:

Fear as if some evil would happen, or, as if something (undefined) was wrong. Mentally restless.

Irritable; destructive feeling (momentary). X.

Weary of life's struggle; positive aversion to living; thoughts of suicide from hopelessness; worse late in the afternoon. X.

Tendency to get buried in thought, but not irritable if disturbed. X.

Desire to curse, at times, without provocation in a woman of finest moral sensibilities.

X.

Anxiety in the evening, growing worse through the night if sleepless. X. Depression at

twilight. X.

Aversion to conversation; talking an effort. At times when nervous tension is most marked, she "could talk one's head off." X.

Company aggravates.

Aversion to any mental work; "seems to have no mind to work with"; cannot concentrate thoughts. X.

Sometimes difficult to comprehend even simple things. (Naturally a very intelligent and talented lady.) X.

Memory has failed, especially for what she has read.

Sensitiveness to all surroundings.

Aversion to travel. X.

Nervous tension always present, though outwardly she is always calm and self-contained. X.

Nervous, involuntary gestures. X.

Sleepless from nervousness, from persistent, crowding thoughts; mind clear and active from 12 to 2 a. m., or sleeps until 4 a. m.; no more thereafter; from any trifle. X.

Canine appetite; craves meat and sweets. X.

Cold perspiration from any nervous excitement. X.

Craving for fresh air. X.

Generally worse from cool winds or drafts; takes cold but bears still cold very well.

Weakness worse in the evening. X.

Feels better generally after a night's rest.

Used to have grippe every year for several years. (?)

Timid, from fear of jar, touch or jostling; worse lately. X.

Uncertainty in walking; worse lately. X.

These last two symptoms were decidedly worse, in spite of the fact that there was much benefit from the previous prescriptions and that she was stronger. On observation, I decided that they were largely mental. *Tuberculinum aviaire* 1m. This developed severe and long-lasting coryza and bronchial irritation, with great temptation to prescribe on account of the mechanical conditions involved in sneezing and coughing. But everything was withheld except S. L.

Three weeks later: *Tuberculinum aviaire* 30m. This acted longer and deeper, resulting in great increase of strength and a greatly improved spinal system. *Sulphur* later became well indicated and is being prescribed at increasingly long intervals. From an almost helpless invalid, the lady has become able to take care of herself and do much for others.

The *Tuberculinum aviaire* prescription was the real turning-point in the case. It was only one instructive aspect of this remarkable case, however. I shall, therefore, take the liberty of reporting it in full to the IHA at some future time.

Relationships

Similar remedies:

Bacillinum, *Tuberculinum bovinum* Kent.

Sepia.

Bird remedies including *Anas barb* (also known as *Oscillococcinum*'), *Cygnus*.

Ignatia; *Natrum muriaticum*.

Cornus alternifolia.

Morbillinum.

Toxoplasmosis Nosode.

(Please see also the information on Remedies in the Tubercular Miasm at the end of the Tubercular Miasm chapter.)

Leprosy Miasm

As described, leprosy is a serious condition. 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.

The Leprosy miasm in homeopathy can be found dispositionally in individuals who have a history of being put away by others, or put out of sight, with the resultant feeling of being despised and forsaken, as if they are a castaway. These feelings can also extend to a feeling as if they have an irregularity in their appearance or a condition that makes them want to be hidden from others, like a leper. For some of the remedies, particularly the nosode in this miasm, there is the core belief that they need to beg or be dependent on an outside source for their needs to be met. They do not consider themselves capable internally since they have lost the capacity to satisfy their needs from within themselves or by their own work.

Close to the beginning of my clinical practice I saw a young woman in her 20's who lived with her close-knit family on a farm. She had previously moved off the farm and had had an engaging job in a town near the farm but then she developed a severe form of eczema. The eczema covered her whole body including her face. It was bright red and at times oozed.

The family's solution to her skin problem was to pray (they were strong Christians) but also to build a studio apartment above one of the barns and have her move back onto the farm. So she quit her job, moved back and spent her time isolated, living alone in the apartment above the barn (with the animals below) and became dependent on her parents.

At the recommendation of a health professional the family eventually decided to pursue homeopathy for her. The whole family came to the first interview and even came into the interview (a symptom of the remedy given - being overprotected). The young woman stated that she was very self-conscious about her skin problem. She also said that although at first she was reluctant to return to her family farm, in the end, she said, she was actually quite happy to move back into the isolating apartment. Eventually after taking a careful and full case, I prescribed homeopathic *Calcarea carbonica*, which had a wonderful impact on her skin and also features the tendency to isolate or not be seen. The remedy *Calcarea carbonica* and indeed the whole scenario described above is part of the leprosy miasm. In fact, although not emphasized by other authors, *Calcarea carbonica* is an important remedy in this miasm and is mentioned by classical authors like Hering for leprous skin eruptions and appears in the repertories under the rubric "Eruptions, leprous."

From the miasmatic dispositional perspective, in *Calcarea carbonica* we have the symptom: "Fear of her condition being observed." In the case described there was a forced isolation for the purpose of protecting her (another theme of *Calcarea carbonica*), even though in doing so her family had good intentions. We can say that this also is a major theme in the Leprosy miasm.

In many cases like the above, I either start from the beginning and give *Leprominium*, the nosode, or give that remedy eventually, as a second prescription to "finish" the case or the cure.

Historically, lepers were isolated and repulsed by society yet they accepted their fate and even created utopian-like societies. The underlying feeling is somehow that they are despised, not fitting into society, yet remaining hopeful and patient. Some authors have suggested that the Leprosy miasm represents, or combines aspects of, both the Tubercular and Syphilitic miasms. In the proving of *Leprominium* there was the symptom: "Religious melancholy. Attributes the disease to fate." We have the idea of the destruction and rejection of the Syphilitic, yet the hopefulness of the Tubercular miasm.

The Old Testament refers to something like leprosy and how to deal with it. The idea is that anyone who had this was tainted and had to be separated out from society and, in fact, "ostracized." At the same time, they had to shout loudly about their condition - which is contradictory, but this requirement prevented them and others from moving into the isolating disease state completely, instead rather encouraging a cure. Such means of dealing with those with leprosy continued right up until the twentieth century when leper colonies were founded. Supposedly utopian and peaceful cultures are said to have developed in many of these leper colonies. We now associate leper colonies with a nobility of spirit - but the ostracism and moral judgment (from the larger society) remains.

In the general vernacular we sometimes refer to someone in a derogatory way as a "leper." This usually has connotations of someone being contagious, despised and "worthy" of expulsion or ostracism as well as dependent. *Lachesis* is a strong remedy in this miasm, with many references to leprosy, and the *Lachesis* patient can have a feeling of being contagious to others and ostracized as a result.

I see this miasm manifested in many different states and aspects, even in pathologies that you may not necessarily associate with leprosy. The disease is easily sublimated into many of the different conditions that we see in modern society.

In the Scholten schema this miasm is put into Stage 16 on the Periodic Table, where we have the ideas of decay, rotting, and also begging or taking. There is also the theme of *theorizing* in this stage. This Stage includes remedies like *Oxygen*, *Sulphur* and also *Selenium*, as well as *Ytterbium*. I had one case where I had given *Selenium* with great success (the main problems were to do with alcoholism and work) and then followed this prescription years later with *Leprominium*, **also** with very good success. Stage 16, in general, has a feeling that they should be supported or a feeling that they need to take from others, like a beggar. It is interesting that another word with the connotation of leprosy is the "Lazar" house (or lazaretto), named after Lazarus the beggar. This term, in a higher evolutionary way, is also about learning to ask for help; the Hebrew *Eliazer* means "my God is help."

This miasm was assigned to Stage 16 where we see homeopathic *Oxygenium*, a remedy in which Scholten described and amplified the element of "begging" and luring others to give. Also present in this remedy is the idea of rotting, disgust, and neglect. As much as this miasm *seems* to be describing a rather passive or receptive quality of loss (an aspect best exhibited in remedies like *Hura brasiliensis* with symptoms like: "Delusions, will lose the affection of a beloved one" and "Delusion forsaken"), in a remedy such as *Secale cornutum* we see a more extreme and even an aggressive presentation of this same miasm. In *Secale* and in the nosode *Leprominium* you can have very wild and extreme states, shameless and animalistic, where this idea of being despised and begging is played out in an insanely crazy way, as evident in the

symptoms "Insanity, behaves like a crazy person" and "Desire to kill." There can even be an aspect of *Sulphur* which presents like this as well.

Also in *Secale* we find the symptoms "shameless behavior" and "wants to be naked."

There is a quality of "luring others to give" which is an aspect of this miasm and of *Leprominium* itself. This can be through shameless and provocative sexual behavior but also, in another way, through religiously- provocative behavior. The person may set themselves up as "holy" and gurulike so as to attract disciples and ultimately to gain something from this fabrication. (*Secale* is also in the Clostridiales miasm, as is evidenced by their outrageous behavior and their sarcasm which shames others).

Underlying such behavior there is an indifference to the welfare of others, as we see in *Sulphur* (in Stage 16), along with elements of laziness and deservedness.

In all these latter aspects, each evident in *Secale cornutum*, the remedy represents the Leprosy miasm well. It is made from a Clavicipitaceae fungus and, like other remedies made from a fungus, has a parasitic and dependent quality. This aspect of the state of the Leprosy miasm is also a part of alcoholism - a problem which individuals needing remedies in this miasm can suffer from. In Stage 16 we see both *Selenium* (one of the most alcohol-addicted remedies) and *Sulphur*. I have used the nosode *Leprominium* to "finish" such cases, even with minimal indications, and that nosode has brought about long-lasting cures and very good success for the patient. As noted previously, the *Leprominium* nosode can also be a remedy for addictions other than alcoholism.

Remedies in this Miasm

Some of the main remedies in this miasm:

Calcarea carbonica

Lachesis

Hura brasiliensis

Oxygenium

Secale

Another important remedy in this miasm is *Cannabis sativa*.

For remedy groups in the Leprosy miasm, note Stage 3 and particularly Stage 16.

Other remedies in this miasm:

Androctonus, *Scorpions*, *Loxosceles reclusa*

Chaulmoogra, (*Hydnocarpus oil*)

Placenta

anac, anac-oc, aegl, asaf, ars, bapt, bix, calo, choc, crot-h, daphn, dulc, elae, frag, gent-c, hydrc, lepro, lept, luff-b, lycps, malv, olnd, phys, pyrar, sil, sulph, tarax, upas, yohim

Selections from contemporary homeopathic sources

Adapted from Jan Scholten, *Homoeopathy and the Elements*:

Stage 16 Descriptive Words:

Lost. Over. Past. Decay.

Rotten. Ruin. Rags. Ugly. Foul. Disgust. Offensive. Putrid. Stinker.

Fantasy. Memory.

Lazy. Neglect. Rest.

Asking. Luring. Tempting. Begging.

Reconciliation. Deepening.

Leprominium, The Leprosy Nosode

Homeopathic abbreviation

Lepr. (Synthesis), *Lepro.* (Complete)

Synonyms

Lepra

Nosode of Leprosy

Leprosy bacillus

Hansen's disease Nosode

Description

This bacterium is the causative agent of leprosy (Hansen's disease). It is Gram-positive and rod-shaped; similar in appearance to the tubercle bacillus, it is also of the *Mycobacterium* genus, in the Mycobacteriaceae family. Leprosy has affected humanity since at least 600 BC, and was well known in the ancient civilizations. Leper colonies were built to isolate individuals with the disease. Contagion is by coughing or sneezing yet the bacterium itself is not very contagious.

As described, leprosy is a serious condition. 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 Name

Mycobacterium leprae (Hansen 1880) Lehmann & Neumann 1896 *Bacillus leprae*

Main Themes

Being despised and ostracized, with the need to hide.

Overcoming, by luring the host into giving (or losing) something.

Commentary

As much as this may be an important homeopathic nosode for the acute manifestation of leprosy as attested to by Indian homeopaths, homeopathically prepared Leprosy nosode *Leprominium* can be necessary for individuals suffering from chronic problems where there may be little trace of the disease itself, even in the personal or family history.

One of the primary themes in this remedy is the feeling of being despised and ostracized with the need to hide. The reasons for this feeling and state can vary from a situation that is quite overt to one that is more subtle. I have seen the reasons range anywhere from others treating them like a contagious individual (such as in *Lachesis*, or where children say that "they have cooties") to where the person has a disfiguring illness. I have also given this nosode to a male patient who moved to a small town and then started working in an all-female office. He was made to feel ostracized for being a male (or, at least, he felt that this was the way things stood) and as a result hid himself and stopped socializing. He improved dramatically with the remedy and then left his employment and the small town.

This desire to hide oneself, as well as the feeling of being socially ostracized, is a key feeling for someone who is having a difficult childhood and especially adolescence. In these age groups, the thoughts of being ugly and gawky are intensified, as is the consequent need to avoid others. In this miasm and in the nosode *Leprominium*, these

feelings are very predominant and persistent. Likewise, those needing *Propionibacterium acnes* Nosode can have similar feelings but as a result of acne and skin eruptions.

This isolation that we see in the leprosy miasm and in individuals needing the nosode *Leprominium* is concurrently on the rise, given our modern ability to socialize without contact. As a result, I find I am prescribing the nosode and remedies from the miasm more frequently and seeing it manifest in various unusual situations of which I will describe a few.

Many young people can "interact" from the privacy of their own room through their computer. This is one factor that compounds the state found in the Leprosy miasm. But then, it may also be exaggerated or compounded in an individual who takes recreational (and sometimes prescription) drugs, initially to compensate for a feeling of being socially ostracized.

Various themes in the miasm have to do with isolation and with aspects of the downward spiral of addiction such as contemptuousness, "rotting" pathologies and begging. Adults who have not grown out of this feeling of being ostracized and needing to hide may get focused on their body image and therefore feel that their face or body is distorted and consequently, they need to hide. This "hiding" can be by actual isolation but can also be by changing the shape of their body. They then get plastic surgery, botox treatments, etc., or engage in intense body and muscle building to "perfect" their body's shape and image. They have a great concern about aging and how other people respond to their aging appearance. They may decide to stop socializing and remain "hidden." In fact, this concern about their appearance may not come out in the first interview- it may be hard for the homeopath to perceive.

Both in India and in a few of many individuals needing this nosode that I have seen, the actual disfigurement may be real. As Prakash Vakil states: "These patients may be ugly-looking, but they have beautiful hearts." But in my practice, for the most part it seems to be more of a delusional belief. On the one hand, then, we may see someone who has this core belief about their body being ugly, but also we may see someone who in actual reality has a disfiguring skin problem or even a medical problem which creates a lot of shame and makes them want to hide. It can also be that *others* want *them* to hide their problem. Here another aspect emerges: the patient tends to attribute their condition to "fate" or "karma" and can actually be very patient about their condition. This can also be true of babies or of young children with debilitating or serious diseases. When a patient presents this aspect it may be that a remedy from this miasm is necessary and it is also a strong indication for this nosode, *Leprominium*.

The underlying feeling, then, is one of being ostracized but the feelings about this situation are internalized and are hard to express - compare, "Mind, delusion despised." The patient can have a delusion that their face or body is distorted, is "just not right." They may have a feeling that they contaminate others, as in *Lachesis*. They also may have a feeling that they are dirty or will infect others with some disease. But it can be less obvious or less personalized than this; it may just be a feeling that they "don't fit into society" like a new immigrant who is no longer part of the old culture, but is also not part of the new society. Along with this feeling there may exist a need to get social assistance, or to be given something by others - a factual aspect of their situation which may in turn increase these feelings of being ostracized and the impression that they and others have of them being "despicable."

Along with all of this core feeling of despicability, there is also a kind of nobleness of spirit that they emit - as part of the acceptance of their fate - and there is, further, an element of hopefulness, even though they tend to isolate themselves. The idea of "heaven on earth" is very strong for this nosode. They may be very idealistically spiritual and to be in this heavenly place and thus in the proving there was a desire to wear "white clothing." I've noticed that *Leprominium* patients can have a proclivity to wear white but more importantly, they may discuss the idea of heaven and desire it strongly.

They may work for noble causes but also find that they may lack money and need constantly to ask for money (beg). In the remedy it is more luring others to give or themselves having been lured to what they consider might be heaven. The luring part, the desire to be in a heavenly state is what is important and distinguishes the state from the more parasitic *Malaria Nosode*. They are not always "poor" - and in fact can be quite wealthy - yet they still retain this feeling. In *Psorinum* we see this as well, and it is interesting that Hahnemann derived the idea of the Psoric miasm from historical records of leprosy.

Another way that these themes express themselves in the disposition of a person needing this nosode is that they attempt to lure (or infect) others with the idea that heaven is coming - that they do not need to work, which is very similar to the *Malaria nosode*. All the person needs to do is to join them in their get-rich-quick schemes or in their religious ideation. This keeps the other person (whom they are attempting to infect) in a cycle of not doing any purposeful work - not earning their resources effectively and ultimately stagnating in a lazy state. The person needing the nosode can also be quite lazy and addicted to gambling or to high- risk money schemes. Another situation along these lines is a person who is a "trust baby" and who from a very young age has received money from a trust and does not have to work. They live a kind of "heavenly" life and because of their wealth can provoke in others an attitude of despicability towards themselves.

At the same time, the patient who needs *Leprominium* may also have dreams that their possessions are being taken away from them. What is particularly characteristic of *Leprominium* is that in such a dream they feel quite peaceful or indifferent, even though this has happened; they don't feel panicked or anxious - (a response I have also seen in the dreams of patients needing the homeopathic remedy *Placenta*, a strong leprosy miasm remedy). This is an underlying theme in their dreams: many sudden changes or bad things may happen but, again, they accept it and do not wake up alarmed or even experience fear or alarm in the dream.

Another way this can manifest in our society is that the person wants to, or does, work tirelessly and happily for those that are shunned by society - working in prisons or with immigrants and immigrant groups who have been marginalized by their new environment. This aspect of overcoming adversity through activity is seen in all of the *Mycobacterium* remedies; it is especially this idea of *working nobly* with those who are despised or condemned which is part of the Leprosy miasm.

The late Prakash Vakil of India did some pioneering work with this nosode and over the years I have applied much of the information from his writings and lectures (where he describes the state as he came across it in India), as well from data in his proving of *Leprominium*. Some of that information also comes from personal conversations that I had with him when he visited Canada.

Many aspects of his proving and his experiences are as described above, although I have tried to put this information into the context of my personal experience - how it manifests in Western culture and society. Vakil emphasized the idea of feeling rejected like the leper, and yet having a "desire to put on white-colored clothes," "attributes the disease to fate" while being "sympathetic." He emphasized that the patient who needs the nosode has a fatalistic and saintly attitude while also being "rejected and dejected." Typically, this can also be the perspective of someone who was in a leper colony or who has the disease leprosy.

As much as I have seen this type of disposition in some individuals needing the nosode, with its similarity to the "hopefulness" of some of the tubercular remedies, I have also seen another side which is darker and more intensely parasitic, lazy, beggar-like and even violent; I find this state reminiscent of addictive states such as alcoholism and, especially, marijuana addiction. This side of the miasm may need other remedies first besides *Leprominium*.

In patients who need the *Leprosy Nosode* you can see that they struggle dealing with ostracism, despicability and the other issues, but it is followed by a heavenly and blissful state. They may eventually isolate themselves, but with the consideration that what they have created in isolation is like heaven on earth, where there is little responsibility, such that most everything is done for them and no harsh judgment is present. But this will alternate with a struggle and the need to beg. They can also create this type of state in their minds or attempt to induce the heavenly feeling through recreational drugs especially marijuana.

On a physical level this remedy can address many symptoms that are a reflection of acute leprosy. The patient may even have congenital problems reminiscent of leprosy - no fingernails, flatness to the tip of the nose, neurological problems, etc. There can be disfiguring skin problems reminiscent of leprosy, for example, without being the actual disease itself. There can be patches of numbness on the skin and in the extremities. There can even be problems with the reticulo-endothelial system. I have also noticed that eye cataracts respond well to this remedy.

There are some cases where I have seen an actual, disfiguring skin eruption respond well to this remedy. But I have also seen cases where the mind and disposition respond to *Leprominium* without the skin presenting in like manner. In addition to this picture you will see pathologies where the loss of a limb might be a possibility - for example, in end-stage diabetes and in gangrenous infections, something that we see in many remedies of the Leprosy miasm (examples are *Secale*, *Sulphur* and *Lachesis*). Perceiving and putting some of the themes that Vakil mentions for *Leprominium* into various modern and western contexts (as I've done in this commentary) requires an insight into his descriptions beyond any situational context.

Names and Meanings

Leprosy - Greek, *lepros*, scaly, rough, leprosy, *lepis*, a scale; Greek and Latin *lepra* (the disease leprosy)

Leprosarium - leper colony, a place where people with leprosy (Hansen's disease) are quarantined from the rest of the population. Strict, even inhumane, quarantines for lepers have been the norm in most cultures despite the rather un-contagious nature of the disease.

Lazar house - after Lazarus the beggar. Similar to a *lazaretto* (lazaret), this is a

quarantine station (in general, and not specific to leprosy) for travelers arriving by sea. *Eliazer* in Hebrew means "my God is help."

Hansen's Disease - named after Dr. Armauer Hansen, of Norway.

DD: *Tzaarath*

Tzaarath - (also *tzaraas*, *tzaraat*, *tsaraas*, *tsaraat*) This Hebrew word refers in the Jewish scriptures, Tanakh, to a disfiguring condition (and is also applied to clothing and houses.) Lacking an exact Greek equivalent, early Bible translators used the term *lepra*, which was consequently mistranslated into English as "leprosy."

Several of the symptoms mentioned in the biblical text are inconsistent with *tzaraath* being identified as leprosy and additionally the most obvious features of leprosy - the strong disfigurement of the face due to its swelling, and the rotting of limbs - are absent in the description of *tzaraath*.

The linguistic root of *tzaraath* means "smiting" and the Talmud explains it as a punishment for sin. It is quite possible that *tzaraath* was a general term for certain types of skin disease (eg those producing sores or eruptions including psoriasis), rather than a particular condition.

It may also be of interest that the Dadaist poet who adopted the name Tristan Tzara, born Samy Rosenstock, a Yiddish speaking Romanian, was held by some to have taken this name for its meaning in Romanian ("sad in one's country") or in French ("Sad Donkey Tzara"). He is the author of the utopian poem *L'Homme approximatif* (The Approximate Man). Owing to the Romanian Kingdom's discrimination laws, as Jews the Rosenstocks were not emancipated, and thus Tzara was not a full citizen of the country in which he was born. As a guru within the Dada movement, Tzara inspired its endeavour (in Europe before and during the First World War) to leap the barriers of war and nationalism, and to gather "the few independent spirits who live for other ideals." Tzara was no doubt aware that the Hebrew word *tsarah* means trouble. Tzara wrote that, "Dada is useless, like everything else in life. [...] Dada is a virgin microbe which penetrates with the insistence of air into all those spaces that reason has failed to fill with words and conventions."

[Adapted from Wikipedia & Babylon Dictionary]

Family

Of the Mycobacteriaceae family, in the Actinomycetales order.

Source Notes

Adapted from the Centers for Disease Control website and from Wikipedia:

Mycobacterium leprae is the causative agent of leprosy. An intracellular, acid-fast bacterium *M. leprae* is aerobic, Gram-positive, and rod-shaped, and is surrounded by the waxy cell membrane coating characteristic of *Mycobacterium* species.

Due to extensive loss of genes necessary for independent growth, *M. leprae* is unculturable in the laboratory. The organism has never been grown in bacteriologic media or cell culture, but has been grown in mouse foot pads. This factor which leads to difficulty in definitively identifying the organism under a strict interpretation of Koch's postulates.

Mycobacterium leprae, multiplies very slowly and mainly affects the skin, peripheral nerves, and mucous membranes, but has a wide range of possible clinical manifestations.

The WHO now classifies patients as having paucibacillary or multibacillary Hansen's

disease. The first type includes the older categories of indeterminate, tuberculoid, and borderline tuberculoid leprosy; while the second type incorporates the previous midborderline, borderline lepro- matous, and lepromatous leprosy varieties. Paucibacillary Hansen's disease is milder and characterized by one or more hypopigmented skin macules and anaesthetic patches; skin sen- sations are lost because of damaged peripheral nerves that have been attacked by the human host's immune cells. Multibacillary Hansen's disease is associated with symmetric skin lesions, nodules, plaques, thickened dermis, and frequent involvement of the nasal mucosa resulting in nasal congestion and epistaxis, but typically detectable nerve damage is late. The multibacillary type is the most common form. Skin lesions are numerous and irregular; large patches may affect a whole limb, and peripheral nerve involvement with weakness and loss of sensation is common. This type is unstable. Contrary to popular belief, Hansen's bacillus does not directly cause rotting of the flesh; rather, a long investigation by Dr. Paul Brand yielded that insensitivity in the limb extremities was the reason why unfelt wounds or lesions, however minute, lead to undetected deterioration of the tissues, the lack of pain not triggering an immediate response as in a fully functioning body.

The exact mechanism of transmission of leprosy is not known: prolonged, close contact and transmission by nasal droplet have both been proposed, and, while the latter fits the pattern of disease, both remain unproved. The only other animals besides humans to contract leprosy are the armadillo, chimpanzees, sooty mangabeys, and cynomolgus macaques; as mentioned above, the bacterium can also be grown in the laboratory by injection into the footpads of mice. There is evidence that not all people who are infected with *M. leprae* develop leprosy, and genetic factors have long been thought to play a role, due to the observation of clustering of leprosy around certain families, and the failure to understand why different individuals develop different types of leprosy. However, the role of genetic factors is not clear in determining this clinical expression. In addition, malnutrition and possible prior exposure to other environmental myco- bacteria may play a role in development of the overt disease.

The most widely-held belief is that the disease is transmitted by contact between infected persons and healthy persons. In general, closeness of contact is related to the dose of infection, which in turn is related to the occurrence of disease. Of the various situations that promote close contact, contact within the household is the only one that is easily identified, although the actual incidence among contacts and the relative risk for them appear to vary considerably in different studies. In incidence studies, infection rates for contacts of lepromatous leprosy have varied from 6.2 per 1000 per year in Cebu, Philippines to 55.8 per 1000 per year in a part of Southern India.

Two exit routes of *M. leprae* from the human body often described are the skin and the nasal mucosa, although their relative importance is not clear. It is true that lepromatous cases show large numbers of organisms deep down in the dermis. However, whether they reach the skin surface in sufficient numbers is doubtful. Although there are reports of acid-fast bacilli being found in the desquamating epithelium of the skin, Weddell *et al* have reported that they could not find any acid-fast bacilli in the epidermis, even after examining a very large number of specimens from patients and contacts. In a recent study, Job *et al* found fairly large numbers of *M. leprae* in the superficial keratin layer of the skin of lepromatous leprosy patients, suggesting that the organism could exit along with the sebaceous secretions.

The importance of the nasal mucosa was recognized as early as 1898 by Schaffer, particularly that of the ulcerated mucosa.

In 2002, the number of new cases detected worldwide was 763,917. In 2002, 96 cases occurring in the United States were reported to CDC. In 2002, WHO listed Brazil, Madagascar, Mozambique, Tanzania, and Nepal as having 90% of existing cases. Worldwide, 1-2 million persons are permanently disabled as a result of Hansen's disease. Recently, leprosy has also emerged as a problem in HIV patients on anti-retroviral drugs.

Clinical Focus Guide for *Leprominum* (*Leprosy Nosode*)

Mind and Disposition Focus

Repulsed and isolated by society

- Yet accepting their fate
- Enjoying isolation
- Delusion despised
- Delusion deserted
- Delusion will contaminate others
- Not fitting into society
- Free thinker, philosopher ostracized because of ideas
- The story of the "ugly duckling"
- Being repulsive as a way of life

Body distorted

- Body builder or plastic surgery
- Worry about being beautiful
- Fear of aging, wrinkles
- Serious diseases, especially disfiguring illnesses, which isolate them
- Sexual parts too small or too big or disfigured
- Dreams animal parts on body or child's body

Unable to manifest or earn a living

- Poverty as a life style
- Promising others heaven to stop them from earning a living
- Welfare Cycle - "needing help"
- Lazy
- Trust Child, dependent on wealthy parents
- Drugs

Accepting fate and Heaven on Earth

- Hopefulness under terrible circumstances
- Numb to circumstances
- Noble spirit
- Non-profit organization
- Nice person
- Accepting of and not anxious about changes or problems especially in dreams

Constant focus on heaven and a desire to go to heaven

- Living heaven on earth
- Rags are beautiful
- Drug addiction to induce a false heaven on earth

Struggle alternating with "heavenly" bliss and acceptance

Religious sadness

Dressing in white

Minister of religion

"Feels others are selfish and therefore turns to God"

Constant prayers to heaven

Luring behavior

Shameless and provocative behavior

Sexuality

Nakedness

Religiously holy, with a history of shameless sexual behavior (may be difficult to get this history in a "holy" person)

Guru

Desires sympathy and sympathetic

Beggar or aversion to begging

Needing help

Sympathetic to others

Saintly, angelic behavior

Sympathy to those socially ostracized

Addictions

Marijuana addiction

Alcoholism

Gambling

Biting/self-mutilation

Bringing the dead to life

Dreams, dead relatives

As if dead relatives are alive

Rolling into a ball with anxiety

Dreams possessions taken

Without anxiety

Dreams sexually inferior

Dreams repulsive animals

Ancient identity

Street person

Beggar

Theorizing

Philosopher

Physical Focus

Cataracts

Eye problems

Iritis, xerophthalmia, iridocyclitis

Dryness of eyes

Sensitive to sunlight

Disfiguring and serious skin diseases

Ulcerating acne that leaves pock marks

Ulceration

Severe eczema, psoriasis

Vitiligo or dark pigmentation

Premature hair graying

Epidermolysis bullosa simplex (cf. *Clostridium perfringens*)

Deep cracking of the skin

Alopecia

Flattened tip of nose

History of repeated vaccinations

Reaction to smallpox vaccine

Desire cold water, drinks

Continuous coughs

Aversion sweet and milk

Nerves

Thickened nerves

Wrist or foot drop

Peripheral neuritis

One-sided paralysis

Numbness

Neuropathies

Carpal Tunnel Syndrome

Heat in palms and soles

Difficulty with erections

Premature ejaculation

Peyronie's disease

Low sex drive

Gynecomastia

Diabetes

Diabetic neuropathies

End stage diabetic problems

Worse sun

Selections from contemporary homeopathic sources

Adapted from Prakash Vakil in the IFH Case Conference: 'The emerging picture of Leprominium: the leprosy nosode' and other presentations:

Introduction

Leprosy is a disfiguring, crippling, and dreaded disease that is prevalent in tropical countries. The word leprosy comes from the Biblical *lepra*.....

In India it is called *kushtha* or *kusht*, which is derived from the Sanskrit word *kushnati*, meaning "eaten away."

Today, leprosy is found mostly on the entire continent of Africa, the northern part of Australia, and in many Asian countries, including China, Burma, India, Pakistan, Cambodia, and Vietnam. It is also found in South America and on islands such as the Hawaiian Islands, the Solomon Islands, Papua, and Indonesia. The total number of leprosy patients in the world is 11.5 million according to the 1985 World Health Organization study group.

In Europe and the United States leprosy is considered more as a historical disease even though there are still reported cases. At the beginning of the thirteenth century, Europe had 19,000 households with leprosy patients. As living conditions improved from the thirteenth to the seventeenth centuries, leprosy declined. The disease spread to America in the sixteenth century through the European immigrations. From 1949 to 1970, 2,053 new cases were reported in the United States (including Hawaii and Puerto Rico). Currently, the United States has 4,000 leprosy cases.

Some eminent personalities suffered from leprosy, including the Roman emperor Constantinus Maximus, King Baldwin IV of Jerusalem, Robert the Bruce of Scotland, Philip V of France, and Henry IV of England.

It is interesting to note that, until the advent of sulfones in 1941, hydno- carpus oil was the main treatment for leprosy. This oil was recommended by Shushruta (600 B.C.) in Ayurveda, the ancient tradition of health care in India. The disease was considered to be hereditary. Then, in 1873, Gerhard Armauer Hansen discovered the causative organism *Mycobacterium leprae*, and the understanding about leprosy's contagious nature became clearer. Even though it is not hereditary, the offspring of leprosy patients are highly susceptible to contracting the disease. The incidence of conjugal leprosy, however, is surprisingly low (two to five percent).

When I studied leprosy patients in detail, I found that many of the symptoms and conditions existing in these patients were also present in many patients who do not have the pathology of leprosy. This led me to consider the possibility, indeed the likelihood, of a widespread leprosy miasm, particularly in the countries where the disease itself is no longer manifesting overtly.

It is also true that leprosy affects the immune system very significantly over a long period of time. This led me to wonder whether the leprosy nosode might have a use in the treatment of immune disorders, such as AIDS, that are plaguing us in modern times.

Furthermore, although leprosy resembles many diseases, it nevertheless produces a state of depression, either directly or indirectly, that is quite unique. This offers us the clinical prospect of carefully individualizing our use of the nosode.

Many nosodes, including *Tuberculinum*, *Pyrogenium*, *Psorinum*, *Medorrhinum*, and *Syphillinum*, have been successfully introduced into the homeopathic materia medica. The multifaceted affections of leprosy, its prevalence in the past and present, and its resemblance to other clinical conditions inspired me to study and to introduce *Leprominium*, the homeopathic preparation of leprosy, as a new nosode for homeopathic use.

First, I will show you a video on leprosy. Then I will describe the method used to develop the *Leprominium* nosode, and, finally, I will present four cases that illustrate its comprehensive healing effects.

[Editors' Note: Dr. Vakil presented a video he had made, which included a tour of the Acworth Leprosy Hospital in Bombay. This hospital is managed and run by the leprosy patients themselves. The video depicted many leprosy patients, showing the disfiguring and destructive pathological aspects of the disease. It also compared leprosy with a number of non-leprous conditions that resemble it, especially emphasizing the similarity of leprosy to other skin conditions.]

Developing Leprominium

For the most part, the symptomatology of many nosodes have been discerned in the clinical setting from the symptomatic reactions of patients to the disease in question. Clinical evidence has shown that nosodes can be quite effective when prescribed on these symptomatic indications.

To develop *Leprominium*, we collected signs and symptoms from 100 patients suffering from various types of leprosy. (See the list of symptoms below.) We also incorporated signs and symptoms reported by other reliable sources, such as physicians working for many years in leprosy hospitals and authors such as Dharmendra. Symptoms

produced by Dapsone, Rifampin, and other allopathic medications were carefully eliminated by studying their toxic effects, which are documented in various pharmaceutical books and in the papers of eminent leprologists who have presented at the International Congress on Leprosy. Six new cases of leprosy were also taken. These patients had not received Dapsone or any other allopathic anti-leprosy medicines. Two homeopathic preparations of the nosode were made: (1) *Leprominum* prepared from a leprosy nodule from the ear of a patient where leprosy bacilli were demonstrated microscopically, and (2) *Leprominum-A*, prepared from the leprosy bacilli cultured on the foot web of the armadillo. *Leprominum-A* is used to determine the reactivity of patients. The preparations were prepared in 30x and 30c potencies, according to standard homeopathic procedures. In addition, *Leprosy* 1M was obtained from Nelson Homeopathic Pharmacy in London, England. Nelson's told me that this particular leprosy nosode was prepared from a specimen that was sent by a Dr. Boput of Puna (India). I do not know anything more about this preparation.

These three preparations were then used in the treatment of 26 patients who exhibited some symptoms in common with the leprosy patients studied but who did not have leprosy. Only patients with some actual physical pathology, such as psoriasis or joint pain, were given the nosode. Cases with only mental symptoms were not given this medicine because the evaluation period was too short to properly evaluate changes on this deeper level. The medicine was prescribed as a single-dose prescription, followed by a placebo. It was not possible to carry out double-blind trials because of time limitations.

Signs and symptoms for Leprominum

(Prakash Vakil continued)

Mind

RELIGIOUS MELANCHOLY. ATTRIBUTES THE DISEASE TO FATE. It can make an individual MILD or irritable. LOATHING LIFE YET WOULD NOT LIKE TO COMMIT SUICIDE. Hopeful of recovery, FEELS NO ONE SHOULD SUFFER FROM SUCH A DISEASE. Is sympathetic and desires sympathy, yet in the initial stage secludes himself for he does not want others to know about his disease. Likes company. Meticulous. Fearless. Weeping, WOULD NOT LIKE TO BEG. Would prefer to die than beg. Brooding. FEELS REJECTED AND DEJECTED. Feels others are selfish and therefore turns to God. DESIRE TO PUT ON WHITE-COLORED CLOTHES. Aversion to black-colored clothes.

Head

Vertigo with nausea, aggravated by opening the eyes and by exposure to the sun. Weak feeling and blackout. Premature graying of hair. Alopecia. Hemicrania (L-H).

Eyes

PHOTOPHOBIA. Lachrymation bland or acrid, aggravated by light and the SUN. Redness of eyes without pain. Itching and agglutination of eyes. Sensation of heat in eyes. Eyes swollen, puffy, DRYNESS OF EYES with lachrymation. Xerophthalmia, iritis, iridocyclitis. Corneal opacity. Cataract formation, left to right. Cannot close the eyes completely. Sleeps with eyes half open. Eyelashes drop off. Baggy swelling under the eyes. Ectropion. Lagophthalmos. Interstitial keratitis. Herpes simplex of the cornea. Trachoma. Squint. Blindness. Glaucoma. Staphyloma. Scleritis. Conjunctivitis.

Ears

Chronic otorrhea. Thickening and nodulation of the ear. Rat-bitten appearance of the

ear. Nodules on the ear.

Nose

DEPRESSED NOSE. WAXY NOSE. FLATTENED TIP OF THE NOSE. Epistaxis, aggravated by cold water on the head, washing the face, sneezing, and change of weather. Clinkers and scabs from the nose. Atrophic rhinitis. Sense of smell affected. Offensive scabs from the nose, but patient cannot smell. Obstruction of the nose. Atrophy of anterior and inferior turbinate. Perforation of the septum. Collapse of the nose.

Face

WAXY OR OILY LOOK. OUTER ONE-THIRD OF EYEBROWS LOST. Eyelashes lost; moustache hair lost in the middle. Alopecia areata. LEONINE FACE. Angioneurotic edema. Anesthetic patches on the face. Deformed and ugly face. Nodules on the face. Thickened skin of the face with permanent transverse and vertical wrinkling. Premature old look. Nodulation and ulceration of the nose and lips. Facial paralysis. Ape-like face. Infranuclear type of facial palsy. Trigeminal neuralgia. Numbness and cobweb sensation. Anesthesia of the face.

Mouth

Flat-topped nodules on the lips. Swelling of the lips. Gingivitis. Turgid and swollen gums, shiny and purplish in color. Gums bleed easily. Decreased sensitivity to pain. The upper central and lateral incisors fall out. Teeth become loose because of changes in the bones that secure the teeth. Pulpitis. Glossitis. Deeply fissured tongue. Nodules on the tongue, especially on the anterior part. Small ulcers. Oral mucosa becomes tinged with yellow - looks pale. Perforation of the hard palate. Infiltration and nodules on the uvula and soft palate. Uvula may be destroyed due to ulceration. Uvula may adhere to the soft palate.

Throat

Constriction of the pharynx. Cicatrices, laryngeal constriction. Hoarseness of the voice. Complete loss of voice. Difficulty in breathing (true vocal cords are not involved). Sensation of something stuck in the throat.

Stomach

The appetite is normal. Thirst is increased or normal, but DESIRES ICE- COLD WATER. Desires SPICY, MEAT, FISH, green chilies, sour, and sweets. Averse to sweets and milk. Sour aggravates.

Abdomen

Flatulence in the lower part of the abdomen, ameliorated by passing flatus (may be due to Rifampin).

Rectum

Normal bowel movements. Sometimes constipation. Three to four semisolid stools with mucus, without pain in the abdomen.

Urine

Rainful urination after walking in the sun. Intermittent flow. In some patients, increased frequency. In lepromatous cases after recurrent lepra reactions, nephrotic syndrome with normal cholesterol level. Glomerulonephritis.

Respiratory

Tendency to catch cold. Chronic cough in some smokers with emphysematous changes. Some patients have pulmonary tuberculosis.

Extremities

Peripheral neuritis. Ascending numbness with icy coldness of the hands and feet. Numbness and tingling starts in the arms and legs together, worse at noon and better with continued motion. In some, it starts on the right side. Ascending coldness. Sensation of ice in the extremities, better with warm clothes. Pain in the extremities, better with massage. Pain in the calf muscles, aggravated by exertion. Edema of the feet, aggravated in the evening, when walking, when hanging the feet down. Anesthesia of hands and feet. Hypopigmented patches; thickened, well-defined, raised patches. THICKENED ULNAR NERVES. Neurofibromatosis-like nodules. SHORTENING AND DEFORMITIES OF THE LIMBS. LOSS OF TOES AND FINGERS. Non-healing ulcers. Maggots. Gangrene. Thickened popliteal nerves. Wrists and feet drop. One-sided paralysis. Paraparesis or paraplegia. Pain in the joints, especially knee joints and back. Osteoarthritic changes. Pain in the joints is worse with the first movement and better with subsequent movement. Heat in palms and soles.

Sleep

Normal sleep. Feel fresh when they wake up. Eyes remain half open during sleep. Frightful dreams. Dreams of dead people, dead relatives. Unremembered dreams.

Female

Early menopause. No desire for sex.

Male

No desire for sex. In some, desire is increased and nocturnal emissions occur. In some patients with repeated lepra reaction, the size of the testes is increased. Bilateral involvement of the testes. Aspermatogenesis. Oligospermia. Later, impotence - in 50 percent of the cases with lepra reaction, mainly between the ages of 21 and 30. Gynecomastia.

Fever

Remittent or intermittent fever with infections. Malaria giving rise to lepra reaction. Fever with rigors. Not much perspiration.

Skin

Depending on the type of leprosy, FLAT MACULES HYPOPIGMENTED OR ERYTHEMATOUS, VARYING IN SIZE, NUMBER, AND LOCATION. ANESTHESIA OR HYPOESTHESIA OR THICKENED, ERYTHEMATOUS, ANESTHETIC PATCHES. Scaling of skin, resembling psoriasis, exfoliative dermatitis, pellagra, ichthyosis. Deep cracks in palms and soles. Skin sticking to the bones, giving a shiny appearance like scleroderma. Pemphigoid eruptions. Disseminated small nodules, pedunculated nodules. Ringworm-like lesions. Discharging sinuses. Bullous eruptions. Erythema multiforme. Ulcerative lesions. Alopecia areata. Itching all over. Tendency to scabies. Dryness of whole body. In many patients, scanty perspiration. Lupus vulgaris. Small, dark-brown scabs. Urticaria. Dark pigmentation. Neurofibromatosis.

Cardiovascular system

Hypertension.

Modalities

Worse from radiating heat and sun; better from rest.

Family histories

Tuberculosis, LEPROSY, or no history of leprosy.

Medical histories

Worms, REPEATED VACCINATIONS, smallpox, and scabies. Tendency toward

bleeding, catching colds, and suppuration. Pulmonary tuberculosis.

General findings from observing the leprosy patients

People who come from villages and who work in fields and gardens - people who have to work with the soil - were found to be more affected. This observation may have been distorted, because the patients studied were all very poor. In about 60 percent of the patients there was either a family history of leprosy or a history of prolonged contact with leprosy patients.

It is interesting to note that leprosy patients can suffer from tuberculosis, but tuberculosis seems to confer some sort of immunity against leprosy (see the work of Chaussinand). According to the miasmatic theory of disease, leprosy should contain each of the three classic miasms: psora, sycosis, and syphilis. Some experts have also maintained that leprosy is a part of the tubercular miasm, but then it is difficult to explain the observations made by Chaussinand. However, because leprosy resembles so many other diseases - some of which are chronic and intractable - and because the disease is prevalent in so many countries, the lepra miasm may be considered as a separate and distinct miasm.

The reticuloendothelial system is affected by the miasm, so we find a tendency toward suppuration, megaloblastic and hemolytic anemia, and catching colds easily. The miasm produces hyperplastic as well as destructive tissue changes, and it resembles syphilis in its destructive aspects. It is also as painless as syphilis. Surprisingly, 90 percent of the patients studied did not have a history of sexually transmitted disease or of exposure to such diseases. Because the incubation period observed for these patients was as short as three months and as long as 40 years, no other possible causative factor was found. The disease develops slowly, so this nosode should be useful in conditions that come up gradually and give rise to irreversible pathological changes.

Administering Leprominium to Non-Leprous Patients:

3 cases from Prakash Vakil

Case 1: Gout, a Leprominium Case

M. B. S., Male, Age 59. Initial Visit: July 6, 1990.

The patient was brought to me by his daughter, who is a medical student. He looks about five to six years older than an average Indian of his age. He has scanty eyebrows and an oily face.

He has suffered from attacks of pain in his joints for 30 years.

The pain started in his left big toe then moved to the left knee, right elbow, and right knee.

The attacks have become more frequent in the last four years, occurring almost every eight to ten days.

The pain starts suddenly and persists. It is accompanied by redness, swelling, and heat in the affected part, with stiffness and restriction of movement.

The pain is aggravated in the night, and by pressure, walking, and straining. It is ameliorated by elevating the affected limb and by keeping occupied. His legs have become emaciated from the repeated attacks.

His skin is very sensitive now; it is thin, peels easily, and is aggravated by the slightest touch.

He has had an occipital headache for 15 days; it is worse in the morning.

Medical History

Head injury, measles, and chicken pox in childhood.

Infectious hepatitis 20 years earlier.

Allergic to analgin.

Frequent dental problems.

Fungal infection of the skin five years ago. Was treated with coal tar derivatives; would disappear for a few days and then would come back. (When I inquired whether the frequency of gout attacks increased after the skin was treated with local ointments, he said, "It may be, but I never thought like that.")

He was treated previously by two homeopaths for a six-month period, without much success.

He used to take steroids, colchicine, and Zyloric tablets (allopurinol).

He also has a tendency to catch cold, with sneezing or a runny nose. The colds are worse in the morning and from dust and change of season.

Two of his sisters suffered from pulmonary tuberculosis, and one died from it.

Craves sweets.

Suffers from flatulence, which is ameliorated by eructations and passing flatus.

His daughter describes him as a very sensitive person. He worries about small things, is fastidious, and likes to travel. He cries because of his pain. Desires sympathy and is sympathetic.

He is a self-made man who has suffered a lot of grief over a series of deaths of a number of close relatives and friends, including his parents and his sister. Beyond this, his business partner had betrayed him six years ago. But the aggravation in the gouty attacks did not start after this betrayal. It started after the skin condition was suppressed.

Physical Examination

Looks older than his age, with scanty eyebrows and an oily look to the skin.

Flat feet.

Varicose veins.

Gouty tophi at the right elbow.

Diagnostic Tests

Serum uric acid: 7.7.

Negative RA test.

Leukocytes - 13,000.

ESR - 6, after one hour.

Serum cholesterol - 260.

Serum albumin - 3.8.

Serum globulin - 2.8.

(These tests were performed almost one year earlier, on October 6, 1989.)

Lepr.

Actinomycetales: Mycobacterium

Case analysis

The overall picture of this patient may suggest *Lycopodium* or *Natrum muriaticum* as the constitutional remedies, but the fact that he was taking steroids, colchicine, and allopurinol off and on for 25 years may be giving rise to some of his symptoms. For example, under *Colchicum* we find flatulence. We might wonder why the bad effects of the allopathic medicines that he was taking were not antidoted in the past by *Nux vomica*, which was administered by the other homeopaths. But he did not have clear-cut indications for *Nux vomica*. Moreover, the patient was getting repeated gouty attacks, up to every eight days, and would again take allopathic medicines for relief. If one looks at the case in terms of layers, it seems that the deepest layer is in the form of the tubercular background in his family, the tendency to suppuration, the tendency to catch cold, the irritability of mind, and so on. The layer on top of this is the chronic grief, and then we find the production of gout, its suppression with allopathic medicines, and the development of skin disease five to six years ago. It was only after suppression of the skin condition that the frequency of the gout attacks increased. Thus, according to Hering's law of direction of cure, the last layer has to be treated first.

The symptoms that I considered important in selecting *Leprominium* were as follows:

The irritable nature had increased in the last four years.

He was religious in the beginning but became more religious in the last few years.

Early ejaculation had started in the last few years.

The skin was resistant and sensitive, in addition to being suppressed.

He had tuberculosis in his family.

He had a desire for white clothing and an aversion to black. (On inquiry, he said this was true in the last few years.)

The patient's appearance also gives some idea of the last layer of symptoms. His looking older than his age should be considered as an important symptom. The oily look also gives an indication of the last layer. The varicose veins indicate the tubercular miasm; they also are an indication for *Leprominium*. Plan: *Leprominium-A* 1M.

Follow-up

His condition steadily improved after taking the remedy.

March 10, 1991: He complains of itching at the waist, where the previous fungal infection seems to be coming back. He also complains of pain in one tooth, where he has a dental fistula.

Plan: *Silicea* 6x; felt better with this remedy.

March 31, 1991:

Uric acid - 8.9.

Serum cholesterol - 179.

ESR-46.

Assessment: It seems clear that *Leprominium* has removed the last layer and has brought the patient to the previous stage, when the gouty attacks were not very frequent and he had developed the fungal infection of the skin. However, the pathological tests do not appear to correspond to the patient's clinically improved condition. This may be due to the following reasons: The initial tests were taken one year before I saw him.

The high ESR may be due to the dental fistula.

Quite often the uric acid level is found to be normal during an acute attack of gout.

Case 2: Stomach ulcer, a Leprominium Case

S. I., Male, Age 45.

The patient was admitted to Government Homoeopathic Hospital, complaining of the following:

Burning pain between the umbilical and epigastric regions for one year. Worse after eating, talking, and walking, and better from sleeping (lying on the sides).

Burning and stinging pain in the anal region for five years. Worse during and after evacuation, and better from cold applications.

Stitching pain in both legs for 15 years; may be due to varicose veins. Worse after walking and in the morning and winter.

Palpitations in the morning, off and on.

Corns and calluses on soles of both feet for two years.

Medical History

Operated on to remove a stone in the pelvis of the left kidney and to repair an anal fissure.

Two exploratory laparotomies.

Family History

Mother: Elephantiasis.

Brother: Bronchial asthma.

Addicted to tea.

Averse to fish.

Desires green chi lies.

He has to strain to pass stools, and there is mucus adhering to the stools. He is very talkative.

Works in a Rarsi fire temple, attending to odd jobs. Because of his ugly appearance, he is also given some small side roles as the "bad guy" in films. He is religious.

Has constant anxiety about his illness; is depressed because he is physically and mentally retarded, or looks retarded, and feels dejected and rejected. He does not express these feelings to anyone but, instead, complains of physical ailments. During his stay in the hospital in 1986 he was constantly complaining of one problem one day and another problem the next day.

Case analysis

It is a difficult case because he is not very expressive, although he is talkative. Also, it is difficult to decide whether he has always had the anxiety or whether it came about because of the possible failures of his operations and because of his physical problems.

He was given various remedies from 1986 on, remedies such as *Hyoscyamus*, *Silicea*, *Pulsatilla*, and *Medorrhinum*, with little or no benefit. He also kept consulting me in my private clinic. Although he was poor, he kept bringing me boxes of sweets on the

pretext that it was Parsi New Year or Diwali. When giving me these gifts, he always said, "Doctor, please cure me of this ailment." Once I thought that the surgeon might have erred when operating on him, but subsequent investigations did not produce anything tangible.

It was when I was introducing *Leprominium* that I thought of this patient and that his overall picture resembled this remedy. His symptoms seemed to fit: anxiety, rejection and dejection, ugly appearance yet a very nice person at heart, chronic grief, desire for green chilies, a tendency to catch cold, and varicose veins.

Plan: *Leprominium-A* 200c.

Follow-up

I did not see him for a long time. Very recently we met on a railway platform, and I asked him about his health. He said, "Doctor, your last medicine has done a miracle. All aches and pains have gone, and mentally I am feeling better." I asked him about his varicose veins, and he said, "Oh, they are there, but they do not bother me so much."

Case 3: *Lupus vulgaris*, a *Leprominium* Case

Female, Age 6

The patient came to the outpatient department of the Government Homoeopathic Hospital with a rough patch of skin just near the right cubital fossa. She has had the condition for two years. The size was approximately 2 by 4 centimeters. Slight itching. Thick scab formation with a raw surface underneath.

Plan: *Mezereum* 30c.

Follow-up

Chilly.

Possible bad effects of vaccination.

Itching by touch.

A small scab came off within a week, but no further improvement occurred.

Assessment: I waited for two months because *Mezereum* is a deep-acting remedy. I was wondering whether I should give her a higher potency of *Mezereum* when I noticed an anesthetic patch on the back of the woman who always accompanied the child and who was a neighbor.

The following additional symptoms were gathered:

Religious.

Desire for white clothes.

Sympathetic and desiring sympathy.

Tendency to catch cold.

Desires green chilies.

Obstinate skin condition.

Plan: *Leprominium-A* 30c.

Immediately after taking the nosode she had a runny nose and semi-solid stools with mucus for a week. Then, to the surprise of all, the scabs started coming off. By the end of the month, she was 80 percent better.

Further information on the mental picture

I want to emphasize that these patients are quite religious. Society rejects them. They feel "rejected and dejected," so they turn to God. The patients seclude themselves, for they do not want others to know about their disease. They attribute the disease to fate and turn to God.

Another important symptom is that they are meticulous by nature. They want things in

order, and they keep things in order. There is the general belief that they are beggars, but this is not so. Only 10 percent of the leprosy sufferers are beggars. When we interviewed the 100 patients, we found that not one wanted to beg; they said they would rather die than beg.

Also note that these are sympathetic people. They said, "No one should suffer like this." They are very sympathetic and desire sympathy from others, like *Phosphorus*.

Conclusion

The story of the "*Leprominium* patient" is like that of the Ugly Duckling. These patients may be ugly looking, but they have beautiful hearts. They are honest, sympathetic, do not like to beg, and are God-fearing. *Leprominium* may offer hope to people suffering from a variety of conditions. The following is a summary of the possible uses of *Leprominium* and some of the observations made so far:

Leprominium should prove to be a useful nosode on the basis of symptom similarity and also as an intercurrent remedy to clear the background.

Leprosy resembles many skin conditions. *Leprominium* should be useful in many of these conditions, including: leucoderma, nutritional discoloration of the skin, macular syphilides, tinea versicolor, lupus erythematosus, lupus vulgaris, neurofibromatosis, cutaneous sarcoidosis, leukemia cutis, Kaposi's sarcoma, subcutaneous phycomycosis, lymphoma, seborrheic dermatitis, erythema multiforme, alopecia areata, ringworm, psoriasis, lichen planus, pityriasis rosea, urticaria, scleroderma, lipoma, acne vulgaris, and molluscum contagiosum.

Leprominium may also be useful for other conditions that resemble leprosy, including progressive muscular atrophy, ainhum, gangrene, mango toe, peripheral neuritis from various causes, Bell's palsy, Dupuytren's contracture, nasal deformities, meralgia paresthetica, carpal tunnel syndrome, tabes dorsalis, syringomyelia, and spina bifida. Leprosy also resembles syphilis to a great extent. *Leprominium* may be useful in different stages of syphilis.

Leprominium should be useful for complaints that develop slowly but give rise to irreversible pathological changes.

Leprosy traumatizes the mind and gives rise to symptoms resembling anxiety neurosis, depression, and melancholia; therefore, this nosode should be useful in such conditions, even when produced by other stimuli.

Because it resembles many diseases, some of them chronic and intractable, and because leprosy is widespread in many countries, the "lepra miasm" can be considered to be a separate miasm.

Leprosy affects the reticuloendothelial system. Because the immune system is affected, the nosode may be useful in immune deficiency diseases such as AIDS and leukemia.

Because *Bacillinum* and *Tuberculinum bovinum* have separate spheres of action, *Leprominium-H* and *Leprominium-A* should have separate spheres of action. This hypothesis can be verified only by treating a number of patients.

In most of the cases where *Leprominium* acted favorably, it was observed that the patients had loose stools with mucus after the administration of the nosode.

From Prakash Vakil's *Leprominium* proving:

Mind

Brooding.

Likes company.

Attributes the disease to fate.

Fearless.

It can make an individual mild or irritable.

Hopeful of recovery.

Loathing of life yet would not like to commit suicide.

Meticulous. Feels rejected and dejected.

Religious melancholy.

Feels others are selfish and therefore turns to God.

Feels no-one should suffer from such a disease.

Is sympathetic and desires sympathy yet in the initial stage secludes himself as he does not want others to know about his disease.

Desire to put on white colored clothes. Aversion to black colored clothes. Weeping, would not like to beg; would prefer to die than beg.

In its pathology, leprosy is of three distinct types. Tuberculoid leprosy though progressive, has a better prognosis than the other types - there is hope. Lepromatous leprosy on the other hand, is rapidly progressive and destructive, resembling syphilis.

The intermediate type lies between these two.

According to me the drug which best represents the leprous miasm is *Secale cornutum*.

In his *Repertory*, under the rubric "Skin, eruptions, leprosy", Kent gives *Secale* and *Sulphur* in bold types. The symptoms we find in the leprosy patient are loathing for self, ashamed, abandoned (forsaken), hatred and despised. Lepers are treated worse than animals and are often the objects of loathing. It is an almost hopeless situation.

In *Secale* we find "Violent, fight, wants to", "Forsakes his relatives" and "Becomes shameless". It is known for its destructive pathologies, especially gangrene which would be one of the prominent pathologies of the leprous miasm. This miasm requires much deeper investigation and I haven't been able to understand it fully as yet.

Relationships

Follows:

Loxosceles reclusa, *Selenium* and other remedies in Stage 16, Oxygen and Oxygen remedies, *Cannabis sativa*, *Lac camelus*, *Calcarea carbonica*, *Lachesis*, *Lac caninum*, Euphorbiaceae family especially *Hura*, *Chaul- moogra*, (Hydnocarpus oil), Hawks, and many others.

Differentiate from: Other Mycobacterium remedies. The Propionibacterium group.

Johneinum Nosode

Homeopathic abbreviation

Johnein.

Synonyms

Mycobacterium paratuberculosis Nosode

Mycobacterium avium subsp. *paratuberculosis* Nosode MAP

Johne's bacillus

Description

This hardy bacterium replicates in the intestine of the host and causes chronic inflammation of the intestine in many species. It is found particularly in ruminants such as cattle. In animals, the resultant disease (which is usually fatal) was named Johne's disease and typified as a Crohn's-like wasting disease - that is, one found to have a great similarity to Crohn's disease in humans.

According to R. J. Chiodini: "[It] is now conclusively and irrefutably shown that *M. paratuberculosis* can be found within the tissues of a major proportion of Crohn's disease patients."

As described, Crohn's disease is a serious condition which can be 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. 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

Mycobacterium paratuberculosis Bergey et al., 1923

Mycobacterium avium subsp. *paratuberculosis* (Bergey et al. 1923) Thorel et al. 1990

Bacillus paratuberculosis

Bacterium paratuberculosis

Mycobacterium enteritidis

Mycobacterium johnei

Mycobacterium enteritidis Crohnicae pseudotuberculosis bovis Johne

Commentary

Johneinum is a remedy made from a bacterium that has been implicated in Crohn's disease through conventional allopathic research. The source notes explain this relationship.

At the suggestion of a student named Latifa Weinman, who had traced Crohn's disease to this bacterium while doing a project for the Homeopathic Master Clinician Course that I direct and teach, I decided to get the bacterium homeopathically potentized and then prove the remedy. In 2002, I instituted a proving and I was the master prover, but with a smaller than usual number of provers. The proving was an interesting experience not because of the expected physical symptoms *echoed* in the proving, but because of the dramatic mind and dispositional symptoms brought out by the provers, in particular one of them.

This one prover, who was not Jewish and did not have much familiarity with the Jewish experience, felt as if she was in a "Second World War" Jewish experience. A much higher percentage of Ashkenazi Jews have Crohn's disease than the general population. What follows is an expression by this prover in this regard:

I got very despondent this evening. I told my husband and my friend that I believe we will soon be in World War III.

It crossed my mind later that night that this is what it must have been like for Jews during *Kristallnacht*, the "night of glass." (After an incident with a window cleaner wanting to be paid and "pounding on the door so much I thought he was going to break it down and attack me.")

Last night and tonight I have locked the doors earlier and even when I went out, I am making sure I have locked things, including the garage door. Usually I don't pay attention to these things even when R. [husband] has been away before.

When I was walking the dog at lunch and tonight I noticed several unmarked vans slowing down on our street or near our house, and one time I turned around to see [after he drove by] where he was stopping [near the house?] - but he didn't stop, he just sped up and drove away. I felt like I was being watched.

The idea of being persecuted and even feeling tortured or put upon (similar to that of

Drosera) is in the mind and disposition of this remedy. Some provers even temporarily felt, or had dreams in which, they were being held prisoner by someone they knew, or that their husbands were trying to murder them. One had a dream that they were walking with others to their death.

There is also a need to verbally express the suffering caused by this persecution. In the patient needing *Johneinum*, they may feel they need to tell others about their experience and can even become melodramatic in doing so. In fact, in some of my patient's expressions, there seems to be a strong relationship between this remedy and the Silver series (of the Periodic Table Schema). There can be excitability, swearing and even loquacity - but there is also a tendency to miscommunication, a forgetfulness (particularly of names) and then feeling tortured as a result. This would be the expression in the more overt or extroverted patient.

On the other hand, I also see some patients who have needed this remedy who are inhibited in expression and (like other Mycobacteria) answer in a monosyllabic fashion or not at all. These individuals can seem to suffer silently and without complaint even though they can be in a much pain.

Many patients needing this remedy experience anxiety and torment - particularly, about losing money or possessions. They can be quite conscientious yet rather messy. There is much to do with collecting money or having to pay money in the proving and I have seen this, sometimes, as an issue for patients needing *Johneinum*.

As mentioned, many issues around money also came up in the proving. One prover stated: "Money has become a big issue in our household." I have also confirmed this clinically and would say that it is for "ailments after loss of money" and thus can be confused with the Aurums. They can be very effective businessmen, or the even wives of businessman, but then suffer when they lose money or after losing a lawsuit. Like *Arsenicum*, which this remedy may follow, the person has a fear of robbers or thieves, or may have been the victim of thefts where someone stole money or possessions from them.

Johneinum patients typically have their anxiety somatized in the body in the form of "tightness" in the abdomen and in other areas of the body; this is a marked symptom of Crohn's disease. In the proving this tightness was all over the body:

In bed before going to sleep I felt muscles stitching and tightening, not really pain.

Tightening - very short, goes all over my body. Tightening on waist area, left side. Both hamstrings very tight > bending legs. Muscles all over tightening slightly. Top of head, right side, tightened. Left side neck, right side lower back radiating down buttock. There seemed to be a sensation of electricity humming in my legs from the tightness of the hamstrings.

And another prover:

Shiatsu practitioner said my energy was very tight, as were all my muscles. The tightest she has ever seen me. She said it was like I was on edge. My gallbladder and lung meridians were very weak and their energy was tight.

This same symptomatology can also be described as a "stiffness" or "achi- ness."

There can be an internal feeling of hurriedness and restlessness, as brought out in the proving, but here also (as in other Tubercular remedies) the feeling is associated with an ambition to get things done. The internalized hurriedness doesn't always translate into external physical activity since these individuals can be physically quite weak. On the other hand, I have often seen patients who are quite accomplished in their field of

endeavor and who often excel at what they do.

Eventually, there is a state typified by such sentiments as "Nothing we do matters"; this can also be in conjunction with a state of depletion. We see this very state in patients within the end-stages of Crohn's disease, as well as in the individual who specifically needs this nosode, *Johneinum*. The provers felt tired, as in: "Tired! This is the third day in a row that I've gone back to bed after breakfast." I have found this to be a strong clinical aspect of homeopathically-prepared *Johneinum*. The patients look and feel, tired and anemic. The crude bacterium takes iron from the host.

There were many gastrointestinal symptoms in the proving as well as the characteristic pain (as of Crohn's) in the hypochondria and in the hypogastrium area. Also, a sensation arose as if there was a piece of wood over the transverse colon. In addition, there was diarrhea alternating with constipation, frequent urging or frequent soft stools and also cramping pains. I have clinically seen and can therefore affirm that this is a remedy to be thought of not only in Crohn's Disease, but also in ulcerative colitis, irritable bowel syndrome and other intestinal diseases. It was also interesting to see how frequent the "dreams of toilets" were in the homeopathic proving of *Johneinum*.

There can also be constant eating but only of small amounts. They are concerned about the food they eat, similar to the picture in *Helicobacter pylori*, and typically they are rather small for their age, although I have seen the converse.

Forgetfulness was also a strong aspect in the proving and there is, especially, a forgetfulness for names. There were also many miscommunications and missing communications. These tended to accentuate the attitude of "why bother" and there could be disorganization and clutter.

Although I have seen this remedy be very effective with younger patients, I once prescribed this remedy to an individual who was in his sixties, semiretired, who had developed what was tested and diagnosed as Crohn's disease even at his late age. It started with frequent small, explosive stools - ten times daily, with tiredness. He also had the characteristic pain in the right lower quadrant of his abdomen. He was extremely anxious about this new diagnosis.

He had recently come out of retirement and started working part-time as a therapist in a prison. He had been a parole officer prior to retirement and also did counseling for prisoners. For a year prior to the onset of his current symptoms, he had had significant problems at his church, where he felt that he was constantly struggling against the actions and decisions of the other elders. There was even one concern of abuse by another elder of a parishioner. He at first articulated his concerns at meetings but he also lost sleep while actively attempting to deal with what was going on. Then in the end, he gave up struggling and simply isolated himself from other church members. His dream then became to travel to Europe and get away. When the abdominal problem started, he also found his ability to remember names and simple events deteriorate. He attempted to control his intestinal problems by carefully avoiding certain foods, but without success. A few single doses of *Johneinum* 30c and then one dose of *Johneinum* 200c successfully cured all signs of an intestinal problem and overall there was much improvement after over one year of homeopathic treatment.

This case exemplifies not only the physical symptoms and Crohn's diagnosis that can be related to *Johneinum*, but many of the mental and emotional symptoms including different phases. The individual in the case was someone who was strongly affected by an injustice and initially actively fought it. In the end though, he gave up and wanted to

isolate and travel.

A key theme of *Johneinum*, as demonstrated in the case, is that the patient puts out an intense effort, particularly if it is driven by an injustice, but then this effort may alternate or end up with the individual giving up and acquiring a cynical attitude. A number of provers stopped participating after a few days and withdrew from the proving. One prover that continued expressed this phase as: "What's the use - what does it matter anyway? How pointless it is nothing we do matters."

In a similar fashion to the patient described above, a number of the provers experienced frequent waking during sleep, especially at 3 or 4 am. I have also confirmed this generally clinically for this nosode. Another aspect of the case and the nosode is the desire to travel which is also characteristic of the *Mycobacterium* remedies, (including *Tuberculinums*) in general. His lifelong work in a prison is also another theme that permeates much of the thoughts and experiences of the provers of *Johneinum* and patients needing the nosode.

Crohn's disease was originally thought to be a disease which bore a remarkable resemblance to intestinal tuberculosis, but was subsequently defined as a separate disease. I find that between *Johneinum* and many of the other *Mycobacteria* (particularly the tubercular remedies) there is similarity both in the mind and disposition and in many of the physical symptoms. *Tuberculinum bovinum* and related remedies can have feelings of persecution, as can all the *Mycobacteria*. *Bacillinum* has similar issues and is in the rubric "Mind, fear, robbers of." *Leprominum* can also experience a form of isolation as a result of being persecuted but that remedy is, in the end, more hopeful than *Johneinum*.

I have also used this remedy in dogs and in other animals. It works marvelously for animals with chronic diarrhea, with massive strongly smelling stools, and/or strong smelling discharges from the ears, where there is a receptive state and where the dog is picked on by other animals.

In the past, prior to having this remedy homeopathically prepared, I would sometimes give *Tuberculinum bovinum* in cases of Crohn's disease. It would usually help but not in the deep way that I have now seen *Johneinum* acting. I believe that this is a great miasmatic remedy for consideration in Crohn's disease — although, I should again caution that, as on many other occasions, there may be a "remedy layer" on top which itself requires a homeopathic remedy before the underlying miasmatic one can work. *Johneinum* is not indicated in every patient with Crohn's disease but should be eventually considered as a miasmatic layer.

Names and Meanings

Johne's - named after Dr. Heinrich A. Johne.

Paratuberculosis - the disease is similar to intestinal tuberculosis.

Crohn's - named after Dr. Burrill Bernard Crohn.

Family

Of the *Mycobacteriaceae* family, in the *Actinomycetales* order.

Source Notes

As mentioned in the above description, this bacterium is found particularly in ruminants such as cattle. In animals, the resultant disease was named Johne's disease which is usually fatal and typified as a chronic wasting disease found to have a great similarity to Crohn's disease in humans.

Adapted from Wikipedia:

Mycobacterium avium subspecies *paratuberculosis* is abbreviated as "MAP." MAP is akin to, but distinct from, *Mycobacterium tuberculosis*, the main cause of tuberculosis in humans, and from *Mycobacterium bovis*, the main cause of tuberculosis in cows and occasionally also in humans. MAP is 99 percent genetically related to *Mycobacterium avium*, but has different phenotypic characteristics such as

- slower growth
- requires the addition of an iron transport chemical known as mycobactin when grown in vitro (outside the body)
- forms a rough colony when grown on solid agar media, and
- infects mammals instead of birds

Also, the environmental distribution of MAP is markedly different from that of *M. avium*, which can produce mycobactin and therefore grow and multiply outside the body.

Signs of Johne's disease include weight loss and diarrhea with a normal appetite.

Several weeks after the onset of diarrhea, a soft swelling may occur under the jaw ("bottle jaw"). Bottle jaw or inter-mandibular edema is due to protein loss from the bloodstream into the digestive tract. Animals at this stage of the disease will not live very long, perhaps a few weeks at most.

Signs are rarely evident until two or more years after the initial infection, which usually occurs shortly after birth. Animals are most susceptible to the infection in the first year of life. Newborns most often become infected by swallowing small amounts of infected manure from the birthing environment or udder of the mother. In addition, newborns may become infected while in the uterus or by swallowing bacteria passed in milk and colostrum. Animals exposed at an older age, or exposed to a very small dose of bacteria at a young age, are not likely to develop clinical disease until they are much older than two years.

The primary site targeted by Johne's disease is the lower part of the small intestine known as the ileum. The wall of the ileum contains a large number of pockets of lymphoid tissue known as Peyer's patches that lie just beneath the interior surface of the intestine. Peyer's patches are clusters of macrophages and lymphocytes that are organized much like lymph nodes. Covering Peyer's patches are a layer of cells called "M cells." These cells function to circulate into the lumen of the intestines where they ingest antigens (bacteria) before returning to the Peyer's patch to "show" these antigens to the macrophages and lymphocytes. This is a means of "educating" the cells in a young animal about its environment and is a protective mechanism designed to help the animal become immune to pathogens in its environment.

Unfortunately, when M cells bring *M. paratuberculosis* to the Peyer's patch, the bacteria finds an ideal place for growth. Macrophages in Peyer's patches engulf *M.*

paratuberculosis for the purpose of destroying the foreign invader but, for reasons that are unclear, these macrophages fail to do this. Inside a macrophage, *M.*

paratuberculosis multiplies until it eventually kills the cell, spreads and infects other nearby cells. In time, other parts of the ileum and other regions of the body are teeming with millions of the mycobacteria. How *M. paratuberculosis* neutralizes or evades the normally efficient bacterial-killing mechanisms of the macrophages is unknown, although the unusually resistant cell wall of mycobacteria likely plays an important role.

The animal's immune system reacts to the *M. paratuberculosis* invasion by recruiting more macrophages and lymphocytes to the site of the infection. The lymphocytes

release a variety of chemical signals, called cytokines, in an attempt to increase the bacterial-killing power of the macrophages. Macrophages fuse together forming large cells, called "multinucleated giant cells," in an apparent attempt to kill the mycobacterium. Infiltration of infected tissues with millions of lymphocytes and macrophages leads to visible thickening of the intestines. This prevents nutrient absorption and diarrhea results. Late in the infection, antibody production by the animal occurs to *M. paratuberculosis* (in the serum of animals) and is an indicator that clinical signs of disease and death from the infection will soon follow.

Studies performed in the United States, the UK, and the Czech Republic have found that live, viable *M. paratuberculosis* organisms are present in retail pasteurized milk sold in stores. These studies prove that either (a) the organism is capable of surviving conventional pasteurization (the more likely explanation) or (b) there is a significant source of post-pasteurization contamination in the milk supply.

While it has not been definitively proven that *M. paratuberculosis* causes disease in humans, there are a number of researchers who believe that the organism is a primary cause of Crohn's disease. They cite clinical similarities between Johne's disease in ruminants and Crohn's disease in humans, as well as studies showing that a significant number of Crohn's patients also have the organism in their gut. However, there is no consensus yet. What is clear is that all known mycobacteria can cause disease, that *M. paratuberculosis* causes disease in ruminants, and that the bacteria are present in retail milk.

Crohn's disease (also known as regional enteritis) is a chronic, episodic, inflammatory condition of the gastrointestinal tract characterized by transmural inflammation (affecting the entire wall of the involved bowel) and skip lesions (areas of inflammation with areas of normal lining in between). Crohn's disease is a type of inflammatory bowel disease (IBD) and can affect any part of the gastrointestinal tract from mouth to anus; as a result, the symptoms of Crohn's disease vary between affected individuals. The main gastrointestinal symptoms are abdominal pain, diarrhea (which may be bloody), and weight loss. Crohn's disease can also cause complications outside of the gastrointestinal tract such as skin rashes, arthritis and inflammation of the eye.

The disease was independently described in 1904 by Warsaw surgeon Antoni Lesniowski and in 1932 by American gastroenterologist Burril Bernard Crohn, for whom the disease was eponymized. Crohn, along with two colleagues, described a series of patients with inflammation of the terminal ileum, the area most commonly affected by the illness. Crohn's disease affects between 400,000 and 600,000 people in North America. Prevalence estimates for Northern Europe have ranged from 27-48 per 100,000. Crohn's disease often develops in the teenage years, though individuals in their 60s and 70s are also at increased risk. There is a genetic component to susceptibility with highest relative risk in siblings, affecting males and females equally. Although the cause of Crohn's disease is not known, it is believed to be a genetically-linked autoimmune disease. The condition occurs when the immune system contributes to damage of the gastrointestinal tract by causing inflammation.

Clinical Focus Guide to *Johneinum Nosode*

Mind and Disposition Focus

Persecuted

Part of a large group that is persecuted
Holocaust survivors - *Kristallnacht*

Tortured and torment by others

Prison; in prison

The scapegoat

Dreams going to be murdered or given away

Must complain or talk about it

As if held against their will or making others work against their will

Money anxiety, anxiety about possessions

Fear of robbers

Ailments from loss of possessions or money

Anxiety about money and business, either collecting debts owed to them or owing money

Fear of future poverty

Somatized anxiety in general, creating "tightness"

Suspicious

Attention to business - incredible businessmen

Intense frustrated effort alternating with giving up and cynicism

Very busy and then "why bother"

Refusing treatment

Frustrated with efforts to change a situation, an injustice

Strong influence of the mother

Dictatorial mother - can be subtle but too manipulative

Dreams with mother in them

Recurring dreams with dead mother in them

Despair

Weeping

Loquacity about situation

Or refuses to answer

Arts

Performance

Artist, teaching, working in art

But also a businessman, etc.

Extroverted or introverted

Loquacious and discussing situation

Internalized anxiety

Isolated feeling yet compelled to take care of or control others

Dreams of being with or caring for children

Caring for the downtrodden, prisoners

Or forcing others to work for them

Internal hurriedness

Ambition

Accomplished

But tired and languid

Feeling forced

As if not enough time

Cursing, swearing

Memory poor and mistakes

Forgetful especially of names

Confusion

Infecting others with forgetfulness, confusion and sense of losing things

Mistakes in writing, reading and speaking

Omitting letters

Waking frequently

Waking 2-4 am

Dreams of being important

Dreams of being with important personalities

Dreams of being in high society

Dreams of being murdered by husband

Dreams cats yet worse cats

Dreams preparing or eating food

Exhausted by preparing food

Conscientiousness

Industrious

Money, figures for business

Self-conscious

Concern about appearance and what others think

Physical Focus

Crohn's disease

Abdominal spasms, pain

Right lower quadrant pain

Left splenic flexure pain

Pain in one spot

Nothing digesting right

Painful "fullness"

Loud growling and noises in abdomen after eating

Sensation of wood or of something hard in abdomen

As if over the transverse colon

Watching diet carefully

Food allergies - sensitive to wheat, allergens

Eating small amounts constantly

Loss of appetite

Worse after eating especially larger quantities

Crave one food only

Weight loss, failure to thrive and grow

Stool problems

Frequent small soft stools

Loose stools

Diarrhea alternating with constipation

Pain during bowel movement

Lienteric stools

Headaches

Worse left

Worse lying

Mainly forehead

Severe pressure with pressure in the ear

Swelling under the jaw

Pain around eyes

Tightness or stiffness in body

Stiffness neck and shoulders

Spasms

Extremity pain

Muscle aching

Pain in old injuries

Stiffness especially in shoulders

Worse eating certain foods, especially dairy

Better movement

Numbness around mouth**Difficulty swallowing**

Lump in throat

Exhaustion

Worse eating

Tiredness and episodic lassitude

Worse waking in the morning

Worse lying**Anemia****Spasmodic asthma**

Gagging cough leading to asthma

Annoying cough with pain in chest

Endometriosis

Cramping during menses

Pimples and acne

Profusion of eruptions

Worse before menses

On buttocks

Eczema

Relationships

Related Remedies

Drosera

Thuja

Oleum jecoris aselli

Linum usitatissimum (Flax)

Arsenicum album

Aurums

Mercuries

Bryonia

Rhus toxicodendron

Silver series

Other *Mycobacterium* remedies

Nitricums

Zincums

Bird Remedies, such as *Ardea herodias* (Great Blue Heron)

Proving of Johneinum

Below I include the proving of homeopathically-potentized Johneinum, as prepared by the Hahnemann Pharmacy. This proving had less than the number of provers that I typically have in my provings (see <http://www.homeopathycourses.com>) and therefore was not of the standard that I would have liked to have seen. In spite of this, I think that the proving symptoms from this small group were of such astonishing significance that I have included the collation here.

Single dose of 30c; 3 provers

Master Prover: Louis Klein FS Hom

Collation:	Latifa	Weinman	HMC
SECTION	DAY:TIME	P#	SYMPTOM

GENERALITIES

Generalities	OO:XX:XX	02	In bed before going to sleep I felt muscles stitching and tightening, not really pain. Tightening - very short, goes all over my body. Tightening on my left hand side waist area. Both my hamstrings were very tight > bending legs. Muscles all over tightening slightly. The top of my head on the right hand side tightened. Left hand side neck, right hand side lower back radiating down buttock. There seemed to be the sensation of electricity humming in my legs from the tightness of my hamstrings.
Generalities	00:22:00	04	Feel very tired - fatigued. Maintain normal activity anyway.
Generalities	01:XX:XX	02	Physicals: feel dry - especially in the palms of my hands. It makes my skin feel tight. Desire for coffee and tea has increased greatly. I would maybe have 2 cups of tea or coffee per week. Today I had 2 cups (1 tea and 1 coffee).
Generalities	01:10:15	04	Tired tired tired. Could easily go back to bed.
Generalities	02:XX:XX	02	The internal hurriedness is continuing and I am getting lots done in a day. The hurriedness is felt and I move and think faster as if under pressure to meet deadlines. Jiggling left leg up and down when sitting - a bit frantic.

SECTION	DAY:TIME	P	SYMPTOM
Generalities	02:XX:XX	# 4	0 Eating lots of junk food. Wanted French fries, this is unusual. Self indulgence, blowing my diet with French fries (unusual) and chocolate pie (usual).
Generalities	02:05:45	4	0 Body feels very stiff, especially neck and hand muscles.
Generalities	02:19:30	3	0 For last couple hours a kind of weak feeling as if hungry but have had dinner. Feel it particularly as a kind of weakness in both upper arms and shoulders.
Generalities	03:23:15	4	0 To bed, very tired. Active day.
Generalities	04:XX:XX	2	0 Drank a lot of red wine at night. Way more than I usually drink.
Generalities	04:18:00	3	0 The weather is cool but I am quite warm, more so than usual.
Generalities	05:XX:XX	2	0 Very hung over today.
Generalities	07:XX:XX	2	0 Energy is low today. Feel like I do not want to go out or do much today. Feel a bit nauseous and some tightness, slight cramps in uterus and abdomen. More like tightness rather than cramps in that they are constant, not spasms or twinges.
Generalities	08:XX:XX	2	0 Felt a bit nauseous and some slight tightness, restriction in uterus and abdomen (always worse in morning and when lying down) More in uterus like beginning of menstrual cramps. Hard to get out of bed, easy to go back to sleep.
Generalities	08:XX:XX	4	0 Went for a brisk 3 mile walk at before dinner sundown. Walking felt good (but headache continued intermittently.)
Generalities	08:06:50	4	0 Very hungry suddenly. Would eat a lot if I had it right now and didn't have to cook it.
Generalities	08:11:30	3	0 Although I am generally warm-blooded, I am feeling often in the past few days very warm even when not exerting and the temperature outdoors and in house is becoming cooler as winter has arrived.

SECTION	DAY	TIM	P#	SYMPTOM	
	E				
Generalities	08:20:30		4	0	Pleasantly relaxed, satiated, good food, exercise. Feeling very mellow.
Generalities	08:23:25		4	0	Shoulders, legs, hips and lower back feel sore, achy. Not sure if it's from the walk or the remedy.
Generalities	09:XX:XX		2	0	Physical stuff all day, mild cramps - more like a strained muscle - similar to mild pre-menstrual cramping. Before, this type of cramping was only in the morning.
Generalities	09:09:00		3	0	For past two or three days have had soreness around shoulder girdle and clavicles, as if had done a lot of push-ups.
Generalities	09:17:30		3	0	Very tired after daylong class and running errands on lunch hour; more tired than I would normally be, I think.
Generalities	10:XX:XX		2	0	Muscles spasm at weird times like bending down to pick up something in a very easy way. I seem very stiff. My muscles can spasm quickly and during moves I always do. Made a cake (from scratch) for husband's birthday. It is fantastic. Lemon icing on a white cake. I have to stop myself from eating it all.
Generalities	10:21:00		3	0	Tired even before I left to drive home, arrive almost stupid from exhaustion. Pretty unusual to be so tired. This is a 2.5 hour trip I frequently make.
Generalities	11:XX:XX		4	0	I've been cooking more than usual.
Generalities	11:04:00		3	0	Deep sleep, no dreams, up for breakfast and so tired I went back to bed and slept through arrival and departure of my exercise partner.
Generalities	11:09:30		3	0	I'm still exhausted, this is much more tired than I would experience after a weekend trip.
Generalities	12:09:15		4	0	After exercise bike and breakfast felt sooooo good, almost stoned. All systems taken care of, could just relax and bliss out.

SECTION	DAY:TIM	P	SYMPTOM
	E	#	
Generalities	12:09:30	4	0 Cold, teeth chattering.
Generalities	12:10:30	4	0 Now feel full and hot, drank hot chocolate to warm me up, now I'm very warm.
Generalities	12:19:15	3	0 Very tired still! This is very unusual. Husband is away for a couple days and I usually accomplish a lot, but not today.
Generalities	13:08:00	3	0 Tired! This is third day in a row that I've gone back to bed after breakfast.
Generalities	13:19:00	3	0 Still feel soreness around upper arms, upper chest and clavicles.
Generalities	14:07:00	3	0 Very tired again in morning.
Generalities	19:XX:XX	2	0 When we were in the bar there was a plate of bar snacks. Not my favorite kind by a long shot, but I could not stop eating them. I finished them off (the other two were not really touching them) and I asked the waitress to refill them.
Generalities	20:XX:XX	2	0 Shiatsu practitioner said my energy was very tight, as were all my muscles. The tightest she has ever seen me. She said it was like I was on edge. My gallbladder and lung meridians were very weak and their energy was tight.
Generalities	20:21:30	4	0 Tired still and go to bed at 21:30. Only had 5 hours of sleep last night, but this is somewhat typical for me, I don't usually have to drag myself around if I had 5 hours of sleep.
Generalities	21:XX:XX	2	0 I felt like I was getting a cold, I felt very run down which surprised me, given I was not burning the candle at both ends. I had one late night. But given how vulnerable I have been feeling it is no surprise.
Generalities	21:XX:XX	2	0 Lying in bed both my headache and my menstrual cramps were the worst. As soon as I get out of bed they are much better. The headache pain almost disappears. I can feel the "outline" of the headache in the sensitivities of my sinuses and when

SECTION	DAY:TIM	P#	SYMPTOM
	E		
Generalities	21:XX:XX	4	<p>I breathe in cold outside air. I also had some slight nausea as well which lasted for about an hour after I got up.</p> <p>Today and yesterday my muscles were sore, mostly legs but also neck, upper back and shoulders. Very tired yesterday and today. Both days I woke up very hungry.</p> <p>This morning was very stiff and slow moving. Walked more slowly on treadmill than usual, but seemed to get more energy after starting to go faster. Tired when I stopped walking.</p>
Generalities	22:03:15	4	I feel very stiff in my upper body.
Generalities	22:07:30	4	Still very stiff and slow moving.
Generalities	22:08:15	4	Neck, upper arms feel stiff in my muscles. Hard to get moving generally, hard to get in and out of car. Feel slower than usual, some stiffness lower back.
Generalities	22:23:30	4	Tired tired tired.
Generalities	23:XX:XX	2	<p>Again craving coffee, but today I got a decaf. I wanted to remember to order decaf and 1 did, but 1 forgot last time and ordered regular. But 1 am drinking coffee with a regularity - 5 times a week instead of once or twice a week.</p>
Generalities	24:XX:XX	2	<p>1 was so happy 1 found a great pound cake mix (chocolate/cherry) in the cupboard and 1 made it and ate half of it. 1 spontaneously gave a piece to my dog's walker who is pregnant because 1 remembered last time 1 saw her she told me she was starving. The last time 1 made a cake was for my husband's birthday [two weeks ago]. 1 never bake. 1 have noticed 1 am cooking (things from scratch, soups, etc.) a whole lot more than usual as well.</p> <p>1 only really cook when we have people over.</p>
Generalities	24:04:30	3	Too warm, won't turn heat on despite cold temperature outside and in house.

SECTION	DAY:TIM	P#	SYMPTOM
	E		
Generalities	25:XX:XX	2	0 I am not tired, want to stay out very late.
Generalities	25:XX:XX	2	0 Very tight muscles, again spasms that would come up with a twist to my left of my hips.
Generalities	25:02:00	3	0 Too warm and restless. Feel the urge to get up and eat in the middle of the night and do so. This is weird, I would never think of doing this, much less do it.
Generalities	25:18:00	3	0 Nauseated and palpitations after eating dinner, appetite poor.
Generalities	26:XX:XX	4	0 Getting subtle symptoms in the muscles, muscle aches as if I've worked out a lot, but the reality is that the exercise I've done doesn't warrant muscle aches.
Generalities	26:XX:XX	4	0 Achy muscles every day. Sometimes lower back feels stiff; at other times my legs (inner thigh muscles, butt muscles) are sore, as if I'd done a great deal of exercise. Stiffness in trapezius as if I had done a lot of heavy lifting. Two days ago, husband asked if I was stiff (discernable to outside observer). I've been experiencing this for about a week.
Generalities	27:XX:XX	2	0 I feel spacey. I don't go to Yoga. I am feeling weak and a bit nauseous.
Generalities	29:19:00	4	0 Chilled after dinner. The weather is cold. Hard to get warm, even in bed.
Generalities	37:XX:XX	4	0 Eating lots of pork. I like it a lot anyway, but I'm cooking and eating lots of pork.
Generalities	43:XX:XX	4	0 Got very chilled at work. It was coldish temperature wise, but I felt very chilled. This is happening some evenings. I'll get cold and it's very hard to warm up. This time I put on 2 sweaters at once when I got home from work, and I warmed up easily.
Generalities	44:XX:XX	4	0 Tired all morning at work, until about noon.
Generalities	45:XX:XX	4	0 Hips achy, feet achy. Joints of pelvis ache, pubic and sacral both.

SECTION	DAY:TIM	P#	SYMPTOM
	E		
MIND			
Mind	01:XX:XX	2	0
			I have been feeling much more hurried internally. Not scattered though, more focused and thinking my way through things.
Mind	01:XX:XX	2	0
			Also I feel that I have been manifesting really good things, a luckiness. Two instances come to mind. A few months back I was thinking too bad I wont be able to go to the Ranch (a health/yoga retreat) for a long time because we had been travelling a lot and because of money/ budget constraints. Amazingly I received an e-mail on Monday (day I took the remedy) saying that a week at the Ranch is half price for several weeks before Christmas. This is amazing. This is a place that is booked many months (even year to year) in advance. It is very popular yet I get an e-mail saying it is half price. So we decide to go.
			Also I am getting a coffee at Starbucks around 6 pm. The women working behind the counter are fooling around after a long day and there is only 2 of us ordering. I order a latte (regular one) and she mixes my order up. I was thinking as she made it that she was going to mix it up and give me a free coupon. That is exactly what happened. I feel that I will get what ever I ask the universe for.
Mind	01:XX:XX	2	0
			I am upset with my husband - he is working very hard and he is really stressed. He came home late and then disappeared downstairs and played Free Cell on the computer. I told him I don't think he likes to spend time with me. This is not a new theme for us but I felt very "sucky" needy, needing lots of attention right now.
Mind	02:XX:XX	2	0
			Money has become a big issue in our household. Cash flow in particular. We are chasing money that is owed to us and juggling accounts.

SECTION	DAY:TIM	P#	SYMPTOM
Mind	04:XX:XX	04	I've noticed an attitude in myself- nothing we do matters - not exactly cynical. Ran across husband's father's diary. After we die, who gives a rip. Not hopelessness, almost reptilian. It's not that I don't care about people, but I ran across my own notes from the past and it doesn't matter. What was significant at one time isn't anymore (typewriters, books, old text books ...). Well that's over.... To preserve things because they're old or cool - eventually don't matter. Maybe a sense of mortality. I used to gather up things for quilting, gathering up so many things and it's eventually futile. Thinking about the economy and feel we can't go on like this. Our state's economy is low. People in Africa are starving. Anything we do is a stop-gap effort. Where would the money come from? Where do we go from here? Got to look at the bottom line; there's just not enough to go around. This from a mother of 5.
Mind	05:XX:XX	02	Irritable.
Mind	05:15:00	03	Feeling a lot of mental energy, eager to do a lot of different projects. But not scattered, doing things efficiently and with a lot of clarity.
Mind	07:XX:XX	02	Feeling overwhelmed, reamed out husband for not doing enough around the house. At a Board meeting tonight I had to get my picture taken and the photographer was someone I went to high school with. I hung out with her in grade 11. She was the person I knew that was gay. (She did not tell me, I figured it out.)
Mind	07:21:30	04	Feel like nothing I do matters very much. I read an obituary. How can a person's life be stated so briefly? It's all rather sad.
Mind	08:XX:XX	02	Feeling anxious, like I have lots to do and not much time to do it.
Mind	08:10:00	03	Mood, very irritable, out of proportion with husband for opposing me in something very small, snappish.

SECTION	DAY:TIM	P#	SYMPTOM
Mind	08:23:25	4	<p>Started writing affirmations last evening. 1 want to attract clients and receive respect from everyone. There is a condescending relationship with my daughter 1 want to change. Lots of various people are talking to me about affirmations in the last week or so, this is why 1 decided to write some out.</p>
Mind	09:XX:XX	2	<p>Depressed/angry and weepy today. It started with the results of the US elections. 1 spent half an hour talking with my husband telling him: it doesn't matter, in three months we will be incinerated anyway. Wonder what's the use of doing anything. Angry at stupid Americans, feeling very anti-American. Told my husband 1 do not want to go to NYC in Jan nor do 1 want to visit his sister in LA. Want to boycott the bullshit.</p> <p>Then my mood went into a do nothing mode -1 retreated, a bit depressed. Rescheduled two client appointments and spent the day on the internet, reading and cooking.</p>
Mind	09:XX:XX	4	<p>Throughout the day having thoughts of how ephemeral life is - even how pointless - what a lot of work and then you die in the end. Not suicidal but why bother to do all this stuff?</p>
Mind	09:XX:XX	4	<p>1 feel old. Was talking with my youngest daughter yesterday about college. She is at the beginning where she can do anything!</p> <p>1 feel somewhat stuck. No options. Too old to bother to exercise any options. (I'm only 48.) 1 am having a relapse of a longstanding miscommunication with one of my children.</p> <p>1 feel as if there is no point to</p> <p>talk to this person about it because she is set in her ways and knows everything - the arrogance of youth.</p>
Mind	09:XX:XX	4	<p>On one level 1 don't feel very likable, whether because I'm on vacation from work and not getting my usual strokes or something else. 1 don't want to call my supervisor and bother her with all this. It seems petty and</p>

small.

SECTION	DAY:TIM	P#	SYMPTOM
Mind	E 09:XX:XX	04	Bit thumbnail yesterday, very far down. Old symptom, but one I haven't been doing recently.
Mind	09:XX:XX	04	Throughout the day have felt normal alternating with irritable, crabby, half depressed and sad. Tried to do some work. Too much distraction, kids too noisy. I am crabby crabby crabby. Restless in my crabbiness.
Mind	09:17:30	03	Relieved when plans to stay with family of a friend fall through and realize I don't want to socialize, just want to be alone and quiet.
Mind	10:XX:XX	02	Very busy and getting everything done! My uncle is in town and spent a good chunk of the day with him - lunch and a movie. Rescheduled some appointments to do it, no problem.
Mind	10:XX:XX	04	Have been planning a trip to town all week. Daughter doesn't want to go. I was mean and sarcastic to her. I thought it would be a family outing. I hurt her feelings, then later tell her: don't worry about it. Kids grow up and have their own lives. She says it's not that: I have homework. I tell her she went to a movie yesterday and you could have prioritized the outing if you'd wanted to. She reacted very hard to it. I was totally honest in a mean way. I apologize later. Excuse myself, say I have PMS, don't worry, go to bed. This is pretty typical teenager/mom stuff.
Mind	11:XX:XX	02	This morning the mail woman told me to be on the lookout for a man going through people's mail. Later that morning I noticed a man was walking down my front path to the street and caught my attention. He then went north and I went to the window to watch him. I then flew outside to see what he was doing. I was worried he had robbed me (we had been robbed 5 years ago, which

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DAY:TIME

P# SYMPTOM

at the time didn't really bother me). 1 quietly went up to a neighbor's house and watched him go through their mail. 1 saw him put a Courier envelope in a flower box. 1 said to him: Can I help you, 1 saw you on my front path.

He came out to me (pupils revealed, it seemed, that he was on depression medication - 1 knew he was on anti-depression medication somehow) and asked me: did 1 know who was renting an apartment around here, he had seen the sign before. (There was an apartment for rent; it had a big sign, but it was clearly across the street). He was very calm and composed. 1 told him it was across the street.

1 was very suspicious and did not believe him. So when 1 went back into the house, 1 continued to watch him closely. 1 then saw him go to other houses, took note of what he did and then went out again when 1 saw him go back to my neighbor's house, 1 felt to retrieve the courier envelope he pulled out before. He saw me and pretended to knock on their door and 1 told him they are not home during the day. 1 then explained myself by saying that we had been warned that someone was going through the mail in the neighborhood and to be on guard. He said: Oh, it's not me, 1 am looking for an apartment. So 1 went inside after 1 gave him directions to go to Markham St. 1 felt a rushing desperate need to call the police. 1 called them and 1 nervously told them what was happening. 1 told them his description and they said they would send someone around.

They sent a car around to look for him and one to my house. 1 then spent 20 minutes telling the cop what 1 had seen. 1 felt vulnerable and thankful my mail box (1 was expecting lots of cheques in the next week) was a mail slot in my door, not an outside box.

SECTION	DAY:TIM	P#	SYMPTOM
Mind	11:XX:XX	04	Very forgetful, forgot to note dreams; forgot to note down anything today. Watched Yaya Sisterhood movie. I got very sad. Feel remorse for my kids, sorrow for how life is, we hurt one another so casually, and no one knows. It's very sad.
Mind	11:XX:XX	04	I have bit off all my fingernails on my left hand and the thumbnail on my right. This is an old symptom, but my nails had been grown out lately.
Mind	11 :XX:XX	04	Went to Santa Fe yesterday and was disappointed in that the address we had was transposed (did I transpose it or was it transposed on the flier?).
Mind	11:10:30	3 0	Kind of brusque and curt in discussing a case with a colleague; I am being just too hard on the patient in the video.
Mind	11:18:30	3 0	Very disorganized. Tired. Lack energy.
Mind	11:19:45	3 0	Haven't been keeping very good notes in the last few days. Haven't called supervisor for several days.
Mind	12:06:20	4 0	I'm ruminating over Yaya Sisterhood and my daughter. I am mentally composing a letter to my daughter to explain my life, my reasons for being how I am. I don't know if it would be right to write it or not.
Mind	12:07:00	3 0	Feel lazy and unmotivated, as if I don't really care about what I am doing. Don't care if I do it well or what anyone thinks of me. Busy, but not accomplishing much, ineffective and disorganized.
Mind	12:09:45	4 0	Forgot to call my supervisor. I thought she was going to call me.
Mind	12:11:30	3 0	Doing errands, moving slowly, wasting time, retracing steps. As if thoughts and actions are not harmonized. Very different from how I felt a week ago.
Mind	12:XX:XX	4 0	Have bitten all but 3 of my nails, have picked back the cuticle on my left thumb. All my fingers hurt from me biting them. Old symptom.

SECTION	DAY:TIM	P#	SYMPTOM
Mind	12:XX:XX	04	Felt a bit lazy today. Unproductive but ok with it.
Mind	12:11:45	4 0	Very weepy. Sad about my daughter. Don't know what to do, sad about the past. Better from weeping and talking it over with my supervisor.
Mind	12:20:00	3 0	I am wanting to be quiet and without company. Enjoying silence. Feel empty, but in a good way.
Mind	13:XX:XX	2 0	I have noticed my hearing and my memory are not as sharp as normal. I have to keep asking people to repeat themselves (clients, etc.) everyone seems to be speaking much softer. Also I keep forgetting to do simple things I am supposed to do or have promised to do. The biggest thing is forgetting names though. I keep saying you know the person that.... It is extremely frustrating.
Mind	14:11:00	4 0	Called my supervisor, who wasn't home. She called me back right away, but we didn't talk because I was away from my house and calling from a pay phone. Felt today like I didn't want to trouble my supervisor. I like her very much and she seems very thin spread - I have a feeling of not wanting to burden her or bother her with my stuff. I remind myself that the prover's agreement is we agree to communicate. I notice that I'm not feeling like communicating. I decide I don't have much to say anyway. Throughout the day I am zigging while the other person is zagging. Lots of crossed communications today.
Mind	14:14:00	3 0	In the past few days I have been full of mental energy and doing many things - but in a very disorganized manner. Often starting tasks but not completing, wanting to move onto the next thing. Leaving a big mess everywhere: piles of papers, laundry to put away, sketches, garden tools.

SECTION	DAY:TIM	P#	SYMPTOM
Mind	14:15:30	03	<p>While driving, notice how bleak our landscape looks with grey skies and naked trees. But feeling a sudden, deep, almost visceral sense of gratitude and feeling great optimism about nothing in particular and everything in general.</p>
Mind	15:XX:XX	02	<p>Several clients and personal appointments were cancelled today - everyone was cancelling, but it did not create a stagnant environment. Instead it gave me lots of energy, it seemed to free up energy around me resulting in getting lots of connections done - with new clients, health organizations, set up lunches, a very vibrant afternoon. I felt very uplifted and very competent.</p>
Mind	15:09:10	04	<p>Restless. Want to do something but can't decide what to do.</p> <p>Hanging around waiting for my husband to do something, (typical)</p>
Mind	15:12:30	03	<p>Wrapped up in too many projects, lose track of time and nearly miss an important function.</p>
Mind	15:16:30	03	<p>I'm not as tired as earlier in the week, but still find I have too much mental energy and am not managing it very well. At times today have felt kind of run around by intense mental energy which has a jagged, demanding, driven quality to it. Even pastimes that would normally be enjoyable such as outdoor tasks and cooking have taken on a kind of frenetic feeling, rather unpleasant, uncentered.</p> <p>My mood is good, but I feel this as a physical pressure that is propelling me.</p>
Mind	15:17:30	04	<p>Went to going-away party for my friend, stayed until 21:30. All women I don't know, but I was comfortable and fine. (Unusual.)</p>

SECTION	E	DAY:TIM	P	SYMPTOM
Mind		16:XX:XX	# 02	<p>I got very despondent in the evening.</p> <p>I told my husband and my friend that I believe we will soon be in WWII. Depressed and sad: why do people want war? Have a coffee with a friend. Then we went to see a movie called the Sacrifice by Tarkovsky (Russian director). It is set in Sweden. It is a very bleak, dark movie about death/sacrifice. It refers to the end of the world being imminent, to nuclear war. I did not know that the movie was about this. I cried through most of the movie. I sobbed almost out loud. I felt a deep aching sorrow: why do we do this to people? It made me think of Iraq and the possibilities of war now. It was: why do people do this? No anger or despair, just aching in my heart, a real sorrow. I felt it physically for a short time. I was emotionally drained after the movie. It took me only a short time to get over this feeling when I came home afterwards.</p>
Mind		16:XX:XX	4 0	<p>I'm feeling like I've finished the gardening. Typing up notes, etc. Not languid and crabby like yesterday.</p>
Mind		17:XX:XX	2 0	<p>Window incident: The guy to clean windows came over with very little notice yesterday, left no number to contact him when he called me the night before. I was out of house with clients when he said he was coming over. He came to clean windows when I was not home. He did not leave a bill.</p> <p>He called me today and asked me: what did he charge last year? I got angry. Why did I have to be the guardian of this information? I told him I would look for last year's bill and call him. I called him later that evening and told him I could not find the bill. He said it was \$85 and then he said I also owed him \$80 for eaves cleaning. I told him that I did not want the eaves cleaned. We argued over whether we had discussed this. (I thought we had but I had not given any direction to clean them). He said I don't need the money anyway. I told him to come</p>

SECTION	DAY:TIM	P#	SYMPTOM
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E

over tomorrow and I will give him a cheque and if I am not in I will leave one for him.

I felt like I was being taken advantage of. I was really pissed that he wasn't running a professional business. I did not trust him. Why did he have my phone number and could call me this year (he did them last year), but did not have an invoice or feel the need to give me a quote or have the information on what he charged me last year? It felt manipulative.

Mind	18:XX:XX	02
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My friend's aunt had a stroke, his mother in bad shape over it. I spent the night reassuring him.

Mind	19:XX:XX	02
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The window guy came to my door - I was

very scared. My husband spoke to him first. Told him he was expecting me in an hour or so, he said he would come back. I was on the phone with my friend. He was pounding on door so much I thought he was going to break it down and attack me. I was physically shaking and scared. My heart was pounding. I was afraid he would hurt me. I stayed upstairs in my bedroom with my dog. At one point he left and then I heard a car come up to the front of the house again and I slowly peeked out of my window and I saw it was him. I thought: oh god.

It felt like it was happening over a half an hour or so. But my friend only lives 10 minutes by car away from me. My friend told me the man "was crazed and very angry", he could hear him pounding when he was in his car coming down my street.

It crossed my mind on the way to meet Marty later that night that this is what it must have been like for Jews during the "night of glass" (*Kristallnacht*). I was on the phone with a friend of mine at the time who then offered to come and help me. He did. The man banging on my door

SECTION	DAY:TIM	P#	SYMPTOM
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			was a black Rastafarian Jew (wearing a <i>yarmulka</i>). All I could think of is: how did this get out of hand? Why is he coming to my house on a Saturday night, why didn't he come yesterday when I left him the cheque, why didn't he call first? I Thought he was disturbed, maybe even dangerous.
Mind	19:XX:XX	0 2	My night with W. and M. later was crazy - mixed-up communications, losing things and dropping things. I lost a pair of leather gloves and an umbrella. Dropsy, spilling around me. I spilt a drink all over M. I fell and bruised my inside left knee. All this with only a little to drink (a glass of wine and a Martini).
Mind	19:XX:XX	02	Swearing like a sailor, especially saying fuck. Very loquacious. Getting excited when speaking. Told M. people have something up their ass tonight. Challenged some guy who was screaming at a cabbie, told him why don't you fucking walk down, asshole! M. was standing there but I did not see him. He said: hey, what's going on?
Mind	19:XX:XX	0 2	I felt I was being quite offensive (loudly) that night. I may say those types of things to myself and keep them to myself but I was saying them out loud and not from a confident mind set, it was more like a bluffing, like a barking vulnerable dog.
Mind	19:XX:XX	0 2	W. lost her wallet and her suit jacket that night, but we both knew we would get them back. She also forgot to give L. a package. I felt like my remedy was infecting people. My forgetfulness, my problems with communication and hearing were being transferred to others. I have felt this a little before during some homeopathy seminars when it seems like people are proving the remedy being discussed in a group and then almost slapstick stuff results - like a movie.

SECTION	DAY:TIM	P#	SYMPTOM
Mind	19:XX:XX	02	Peace protest blocking me from getting from W.'s speech to the software training. Have good cab driver - it feels like I am always trying to get around things, be creative to solve dilemmas. The feeling is more primal, instinctual, not necessarily an intellectual exercise. I have to get there or do that, how can I do it though it looks very hard to accomplish?
Mind	19:XX:XX	02	Miscommunication about my software training. H. said she sent everyone an e-mail. But I did not get any e-mail. A little pissed. My new program won't load onto my machine. Lots of things not fitting during proving, also lots of miscommunication stuff. We seem to be missing phone calls; we are home and don't hear the phone. There is a delay in communication. Also all day my plans kept changing every 15 minutes due to other people. I just removed myself from stuff. I was annoyed but not angry.
Mind	19:XX:XX	04	I feel self-involved, like no one could possibly be interested in all my symptoms. I feel like discounting everything as unimportant. All my fingernails are bitten off, and the toe nails against the sheet are starting to bother me too. (Not biting them).
Mind	20:XX:X	2	0 Focused on getting package to L. - anxious about it. Spoke to L., felt better.
Mind	20:XX:XX	2	0 Memory: I looked at a note I made to myself to call J. and I got angry that I could not remember who J. was. Usually that kind of stuff comes to me immediately.
Mind	20:XX:XX	4	0 This morning much resentment toward mate and my situation. I want to get a new computer program that would help me a lot in my work. We can't really afford it but I am finagling and fiddling to figure out a way to have it anyway.
Mind	20:XX:XX	4	0 I'm getting tired of my stories, my life. Felt sort of depressed yesterday, sad angry weepy.

SECTION	DAY:TIM	P#	SYMPTOM
Mind	21:XX:XX	2	0
			<p>I continue to be slower mentally, especially in the memory area. For example, I went to mail the package to L. today but forgot to take the address with me. I did not realize this until I was in line at the mail office. I then had to call a colleague who had the address handy. I felt like an idiot. Also I screwed up with a client and did not give them the remedy on the day we agreed upon meeting. I thought it was another day. Geez!</p>
Mind	21:XX:XX	04	<p>Feel I don't want to bother you, as if what I have to say isn't important. I'm not feeling depressed, but a little pissy.</p> <p>Noticed myself using the term "shitty" a lot lately.</p>
Mind	21:14:30	03	<p>Making mistakes in writing, omitting letters, usually consonants. When typing making typos, inserting letters.</p>
Mind	22:XX:XX	02	<p>Husband is away for work and I am feeling like I have to do so much more, yet he doesn't seem to do much in the house. Last night and tonight I have locked the doors earlier and even when I went out. I am making sure I have locked things, including the garage door. Usually I don't pay attention to these things even when my husband has been away before.</p> <p>When I was walking the dog at lunch and tonight I noticed several unmarked vans slowing down on our street or near our house, and one time I turned around to see (after he drove by) where he was stopping (near the house?) - but he didn't stop, he just sped up and drove away. I felt like I was being watched.</p>
Mind	22:07:00	03	<p>More leaving out letters while writing.</p>
Mind	22:18:00	03	<p>Unlike a week ago or even a few days ago, my space is neat and organized again. Despite being busy with patients and some other projects, I feel happy and relaxed and on top of things and everything is flowing. Efficient but with good quality of attention. Accomplishing a lot.</p>

SECTION	DAY:TIM	P#	SYMPTOM
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Mind	24:06:00	03	While talking to self, cursing - very unusual.
Mind	25:XX:XX	02	Weepy today. Get a kind of despair about things easily. Can get sad very quickly and start crying.
Mind	25:XX:XX	02	I am not tired, want to stay out very late. Did not drink much. Tendency to be loud and very passionate when talk. Wired at night, playing Bowie, Led Zeppelin before going out for dinner with friends, revving myself up so to speak.
Mind	25:XX:XX	2	0 I noticed today that I am taking an active interest in our finances, watching the dollars so to speak. I have been doing it for about a week. Following bills, our investments, etc, making appointments with new finance people. Regardless of my training as an economist, my husband has always done this. I never had any interest in this. Now I have a keen interest, to tidy up the sloppy stuff, (paying high interest on credit cards, etc.).
Mind	25:XX:XX	02	Again my memory is bad; someone reminds me that I promised them some videotapes of the Sopranos.
Mind	25:XX:XX	04	Went to investigate new career choices today.
Mind	25:XX:XX	04	Still biting my nails.
Mind	26:XX:XX	02	House is a mess, have found I am not as interested in keeping things in order. Stuff lying around doesn't bother me like it used to.
Mind	26:XX:XX	02	Read piece on state of adoption in Ontario and I cried all the way through the article. Desire to adopt the child (with FAS) in the article.
Mind	26:XX:XX	02	I am irritable, I scream at my husband about how he doesn't take care of his health. We argue about this. He ends up going to bed pissed off.
Mind	32:13:00	03	Very industrious today.

SECTION	DAY:TIM	P#	SYMPTOM
Mind	33:08:30	4	<p>1 felt like the proving is over. 1 feel like myself again. 1 am more optimistic.</p> <p>Today and yesterday decided to be brave and try to fix my electrical outlet. Replaced the outlet, which still doesn't work, but 1 was brave enough to try it.</p> <p>Friend from high school has found me through classmates.com. Spend two hours talking to her. This could be more past stuff brought up by the proving.</p>
Mind	37:XX:XX	04	<p>Making plans to return to school. 1 don't feel very introspective. 1 am bored with this proving. It's too much work to bother with writing it all down. 1 feel like not much is happening anyway.</p> <p>The other proving 1 was in was more dramatic. 1 wrote down everything, was very interested in writing everything down.</p> <p>Here at Day 37 1 still haven't started transcribing my prover's journal yet.</p>
Mind	43:XX:XX	04	<p>1 have been on vacation and now have to go back to work. 1 am a little depressed about it.</p>
Mind	43:17:30	4	<p>Low level headache. From working? Feel fine otherwise, friendly.</p>
Mind	53:XX:XX	03	<p>Leaving out letters when writing.</p>
Mind	59:XX:XX	3	<p>In the past week or ten days 1 have felt very calm and focused, like getting to the root of things but without effort or agitation. Having real certainty about important matters, handling difficult situations easily. Having end-of-year perspective on things and making personal and practical decisions and plans, but from the point of view of necessities and priorities and methods which are just unfolding as obvious.</p>
DREAMS			
Dreams	01:03:00	3	<p>Dream: 1 am lying stretched out and a woman stands over me and says 1 am dead. She lays a bouquet or blanket of white asters over my chest and abdomen.</p>

SECTION	DAY:TIM	P#	SYMPTOM
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I know that I am not dead but merely sleeping! (Later in the night my husband, who frequently talks in his sleep, says loudly, "Who has been murdered?")

Dreams	01:05:00	02	
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Around 5 AM I woke up after having this dream. I was in a warm place (California - foliage) and a group of us (I seemed to know two people) were descending down a broken outdoor staircase (left hand side). We went slowly, stepping lightly on broken steps and being careful of broken railings. It was painted a lilac color - kind of a hippy colouring scheme. There was splintered wood. People made us stop mid-descent so they could fix the splintered (left hand side) railing.

Next scene was my friend R. called me: let's go somewhere, but at the last minute Ken Finkleman (note: before bed watched a Finkleman show on CBC) calls me and takes me to a place where they sell his mom's cakes. It was a cake vendor like an ice cream vendor - I was really excited. Perfect, I say, I always wanted that. Like a fast food bar set up. There were all kinds of unfrosted cakes, you could choose and add your toppings. I was very excited and happy.

Next scene was a classroom situation where people were in round tables. It was great, really stimulating intellectual discussion. I was learning like I was in grade 13 but there was a woman in grade 11 at our table. It was a hippy school, very relaxed. Went to the entrance and found a magazine, French and English. I tell someone it is a good magazine I used to get it at work.

Last scene was Kim Campbell (former Canadian prime minister) and she was pregnant as our Prime Minister. They redid a washroom for her, got new hand soap in the bathroom; she said the soap killed your hands. So they spent \$1,100 redoing the bathroom. (I am reading all this in a magazine) There was a picture of a plastic soap dispenser in the shape of an Englishman's (with white wig, long aristocratic nose) profile.

SECTION	DAY:TIM	P#	SYMPTOM
Dreams	02:05:15	4	0
			Woke up from a dream. My sister had given me a calendar. It had been hers, all the dates applied to her. I found it amusing. Previous dream, dimly recalled: riding a bike around "town," there are hills, etc. My ex is there. I'm trying to give him a phone. I knew someone who had an extra one and he needed one. He found out it was me that negotiated the phone and wouldn't accept it since it had come from me.
Dreams	02:06:05	03	
			Dream: I am at a long and very boring social event in a restaurant with a lot of people I don't know. The people are rather stuffy and haughty. Finally there appears a young man, son of friends, who suggests that we should drive to another party. He puts on stage make-up to enhance his sideburns and eyebrows and he looks very sharp The terrain is very rugged, mountainous, gorgeous, sort of like Afghanistan. A big truck comes toward us - slowly - so we pull off the road part way to let it pass and find our car going down a steep hill, where we end up sitting on a tiny spit of land at the intersection of three rivers. We're in awe of the beauty but not sure how we'll get out of there.
Dreams	03:XX:XX	4	0
			Many dreams, unremembered.
Dreams	04:04:00	3	0
			Dream: unremembered.

Dreams	05:06:30	4	0	<p>Dream: food vendors on the plaza. There is some sort of party or meeting. Ex-husband there.</p> <p>I am sitting very high up on a railing - perched there precariously with some man I don't know. I am leaning on him so as not to fall. It is very cozy and friendly, yet I didn't know him in the dream either. It is fine I was leaning on him. Looked around for my husband. He is making a meal for himself with one of the food vendors. I wait patiently for him and walk around.</p> <p>I get to the employee meeting late. It's being held by "the manager," a person</p>
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SECTION	DAY:TIM	P#	SYMPTOM
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				<p>1 don't know, and no one wants to listen.</p> <p>1 sit down and listen to music, then go find my husband who is done making food with the vendor.</p> <p>There are tourists all around. The event is called the Chili-aria (a pun on the balloon fiesta that is really funny in my dream).</p>
Dreams	06:XX:XX	4	0	Lots of unremembered dreams.
Dreams	06:04:30	3	0	<p>Dream: end of dream, going with a market basket to a market stall in some foreign country (maybe Mexico, think the language is Spanish). 1 have volunteered to buy some fresh milk or juice or something similar. 1 stop at a kind of milk bar/juice bar, third world type, and see that there is a large, old-style bathtub (the kind with feet) in which they are washing the glasses used by customers. I'm intrigued and amused.</p>
Dreams	07:XX:XX	4	0	Again many unremembered dreams.
Dreams	08:XX:XX	2	0	<p>Dreams: Very fragmented.</p> <p>1st scene: sitting in a big gym-like day care centre in a chair across from a woman who tells me that the course we were discussing (when my kids go back to school, I will be learning how to relax) could be charged to us. (I was an employee there or had some connection there it seemed).</p> <p>2nd scene: people lining up to get food -</p>

hurry or we are going to be late. Recognize friend of husband's - L. Maybe 15 people in line. It is an office environment. I am getting almonds ready to dip into chocolate and then put into individual white candy cups (like for truffles) I am hurrying, but it takes a while to dip them into the chocolate.

3rd scene: sitting in a high school-like classroom. L is teaching. L is smiling and we are talking about what technology was like when we were the same age as this boy sitting to my left. He was probably 20.

L and I said: can you imagine using these old walkmans and not having computers to do your work (homeopathy). We said

321

SECTION

DAY:TIM

P#

SYMPTOM

E

try using Kent and repertorizing. We were laughing, smiling, it was all good natured. Then we were all in a pantry-like area (near food). People were getting food together and L winked and smiled broadly at me and said here (two cookies came down a conveyor belt like thing) he handed me two brown cookies outlined in white icing. Intricate cookies (design outline with icing), one of a Christmas tree and the other one was of a reindeer-like animal.

At one point in dream felt a feeling of pain in my uterus then in my abdomen. I pressed the pains away in my dream. Like when you have gas pains, you can put pressure on your abdomen to release the pain/gas. It was a steady process starting with my uterus and working my way up to my abdomen.

Fell back asleep and had this additional scene: It was at night - my High school friend N. was there we were trying to get through a fence. She tried to stretch the thin wire out so we could squeeze through the fence; after several tries she does it and we squeeze through. All around us I remember seeing cats perched up high above us, on windowsills, etc. They were house cats but they were the size of mountain cats, they were following us around.

Dreams	08:03:00	3	0	Dream: mostly unremembered. Family and friends along on a long, gentle, slow hike with husband and me. Everyone wearing brightly colored (primary colors) clothes.
Dreams	08:06:30	4	0	Had been dreaming about getting a lady more cheese on her cheeseburger. (Work-related dream).
Dreams	08:06:30	4	0	Dream: Separating pieces of gum by flavor to save for and share with people that weren't present. All co-workers in real life. One guy pretends he's going to give his pre-chewed gum to someone else. 1 am vigilant to make sure that doesn't happen. Then 1 realize 1 chewed someone else's gum. Oooops!

322

SECTION	DAY:TIM	P	SYMPTOM
Dreams	08:06:30	4	0
E	#		
			Earlier dream had some very strange street sign in it and a police car with a policeman in it. Don't remember the rest.

Dreams 09:XX:XX 0
2

Dreams

First scene: big old house, many people living in it. It is all wood staircases, 1 am going up the staircase. Big wide staircases, carpet, old stain glass windows. 1 am living in an apartment and in it 1 see another guy behind me coming up to his place across the hall. No real doors, more like openings.

Second scene: 1 am walking with S.; she is happy, is a friend instead of a therapist. As we are walking and talking, 1 am feeling my right hand side bridge (teeth) coming loose. Then when go home it comes out totally, 1 am thinking it is a Thursday; 1 only have one day to get my bridge fixed. 1 try to put it back in and the end of the bridge is made of soft plaster (dry) molded to a pencil-like point. 1 try to put the bridge back in and the plaster crumbles and 1 can't put it back in. 1 leave it out and 1 can feel what it is like to not have my teeth in there.

Small scene: my old friend J. is at a luncheon (home environment) where she has just finished a McDonalds lunch. 1 am thinking she does not get this much, it is a treat for her.

Last scene: 1 am on a bus/train going through a country, not sure at first what the country is. 1 am thinking: where am 1?

1 do not know that it is Italy. 1 am with two young boys (14-1 7.) The one on my left hand side says: I remember the country. He remembers climbing up on an embankment behind /above the City so he knew it was Milan. I pretended I knew.

Dreams 09:07:45 04

Dreams of big cabins in the woods with lots of people there. Don't remember if that was where I lived or what.

Dreams 09:07:45 04

Vivid dreams, mostly unremembered.

SECTION	DAY:TIM	P#	SYMPTOM
Dreams	10:XX:XX	4	0
			Dreams about a farm seen from above like in the Wizard of Oz; an old-time farm with wooden rail fences. I'm with someone and we are touring the farm, but I live there too, and have chores to do. We are going through stalls and stalls, looking at kittens, lots of cats, like a farm exhibit at the county fair. I'm looking at the orange cats. I want to keep one because orange cats are the friendliest.
Dreams	10:04:00	03	Dream: unremembered.
Dreams	10:23:55	04	Dream of cabins in the woods.
Dreams	11:08:30	03	Dream: My husband and I and his ex-wife and kids are assembled in a large Victorian-style house. It is empty and unfurnished except for strings of many different colors and weights and textures going every which way, sort of an irregular web at crazy heights and directions through all the downstairs rooms. Navigating around in it is peculiar. I go up to "our" room and am getting dressed and think I am walking into "our" closet but actually end up halfway down an outside staircase to the street. I'm standing there topless with some guy staring at me from the street and realizing that this is in some country where this is very shocking and uncool. I speed back up the stairs and into the door, feeling rather confused.
Dreams	12:XX:XX	02	Dreams last night were fragmented. 1st Scene: Sheilagh Rogers (radio personality) and I were shopping in a discount place. I was following her around. There wasn't much selection, very sparse. She buys only one thing. She is upset how bad the place is. 2nd Scene: Husband and I were hiking. She is talking to us by phone, asks us to meet her half way, wait there 3rd Scene: She is in a big office - I am watching her talk on a speaker phone. It seems like it is the president of the CBC's office. I am thinking that to myself. I am there to put some <i>Rhus tox</i> (or <i>Ruta</i> ?) on

SECTION	DAY:TIM	P#	SYMPTOM
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E

her sore elbow. I start to go down the stairs by myself - the office is full of stuff. I pass by an employees' bulletin board (cork) with lots of stuff pinned up on it - notices, lots of colors. As I go down the stairs, I notice that the riser of each stair has a Dilbert cartoon (blown up) taped to it. The walls going down the stairs are covered with posters and notices. At the bottom of the stairs there is a round table (6 people big) with chairs - a meeting place. There is lots of natural light as I go down the stairs. As I go out I think again that must be the CBC president's office. It is warm and sunny (California?).

4th scene: I am in a railway car on the tracks underground being chased (it is a railway car that you fill with coal) One person is chasing me - it is a woman. It is a hurried dream, we are moving fast.

5th scene: There are two women (A, a friend from 15 yrs ago and C) who are pregnant. They both give birth the same day. One is born as a 12 yr. old that can talk; he is lying on a couch, he is a very long boy and he is talking. The other one can also talk, but he looks like a baby or small child.

6th scene: It is a bed scene. There are 2 people in a single bed. Then they move to a hot tub; there is a thought: do they (I am observing) wear bathing suits or go naked?

Dreams	12:06:20	04	
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I had many, many dreams but don't remember any of them.

Dreams	12:06:20	04	
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I flash to one of my dreams. I am sleeping in a tipi. I ask my mate, "please before you do will you bring in some wood." He says, "more wood?" I look up and the place is packed with wood, but part of the tipi is flapping open and I see that is why I was cold. I realize I don't need any more wood and laugh. He is friendly and the exchange is a friendly one.

SECTION	DAY:TIM	P#	SYMPTOM
Dreams	13:07:00	04	

E

Dream: camping and living in a community of tepees and tents. I am there and married to my ex-husband. (This is accurate with my past.... I used to live in tepees, tents, communities, but this is not a memory of anywhere I have ever lived.)

I am in P.'s tepee (my ex-husband) and we are married. He has a cook space and a latrine all made up in his tepee, fancy and precise with rock work. He has dressers in his tepee. His scene is very together. There are piles of stuff but organized. I compare it in my mind to how he (in the dream) helped me set up my tipi for me and our kids. Mine has wood and a fire pit and such, but is not nice and no toilet place like he has for himself.

There are 6 of us and one of him; he has done all this work for himself only. I had been preparing to make dinner but was very hungry. I was out by "the stream" picking fish off of the bushes and eating them raw, also picking blue berries off thorny bushes - eating some, saving some to make pancakes.

I see how he has his tipi set up and I discover that he has made up lots of crepes and stacked them, but he has hidden them and has no intention of sharing with me or our kids. I am angry and tell him: why didn't he set us up that nice? Why didn't he cook for us? I take the crepes and am doing the cooking for the family. I can't find my place or my children (which doesn't bother me). I'm meeting people and it's all ok.

I walk a long way, get tired of carrying the crepes which are the worse for wear, so I just throw them down a ravine.

Dreams	13:08:00	03	
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Dream: My husband and I are arriving at my parents' house in Florida. It looks in the dream just as it did (although in reality it was sold, torn down and another house built there 15 years ago). A dream of the past.

SECTION	DAY:TIM	P#	SYMPTOM
Dreams	13:08:00	03	Dream: Something about a group of people and my old converted hippy school bus (this would date back about 30 years - ancient history!).
Dreams	14:04:00	03	Dream: I'm back in time in what must be an old homeopathic office, all the paraphernalia is there, mortar and pestle, books, bottles, pills. (Dreams of the past: am I going further and further back in time?)
Dreams	14:07:15	04	Dreams about my best friend, feeding animals in her yard in the country - wild animals: bald eagles, cheetahs, wolves, etc. There were dogs and cats there also, lots and lots of animals, but only one of each kind, not herds. In the dream I was in my friend's house watching her cleaning lady hang drapes she had taken down to wash, feeling very appreciative and loving toward my friend. I tell her what a good and kind person she is. She says I just have good manners, I'm not really that nice. I disagree with her, tell her she's so generous she even shares food with wild animals. She says she thought she was just feeding her cat. I show her all the animals outside.
Dreams	15:XX:XX	04	Dreams of changing typeface on documents.
Dreams	15:XX:XX	04	Dream of a 6-inch long fish eating 2 other fish. Lots of pretty fins, they look like a Jack Dempsey's fins, only fancier.
Dreams	16:09:00	04	Dream of work (restaurant work). I was stocking the juices. Someone had thawed way too much apple juice. It was everywhere, lots of orange juice also. The juice was in strange containers. I'm trying to put it all away, ask my boss, "What shall I do with it all?" I find I have customers. They've been waiting a long time but someone else has helped them. I need to pee and go to the restroom. It is a very fancy bathroom like would be in someone's home, not a restaurant. It has a shower and a tub.

SECTION	DAY:TIM	P#	SYMPTOM
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			<p>The water in bathtub is running and I turn it off. Also water running in a corner shower stall. I turn it off also.</p> <p>The toilet is odd, it has a plastic louvered thing in the toilet that you're meant to pee and poop onto. I think, "I'm glad all I have to do is pee, it's so much easier to clean up." I think what a very odd set-up this is for a toilet and wonder what the point of it is.</p>
Dreams	17:XX:XX	2	<p>0</p> <p>It was my mother's birthday (she is dead), lots of people were in a room around a bed. I came on time and nothing had started, my brother and sister were not there. They did not come until 90 minutes later. I was sitting on the bed which she was on and then I got pushed aside by my mother to make room for my sister. I screamed at her: I came on time and I am being punished for this. I remember there being a big deal about space - like a puzzle on the bed, how do things fit. I also remember my sister being really obnoxious, like: "Heh, heh I am getting special treatment."</p>
Dreams	17:04:00	3	<p>0</p> <p>Dream: In a large space with a lot of people, like a meeting hall or school auditorium. I get the feeling we are all living there, like after a flood or other natural disaster. I'm taking care of a lot of children, not my own, as homeopath and also as babysitter. A group of them are proudly showing me some commercial tooth-whitening chemical sticks (I saw an advertisement on TV), and I feel sad that they are so indoctrinated by advertising.</p>
Dreams	17:04:00	3	<p>0</p> <p>Dream: Staying in a large house as a visitor; there are many people coming and going. My school bus is parked somewhat blocking the gate. A man wants to move his car out the gate; he is impatient. I start the bus and begin to back it up. He zips his car around it and I jerk the wheel so I won't hit him. He speeds through the pink metal gate. The bus skids off the driveway down a slight incline, I don't seem to push.</p>

SECTION	DAY:TIM	P#	SYMPTOM
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E

or pull the correct pedal or lever to make it stop. It rolls slowly toward a pond and tips in sideways. I exit through a window and leisurely go back to the house. A crowd begins to gather. I think I should call my husband but find that every phone in this large house has a crucial part missing. So I return to watch the bus sinking in the pond, admiring the plantings around the pond (they look like amaryllis or clivia) and feeling helpless but also calm and detached

Dreams	17:06:30	04
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Wake to alarm from dream of being in a sandy wilderness spot. Someone had made a mess. Band-aids that had brown stuff all over them, looked like shit, I didn't investigate any further in the dream.

Dreams	17:06:30	04
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Dream: my boss had left a tiny toy chair there. He was making it as a decoration above the toilet at work. I did something to repair the toilet.

(Last week in real life, both the toilets at my house broke their flapper hinge chains. I fixed them both within 3 days of each other.)

Dreams	17:06:30	04
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In the dream I am in a wilderness setting you have to walk to get to. I am with an underage girl and make an off-color remark. Someone with us says be careful, the girl could sue you for sexual harassment. The remark was more like a dirty joke, but she's too young to hear it.

She gets angry because we are treating her like a child, says, "Maybe I will sue."

Dreams	17:06:30	04
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Before that a dream of being with my son-in-law who wants to buy a leather jacket but it costs \$2300. He wonders: should he get it. I tell him to see if he can make payments on it and if he wants it badly enough to obsess about it that he should get it.

We had found a cheap jacket at Walmart, but he wanted this one. It had the fur still on. A black and white dappled pattern with a fringe. I was surprised; it didn't seem like his type of jacket, but still I tell him, "Get it if you want it."

SECTION	DAY:TIM	P#	SYMPTOM
Dreams	18:XX:XX	4	0 Dream of being at a football game. Walking on top of railings to get to the bathroom. Many of my co-workers were there at the game.
Dreams	18:XX:XX	04	Dream of planting trees with powdered milk in the bottom of the holes to nourish the trees.
Dreams	18:XX:XX	04	Dream of applying for a job, like a feature on the radio. There was a picture of me and lots of people were packing up their things like when I used to live in tepees. In the dream (as in real life) I have two sheepskin slippers that don't match each other. I was afraid in the dream that "they" would think badly of me because my slippers don't match. Digging through my luggage to see if I can find a mate for my slipper.
Dreams	18:XX:XX	04	Dream: Coing into the eating hall, I realize they are men's moccasins. I hope no one will notice; I have to go in with mismatched slippers or I will be too late.
Dreams	18:04:00	03	Dream: Someone is bringing a gift, but it is really a collection of old papers. They have put it in a cardboard box with a cellophane window such as is used to present a floral corsage.
Dreams	19:04:00	3	0 Dream: Bicycling somewhere in Europe. Realize I am in Austria so decide to go see my mother-in-law (she died 5 years ago and Austria was her favorite place), so bike into a lovely little Austrian village and go to her house. She is very pleased to see me and eager to hear about my grand-daughter (her first great-grandchild). She is very charming and interested and welcoming.
Dreams	19:04:00	3	0 Dream: I am feeling very thirsty and ask someone if they can fill my water bottle for me. They say, " Just ask that racer that is coming by." I see we are looking down on a bicycle race. There is a huge man riding a bicycle. He has shaved his body to give less wind resistance and looking down on him, he looks like a great huge bull or ox. Anyway, I ask him for water as he has a water bladder that he is drinking from as he rides.

SECTION	DAY:TIM	P#	SYMPTOM
Dreams	20:XX:XX	4	0 Dream of finding my daughter's little orange cat curled up and dead. I put her in coffee grounds in a bucket. Take her back to tell my daughter and the rest of the family. I show them the cat; she wakes up. She's not dead.
Dreams	20:XX:XX	4	0 Dream of being out at the (Indian) Pueblo. I'm walking along and get picked up by 3 guys. They are a bit challenging: "What you doing here, girl?" type of stuff. I am unfazed, a bit nervous but state my business. Show a piece of paper someone gave me. They accept me and start showing me around. In the dream there is a big play yard, lots of gaudy colors all made of aluminum - heavy, shiny aluminum. I ask where it came from; no one knows. I see an old spot there. It used to have an ice cream store there. I ask about it; no one remembers that store. Inside a coworker is making donuts (his job in real life) or trying to find out from these folks how they make donuts. An Indian man shows me his home. It's dug into the ground and it's under construction. There are traditional elements present but there is a cheap carpet and a radio and some modern items. He tells me he doesn't show just anyone this place. I am unimpressed. It looks ordinary except that it's half underground.
Dreams	20:04:00	03	0 Dream: I'm with a group of pre-schoolers and my job is to assess them individually and as a group as to their development, skills, logic, interactions, cooperation. Sort of a dynamic covert homeopathic interview; and I do this by setting up situations, challenges, dilemmas, interactions rather than asking questions.
Dreams	21:XX:XX	04	0 Dream of husband changing the yard, making big parking places and planting trees, changing the landscape in our yard in our house "in the country."

SECTION	DAY:TIM	P#	SYMPTOM
E			Watching a lady walk up a hill side, going to some little town on the prairie. She is the same color as the landscape. I'm supposed to follow her - she is hard to see - moves fast up the hill. Drab landscape, grays and browns.
Dreams	21:XX:XX	04	Dream: over at my friend's mom's house. She is hoping to buy a new house. I tell her I'll help her move.
Dreams	21:XX:XX	04	Dreams about toilets. Looking for a place to pee. Wilderness, camping type dreams, out in the bushes.
Dreams	21:04:00	03	Dream (partial): I'm trying to encourage reconciliation between a mother and daughter. I somehow arrange a phone call between them and it goes well.
Dreams	22:04:00	03	Dream: of very slow, sweet people living in a bucolic environment (Hobbitlike). Very peaceful, innocent feeling.
Dreams	23:XX:XX	4	0 Dreams of last night's movie.
Dreams	24:XX:XX	4	0 Dreams of decorative glass bottles full of colored water, green and red. My mom had some like them when I was a kid.
Dreams	25:XX:XX	4	0 Dream: an acquaintance's wife died. I am helping him. He fell asleep in a chair and his grown daughter came to wake him. Then I was stacking and rolling coins. The acquaintance in the dream is a person that has been telling me I can take one class at a time until I would get a degree. Then I dreamed of rolling coins. I think my subconscious is telling me about the slow accumulation of wealth.
Dreams	25:03:00	3	0 Dream: a man my husband is working on a project with. In the dream I know he is a liar. I wake feeling bad about feeling this way, yet it felt true.
Dreams	26:XX:XX	04	Dream of my hometown. Looked somewhat different, but basically the same as when I was growing up. No details recalled.

SECTION	DAY:TIM	P#	SYMPTOM
Dreams	26:03:00	03	Dream: Visiting my twin brother and happy to see he has lots of cats. There is one ginger cat not allowed in the house because he is mean. But we agree to treat him well with a lot of affection and think he will then change his character and be allowed in the house again. We are both quite sure of this.
Dreams	26:04:00	03	Dream: A man ushers me into a large room where (mostly) women are sewing at sewing machines. The atmosphere is very friendly; we are all walking around and chatting. There are lots of piles of colorful fabrics and we are sewing quilts and garments. These will be for sale to finance an organization that is raising money to build ladders for spawning salmon.
Dreams	27:04:00	03	Dream: I am with a group of people at an inlet on the seashore. The sky is changing colors to deep purples and blues and a hurricane is coming. Some of us gather the group and we run toward some caves along the cliffs to shelter there. The air is filled with debris and water.
Dreams	29:XX:XX	04	Dream: My mom says the sores on her face are syphilitic. I explain about miasms, etc. In real life my mom had smallpox. There is lots in the news about smallpox these days.
Dreams	30:XX:XX	04	Dream of climbing up some sandstone rock outcroppings.
Dreams	31:XX:XX	04	Dream: at a local health food store. Everyone lined up to pay. The cashier is my daughter's English teacher. She has to add everything by hand. The store is packed, the line is very long.
Dreams	31:XX:XX	04	Dream: Went to second hand store and found a pair of green and red chaps that were once my husband's. They have his name inside them. I had given them away by mistake. I don't want him to know this. I sneaked back to the store later and got them back for him.

SECTION	DAY:TIM	P#	SYMPTOM
Dreams	31:XX:XX	4	0
E			
Dreams	31:04:00	3	0
Dreams	31:04:00	03	0
Dreams	31:06:00	4	0
Dreams	32:04:00	3	0
Dreams	32:XX:XX	3	0

Dream: big fancy wedding. Cars all decorated humorously with faces and such. Many of the people at the wedding are people I went to high school with. It is present day.

Dream: on the roof of a building overlooking Los Angeles. I am planning educational programs with friend K.. I am really enjoying working with her. She is very sharp and not much ego and very entertaining, and we work well together, inspire and encourage each other.

Dream: My husband and I stop to visit some friends whose daughter has just been proposed marriage by a very nice young man. We apologize for intruding at such an intimate moment, but the parents and the couple insist we stay. It is a very happy atmosphere.

Two dreams of mirrors breaking. Many mirrors.

Dream: Working as a social worker and the supervisor gives me a desk but no computer or any way to organize files. I go into the bathroom and sit by the bathtub as it fills. I space out and it overflows and the room has two or three inches of water in it. It runs out under the door and the supervisor is furious. I laugh and tell him I quit.

Dream: My husband tells me there is a little boy who has been coming into our house and destroying things. He asks me to deal with him. I go downstairs and the boy is standing outside the door in a sort of garden with an old carriage house behind. He is very appealing and I tell him he can stay but he will have to behave better. This upsets him and he throws hard clay pellets at me. I tell him if he does that again he will have to leave. I don't feel angry just firm. I want him to stay. Behind him I see a horse-drawn cart and realize he is one of the gypsies. And I think: what have I gotten us into?

SECTION		DAY:TIM	P	SYMPTOM
Dreams	E	33:XX:XX	# 04	Dreams were: Rocky terrain, desolate ... sandstone rocks, hard to climb. Another where 1 was house-sitting a spooky mansion. Spencer Tracy was in the mansion and 1 was there to protect him. He was lonely without any friends.
Dreams		34:XX:XX	04	Dream: about my ex. We were in a cabin with the friend from high school and her family. They went outside to sleep and left me with the only bed. 1 invited my ex to sleep with me. Nothing happened. Dream changed to my ex and me discussing old times in a friendly way. (This has never happened in real life. It is unlikely he will ever be friendly to me in this life.) Dream: of work, co-worker is very rude to a customer and her pre-teen child. 1 smooth it over for her. We discuss English phrases, and she goes away happy.
Dreams		36:XX:XX	04	Dream of being somewhere where someone was giving all of us a gift. We had the choice to keep it or get a different one. All the gifts were jewelry, necklaces, lace with gemstones, etc. I got a piece of ore- like stuff that at one angle looked silvery; the other angle looked like gold. There was a grain to the stone. It was on a necklace with a very long chain. 1 broke off a piece of the stone and shared it with someone. The end piece of the chain had a pyramid of quartz with gold, needle-like inclusions in it. The base of the pyramid was about 1.5 inches. The necklace was so long and fluffy with white feathers and cloth, and was so long I had to wrap it around my neck 3 times and it was still long enough to bump my ankles.
Dreams		36:04:00	3 0	Dream: being carried by an airplane or maybe a glider. I am actually hanging onto its tail, which is quite broad, and it is flying low to the ground and slowly

SECTION**DAY:TIM****P#****SYMPTOM****E**

(which is why I think it is a glider). I tell myself I should be afraid because I don't like high places and I could fall off, but it is actually exhilarating. We are flying over dry mountainous terrain.

Dream: (continued I think). There is a group of women and we are in a Middle Eastern or Central Asian house. Someone tells me that I am supposed to show these women how to use a Turkish toilet. I think that's very funny then one woman takes me aside and tells me this is so they can be trained as spies. I'm appalled and wonder how I can get out of this situation. Suddenly a man comes hurriedly to the door of the toilet, sort of mincing along, and enters it rather desperately. I tell the women the lesson will have to wait for the unfortunate man to be done there. Much of this dream is in Arabic and some in French (I read these languages but rarely speak them and don't usually dream in them).

Dreams

42:XX:XX

04

Dream: walking with others from a party or dance. A woman I don't get along with in real life was there. I try to avoid her. It's quite a crowd. Everyone is doing some kind of yoga crossed with line dancing.

On the way "home" something happens to my car. It keeps stalling out or trying to. I keep fiddling and trying to keep it going. Finally we are walking. I have 2 children and another adult with me. We kind of pair off, each adult supervising a child. I realize half way there that "my" child has no coat on and she is cold. It is snowing. We are walking in the dark and snow in the country hills. We are slipping and falling but finally we get "home." I take off my blanket and wrap the girl in it. Even wet on the outside, it will warm her. I tell her, "Your punishment is that you have to sleep in my bed and snuggle with me to get warm."

SECTION	DAY:TIM	P#	SYMPTOM
E			<p>She is very happy and we are going to get her warmed up just fine. Then the woman 1 was trying to avoid is there at the cabin.</p> <p>How did she get here? She asks me if 1 will give her a back rub. Her timing is bad;</p> <p>I'm trying to warm up the child. 1 tell the woman: yes, but you will have to wait until 1 get dry and warm. She is a bit miffed, but understands.</p> <p>The woman in this dream has the same birthday as my ex does and shares some characteristics with him. This is interesting since I've had so many dreams of my ex during this proving.</p>
Dreams	45:XX:XX	03	<p>For the last period of time there is a marked absence of dreams (not just that they are unremembered). 1 am feeling as if the remedy is exhausted or nearly so.</p>
Dreams	46:XX:XX	03	<p>Dream: Told by a teacher that there will be a school and community formed and that my good friend from England (who is also a homeopath) will come here permanently to teach the women and that I'll be their homeopath.</p>
Dreams	46:XX:XX	03	<p>Dream: In the context of some sort of celebration, someone tells me that my grandmother (who has been dead maybe 30 years) and my older brother (also dead) were involved in the plans for it.</p>
Dreams	46:XX:XX	04	<p>Dream: using 2 children for bait to catch a child molester. 1 think they were "my" kids. My ex is there. We are together and in the back yard of a really big white house. We were putting up a fence for a shield for the children being used as bait.</p>
Dreams	46:XX:XX	04	<p>Dream of watching a movie, a comedy where people were floating in egg cartons as boats. A very funny movie.</p>
Dreams	47:XX:XX	03	<p>Dream: Husband left me off at what he said was a gathering of healers. Actually it was some kind of sports bar, the kind of place 1 would never go and he</p>

SECTION

DAY:TIM

P

SYMPTOM

E

#

would know that. 1 meet some wannabe shamans and crystal healers - it is a very disappointing experience. Food is served: stale tortillas and watery salsa from a jar. My husband reappears and says 1 should give a gift to someone there, implying it would change things. 1 have a little beaded trinket on my key-chain, so 1 take it off and give it to one of the healers. But nothing changes. 1 still feel it is a big waste of time and am annoyed at my husband for setting this up.

Dreams

48:XX:XX

3

0

Dream: My friend and 1 are erecting road and street signs. We have decorated one sign with a hideously ugly floral arrangement of white calla lilies, a sort of black bird-of-paradise, all of it enveloped in gaudy gold mylar foil. In the dream, 1 am glad that 1 don't have to see this when 1 wake up.

Dreams

49:XX:XX

03

Dream: Some friends, my husband and 1 are sitting together. My husband is complaining about some man who has been acting rude and behaving badly and one of our friends asks, "Don't you think he should be set straight?" And my husband says off-handedly and jokingly, "Oh, my wife will tell him off and beat him up if necessary." He and 1 laugh and laugh over it as we both know 1 wouldn't handle it that way, but 1 could if it was the best thing to do. Our friend is shocked, as if she cannot imagine me as being other than how she perceives me, as mild-mannered and reserved.

Dreams

53:XX:XX

3

0

Dream: I'm in an Austrian or Swiss Alpine village with a group of young women, a very sociable and pleasant group and we are going to have lunch. But it is all very informal and 1 am supposed to provide lunch. All 1 have is some soft cheese and bread and some kind of greens (like kale). The greens are very gritty and dirty and need to be washed, so 1 go into a

SECTION	DAY:TIM	P#	SYMPTOM
	E		
			public women's room (washroom) to wash them. 1 am feeling very hurried as somehow 1 know that 1 have to produce this picnic meal and that 1 also have only 24 hours to get back home to the US. 1 don't have any tickets or even any idea of where the nearest train station is.
Dreams	57:XX:XX	03	Dream: Partially remembered, probably while falling asleep. Word play: "egging," "Epping" (name of a road near where 1 am visiting), "epic," "epicenter"....
Dreams	59:XX:XX	03	Dream: 1 am the caretaker of a very large white frame house. It is rather old, square, three stories high. It is divided into six apartments and the tenants are all rather young people and 1 feel they are rather shallow and superficial. It is my job as caretaker to collect the rents, take care of problems and oversee improvements that the owner has requested. (1 never meet the owner in this dream but "know" what needs to be done, without obvious communication). Over time there are many improvements to be made. First the roof must be replaced and the brickwork of the foundation and chimneys re-pointed. Then some rotten wood around the windows and doors is replaced. Then the stairways inside need major structural repairs and many old pipes and plumbing fixtures are replaced. Then the dirty old carpeting must be removed and the floors are finished and polished and beautiful Oriental carpets are laid down. Finally some beautiful paintings are put on the walls and large windows are put in to replace the small old windows, to let in more light and to see the beautiful view outside (trees, hills, gardens, river valley). This work happens over a fairly long period of time. I'm quite enthusiastic about supervising and doing many of these tasks. 1 feel more and more close to the tenants as they get older and the house gets nicer, they also seem to be nicer more substantial people, more friendly.

SECTION	DAY:TI ME	P#	SYMPTOM
			<p>1 have the impression 1 went in and out of this dream during the night, partially waking then going back to deep sleep and dream - a normal pattern for me re sleep but not dreams.</p> <p>1 wake feeling very contented and peaceful after this dream.</p>
Dreams	60:XX:XX	0 3	<p>Dream: I'm at a party or gathering in a very opulent house belonging to someone who is evidently very famous or important. One of the guests is Sigmund Freud, who is playing parlor games with small groups of people. The house has a Victorian decor and feeling. My father (who is dead) is there and says he is enjoying himself because the house reminds him of his grandfather's house. There are servants serving trays of food. There are many people clustered around the host, fawning. 1 encounter a friend and we decide to walk down toward the lake. We are walking down a cement path and suddenly the path is studded with little inset niches covered with little glass windows and looking down into them we see in each one a very fine green frog.</p>
HEAD PAIN			
Head pain	06:07:00	03	Slight dull headache, frontal.
Head pain *	06:10:30	03	Headache has escalated, still frontal, feel pressure in ears, right and left. The pain is dull but strong now.
Head pain	06:14:30	03	<p>The headache is very painful, modalities not clear. It is somewhat worse on motion and exertion, not worse light.</p> <p>1 try sleeping but am restless and get up and work.</p>
Head pain	06:21:30	0 3	Headache slightly better in evening after dinner, but still strong and annoying. Don't feel like doing any more than reading until really sleepy and then go to bed early.
Head pain	08:14:15	0 4	Headache left side vertex, worse bending over.

SECTION	DAY:TIM	P	SYMPTOM
Head pain	08:15:40	4	Throbbing headache left occipital and parietal. Headache continued intermittently. Headache continued throughout evening, better after eating a large meal of pork chops, eggs, chili rellenos, chocolate pudding and tea.
Head pain	10:21:30	4	Headache right side, not enough water? Wearing glasses too much? I did wear them all day. Headache is behind right eyeball and in my right occiput. Steady pain, no throbbing. Maybe it's from lack of sleep.
Head pain	16:09:30	4	Slight headache perhaps from not drinking enough water.
Head pain	19:XX:XX	2	Horrible headache from 4 PM on, all night. Sinus and frontal headache with some back of neck stiffness.
Head pain	20:XX:XX	2	Headache-pressure. Feels like a frontal heavy head with constant pain also feel it acutely in my sinuses. Not really congestion just pain.
Head pain	21:XX:XX	2	Woke up with horrible pressure headache. Lying in bed both my headache and my menstrual cramps were the worst. As soon as I get out of bed they are much better. The headache pain almost disappears. I can feel the "outline" of the headache in the sensitivities of my sinuses and when I breathe in cold outside air. I also had some slight nausea as well which lasted for about an hour after I got up.
Head pain	23:17:00	3	A dull headache, right sided vertex and side extending around to right eye. As if I had hit my head on something.
Head pain	24:04:30	3	Still a dull remnant of headache.
Head pain	43:17:30	4	Low level headache. From working? Feel fine otherwise, friendly.

SECTION	E	DAY:TIM	#	P	SYMPTOM
EYE					
Eye		00:21:25	3	0	Brief aching pain, inner angle of left eye, lasting approximately 30 seconds.
Eye		06:XX:XX	2	0	Red eyes.
VISION					
Vision		23:11:00	03		Have been indoors and outdoors and there is bright sun. I'm inside, and suddenly have a jagged aura-like visual disturbance, like glittering jagged glass with some spectrumlike colors. I had something similar once or twice 6 years ago and had it once recently after taking a remedy; I think it has to do with a shock of reflected sunlight. Anyway, it came suddenly and left suddenly, lasted about 15 minutes. With it, I felt somewhat disoriented and anxious.
Vision		27:18:30	04		Get up quickly to answer the phone and start to experience a shimmery vision thing, like "flying gnats," but my vision starts to flicker and then it's happening in both eyes. Shimmering, flickering, mostly black and white stripes but the stripes have color too. Orange, yellow, and blue, sort of like a gas flame. It is to the right and bottom of my field of vision. I have had this before and it has always been very sporadic. I don't know what causes it nor what makes it go away. Nothing aggravates or ameliorates; it typically comes and then simply fades. It has happened maybe 3-4 times over the last 9-10 years. It's sort of like a flashbulb retinal image. Also like ripples going out in a pond, but with no center to it. A zigzag line across my field of vision. Hard to read, but it's possible.
Vision		27:19:00	4	0	Vision symptoms went away. Eyes feel a bit like I just came in from a bright place (such as outside) to a dimmer place, like having to get used to a dimmer light.

SECTION	DAY:TIM	P	SYMPTOM
	E	#	
HEARING			
Hearing	19:XX:XX	0	Hearing is still bad, especially my left ear. Have to lean forward and get people to repeat things.
		2	
NOSE			
Nose	02:XX:XX	0	Can feel my sinuses, when I breathe in it is like I feel their outline, It is worse inside, sensitive when breathe.
		2	
Nose	06:XX:XX	0	Sinuses - can feel their outline, a bit sore, not full but sensitive.
		2	
Nose	27:XX:XX	0	My sinus feels full of mucus though not congested.
		2	
Nose	41:XX:XX	0	Still have a cold, nasal discharge, sneezing.
		3	
Nose	42:XX:XX	0	Cold continues, this is longer than usual, mild but prolonged.
		3	
Nose	46:XX:XX	0	"Cold" continues, just a lot of mucus hawked out of pharynx now, clear.
		3	
FACE			
Face	13:08:00	0	Since yesterday there has been a kind of stinging and itchy patch below the eyebrow and at the crease of upper left eyelid. Not red or swollen. Feels sort of like cracks or scratches. Also a kind of cracking, dry itch around the left edge of nose (where nose meets cheek).
		3	
Face	14:13:30	0	Same sensation near right eye as left, on the upper outer edge a stinging and itching, as if small cracks or scratches
		3	
Face	28:15:00	0	Rain above upper inner angle of right eye, aching, like a sinus pain.
		3	
Face	32:05:30	0	Rain over inner angle of right eye, more intense, worse pressure.
		3	
Face	32:15:00	0	Rain over right eye increased, like a localized headache.
		3	
Face	33:18:45	0	Numbness around mouth, more right side.
		3	

SECTION	DAY:TIM	P#	SYMPTOM
Face	53:XX:XX	3	0
		3	Numbness around my mouth again, lasting 5 minutes.
Face	65:XX:XX	3	0
		3	For the past couple days, an occasional numbness or electric buzz sensation, right upper lip below nose. It feels like it is twitching but it isn't.
MOUTH			
Mouth	19:XX:XX	4	0
		4	Afternoon: noticed aphthae right outer lower jaw.
Mouth	21:XX:XX	4	0
		4	Yesterday and today I noticed a painful area on my top gums (right side) way back where my wisdom teeth were but on the lingual side. Painful sore flap of skin. Had daughter look at it. She describes it as distinct and white, that looks like a grain of rice only smaller. The skin around it is reddened. Sensation from this thing extends toward ear and upper parietal part of my head.
Mouth	23:XX:XX	2	0
		2	I notice today that I have bad breath.
Mouth	27:XX:XX	2	0
		2	I have bad breath.
TASTE			
Taste	20:XX:XX	2	0
		2	Food doesn't taste right (irony bad taste left in mouth).
THROAT			
Throat	02:11:00	3	0
		3	Feel like a lump in throat.
Throat	18:18:30	3	0
		3	Eating dinner, difficulty swallowing as if a bolus in throat after eating, nothing particularly big or hard. Painful when I try to swallow water to wash it down and the water doesn't want to go down for a while either. This goes on for several swallows and then clears.
Throat	20:04:45	3	0
		3	Difficulty swallowing liquid; again the sensation of a blockage in esophagus, as if the water gets stuck partway down, with a little clucking noise.

SECTION	DAY:TIM	P	SYMPTOM		
Throat	E	#			
		20:19:30	0	Again a difficulty in swallowing, as if a bolus in throat.	
		3	0	Stringy white glob of mucus in the back of my throat. Very gluey. Consistency of rubber cement. Just cleared my throat and it was there.	
		25:XX:XX	4	0	My throat is sore, feels like I have been singing too much, using my voice too much. I need to clear my throat.
		27:XX:XX	2	0	Sharp stabbing pain in throat pit, lasted about one minute.
		29:16:30	3	0	A sore throat: more of the acrid stuff from above the pharynx. This feels like a normal sore throat for me, as if I am coming down with a cold. Cough a little but mainly feel the irritated pharynx.
		37:06:00	3	0	Slight cold, mainly a mildly sore throat and cough from mucus in back of throat.
		38:XX:XX	3	0	Thick mucus coming down into back of throat causing an almost gagging cough.
		42:XX:XX	3	0	Borderline sore throat. Woke up with throat very dry.
		47:XX:XX	4	0	Again have the symptom from earlier in the proving of difficulty swallowing, as if there is a bolus caught in the esophagus.
67:XX:XX	3	0			
STOMACH					
Stomach	00:18:30	4	0	Very hungry at dinner.	
Stomach	02:XX:XX	2	0	I have noticed that I am eating less.	
Stomach	02:09:30	3	0	Had my usual breakfast 30 minutes ago and now feel acid regurgitation up into esophagus with burning.	
Stomach	03:09:00	4	0	Burps as if I drank a carbonated beverage.	
Stomach	03:05:30	4	0	Hungry again. Have wakened hungry last 3 days - unusual.	
Stomach	03:12:15	3	0	Again have indigestion/heartburn but not as strong and not so soon after breakfast.	

SECTION	DAY:TIM	P#	SYMPTOM
	E		
Stomach	06:XX:XX	2	0 Appetite is still down.
Stomach	07:XX:XX	2	0 Very small dinner at board meeting. Wanted to eat but had no appetite.
Stomach	08:XX:XX	2	0 Appetite good. I am hungry but eat less than usually do.
Stomach	08:06:50	4	0 Very hungry suddenly. Would eat a lot if I had it right now and didn't have to cook it.
Stomach	09:XX:XX	2	0 I also feel a slight nausea in the morning, worse lying down.
Stomach	12:22:30	4	0 Feel a bit nauseated, tired.
Stomach	13:05:30	3	0 Stomach painfully full after normal breakfast.
Stomach	14:18:45	3	0 Notice that for the past several days I am eating much less than usual and feeling both more full and satisfied by it.
Stomach	15:10:00	4	0 Cave blood. One pint. Afterward ate 3 cookies, felt nauseated, probably more from the cookies than from giving blood.
Stomach	19:XX:XX	2	0 Not eating much again.
Stomach	20:XX:XX	2	0 Had an apple only until husband made me some dinner around 6 PM. Food does not interest me. It is like I want to eat but can't bring myself to eat. Food is a big issue with this remedy.
Stomach	23:18:00	3	0 Hungry but no appetite and a kind of disgust for food. Couldn't eat most of my dinner. This was after visual disturbance and dull headache earlier in the day. Maybe this remedy has migraines?
Stomach	24:04:30	3	0 Appetite still poor.
Stomach	24:17:00	3	0 After eating dinner, felt nauseated and had a fast pulse.
Stomach	25:01:15	3	0 "Indigestion," acidic hot feeling in esophagus. This is so not me! Although, come to think of it, I had similar stuff when I was much younger with active Crohn's disease.

SECTION	DAY:TI	P	SYMPTOM
	ME	#	
Stomach	25:02:00	3	0 Feel the urge to get up and eat in the middle of the night and do so. This is weird; 1 would never think of doing this much less do it.
Stomach	25:18:00	3	0 Nauseated and palpitations after eating dinner, appetite poor.
Stomach	25:19:00	3	0 Thirstless, haven't drunk all day but must force self to drink. But can't drink much, makes me slightly nauseated.
Stomach	26:XX:XX	2	0 1 don't have much of an appetite today. Have bad heartburn late in day.
Stomach	26:04:30	3	0 Appetite poor.
Stomach	44:XX:XX	3	0 Acidy indigestion, burning 2-6 PM.
Stomach	45:XX:XX	3	0 Generally good appetite but feel satiated easily especially with fats.
Stomach	46:XX:XX	3	0 Acid feeling in esophagus two hours after breakfast.
ABDOMEN			
Abdomen	10:21:30	3	0 Pain in hypochondria, a sensation there of something hard inside, like a piece of wood, approximately over the transverse colon.
Abdomen	19:07:30	3	0 Intense abdominal cramps, lasting half a minute, one time only.
Abdomen	20:05:30	3	0 Tightness in splenic flexure region. Growling in abdomen, left sided.
Abdomen	21:18:00	3	0 Abdominal cramps, umbilical, right sided.
Abdomen	24:03:30	3	0 Abdominal cramps, light.
Abdomen	26:02:15	3	0 Awake and uncomfortable with an aching, crampy pain in right side, right hypochondria, side lain on.
Abdomen	30:22:30	3	0 Sharp brief pain umbilical.
RECTUM			
Rectum	07:17:00	3	0 Slightly constipated.
Rectum	11:06:00	3	0 Diarrhea, with urgency, lienteric stool.

SECTION	DAY:TIM	P#	SYMPTOM
E			
STOOL			
Stool	02:09:05	3	0 Loose stool [not unusual] preceded and accompanied by lower abdominal cramps [unusual at this time], more left-sided.
Stool	05:XX:XX	2	0 Soft many stools.
Stool	12:11:45	04	0 Would expect to have loose stools because of my menses but have the usual small hard poops.
Stool	13:05:30	3	0 Very loose stool, offensive, curdy.
Stool	14:05:00	3	0 Again very offensive, curdy, urgent stool.
Stool	15:05:30	3	0 Loose curdy stool again, with urgency, after breakfast. This has happened regularly now for several days and is unusual for me at this time in life. Since I am getting up at 4:00 this is not "driving me out of bed." It is more often after breakfast.
Stool	17:04:15	3	0 Loose stool
Stool	18:05:30	3	0 Loose stool, directly after breakfast.
Stool	19:05:15	3	0 Loose stool soon after breakfast, seems like this is a complete pattern now.
Stool	21:04:30	3	0 Diarrhea/loose stool, but before breakfast; urgent and more watery than others of this past week.
Stool	22:08:00	3	0 After exercising, a loose offensive stool.
Stool	23:04:30	3	0 Loose stool before breakfast.
Stool	23:07:00	3	0 Loose stool, with urgency and lots of cramping before it.
Stool	25:04:30	3	0 Loose stool.
Stool	27:06:00	3	0 Loose, very offensive stool.
BLADDER			
Bladder	01:04:30	3	0 Notice that this morning and in retrospect much of yesterday, I feel an urgency and need to hurry to urinate, and as if bladder feels distended before urinating.

SECTION	DAY:TIM	P#	SYMPTOM
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E

Bladder	03:13:00	0	3	Urination still urgent but less so than previous two days.
Bladder	17:X:XX	0	2	I have noticed some incontinence, worse with warmth, worse baths (which I have been having lots of at the initiation of my husband) and worse with anxiety.

FEMALE

Female	08:06:30	0	4	Woke up with right sided ovarian pain (unusual).
Female	10:07:15	0	4	Feel a ball sensation in my uterus, a heavy feeling. Have to pee. Do so and the sensation is relieved but the sensation was not in my bladder, it was in my uterus. I'm premenstrual.
Female	10:XX:XX	0	4	Spotting before menses. Wet and slightly orange-colored. Smell like ammonia. Sometimes I have the smell of ammonia at the end of my menses. Never before, and never orange spots before menses.
Female	10:21:30	0	4	Very slight spotting, starting to be reddish now. My period usually just starts no spotting beforehand.
Female	11:XX:XX	0	2	Noticed a faint red tinge (like diluted dye) from my vagina after going to the washroom (about half way in my cycle).
Female	13:XX:XX	0	4	Menses smells like ammonia, even though still a mild flow. Usually only smell ammonia at the very end of menses when there are only very light spots.
Female	16:17:30	0	4	Irritated sebaceous cyst left labia. Squeezed it and waxy, white stuff came out, the size of a sesame seed.
Female	18:XX:XX	0	2	Menstrual cramps worse than what I usually have.
Female	19:XX:XX	0	2	My period started 4 days early.
Female	23:XX:XX	0	2	My period seems to be about the same as usual except for more intense menstrual cramps for a longer period (i.e. 3 days instead of just one day).

SECTION	DAY:TIM	P#	SYMPTOM
	E		
Female	34:XX:XX	4	0 Sensation of heavy uterus. Premenstrual.
Female	36:XX:XX	4	0 Breasts very tender the past 3 days, especially the outer sides on the bottom third.
Female	44:17:00	4	0 Vaginal itching 15:00-17:00.
COUGH			
Cough	10:13:30	3	0 Annoying dry cough in upper throat, almost gagging.
Cough	28:11:00	3	0 A really annoying cough, high in throat. Clear expectoration. This has gone on since yesterday. Feels like a kind of irritating acrid post-nasal discharge.
Cough	29:08:00	3	0 Cough continues. Salty, albuminous expectoration, very irritating, seems to come from above pharynx. Cough is almost gagging, seems worse indoors.
Cough	30:04:00	3	0 The cough continues.
Cough	32:05:30	3	0 Still coughing a lot, post nasal stuff. Hawk out clear mucus with clots of red blood; wonder if it is from sinuses.
CHEST			
Chest	14:18:45	3	0 Occasionally today feel tender and sore spots the size of a quarter below axillae, over ribs, both sides of chest.
Chest	31:06:30	3	0 Aching pain, upper chest, right sided.
Chest	31:16:00	3	0 Spasmodic, aching pain upper chest, right side.
Chest	32:XX:XX	4	0 Breasts very tender yesterday and today.
Chest	34:06:00	4	0 Sensation of a weight on my upper chest. In my sleep I wonder if it's a heart attack. I feel my pulse, it's normal, my left arm felt OK, I drift back to sleep. Sensation as of something heavy on my chest.
Chest	43:XX:XX	4	0 Shooting breast pain, right outer half. Brief, failed to note exact time

SECTION	DAY:TIM	P#	SYMPTOM
	E		
Chest	44:XX:XX	4	0 Breasts should not be tender because of the stage in my cycle. They feel pre-menstrually tender and full.
Chest	48:XX:XX	4	0 Nipples sore and have been since before menses. Especially the right nipple.
BACK			
Back	00:16:30	4	0 Hot spot on left scapula, lasting about 30 seconds. Feels literally hot, about the size of a fifty cent piece.
Back	02:10:45	3	0 Feel a pressing pain on inner edge of right scapula.
Back	7:XX:XX	2	0 Left hand side of my neck and shoulder are spasming. Feels tight and restricted. Shiatsu helped greatly.
Back	07:21:30	4	0 Minor lower-back twinge; right side. Might be premenstrual.
Back	08:XX:XX	2	0 Neck was a bit sore lying in bed.
Back	09:XX:XX	2	0 Before I get up I feel a pain in my left hand side neck with muscle spasming, worse lying down.
Back	11:XX:XX	2	0 Muscle spasms when twisting or even doing straight forward movements on the right hand side lower back. Causes me to stop in my tracks.
Back	12:08:00	4	0 Low back pain, unusual. Stiff neck.
Back	12:09:00	4	0 Stiff neck improved from being up.
Back	12:10:30	4	0 Changing beds, back still hurts.
Back	13:XX:XX	2	0 Muscle spasms (right hand side lower back) on twisting or moving, bending down, sitting not quite straight - shooting pain very brief, causes me to pause and breathe in.
Back	17:XX:XX	2	0 Woke up with a stiff neck, left hand side.
Back	23:17:00	3	0 Neck a little stiff, stiffness cervical.

SECTION	DAY:TI ME	P#	SYMPTOM
Back	27:XX:XX	4	0 Woke up with stiff neck and upper back muscles again. I wonder if this is from sleeping on my stomach. I keep waking up lying on my stomach. This may contribute to morning upper body stiffness.
Back	41:XX:XX	3	0 Neck stiff, right side, extending to right scapula, better warm applications and stretching.
Back	46:XX:XX	4	0 Lower back sacral area aches. I feel like I am listing to the right side as I walk.
Back	50:XX:XX	4	0 Small ache, sacral right side.
Back	51:XX:XX	4	0 Sacral ache right side on arising in the morning. Better within 10-15 minutes.
Back	53:XX:XX	4	0 Sacral ache.
Back	61:XX:XX	4	0 Sacral aching as if PMS. Front pubic and also right side pubic.
Back	33:04:00	3	0 For past several mornings have been waking with stiff and sore (low) back, almost in spasm.
EXTREMITIES			
Extremities	06:XX:XX	2	0 Dropsy, clumsy, lack of co-ordination, knocking things over etc.
Extremities	21:XX:XX	2	0 Also when I am just coming into consciousness in the morning, when I am lying on my left hand side, I feel my right arm fall asleep to a point of being numb with pins and needles. It is better when I lie on it and then of course on my right hand side my left arm then goes asleep.
Extremities	26:04:30	3	0 Hands kind of puffy especially fingers.
Extremities	31:XX:XX	4	0 Large electric shock like jolt in my right hand middle finger. Painful, lasts a split second, then it's gone.

SECTION	DAY:TIM E	P#	SYMPTOM
Extremities	40:XX:XX	4	0 Right thumb nail at the base has a dark pink line across it. Is it a nail fungus? I've never had one before. It looks as if the cuticle is kind of pulling back from the base of the nail. This thumb nail is the only nail with this look to it.
Extremities	43:XX:XX	3	0 Right knee very stiff.
Extremities	44:XX:XX	3	0 Right knee sore and tender and lame.
Extremities	46:XX:XX	4	0 Right thumb cuticle is sort of lifting from the nail. Still discolored, dark pinkish purple.
EXTREMITIES PAIN			
Extremities pain	02:22:40	4	0 Notice my right knee aches in an unusual way. It extends to my ankle, a very slight ache.
Extremities pain	03:05:30	4	0 Slight joint ache 2nd toe, right foot at the main joint. Slight ache right elbow, better from motion.
Extremities pain	03:11:00	4	0 Right hand first knuckle feels achy as if bruised.
Extremities pain	03:XX:XX	4	0 Through out the day right knee aches.
Extremities pain	04:06:30	4	0 Middle finger right hand still sore as if bruised.
Extremities pain	05:06:30	4	0 Finger still hurts. There is a bit of a lump there. Still feels as if bruised, but no bruise is visible.
Extremities pain	08:07:15	4	0 Middle finger pain is gone. Now the pain is on the left hand; it feels like just a little tenderness right side.
Extremities pain	12:12:15	3	0 An old running injury, which occasionally gives me stiffness and pain, acts up suddenly and dramatically, causing me to limp.
Extremities pain	14:16:00	3	0 Old injury in right groin still very painful and stiff, better with heat.
Extremities pain	23:23:50	4	0 Stretching back in chair causes muscle cramps in back thigh muscles. This is worse from stretching them out.

SECTION	DAY:TI	P	SYMPTOM
	ME	#	
Extremities pain	24:XX:XX	0	
		4	Still some muscle stiffness, mostly inner thigh and up near the crotch.
Extremities pain	45:14:00	0	
		4	Shoulder aches, right side as if chilled. Better from rubbing, pressure.
Extremities pain	47:XX:XX	0	
		4	Base of right thumb aches. From lifting plates, probably.
Extremities pain	47:XX:XX	0	
		4	All afternoon 12:00-19:30 right arm ached as if cold, especially in the shoulder - an old injury. It was better at 20:00. I ate roast pork and apple sauce; the ache went away for the most part.
Extremities pain	47:22:00	0	
		4	Wrist still hurts at the radius bone.
Extremities pain	48:18:22	0	
		4	Charlie horse right foot lasting about 10 minutes while walking and working.
Extremities pain	51:XX:XX	0	
		4	After working for 8 hours, left side sartorius muscle tendon is tender. (This sometimes happens). Left knee inside also tender.
Extremities pain	53:XX:XX	0	
		4	Ache in left sartorius which extends to the inner left knee. Hurts to walk.
SLEEP			
Sleep	00:14:00	0	
		4	Very sleepy, lasts about two hours.
Sleep	01:XX:XX	0	
		4	Very sleepy, wanted to keep sleeping. I went to bed somewhat early last night so I think this could be remedy action.
Sleep	01:04:00	0	
		3	I wake early and before my alarm and get up full of energy.
Sleep	02:05:15	0	
		4	After that [waking from a dream] was drifting back to sleep when alarm rang. Hit snooze many times, feel very sleepy.
Sleep	03:05:00	0	
		3	To bed late, intending to sleep late, but wake early with mind active.
Sleep	03:05:30	0	
		4	Woke to alarm, still very sleepy.

SECTION	DAY:TIM	P	SYMPTOM
	E	#	
Sleep	04:04:00	3	0 Woke early again after five hours' sleep but am wide awake and get up.
Sleep	05:03:30	3	0 Waking early again after 4 hours' sleep, wide awake, doing useful work with mind and have things I want to do, so get up.
Sleep	05:06:30	4	0 Again I hit the snooze a lot. Very, very tired. Could easily sleep on and on.
Sleep	06:04:30	3	0 Woke at 3 but back to sleep till 4:00.
Sleep	07:XX:XX	2	0 Did not sleep well.
Sleep	08:03:00	3	0 Woke early but back to sleep till 4:00.
Sleep	08:06:30	4	0 Wake with alarm, hit snooze 2-3 times.
Sleep	09:XX:XX	4	0 Stayed up late last night reading (until 00:35).
Sleep	09:07:45	4	0 Woke up on my own; no alarm clock
Sleep	10:04:00	3	0 Very restless sleep, waking often after midnight, too warm, too much noise, unfamiliar environment.
Sleep	11:04:00	3	0 Deep sleep, no dreams, up for breakfast and so tired I went back to bed and slept through arrival and departure of my exercise partner.
Sleep	17:XX:XX	4	0 I have been sleeping on my stomach the past few nights. (Not typical for me, I usually sleep on my right side.)
Sleep	18:XX:XX	4	0 Woke to alarm, hit snooze twice.
Sleep	19:XX:XX	4	0 Wake up on my stomach.
Sleep	20:XX:XX	4	0 Awake to alarm, hit snooze 3 times. Very tired this morning; stayed up too late working, until after 0030.
Sleep	20:XX:XX	4	0 Very sleepy and tired all afternoon. Felt like I was dragging myself from activity to activity. Could easily have fallen asleep, but had too much to do.
Sleep	24:03:30	3	0 Awake early despite going to bed late.

SECTION	DAY:TIM	P#	SYMPTOM
	E		
Sleep	25:01:15	3	0 Awake after four hours' sleep.
Sleep	25:03:00	3	0 Sleeping, intermittent.
Sleep	25:03:15	3	0 Sleepless, get up and do little tasks, wash dishes, do laundry.
Sleep	25:05:30	03	Know I should go back to sleep but know I can't. Feel full of energy, almost manic (but getting a lot accomplished).
Sleep	26:XX:XX	02	Got lots of energy around 10 PM. Stayed up until 12:30 doing case work. I could have stayed up a couple of hours more. I am a real nighthawk on this remedy. There have been several nights where I stayed up until 1 AM doing work or watching TV.
Sleep	26:03:00	03	Waking again.
Sleep	27:XX:XX	02	Woke up very tired, I am sleeping in much more than usual. The only time I usually want to sleep in past 8 AM is when I am coming up to my period, I tend to sleep in more. I got up at 10 AM this morning.
Sleep	27:XX:XX	4	0 Woke up with stiff neck and upper back muscles again. I wonder if this is from sleeping on my stomach. I keep waking up lying on my stomach. This may contribute to morning upper body stiffness.
Sleep	29:04:00	3	0 Getting less sleep than usual because of holiday, guests etc.
Sleep	33:04:00	03	Woke many times in the night.
Sleep	35:23:00	03	On drifting off to sleep, I feel as if I am dreaming and seeing a scene, as if in a dream, of driving through a small town. Yet also aware of my husband sleeping to my left and that I am not fully asleep. As if being awake on my left side and asleep on my right side, a remarkable feeling. Usually I experience my sleep as lying down in bed and then suddenly hearing my alarm go off, with nothing much in between.
Sleep	45:XX:XX	03	Restless all night, slept badly.

SECTION	DAY:TIM	P#	SYMPTOM
	E		
Sleep	46:XX:XX	04	All day until 20:00, have felt very sleepy.
SKIN			
Skin	04:XX:XX	02	<p>I have never had many pimples!!!! If I get any, I usually get them just before my period on my face (lower half) and on the left hand side of my neck. They disappear before the end of my period.</p> <p>Not this time though; they continued on stubbornly, especially on the left hand side just above my chin. It was like a hard bump that wouldn't go away. I also got 5 or 6 small pimples on my buttocks both sides.</p>
Skin	15:XX:XX	02	<p>Pimples on my chin are coming up - big ones. If I get any, they usually come mid period. My period is due [in 8 days].</p>
Skin	16:XX:XX	02	<p>Pimples: lower chin, centre and left hand side. Still a problem. Put some clay based cream on it before I went to bed and it drew it out into a white head. They tend to be blind and when they come up into a white head, they come up quickly.</p>
Skin	20:XX:XX	02	<p>A new pimple today on my left cheek.</p> <p>Like the others it is not big, but I rarely get pimples - before my period and that's it. The pimples on my bum are still there again; not big but they are there still.</p>
Skin	49:XX:XX	03	<p>A small, inflamed, tender pimple is coming out, on the left wing of my nose. I remember there was an identical one symmetrically on the right two weeks ago which has just resolved. I haven't had pimples for many years.</p>

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ENTEROBACTERIALES

Enterobacteriales Order, Enterobacteriaceae Family

The Order of **Enterobacteriales** contains one family that is called the Enterobacteriaceae. In that family, there belong many well-known intestinal pathogens and also some related environmental samples. Genetic studies place the family (and order) among the Proteobacteria.

Members of the Enterobacteriaceae are rod-shaped and are typically 1-5 µm in length. Like other Proteobacteria, they have Gram-negative stains and they are facultative anaerobes (ie they can grow either with or without free oxygen), fermenting sugars to produce lactic acid and various other end products. Most also reduce nitrate to nitrite, although exceptions exist (e.g. *Photorhabdus*). The majority have many flagella which they use to move about, but a few genera are non-motile. They are nonspore forming, and except for *Shigella dysenteriae* strains they are catalase-positive.

Many members of this family are a normal part of the gut flora found in the intestines of humans and of other animals, while others are found in water or soil, or are parasites on a variety of different animals and plants.

The dispositional state of individuals needing homeopathic remedies in this order includes feelings of being treated like "shit". Therefore there can be a strong feeling of injustice and sensitivity to corruption.

Bach Bowel Nosodes

History

The Bach bowel nosodes were first introduced by Dr. Edward Bach (1886 - 1936) in England, the practitioner who also gave us Bach flower essences. Perhaps the flower essences were an attempt to deal with the smell of the Bach bowel nosodes, or we could perhaps look at it as a *Medorrhinum* effort: opposite extremes - love of flowers and love of stool.

The idea of using bowel nosodes came to Bach on the heels of Sir Arbuthnot Lane's assertions about autointoxication. Lane developed the theory that chronic diseases were the result of what was termed "autointoxication" from the colon. Autointoxication is defined as: "self-poisoning resulting from the absorption of waste products of metabolism, decomposed intestinal matter, or other toxins produced within the body. It can also be called endogenous toxicosis." [*Stedman's Medical Dictionary*]

Sir Arbuthnot Lane, being a surgeon, came up with a not-so-unique type of allopathic solution - cut it out! He would cut out a large part of the colon of each patient even if there was no evident pathology present. The strange part is that many individuals improved after the surgery. Whether as a result of the trauma of the surgery or following the actual hypothesis of autointoxication, there was improvement in the chronic state.

Dr. Edward Bach (along with Dr. C. E. Wheeler) came up with a different and gentler solution to the problem of "autointoxication." Around 1912, Bach took stool samples from individual patients and examined them under the microscope and then extracted what he identified as nonlactose fermenting bacteria, part of the intestinal flora, and created an autogenous vaccine for each patient. He classified these bowel bacteria into seven major groups and two subtypes. After injecting the prepared vaccines, there was some success.

Later, he potentized these vaccines according to homeopathic principles. Eventually, the first full clinical homeopathic proving was done in 1929 by Thomas Dishington on *Dysentery Co*. In 1930, Bach briefly summarized the clinically-derived indications for most of the nosodes. In that year, he also stopped his own research on bowel nosodes and moved on (and upward) to "Bach flower remedies."

John Paterson (1890-1955), a co-worker of Bach's, carried on the research after 1929. He studied the characteristics of the bowel flora more deeply, especially their behavior in health and disease, and in homeopathic drug provings.

He stated that he examined more than 20,000 stool specimens and conducted research for over 20 years. He discovered that the non-lactose fermenting non-pathogenic bowel flora (*B. coli*) undergoes definite changes after a chronic disease has developed. From being healthy bacteria, the *B. coli* actually turn pathogenic. The balance of the bowel flora is disturbed in disease.

Paterson then gave recommendations on the specific potency, dose and repetition of these bowel nosodes. He related each bowel nosode to a group of homeopathic remedies. In turn, Bach found out that the nonlactose fermenting Gram-negative bacteria were closely associated with the symptoms collectively called Psora by Hahnemann. For his part, Paterson believed that Gram-negative diplococci were directly related to the Sycotic miasm. Paterson grouped and typed the flora by continuous experiment and observation. He was able to detect a definite relationship

between certain drugs and certain types of bowel flora. When a particular drug was administered in potencies, the bowel flora were altered in a particular way. Ultimately, he selected a small group of flora as the basis for a collection of bowel nosodes that could be used without going through the examination and classification process for each individual patient. These are the nosodes used today. He divided the Morgan group of bacteria into two subclasses on a bacteriological basis and thus created the nosodes *Morgan pure* and *Morgan Gaertner*. In 1933, Paterson presented a paper on *Sycotic co.* In 1950, he published a summary of his accumulated experience. After his death in 1954, his wife Elizabeth Paterson continued the research.

Commentary on Clinical Application

When I started practicing homeopathy the popular indication for prescribing a Bach bowel nosode was how it "looked like" certain other remedies, which either had not worked or were not fully indicated. For example, Dr. P. Sankaran of India followed Paterson in saying: "[Give] *Morgan (Bach)* where *Sulph.* seems indicated, but fails to act, *Gaertner* for *Phos.*, *Bacillus No. 7* for *Kall carb.* In a case where *Merc.*, *Phos.*, and *Sil.*, all seem indicated, *Gaertner (Bach)* can be selected."

I found this kind of "guesstimate" homeopathy rather intriguing in the beginning of my studies, but unreliable for consistent results and quickly gave it up. I used the Bach bowel nosodes sparingly but then, after carefully examining my cured cases over the years, I attempted to identify a *specific* dispositional picture for *each* bowel nosode. For some of these nosodes, because of more frequent use, I have developed a broader picture while other nosodes still await further development. As a result, I describe below *Proteus* in a more extensive way while giving also some brief notes on the other bowel nosodes.

There are some consistent dispositional and pathological themes applicable to the whole group of Bach bowel nosodes. These themes tie in with the general themes of the Enterobacteriaceae family, to which the majority of these remedies belong. (See the classification model of bacterial nosodes in the Introduction for the other relevant families.)

In the Bach bowel nosodes, you get an underlying desire to infect. Individuals needing them can also have a feeling of being despised or "treated like shit." They can have toxic interactions with others and are treated as if toxic or a pest.

On a physical level, as an etiology and a flag for use, you can see a strong history of antibiotic use and a history of anal sex. There can also be a morbid interest in the colon and the rectum, and its health or disease, even a hypochondriacal interest. The individual's language may be spiced with different words and cursing related to this area of the body.

There are also issues of success and failure. Often, they will evaluate such "success" in terms of their relationships and of how that dynamic goes. They may also have unrealistic expectations that can even lead to violence or to nasty acts, to vitriol and subtle subterfuge (as in the other Enterobacteriales).

There can be conflicts between being peace-loving and protecting the downtrodden, on the one hand, and on the other, selfishness with an inability to advance themselves in life. Therefore they suffer from nervous strain, particularly when in company, and this can lead to furious anger, as we see in *Proteus*.

Another consistent aspect present in most of the bowel nosodes is a desire/aversion for eggs and a desire for rich foods.

What now follows is a short individual commentary for the majority of the bowel nosodes, along with some relevant technical and homeopathic information.

Dysentery compound (Bach)

Homeopathic abbreviation: *Dys-co*.

Synonyms: *Dysenteriae bacillus (Bach)*, *Bacillus dysenteriae*, *Dysentery co. (Bach)*, *Bacterium dysenteriae Nosode*; the disease acute dysentery is also known as Shiga Kruse disease or shigellosis (and Dysenteric or Ruhr in German)

Scientific Name: *Shigella dysenteriae* (Shiga, 1897) Castellani & Chalmers, 1919

Family: Enterobacteriaceae

Commentary

These individuals can be quite responsible and conscientious - however, it may be from a history of being *forced* to be conscientious. They may have a history of being constantly reproached, either as children or as adults. The parents (or spouse) may view the child (or adult) as a problem, as if they had come along and disrupted their good lifestyle. They then develop issues around the feeling that they have not accomplished enough and are not good enough. Their response is apprehension and this can lead to stammering and twitching.

There is repression of a nature that makes you think of the Magnesiums and also of *Colibacillinum*.

I've seen *Dys-co* do good work as a remedy in blinding migraine headaches.

You may find a history of recurring diarrhea after a trip abroad. There can also be a previous or current diagnosis of dysentery, but I have also used this remedy with no such history or diagnosis. Part of the underlying feeling in this remedy is that they aren't accomplishing enough and so they put themselves under *much mental strain*. They can eventually collapse from this strain, presenting with exhaustion and chronic fatigue.

From Wyne, *Pacific Coast Journal of Homoeopathy*, July 1935:

They carry a load that they need not carry, and those likely to develop *Dys-co* symptoms are the hypersensitive souls that are burdened with over-conscientiousness This leads to constant tension and they lose the power to relax, and even in their recreation there is bustle and feverishness.....

Depression comes on from tiredness, from the constant tension and from a sense of failing to accomplish, and when spirits are low there is a desire to be left alone to indulge in tears, and consolation aggravates the weeping and brings out the irritability. They feel unsociable and have an aversion to meeting strangers, not only because of the depression but because of the strain that talking to people involves. Nausea, diarrhoea, and perspiration from excitement.

Appetite as a rule is poor in the morning. The stomach symptoms are those associated with hypotonic stomach and conditions that lead to duodenal ulceration. Delayed digestion with pain relieved by eating. Emptiness between meals, and emptiness and sometimes nausea in the morning on awakening, relieved by eating.

Dys-co might be termed the heart nosode, not indicated because of the presence of valvular disease, but for those symptoms of distress [mental and physical].

Gaertner (Bach)

Abbreviation: *Caert*.

Synonyms: *Bacillus Caertner (Bach)*, *Salmonella Nosode*, *Salmonella enteritidis Nosode*., *Caertner* or *Cartner Bacillus*, *Salmonellen-Nosode*, *Salmonella faecalisf?*),

Bacterium Cartner Nosode, Bacillus Gartner Nosode

Scientific Names: formerly known as *Salmonella enteritidis* (Gaertner, 1888) Castellani & Chalmers, 1919, this is now considered a type (serovar) of *Salmonella enterica* subsp. *enterica* (ex Kauffmann & Edwards 1952) Le Minor & Popoff 1987; other types of the same subspecies include *Salmonella paratyphi* & *Salmonella typhi*.

Family: Enterobacteriaceae

(This is **not** the same remedy as *Morgan Caertner* - see below.)

Commentary

This is a remedy you may consider for someone who has had multiple episodes, or even a single episode, of salmonella poisoning. It is also a remedy that I have found for the after-effects of psychotropic drugs.

Paterson sees it as a nosode related to malnutrition:

The keynote for this nosode is "malnutrition" and as this would imply, it is the nosode applicable to the treatment of many diseases of childhood, but it is also found to be of value in the other extreme of life associated with malignancy.

There can be a sudden weight loss as well as the inability to digest fat or gluten. Many food allergies are present. Paterson also described it as the "Children's Nosode" where there is a "nutritional" or metabolic disorder. There is an appearance of a lack of nutrition and the patient can be quite thin. Paterson also says it is for a "child who is all brain and no muscle." You think of homeopathic *Silica* as a remedy in these cases and I have used it where *Silica* has had no impact. In this case there will be serious food allergies as a component of the case.

You see restless hands and feet, and a restless brain - leading to diagnoses of Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD). As to the skin, there can be chapped hands in the winter and herpetic eruptions around the mouth (as with *Petroleum*).

The idea of malignancy is also very prominent in this remedy.

As with other bowel nosodes, there can be bowel problems - particularly in the case of *Caertner*, such severe constipation that you could call it "malignant constipation."

Morgan (Bach)

Homeopathic abbreviation: *Morg.* (Synthesis only)

Synonyms: *Proteus morganii* Nosode, *Morgan bacilli*, *Morgan's bacillus*, *Bacterium Morgan* Nosode

Scientific Names: *Morganella morganii* (Winslow et al. 1919) Fulton 1943, *Proteus morganii* (Winslow et al. 1919) Yale 1939 also *Bacillus morgani*, *Salmonella morgani*, *Organism No. 1* (Morgan)

Family: Enterobacteriaceae

This remedy of Bach's was later divided into two sub-types by Paterson: *Morgan Caertner* and *Morgan pure*, as described below.

Morgan pure (Paterson)

Abbreviation: *Morg.* (Complete), *Morg-p* (Synthesis)

Synonyms: *Morgan pure (Paterson)*, *Morgan purum* Paterson Nosode, *Bacillus Morgan (Paterson)*, *Morganella morganii*, *Proteus morganii*, *Bacterium Morgan pure*

Scientific Names: as for *Morgan Bach* above

Family: Enterobacteriaceae

Along with *Morgan Caertner*, a sub-type of *Morgan (Bach)*.

Commentary

This is a remedy to be considered in cases of eczema in children. Paterson said, "There are few eczemas of the infant at the teething stage, or later life, which do not require a dose of this nosode *Morgan*." The eczema can have cracking and you will see eczema and cracking behind the ears.

In adults the end-stage picture is quite miserable. This is someone who has a kind of toxic, persistent anxiety and depression. They will *threaten* suicide to see your response. The depression affects others and there is a "pestiness" evident.

They have rheumatism of the neck and shoulders that becomes worse in conjunction with digestive problems. As well, there are eruptions around the eyebrows and eyes.

They can have a discharge from the umbilicus.

In this remedy, we see an aversion to or desire for eggs, and a desire for butter.

Morgan-Gaertner (Paterson)

Homeopathic abbreviation: *Morg-g*.

Synonyms: *Morgan-Gartner*, *Proteus morganii (Paterson)*, *Bacillus Morgan (Paterson)*, *Morgan-Cartner Bacillus (Paterson)*

Scientific Name: probably as for *Morgan (Bach)*

Family: Enterobacteriaceae

This remedy (along with *Morgan pure*) is one of the two sub-types of *Morgan Bach*, manufactured by Paterson and detected in patients with renal colic.

Commentary

This remedy is one to be considered in kidney and bladder infections - for renal colic, especially where there are calculi. It has right sidedness, a craving for sweets and is also worse from 4pm to 8pm. As the person can be gregarious but fearful in crowds, you can see how easily it might be confused with *Lycopodium*. Since *Lycopodium* is such a strong digestive tract remedy, **many** of the Enterobacteriaceae can be confused with that remedy and many may follow it.

But then, there are many differences from *Lycopodium* that will make it hard to confuse the two. Whereas *Lycopodium* can attempt to be socially "with it" and adaptable, *Morgan Gaertner* is much more rigid, intense and irritable and - in the end - has strategies that proactively attempt to bother or "bug" other people socially.

This is also a remedy to be considered for metal allergies.

From Paterson, *Bowel Nosodes*:

The sub-type *Morgan-Gaertner* has often been found in the stool of patients suffering from renal colic and where X-ray has demonstrated the presence of renal calculus. The nosode *Morgan-Gaertner* should therefore be considered as a possible remedy in cases of renal colic. It is also likely to be of value in treatment in any case which has a 4-8 p.m. modality which is also a characteristic of the group prototype remedy - *Lycopodium*. For its prototype, *Morgan-pure* has *Sulphur* and within the main group represented by *Morgan* you will find the well known trio of remedies mentioned by Kent as working in a cycle of *Sulphur*, *Calcarea carbonica* and *Lycopodium*.

Other Bach and Paterson Bowel Nosodes

Bacillus No. 7 (Paterson)

Homeopathic abbreviation: *Ba-sv*. (Complete), *BacIs-7*. (Synthesis) **Synonyms:** *BacIs-7*

Family: probably Enterobacteriaceae

A non-lactose-fermenting germ, isolated in Paterson's laboratory.

Like the Magneticums, this is a remedy to be considered for longstanding illnesses where there is severe mental and physical fatigue. There is faintness, or fainting on standing. As well, you can consider this remedy where there is a history of rheumatism, or of rheumatoid arthritis.

Proteus (Bach)

Homeopathic abbreviation: *Prot.*

Synonyms: *Proteus mirabilis*, *Proteus vulgaris*, *Proteus rettgeri*, *Bacillus Proteus*, *Bacterium Proteus Nosode.*, *Proteus bacillus*, *Proteus bacterium*, *Proteus Paterson*

Scientific Name: Relevant *Proteus* species include *Proteus mirabilis* Hauser, 1885, as well as *Proteus vulgaris* Hauser, 1885 and *Proteus rettgeri* (Hadley et al. 1918)

Rustigian and Stuart 1943 **Family:** Enterobacteriaceae

This remedy is described in detail in the Chapter on *Proteus*.

Sycotic Compound (Paterson)

Homeopathic abbreviation: *Syc-co.*

Synonyms: *Sycoccus bacillus*

Scientific names: Possible candidates include: *Neisseria mucosa* (von Linschheim 1906) Veron et al. (= *Diplococcus mucosus*); *Moraxella catarrhalis* (Frosch and Kolle 1896) Henriksen and Bovre 1968; *Streptococcus faecalis* Andrewes & Horder, 1906, now *Enterococcus faecalis* (Andrewes & Horder, 1906) Schleifer & Kilpper-Balz, 1984.

Family: Neisseriaceae (in the beta group of proteobacteria), Moraxellaceae (in the gamma group of proteobacteria) or Enterococcaceae or Streptococcaceae respectively.

Commentary

A full commentary on this Bowel nosode has been given in the first Clinical Focus Guide. The essential dispositional issue is a "fear of obscurity." This is also a remedy that has similar characteristics to other Neisseriales bacteria or to remedies in the Sycotic Miasm.

Proteus (Bach)

Homeopathic abbreviation

Prot.

Synonyms

Proteus Paterson

Scientific Names

The exact source of the remedy is unknown. The most common *Proteus* species linked to pathology in humans is *Proteus mirabilis* Hauser 1885. Other human pathogens are *Proteus vulgaris* Hauser 1885 and *Proteus rettgeri* (Hadley et al. 1918) Rustigian and Stuart 1943 (now known as *Providenda rettgeri* (Hadley 1918) Brenner et al. 1978, and formerly known as *Bacterium rettgeri* and *Shigella rettgeri*). *Proteus penneri* Hickman et al. 1983 was previously grouped under *Proteus vulgaris*.

Description

Proteus is a genus of Gram-negative, facultatively anaerobic Proteobacteria. *Proteus* species are most commonly found in the human intestinal tract as part of normal human intestinal flora; they can also colonize skin, oral mucosa and the urinary tract, especially in hospitals and similar environments. In otherwise healthy patients, *E. coli* is by far the commonest cause of urinary infections, while *Proteus* is more frequently involved where there is a history of urinary problems. *P. mirabilis* is linked to 90% of *Proteus* infections, with *P. vulgaris* and *P. penneri* found much less commonly.

Proteus has a characteristic "swarming" pattern. The motility of these bacteria, the presence of tiny projections called fimbriae (which help them attach to host tissue) and their production of urease (causing urine to become more alkaline) all contribute to their role in UTIs.

Proteus is a Bach bowel nosode, also used by Paterson.

Commentary

Proteus mirabilis is associated with bladder infections and kidney stones, as well as various other pathologies. I have seen the kidney profoundly impacted and I put this remedy in the same group as *Cantharis* and the other kidney remedies, where there can be tremendous anger.

Dispositionally we can see this remedy indicated in someone who is very "pissed off" or reactively and spasmodically rageful. The key theme is *spasms of blistering rage instead of grief*. Their response to being disappointed is very intense rage (rather than grief) and they are frequently disappointed, as are other members of the Enterobacteriaceae family. We can see this anger in *Cantharis* as well and the idea of "small blistering" - as opposed to the large blistering we see in the Clostridiales - extends to the physical realm in both remedies as discussed below.

In adults, this blistering rage comes out when they are confronted by disappointment or grief. They are highly perceptive and sensitive individuals easily perceiving negative motivations in others. They also feel that no one listens to their perception - which makes them even angrier. The idea of "disappointment in others" is a theme in all the Enterobacteriaceae. They don't allow others much slack in their behavior and they respond to "infractions" with a criticalness that easily emerges as an outburst of anger. Such rage can be particularly strong after a relationship has ended - whenever they say, "my ex-partner..." they will explode in anger. The case may even look like *Ignatia*

but with this predominance of rage.

Such explosions of anger or rage come in sudden fits and there is an impulse to kill, "as if they could commit murder." If they are married you will see that they shout and fight with their spouse and in-laws. In their fits of anger, they can strike and throw things. At the same time, the individual who needs *Proteus* may have a fear of the opinion of others and so, in the interview, they will present as very controlled. They may even appear dripping with sweetness, but at the same time you can still see a fury in their eyes.

O.A. Julian describes it as a "tempest under the skull." The patient may even feel a kind of pressure in the brain (intra-cranial pressure), leading to such rage. I find that the adult patient speaks rather slowly, as if holding back or controlling the urge to scream and shout. This control of the anger (like *Staphysagria*) can appear as a rigidity, but in *Proteus* they are quite open to new ideas and the rigidity is more in terms of controlling their own anger. You can see the fury in the patient's eyes. You can also see the tell-tale signs of kidney affections - much swelling under the eyes.

The rage may alternate with exhaustion and nervousness or you may just see a very nervous patient (but usually with a history of quarrelsome behaviour). Paterson called it a remedy for "nerve strain." They always feel as if they have overexerted themselves. Thus, they conserve their energy and can be very still. A common expression is that "it's nerve-wracking." When you are taking the case, you will feel that the *Proteus* patient is at the end of their rope. They may frequently cry or lose their train of thought, or, alternatively, as noted above, they will be over-controlled with an underlying fury and nervousness. Individuals who need *Proteus* can also feel overwhelmed and without perceiving the full extent of their fury and anger you may prescribe *Calcarea carbonica*. They feel the need to shut out the world because they are too sensitive and things "affect them too strongly." On a physical level, you can find all sorts of arthritic problems with shooting pain in the nerves.

I find that parents of children who need a remedy from the Enterobacteriaceae have a peculiar attitude towards their children and this is especially apparent in *Proteus*. These parents present as if they believe that the child is offensive or has some kind of offensive disease.

In children, in contrast to adults, the control mechanism is not yet well developed so you see *very severe* temper tantrums, where they will crawl and roll on the floor or ground, shrieking. They do not handle being opposed and even without the presence of any trigger they can have a spasm of anger. These outbursts of anger can involve the child throwing objects that are close to hand. It is not so much a petulant anger - such as we may see in *Chamomilla* or *Kreosotum* - and nor is it a hatred for other members of the family (as we may see in *C/na*). Instead, it simply involves spasmodic outbursts of severe anger with tantrums and, as with the other nosodes, we may see this condition presenting without any situational cause. The child can also be quite restless and nervous.

In Greek mythology, the early sea-god Proteus was later described as the son of Poseidon (or of the Titans Oceanus or Nereus). He was herdsman of Poseidon's seals, and was able to change his shape and had the gift of prophecy. He shapeshifted to avoid having to prophesy; he only foretold the future to someone who was capable of capturing him.

Interestingly, I have seen patients who needed the remedy *Proteus* feel that they have the "gift of prophecy." They aren't necessarily "professional" psychics, but see it as an

important part of who they are. They can also frequently be into esoteric mystical practices such as Wicca or New Age religions, but there remains a skeptical side to them. Also, like the mutability of the mythical Proteus figure, there is somewhat of a difficulty in knowing them.

As I have mentioned, their ultra-sensitivity can create a nervous state which then translates into spasmodic complaints in general and, specifically, great outbursts of anger. These spasms also show themselves on the physical level. The patient can have physical complaints of a spasmodic nature including urinary, circulatory and digestive problems. The urinary problems include a history of bladder and kidney infections. There may be a chronic bladder irritation such that the patient has pain on urinating and also a feeling that they have to force the urine out.

The digestive complaints include severe bloating that ends in diarrhea. In women, they can have severe bloating before the menses. They can therefore be sensitive to milk products, flatulent foods and meat.

You also think of this remedy in "slow moving" infections - the boils mature slowly, there is a chronic leucorrhea that is pus-like. As with the other bowel nosodes, there can be osteoporosis, although *Proteus* is a particularly important nosode for this pathology. As well, I have found *Proteus* an important remedy for the treatment of herpes - especially, herpes located in the anal area.

There are also circulatory disorders with spasms of the peripheral circulation and especially Raynaud's disease, or coldness and blueness of the hands with slight exposure to cold. There can even be attacks of angina, especially with anger. *Proteus* is a remedy I would consider for strictures and stenosis.

Proteus also shares an important symptom with Tubercular remedies - that is: "ameliorated by being in the mountains." I have confirmed this as an important aspect of the remedy.

Cantharis is a remedy to be considered for the healing of burns. I also find that *Proteus* frequently follows *Cantharis* (you could say that *Cantharis* is one of the remedies in the "*Proteus* miasm"). I think of *Proteus* in burns where there is infection or slow healing where well-indicated remedies such as *Cantharis* and others have failed to act.

Interestingly, *Proteus* bacteria (along with *Pseudomonas*, *Streptococcus* & *Staphylococcus*) are among those commonly associated with post-burn infections. As well, *Proteus vulgaris* has been associated with various forms of arthritis, (as well as *Streptococcus*, *Klebsiella pneumoniae* and various Neisseriales like gonorrhea in the case of Reiter's syndrome). Homeopathic *Proteus* is very much indicated in various forms of arthritis and rheumatism, whether it be rheumatoid arthritis, osteo-arthritis or even fibrositis.

In cases of severe degenerative arthritis, we may see the intense anger state replaced by a depleted and confused state, particularly if the patient is sedated and taking many conventional pain medications. In such a case, the intensity otherwise seen in the anger can be sublimated into (that is, still expressed by) the physical symptoms. In this scenario you may see the patient experiencing "lightning-like pains" that shoot down the back (in the case of back problems) or shoot across or down an extremity. You may well see an element of spasticity, as previously described.

Clinical Focus Guide for *Proteus (Bach)* Nosode

Appearance

Fury seen in the eyes

Mind and Disposition Focus

Spasmodic blistering anger from disappointment and grief

Anger and rage

Grief with anger

"Pissed off" all the time

Anger as a response to everything

Sudden fits of rage

Impulse to kill - "could commit murder" and fighting with family

Temper tantrums

Children crawl and roll on floor with tantrum

Striking, throwing things

Anger after the death of loved one

Offended easily

Seethes with anger

Oversensitive to impressions

Doesn't want to share; averse talking

Not talking to punish the other person

Quarrelsome

Too perceptive - creates anger

"Gift of prophecy"

Delusion they are a prophet or psychic

Psychic, whom no one follows

Offensive quality - parent sees them as a disease to be avoided

Unwanted by Parents

Response to parents treating them like a disease

Fear of opinion of others

Changes personality and opinion

Hides their anger - sickly sweet, but drips with anger

Easily magnetized

Cults

Different esoteric religions

Changing philosophies

Pest

Agoraphobia

"Brain storm"

Nervous strain

Nervous excitement and fears

Ultra-sensitive

Startled easily when touched

Desire to shut out the world

Overwhelmed

Physical Focus

Spasmodic complaints

Urinary, circulatory and digestive

Leg cramps

Sudden awkwardness

Dupuytren's contraction (*Lac lupinum*)

Angina

Urinary spasms

Digestive spasms and meteorism (Magnesiums)

Arthritic and Rheumatic complaints

Severe states of arthritis, rheumatism, fibrositis
Rheumatism, neck and back
Chronic back problems including sciatica, spondylitis, scoliosis
Shoulder rheumatism and arthritis
Rain fingers, wrists
Knee joint arthritis

Ailments from antibiotics

Ailments from anal sex

Duodenal ulcer

Bloating followed by diarrhea

Severe bloating before menses

Rectum

Diarrhea from emotions

Itching of anus

Rubbing anus

Worms, parasites

Food

Desire/averse/worse eggs

Desire butter, rich foods

Craves fat

Craves sweets

Averse/worse cucumbers

Worse flatulent foods, meat, milk

Urinary tract problems

Recurrent urinary infections (see *Morgan Caertner, Cantharis*)

Burning in urethra

Right-sided kidney infection

With lumbar pains

History of *Proteus* infection

Kidney stones

Oedema

General

Great swelling all around eyes (below and above)

Better in the mountains

Mentally and generally very much better from mountains

Desire to move to mountains

Stenosis

Raynaud's phenomena

Numbness in hands in morning

Coldness in extremities

Vitiligo

Herpes

Around anal area

Osteoporosis

Easily recurring bone fractures

Weakness slight exertion

Colibacillinum

Homeopathic abbreviation

Coli.

Synonyms

Bacillus coli Nosode

Bacterium coli Nosode

Escherichia coli Nosode

Description

Colibacillinum is commonly known as *E. coli*, a Gram-negative, rodshaped member of the coliform group. It is a bacterium that inhabits the intestines; found in sewage-contaminated water, it can also contaminate raw food.

As described, although E. coli infections are typically mild, the condition can be serious and sometimes fatal in very young, elderly or immunocompromised people. 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 name

Escherichia coli (Migula, 1895) Castellani & Chalmers, 1919

Previously: *Bacillus coli*, *Bacillus coli commune*, *Bacterium coli*, *Enterococcus coli*

Commentary

The fundamental feeling of the *Colibacillinum* patient is one of oppression and weariness to the point of emptiness. Behind this weariness, there is a feeling of having to overcome an irrational dictatorial force that they have allowed to cut into their psyche. This force feels insurmountable - but even in their weakness they feel compelled to struggle with or against it. Thus, we see homeopathic symptoms like, "Dreams of being pierced by a knife or knives" or, as stated (concerning a dream) by one of my patients who ultimately responded well to this remedy, "Someone was trying to cut off my hands and fingers with a knife." Consequently, they have a feeling that they cannot manifest (the symbolic hands) what they need to manifest and that the (dictatorial) force is what holds them back from so doing. In some modern texts, such a force is equated with political repression, but in my experience it can manifest in many ways.

Individuals caught in a repressive political regime can present with this feeling. In a 1993 article entitled '*Colibacillinum*,' Neagu notes that in his home country of Romania there was a high incidence of *E. coli* combined with suffering from a political situation of repression and inescapable state control. Many patients who I have found to need this remedy (but not all), have come from politically repressive countries. I also find that they may be teachers of political science, or of other politically-charged information which is disseminated with the intent of motivating others to take action and thus to overcome the irrationality of an oppressive situation.

"Repression," unlike "suppression," signifies an *internal* force pushing back or holding the person down. In other words, to "suppress" is primarily an action performed by an

outside force, whereas "repression" indicates mainly an internal force. The idea of "political repression" can be used to refer to a force *within* a country or culture. In *Colibacillinum*, this internal repressive force involves the love of something that forces a holding back, or pushing down, of emotion and of physicality. In the case of the politically motivated individual, there is a deep love of country and of culture that helps keep the person within the repressed situation. The political forces may even use this language as a means of helping to institute and maintain such repression.

In my country, where there is little political oppression, the successful cases I have seen are those patients who *still* exhibit a great sensitivity to being oppressed and to bureaucracy, but this is not always readily or overtly expressed. The situation is different than what we find in countries where political repression is rife.

Eventually, I came to conclusions about the themes of this remedy - *themes in the context* of situation rather than a situation itself. More specifically, these themes have to do with the patients needing *Colibacillinum* being very sensitive to (and even envious of) those who have more than they have. There can even be an underlying hatred of those that are rich. They are acutely aware of their position in life, vis-a-vis wealth and of their position as the underdog. If they encounter a bureaucracy where they do not share in the benefits, they take up a strong political stance in response. Such a stance is usually expressed intellectually, and not directly, but with sudden outbursts.

There are other situations where someone may be in a highly repressed situation as a result of irrational dictatorship. One example I have come across clinically is where parents suffer from an out-of-control child who is dictating their lives. Out of their love for this child, they repress the instinct to fight against and change this situation, eventually becoming weary and feeling that they "have little in life." The theme is enacted in the home at the level of the family, rather than in a country at the more globalized level.

Distinct from the outside suppression that is typical of *Staphysagria*, the idea of repression here is very consistent with the Magnesiums and I have confused this remedy with that group, as well as with *Carcinosin*. In the repertory, we find many different dreams about the death of relatives. You can see how this relates to the *Colibacillinum* patient: they are concerned that the "regime" (or the dictator) will kill their relatives or, alternately, they are afraid to fight back because they feel the dictator *is* their relative - a frequent ruse used by dictators who become "the father of the country," depicting themselves as the father of all citizens.

On the whole, though, they are rather timid, spacy and submissive. They look introverted and lean more to the intellectual. There is a feeling of hesitation whether to partake in life and relationships, and a more analytical and intellectual approach to life is evident. They complain of a loss of energy and a constant feeling of being worn out, as if they will never get their energy back. The diagnosis these days is usually "chronic fatigue."

This energy loss can become so profound that they can hardly make it up stairs and become out of breath from slight exertion. They feel they have to "fight to take a few steps." As well, intuitively, they may feel the problem is a nutritional and digestive one, but they will be unable to rectify it with nutritional aids. They may attempt many radical means to correct their energy, without avail.

Along with this worn-out sensation there is a feeling of "mental weakness." I have clinically confirmed what O. A. Julian says: "The patient complains of loss of memory.

Sometimes it is due to an old urinary or intestinal trouble. Everything has started from that time."

As a result, you can easily confuse this remedy for *Phosphoric acid* or with other acids or remedies that have "ailments from loss of fluids." With the weak memory, there is great forgetfulness and confusion - they have trouble finding words. A combination of chronic or acute diarrhea (or cystitis) along with memory loss and profound weariness should cause one to consider *Colibacillinum*. Or, you can think of it when someone relates their mental weakness and the start of their memory loss to an acute episode of diarrhea or cystitis. Eventually, they can also (like the acids) have a kind of hopelessness with a feeling of oppression from forces beyond their ability to resist. Prior to these more depleted states they may fight against the injustice - but only sporadically. In either state, they are quite sensitive to injustice and suffer from it. Occasionally they will shout out about the injustice but more often they will remain internally angry. Accordingly, the remedy can be mistaken for *Causticum*.

They prefer to be by themselves and can eventually become quite inward and out of touch with others - a sort of eccentric quality. Eventually, this "out of touchness" can work towards schizophrenia where they hear voices or paranoid ideas, especially about political conspiracies. (I find, in the instance of schizophrenia, that getting an idea of the patient's disposition before the onset is very helpful and can lead to a good prescription.) Again, in this type of disease, you may see a history of diarrhea *prior* to the onset of the mental pathology.

On a physical level, Cahis noted: "Its first indication is the tongue covered with a white, uniform varnish and foul taste in the mouth. With it I have cured some chronic diarrheas resistant to other remedies." My clinical experience is that digestive problems are strongly present in this remedy state and in some patients I have also seen constipation as a problem. Chiefly, the state involves severe diarrhea followed by constipation, or a kind of toxic bowel accompanied by chronic, low-level inflammation of the liver and/or gallbladder.

On a physical level, I have seen two or three areas of symptomatology. In one case, there was little particular physical pathology except a generalized and intense chronic fatigue. In other cases, I have seen the chief complaint to be that of chronic urinary infections. The bacterium *E. coli* is found in many chronic urinary infections. Another area involved is the nature of the stools. Of course, the classic symptoms of food poisoning through infection by *E. coli* can be reflected in the chronic state of the *E. coli* (*Colibacillinum*) patient. The predominant symptoms are watery, sputtering stools. This is a remedy to consider in diarrhea characterized by rumbling sounds and great weakness, when other well-indicated remedies fail to act. With the diarrhea, there can be a pasty taste and coating in the mouth. There can be a sensation that something is alive in the colon - mainly in the lower part of the bowel. The patient will even complain that they have "tapeworm" or some large worm in the lower part of the bowel.

As *E. coli* is also the cause of a very large percentage of both chronic and acute bladder infections, particularly in young girls, it is easy to miss this "larger" picture and prescribe only acutely. There will be frequency of urination with outbursts of anger, particularly over any perceived injustice. Of course, we see a similar situation in *Staphysagria* (and in other remedies, such as *Causticum*). *Colibacillinum* is a remedy to consider where *Staphysagria* either fails to act or acts well and then stops working. This remedy can be confused with homeopathically-prepared *Proteus*, which also has

frequent bladder infections and anger, but in *Proteus* the anger is consistently expressed and not so suppressed or repressed.

I had one older child who responded extremely well to this remedy. While in the throes of a urinary infection (with high counts of *E. coli* in the urine), she had to be part of a group picture. When the photographer politely asked all the children to smile and stand in a certain posture she yelled out, "I don't like you telling me how I'm supposed to be looking and how we should stand." The photographer was flabbergasted and said to the parents, "I have never had a child say that to me before." Then the child crossed her eyes and sullenly looked into her lap during the photograph, ruining it. For the most part, though, this quiet child missed a lot of school (prior to the remedy) and appeared very worn out. If she was upset she would simply not go to school. She did very well from *Colibacillinum*, which completed the cure.

What was also interesting in this child is that she had responded very well to homeopathically-prepared *Marble prior* to needing the *Colibacillinum*. From this case, as well as from others, I believe this indicates that homeopathically-prepared *Marble* belongs in this "miasm." Nuala Eising describes how she has used homeopathic *Marble* for the effects of Chernobyl and in the treatment of Belarussian orphans and children. According to some experts, such as Battista, *E. coli* exhibits a remarkable capacity to resist the lethal effects of ionizing radiation.

In summary, what I have discovered is that *Colibacillinum* can, in a chronic way, look like a subtle *Causticum*, but with some other added indications. Firstly, there is a desire to actively get others involved in politics but mostly they frequently become students and teachers of political science or of related subjects. Or they can be evangelistic about a cause; such a cause is usually political and has to do with "freedom" from oppression or to do with overcoming a dictatorship or bureaucracy that affects everyone's level of wealth.

Unlike *Causticum*, such traits are combined with a kind of weariness, a world-weariness and a submissiveness, or a history of numbing domination (personally and/or politically).

Names and Meanings

Escherichia - named after Thomas Escherich.

Coli - of the colon, of the large intestine, from the caecum to the rectum.

Family

Of the Enterobacteriaceae family in the Enterobacteriales order.

Source Notes

The remedy *Colibacillinum* is homeopathically potentized from a mixture of several stocks of *E. coli* - fecal bacilli from the bowel.

Julian also describes *Serum anti colibacillum* prepared from the blood of goats immunized with *E. coli*. This has the abbreviation *Ser-a-c.* in Complete and Synthesis.

Adapted from the Centers for Disease Control:

A rod-shaped member of the coliform group, *E. coli* can be distinguished from most other coliforms by its ability to ferment lactose at 44°C and by its (almost exclusively) fecal origin.

E. coli strain O157:H7 is one of hundreds of strains of the bacterium *Escherichia coli*.

Although most strains are harmless, this strain produces a powerful toxin that can cause severe illness. *E. coli* O157:H7 has been found in the intestines of healthy cattle,

deer, goats, and sheep.

Infection with *E. coli* often leads to bloody diarrhea, and occasionally to kidney failure. People can become infected with *E. coli* O157:H7 in a variety of ways. Though most illness has been associated with eating undercooked, contaminated ground beef, people have also become ill from eating contaminated bean sprouts or fresh leafy vegetables such as lettuce and spinach. Person-to-person contact in families and child-care centers is also a known mode of transmission. In addition, infection can occur after drinking raw milk and after swimming in or drinking sewage- contaminated water. People generally become ill from *E. coli* O157:H7 two to eight days (average of 3-4) after being exposed to the bacteria. *Escherichia coli* O157:H7 infection often causes severe bloody diarrhea and abdominal cramps. Sometimes the infection causes non-bloody diarrhea or no symptoms. Usually little or no fever is present, and the illness resolves in 5 to 10 days.

In some persons, particularly children under 5 years of age and the elderly, the infection can also cause a complication called hemolytic uremic syndrome (HUS), in which the red blood cells are destroyed and the kidneys fail. About 8% of persons whose diarrheal illness is severe enough that they seek medical care develop this complication. In the United States, HUS is the principal cause of acute kidney failure in children, and most cases of HUS are caused by *E. coli* O157:H7.

Clinical Focus Guide for *Colibacillinum nosode*

Mind and Disposition Focus

Repression of the emotions and desires, out of "love"

Strong dictatorial force causing repression

An out-of-control, irrational dictator - either in the political realm or as a family member (child, partner, etc.)

Weariness, loss of will from an overbearing force (as above)

Forced timidity

Longstanding repressive situations

Caretaker of a dictating person

Repressive political regimes

Poor, dictatorial medical treatment where constant drugging, especially with antibiotics, weakens the system

Refusing medication

Lack of confidence, timidity

Irresolution

Fear of undertaking anything

Outbursts of anger at injustice, alternating with weariness and timidity

Chronic depression - giving up

Toxicity, in a weak personality - may even be repulsive (but *not* overbearing)

Envy of others with wealth

Fighting the wealthy

Fighting bureaucracy

Delusion, is poor

Obtunded memory

Forgetful of names

Forgetful of what has just occurred

Slow speech
Stupor
Dullness and confusion

Dreams of death, knives, cutting

Death of family member
Knives and being cut

Body parts cut off
Being shot
Being shot or knifed in the abdomen

Persistent thoughts leading to mental states

Schizophrenia, with history of an oppressive family member
Street person

Catatonia

Entertaining, or a fear of people and of being in public

Physical Focus

Diarrhea

Diarrhea alternating with constipation
Sputtering stool and gushing watery diarrhea
Strength sinks with the passing of a stool
Orange-colored stool

Slowness of digestion

Distention of stomach and abdomen after eating
Nausea and heart palpitations

Urinary tract infections

Repeated cystitis and kidney infections
Cramping and spasms in bladder
Pain on urination or at close of urination
Turbid offensive urine
Chronic kidney infection
Glomerular nephritis
Kidney stones
Pain in lumbar back, with urinary infection

Hemolytic-uremic syndrome (*urgent care required*)

Burning sensation

Heat and burning after urination
Ejaculation painful with burning urethra after coition
Burning vagina preventing coition

Sexual drive increased with weariness

Weariness

Dizziness and weakness
"Permanently worn-out"

Chilly with the pains

Worse cold damp

Constipation, with bloating

Pain in liver, hepatitis; chronic gallbladder inflammation

Food

Worse milk and eggs
Desire fish, sweets, fruit
Averse cheese

Mucous membranes either shining or glistening

Tongue coated yellowish-white, with a red, clear stripe down the center

Swelling upper eyelids**Parathyroid problems****Elevated blood pressure, with weakness and paleness**

Or hypotension with collapse

Pale color**Chronic fatigue syndrome****History of many antibiotics****Selections from contemporary homeopathic sources**

From O.A. Julian, *Materia Medica of Nosodes with Repertory*:

The patient complains of loss of memory. Sometimes it is due to an old urinary or intestinal trouble. Everything has started from that time.

In ordinary psychosis, dragging genitourinary troubles it is surely useful. Hypotension, tendency to weakness, even collapse. Paleness, anxiety, vertigo, sweats, sounds of the heart become muffled, and lowering of the arterial tension.

Very slow digestion with the sensation of the stomach remaining heavy for a long time.

Heaviness and drawing in the intestines.

Chronic colibacillosis; tuberculinosis; typhoid fever.

Subacute puerperal fever.

Post-partum enteritis.(Ghosh).

From D. Riley, *Colibacillinum* proving:

Dullness. Confusion, worse in the morning. Lack of self confidence. Fear, particularly in narrow places.

Heaviness in the head. Sensation of heat in the head, worse in the afternoon. Tingling.

Pressing head pain.

Aching pain in the left ear. Stopped and clogged sensation in the ear. Impaired hearing with confusion of sounds.

Relationships

Related and/or Follows: *Staphysagria, Berberis, Niccolum, Marble, Causticum, Carcinosis, Calcarea silicata, Apocynaceae, Mutabile, Palladium, Strophanthus*

Mistaken for: *Causticum, Magnesiums, Phosphoric acid, Acids, Proteus, Carcinosis*

Typhoid Miasm and *Eberthinum* (Typhoid Nosode)

Homeopathic abbreviation

Eberth.

Synonyms

Typhoidinum

Typhoid Nosode

Eberthinum

Typhinum [also, in some texts, *Typhilinum*]

Typhus abdominalis Nosode

Salmonella typhi

Differentiation

Typhoid is to be distinguished from typhus (as explained in Names and Meanings below). While the active agents of both disease patterns are Proteobacteria, typhus is assigned to group *alpha* while typhoid is found within group *gamma* to which all members of the Enterobacteriales and the Vibrionales are also assigned. Typhoid infection, as discussed here, is caused by ingestion of contaminated water or food whereas typhus is caused by bites of infected arthropods such as ticks, lice, mites, etc.

Description

Typhoid, or enteric, fever is transmitted by ingestion of food or water contaminated with the feces from an infected person. Once infected, bacteria multiply in the blood stream and are absorbed into the digestive tract (and thence voided). The active agent, *Salmonella typhi*, is an obligate parasite that has no known natural reservoir outside of humans. At the onset, symptoms include fever, headache and weakness.

As described, typhoid is a serious condition which can be 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. 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

Salmonella typhi Schroeter 1886

Now usually considered a strain of *Salmonella enterica* subsp. *enterica* (ex Kauffmann and Edwards 1952) Le Minor and Popoff 1987.

Previously:

Bacillus typhosus

Eberthella typhi

Bacterium typhi

Bacillus typhi

Commentary

The Typhoid miasm and the remedies within it can be typified dispositionally as follows: a crisis situation arising suddenly, bringing with it reactions of shock, intense fear of loss and anxiety or irritability. There is a feeling in this miasm that there is a "critical situation, which if handled for a critical period, will end in total recovery"

(Sankaran).

Examples frequently cited involve strong economic loss or a sudden loss of security, leading to a crisis. Likewise, a personal crisis such as we may see in a child who stomps their feet and demands quick resolution to their situation. (*Chamomilla* and *Hyoscyamus* are included in this miasmatic schema.)

I have confirmed this, having seen individuals who *suddenly* realize that their finances are in total disarray, a realization that leads to overriding anxiety about money and their comfort. They then become intensely industrious to correct the situation. There is usually some aspect that involves rapidly developing - and changing - challenges, all of which requires intense and quick reactions. All these features are reminiscent of Stage 2 in the Periodic Table where we find strong anxiety and uncertainty. Typhoid is also named "nervous fever."

In my experience, this nosode works well for individuals who are juggling many critical business start-up issues, or are experiencing a personal crisis where the outcome could be very dire and which requires drastic and immediate responses to every situation that arises. They also feel that through their efforts they will "save the day," or that the burden of responsibility is on them to resolve this crisis - yet they also feel that perhaps they do not have that capacity or ability. You could say that there is, in the modern vernacular, a tendency to "micro-manage" and at the same time a desire to escape from the situation. So, you can see a whirlwind of activity, but also a kind of paralysis, a loss of will, stillness, and passivity of response; this is accompanied by a fear of any movement and a fear of being seen or "found out."

It is interesting that many of the remedies in this miasm have to do with this type of serious problem or challenge, particularly in business but also in personal life. The underlying feeling is that one business crisis will lead to another, with a lack of resolution and somewhat of a lack of confidence in dealing with it. For example, both *Bryonia* and *Rhus toxicodendron* are referenced in the classic materia medicas as remedies for typhoid. We see also many rubrics having to do with an intense concern about business such as, in *Bryonia*, "Mind, Delirium, loquacious, business of" or in *Baptisia*, "Mind, dreams, business of." In *Rhus toxicodendron*, there are also many rubrics related to business such as "Mind, Delirium, loquacious, business of" but in this remedy we also find rubrics related to another level of themes - "just about to be poisoned, murdered and with a great desire to escape." This feeling also is very much present in *Eberthinum*, the Typhoid nosode.

In the Typhoid miasm, the business situations involved are more those at the beginning, the whirlwind of *establishing* a business (Stage 2) rather than the conservative action of protecting an already well-established business which you might see in the Cholera Miasm or at Stage 11 on the Periodic Table. Typhoid aspects can be evident, for example, in someone who is rapidly expanding their business or buying many real estate properties - rapidly expanding beyond their capacity.

If we look deeper into these aspects, we may find a situation where the individual has to be hyper-alert to every possibility. Such crises occur not only in relation to business but also personally. An example would be someone who is living with a person addicted to drugs or to alcohol and suddenly finds out about this addiction and then has to deal with many crisis situations, both practical and personal. Another example is where there is great disharmony and sudden upheaval in the family, where a death is imminent or where someone is threatening to kill someone in the family. In this

situation, anything could happen - something could suddenly arise that will have negative consequences to their whole life situation.

We can see this miasm evident in someone who has previously been afflicted in the past by just such an intense situation of abuse or shock. The nerves are high-strung, and the situation is re-evoked by any subsequent series of continuous shocks or surprises in their life. Further, we witness an individual who has to work very hard to maintain the circumstances of their life and to deal with the crises that arise because they feel that they don't have the capacity to deal with what may arise. Contributing to this incapacity, also, is a naive aspect, which helps bring the individual into a place where such crises are more likely to arise suddenly, as mentioned above.

If we look beneath the "typhoid situation," we find a particular kind of alternating state: the individual moves between being happily ignorant and having a sudden awareness of their actual dire circumstances. This sudden awareness then leads to an intense reaction. At this juncture, the individual threatens to take action to overcome the crisis, where "threatening" is intended both in the sense of actions which carry a sense of threat as well as in the sense of "voicing an intention (threatening) to act."

These threatening actions arise because the individual does not bear pain well; in the face of pain, or even the possibility of pain or deprivation, they become over-reactive, push back from their position, or become anxious, irritable and even threatening (without striking). This aspect, where the individual complains and threatens, differentiates the Typhoid situation from one that revolves around the theme of pressure (e.g. Stage 8). They need movement, and this need to get away from the intensity of the situation may mean they resort to various behaviours, including jesting and constant restlessness such as we see in *Rhus toxicodendron*.

The opposing state to this vocal complaining and threatening is a paralyzed, immobilized state, without movement or even where they are aggravated from movement. *In this phase they need comfort, support and reassurance.* Again, we see that the Typhoid situation is comparable to Stage 2 in the Periodic Table. This need for support and comfort derives from feeling overwhelmed. In this stage there is no sense that they will be able to work things through. Note, however, that a lack of capacity underlies *both* the reactive, irritable, threatening behaviour, *and* the passivity and inactivity. There can be a besotted state that we see in *Baptisia* or *Helleborus*.

There is a pacifistic aspect (cf. *Magnesium*, stage 2 of the *Silica* series) to this miasm. Passive reaction is more typical - as opposed to active paranoia. As is seen in *Crotalus horridus*, this passivity can alternate with the feeling of being surrounded and threatened (by individuals, and in the rubric "assembled crowds"). They feel that they have to fight through a large group of people in a crisis situation and that if they don't threaten or fight back then they will surely die. The individual can also express it as if surrounded by negative energy; they fight this energy but all the while would prefer to maintain a pacifistic stance, as we see in the peace movement where conversation is favored as "the best way to go."

Their anxiety about money can be accompanied by a desire for luxury, a love of fine foods and cooking. The individual lives in a luxurious manner, avoiding signals that there is a problem until a crisis point arises. This threat to the escapism of their comfortable, luxurious lifestyle is suddenly perceived and then the more well-known aspects of the cycle follow.

The other way that I approach identifying this miasm and nosode is to keep in mind the

besotted, adynamic feverish state and the ultimate inflammation with disintegration of tissue that one can see in the later stages of the typhoid disease - and therefore in many of the remedies in the Typhoid miasm such as *Baptisia* and *Crotalus horridus*. There can be a collapse of certain vital organs leading to death in typhoid fever and the chronic indications for the nosode can be this sort of serious pathological situation. It is important to keep in mind that the choice of a remedy in the miasm is often based on the historical use of the remedy in the homeopathic treatment of typhoid fever, as described in the classic texts.

The Typhoid nosode, *Eberthinum*, has this level of besottedness, too. It can also be for someone who - even though quite dynamic - continually gets acute illnesses that have this quality. The acutes may start slowly but lead ultimately to serious prostration and a kind of "toxic load" to their appearance and energy. They are then left either with a chronic fatigue, joint pains and aches or a besotted, fetid state reminiscent of many suffering from Lyme's disease, a disease that will be discussed in the next volume. They eventually recover - but only to return to handling many crises or to starting up many projects again.

The state of this nosode is also reminiscent of the chronic alcoholic. This miasm (and the nosode) have a degenerative alcoholic state where the body and mind have become "pickled" by the alcohol. In the acute, also, there is an "intoxicated confusion" (as described in *Baptisia* and *Crotalus horridus*) that we can see as similar to the low-functioning alcoholic.

You can take many chronic diseases that exhibit similar suffering and symptoms to those of acute typhoid fever and you can consider such symptoms as indicative of the miasm and thus consider the nosode without any notable "situational" aspect. In such circumstances, it is as if there is "the disease alone" (as discussed in the Introduction). Such conditions would include inflammatory conditions (such as chronic arthritis), pleurisy with adynamic respiratory problems (including emphysema, bronchiolitis, etc.) and bowel problems ranging from irritable bowel syndrome to ulcerative colitis with bleeding and allergies. As well, we can see chronic low-level infections in the gut that can become acute or have acute episodes (such as suppuration of the gall bladder, liver and pancreas). There is also a tendency to infections in other areas of the body. Interestingly, the gene mutation causing cystic fibrosis is linked to chronic pancreatitis and is also thought to offer possible protection against typhoid. In my experience, *Crotalus horridus* is one of the main homeopathic remedies in chronic pancreatitis, especially when the totality agrees.

After many months or even years of homeopathic treatment, *Crotalus horridus* can then be followed by *Eberthinum*, *Typhoid nosode*. I have seen both these remedies effective in this condition. I have not been so fortunate with the use of the nosode, *Eberthinum*, in treating individuals suffering from cystic fibrosis. Other remedies have helped, however, and I suspect that many of the Burkholderiales bacteria that are yet to be homeopathically potentized would work in this condition.

In the Typhoid miasm, we have many different possibilities for remedies and for remedy types - remedies from the animal kingdom, remedies from the plant kingdom and remedies from the mineral kingdom. When looking at remedies from a specific group, it becomes apparent that the nature of the disposition can vary, particularly in regard to whether the person is *reacting to* something or *causing* something. Those words that we use to accurately describe the miasm must contain all such contingencies.

In descriptions of a miasm (as opposed to descriptions of its related nosode), there are usually terms involving a *response* to a situation. In the case of a nosode, however, through its nature as a particular subset of the animal kingdom, it has much more of a *proactive* quality which then triggers others to respond. In the case of the *Typhoid nosode* we would certainly see a more proactive quality in the person. The person may in fact be *creating and triggering* crises and whirlwinds around them in a way that strongly impacts others who are then having to act in response. It could even involve a situation where someone rapidly depletes another person's wealth, their social standing, their integrity and thereby their well being - and all of this quickly, for their own gain, and to "get even" with the targeted person.

In a personal situation or altercation with someone, the individual needing the *Typhoid nosode* may feel the need to do *anything* to fight back, even if they provoked it - and threatening is the preferred method. It is not always overt or even physical, but instead with words and strategies. They will feel the need to respond to any criticism harshly and they have a great sensitivity to criticism. The response to such criticism is like someone who is struggling for their lives, so they will ignore ethical or moral issues in making such a response and be very aggressive in attacking the character of the other person. They can gossip, criticize, and do as much as they possibly can to damage the reputation of others as well as to create discord. In this, *Typhoid nosode* is similar to *Syphilinum* and to many of the homeopathic viral remedies.

It is a remedy to consider when each situation in the patient's life seems to be a whirlwind that reflects a crisis, bringing criticism and attack in its train, and where the patient feels that life is too confusing as a result. They will also attempt to confound and confuse others. They can have severe memory loss and even dissociative amnesia. Typhoid nosode individuals can suffer from different kinds of dissociative disorders. In the end stage we have a complete breakdown, including psychotic states where the person avoids any pressure whatsoever and even lives outside of society, as we see in "street people." This includes end-stage addictions and alcoholism.

Names and Meanings

Typhoid - Latin *typhus* from the Greek, *tuphos*, fever, stupor, delusion, mist, with the Greek root *typhein*, to smoke. Thence, the term "typhoid" is formed from *typhus* + *eidos* (likeness). Typhoid was erroneously seen as a variant of typhus in the past, hence its archaic name of "typhus abdominalis."

Interestingly, the Greek word for "whirlwind" is *typhon*. The Chinese word, *da feng* (also *ta feng*) also means "great wind, gale" and *tai feng* (*t'ai feng*) means "typhoon."

Enteric fever - from the Greek, *enteron*, gut.

Nervous fever - due to the delirium (calm or agitated) that typically accompanies the second week of the typhoid cycle of disease.

Eberthinum - named after the German bacteriologist Karl Joseph Eberth.

Salmonella - named after Daniel E. Salmon, veterinarian. A genus of bacteria, many types of which are associated with poisoning by contaminated food.

Family

Of the Enterobacteriaceae family in the Enterobacteriales order.

Source Notes

Adapted from the Nationmaster Encyclopedia and Wikipedia:
Microbiological Characteristics

This gram-negative enteric bacillus belongs to the family *Enterobacteriaceae*. It is a motile, facultative anaerobe that is susceptible to various antibiotics. Currently, 107 strains of this organism have been isolated, many containing varying metabolic characteristics, levels of virulence, and multi-drug resistance genes that complicate treatment in areas that resistance is prevalent. Diagnostic identification can be attained by growth on MacConkey and EMB agars, and the bacteria is strictly nonlactose fermenting. It also produces no gas when grown in TSI (triple sugar iron) media, which is used to differentiate it from other *Enterobacteriaceae*.

Nature of Acute Typhoid Fever

Typhoid fever starts slowly and gradually builds to a severe and debilitating condition. Once ingested, the organisms multiply in the small intestine over the period of 1-3 weeks, breach the intestinal wall, and spread to other organ systems and tissues. Classically, the course of untreated typhoid fever is divided into four individual stages, each lasting approximately one week:

In the **first** week, there is a slowly rising temperature with relative bradycardia, malaise, headache and cough. Epistaxis is seen in a quarter of cases and abdominal pain is also possible. There is leukopenia with eosinopenia and relative lymphocytosis, a positive diazo reaction and blood cultures are positive for *Salmonella typhi* or *paratyphi*. The classic Widal test is negative in the first week.

in the **second** week of the infection, the patient lies prostrated with high fever in plateau around 40°C and bradycardia (Sphygmo-thermic dissociation), classically with a dicrotic pulse wave. Delirium is frequent, frequently calm, but sometimes agitated. This delirium gives to typhoid the nickname of "nervous fever." Rose spots appear on the lower chest and abdomen in around 1/3 patients. There are rhonchi in lung bases. The abdomen is distended and painful in the right lower quadrant where borborygmi can be heard. Diarrhea can occur in this stage: six to eight stools in a day, green with a characteristic smell, comparable to pea-soup. However, constipation is also frequent. The spleen and liver are enlarged (hepatosplenomegaly) and tender and there is elevation of liver transaminases. The Widal reaction is strongly positive with antiO and antiH antibodies. Blood cultures are sometimes still positive at this stage.

In the **third** week of typhoid fever a number of complications can occur:

- Intestinal hemorrhage due to bleeding in congested Peyer patches; this can be very serious but is usually non-fatal.
- Intestinal perforation in distal ileum: this is a very serious complication and is frequently fatal. It may occur without alarming symptoms until septicaemia or diffuse peritonitis sets in.
 - Toxic myocarditis with collapse.
 - Encephalitis.
 - Metastatic abscesses, cholecystitis, endocarditis and osteitis.

The fever is still very high and oscillates very little over 24 hours. Dehydration ensues and the patient is delirious (typhoid state). By the end of third week defervescence commences that prolongs itself in the fourth week.

Adapted from the Centers for Disease Control:

Salmonella typhi lives only in humans. Persons with typhoid fever carry the bacteria in their bloodstream and intestinal tract. In addition, a small number of persons, called carriers, recover from typhoid fever but continue to carry the bacteria. Both ill persons and carriers shed *S.typhi* in their feces.

You can get typhoid fever if you eat food or drink beverages that have been handled by a person who is shedding *S. typhi* or if sewage contaminated with *S. typhi* bacteria gets into the water you use for drinking or washing food. Therefore, typhoid fever is more common in areas of the world where handwashing is less frequent and water is likely to be contaminated with sewage.

Once *S. typhi* bacteria are eaten or drunk, they multiply and spread into the bloodstream. The body reacts with fever and other signs and symptoms.

Persons with typhoid fever usually have a sustained fever as high as 103° to 104°F (39° to 40°C). They may also feel weak, or have stomach pains, headache, or loss of appetite. In some cases, patients have a rash of flat, rose-colored spots. The only way to know for sure if an illness is typhoid fever is to have samples of stool or blood tested for the presence of *S. typhi*.

Typhoid fever has an insidious onset characterized by fever, headache, constipation, malaise, chills, and myalgia with few clinical features that reliably distinguish it from a variety of other infectious diseases. Diarrhea is uncommon, and vomiting is not usually severe. Confusion, delirium, intestinal perforation, and death may occur in severe cases. The etiologic agent may be recovered from the bloodstream or bone marrow, and occasionally from the stool or urine.

A chronic carrier state - excretion of the organism for more than 1 year - occurs in approximately 5% of infected persons.

Historical and Current Information

In the late 19th century, typhoid fever mortality rate in Chicago averaged 65 per 100,000 people a year. The worst year was 1891, when the typhoid death rate was 174 per 100,000 persons. The most notorious carrier of typhoid fever - but by no means the most destructive - was Mary Mallon, also known as Typhoid Mary. In 1907, she became the first American carrier to be identified and traced. She was a cook in New York; some believe she was the source of infection for several hundred people. She is closely associated with forty-seven cases and three deaths. Public health authorities told Mary to give up working as a cook or have her gall bladder removed. Mary quit her job but returned later under a false name. She was detained and quarantined after another typhoid outbreak. She died of pneumonia after 26 years in quarantine. Currently there are an estimated 16-33 million cases of typhoid fever annually worldwide with an estimated 500,000 to 600,000 deaths. The disease is endemic to India, Africa and South and Central America.

It is thought that cystic fibrosis may have risen to its present levels (1 in 1600 in the UK) due to the heterozygous advantage that it confers against typhoid fever. The CFTR protein is present in both the lungs and the intestinal epithelium, and the mutant cystic fibrosis form of the CFTR protein prevents entry of the typhoid bacterium into the body through the intestinal epithelium.

Clinical Focus Guide for *Typhoid Nosode*

Appearance of Patient

Dynamic, restless and quick to react
Or: Besotted, like an old alcoholic

Mind and Disposition Focus

Creating crises, whirlwinds needing quick resolution

Intense and sudden fear of loss
Shock

Anxiety

Delusion about to die

Desire for luxury and protective comfort

Money making

Taking money from others

Poor investor who thinks he (she) knows how to invest

Comfortable existence punctuated by crises over supporting it

Irritability and petulance

Stomping feet

Wanting something now

Sudden fear of loss and demanding as a result

Irritating others

Criticizing others

Sensitive to criticism themselves

Amoral social behaviour

Gossiping

Criticizing others for being "confusing"

Threatening behaviour

Response by threatening

Desire to confuse others

Show off

Boasting

Boasting that makes others feel smaller and criticized

Saviour mentality

Egotism

Greatest

Yet rejected by others as too intense

Others are evil, suspiciousness

Religiosity

Restlessness

Desire to escape from situations or pressure

Mental restlessness

Business

Many new projects starting and needing attention

Business crisis

Over-expansion

Natural and brilliant businessperson

Real Estate

Overwhelmed by circumstances

History of crisis from abuse

Unfaithful spouse

Alcoholic or alcoholic spouse

Besotted

Inability to perceive

Alzheimers disease, after series of crises

Loss of Sense of Self

Dissociative disorders

Stupefaction

Indifference

Loss of memory, prostration of mind

Dissociative amnesia

Staring

Loss of will

Street person

Peacemaker

Hiding

Alcoholism

Psychosis

Street person

As a response to too many crises

Physical Focus

Inflammation and Disintegration

Deep organ inflammation

Veins and arteries inflamed

Periarteritis nodosa

Bowels

Colitis

Irritable bowel syndrome

Ulcerative colitis

Copious bloody stools

Yellow stools

Food allergies

Sensitive to errors in diet

Severe constipation or diarrhea

Stomach tenderness

Worse jar

Liver

Hepatitis

Chronic hepatitis

Alcohol related problems

Distension in abdomen

Gallbladder

Gallstones

Infection

Fistulas in bowels, rectum

Ailments from puberty

Sudden hunger

Continuous eating

Tongue coated

Brown coating on tongue

Glistening side of tongue

Swollen lymph nodes

Submaxillary glands swollen

Physical (and Mental) restlessness

Sudden weakness and Fatigue

Crisis management alternating with severe fatigue

Sudden prostration alternating with energy

Wants to work during low energy

Weakness with internal restlessness

Toxic state

Muscles do not respond

Pleuritis and Pleurisy

Severe pains

Worse any motions

Pericarditis

Weakness of heart

Back pain

Scoliosis

Rain worse motion

Easy strain

Fibromyalgia

Chronic injury of muscles and joints - with long-lasting pain and weakness

Fibrosis

Sudden attacks of numbness, unsteadiness and vertigo

Sudden migraines

Septicemia

Skin inflammation

Cracking of skin

Chronic eruptions that lead to infections

Ulcers

Egg-shaped, painless

Greenish hue to skin

Food

Desire cheese, ice cream, high fat, dairy

Desire protein foods

Craving alcohol, red wine

Worse milk, meat, strong proteins

Pulse opposite of fever, like *Pyrogen*

Selections from traditional homeopathic sources

From J. H. Clarke, *The Prescriber*:

Enteric fever, typhoid fever

(Whenever there is the least suspicion of typhoid fever all solid food should be stopped)

At the very commencement: *Typhoidinum* 30 - 200, 4h.

(This may be continued throughout. When typhoid is epidemic, this may be given on the first indication of internal derangement.)

Selections from contemporary homeopathic sources

From an article by Foubister:

Shortly after the war I was treating an elderly man for fibrositis of the lumbar region and troublesome paraesthesia of the lower limbs. Despite the fact that careful investigation failed to reveal anything serious, he did not respond to treatment at all until he received *Typhoidinum* 200 on account of typhoid fever he had in 1886. The following month he came up saying he felt very much better.

From O. A. Julian's *Materia Medica of Nosodes with Repertory*:

Generalities

Fever rising up to 40°C, dicrotic and dissociated pulse. Prostrated, immobile, indifferent

to persons around him. Ochre diarrhoea, abundant, foetid.

Neuro-endocrino-psychic system

Encephalitis with intense prostration, mental confusion, acute psychosis. Meningeal reaction.

Digestive apparatus

Egg-shaped ulceration, superficial, painless, on the tonsil.

Hepatomegaly. Palpable spleen.

Rumbling in the right iliac fossa.

Intestinal hemorrhage.

Suppurated cholecystitis, liver abscess, suppuration of the pancreas.

Pseudo-appendicular pain; acute peritonitis.

Cardio-vascular system

Cardio vascular collapse.

Myocardia or toxic myocarditis.

Arteritis. Phlebitis.

Respiratory system

Respiratory adynamia.

Pulmonary congestion. Pleurisy.

Uro-genital apparatus

Rare [sic] and deep coloured urine, restlessness and burning thirst.

Locomotor apparatus

Osteoperiostitis. Spondylitis.

Skin

Erythematous and congestive maculae on the flanks, base of the thorax.

Differential diagnosis

Traditional homoeopathy: *Arsenicum album*, *Baptisia*, *Iodum*.

Present day homoeopathy:

Achyranthes calea

Paronichia-Illecebrum. Continuous fever, dry and burning mucosa, muscular stiffness, congestive headache, sensation of emptiness in the brain, double personality, acute neuro pneumo-vascular congestion. Involuntary loss of stool and urine.

Clinical diagnosis

Generalities

Infectious conditions: Septicemia, typhoid fever, typhobacillosis, psittacosis.

All psycho-somatic affections of which the etiological idea goes to an old typhoid.

Nervous system

Epidemic encephalitis of Cruchet and Von Economo. Curable lymphocytic meningitis.

Digestive apparatus

Angiocholecystitis (acute).

Acute hemorrhagic pancreatitis (adjuvant treatment).

Acute enterocolitis.

Cardio-vascular apparatus

Infectious myocarditis.

Nodulous peri-arteritis.

Pericarditis.

Respiratory apparatus

Pneumonia; cortico-pleuritis.

Urinary apparatus

Acute glomerulo-nephritis.

Locomotor system

Acute osteomyelitis of adolescentis].

Clinical observations

(From an article by R. Paturiaux)

Mme R ... age 55 years, was always in good health up to the age of 20 years. At that time she had a typhoid fever and since then she is never doing well. She suffers from the intestine and all the symptoms that she relates to me led me to the diagnosis of muco-membranous colitis, and this was confirmed by other doctors. The least fault in diet or the least fatigue causes great aggravation and she has burning pains in the stomach, vomitings and cramps of the stomach. The patient is lean with ptosis and depressed.

Since 40 years all classical treatments were tried. All the ills go no doubt up to the typhoid fever. I prescribed *Eberthinum M.*

At first she had apparent aggravation, afterwards all general and local symptoms ameliorated. Gradually, all foods that were abandoned since years are tolerated. The pains of the stomach disappeared after 3 months. I prescribed a second dose of *Eberthinum M.*

Since six months, I am treating the patient and amelioration gradually continues with a hope to end by remedies selected from the materia medica. But the indicated nosode has very much shortened the time of cure.

Relationships

Related to: Yersinia miasm. Viral Homeopathic Remedies.

Yersinia Miasm

Description

The Yersinia miasm relates to the plague (also "Black Death," known as *La Peste* in French and *die Pest* in German). This highly contagious disease is characterized by buboes (swellings in the lymph nodes), hence the name "bubonic plague," the most well-known of the three forms of plague ("septicemic" and "pneumonic" being the others). The bacillus is named *Yersinia pestis*; it is Gram-negative but does not stain uniformly and is thus considered "bipolar" (staining darker at the ends of the bacillus than at the center).

There are two homeopathic nosodes relating to this bacteria: *Pestinum* which is "a trituration of the virus" (Clarke) and *Yersinium* or *Serum yersinia*, an anti-plague serum, described by Julian.

As described, plague is a serious condition which can be 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. 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.

Commentary

Just as the actual bacteria practices pathogenic deception to avoid phagocytic destruction, the individual who needs homeopathic remedies of the *Yersinia* group at first idolizes the host it seeks to overcome, before attempting to destroy that host,

mainly through covert and destructive sabotage. They will idolize a successful person or even an authoritative body such as a teacher, new country, new school or organization - and then attempt to sabotage, destroy, and overcome it - mainly through covert and aggressive behavior. These individuals can have "borderline personality disorders" or live on the shadowy fringes of society.

They are very difficult people in your practice since they want to trigger a reaction with those in authority. They will make you feel that you are constantly disappointing them by your treatment or advice and also make you feel you're not getting things right, undermining any sense of the already tenuous authority you might have as a homeopath. You will also notice at critical times (for example, after you have given a remedy) that they will take some other drugs or therapy to confuse any evaluation of the efficacy of your treatment.

I had one individual whom I was treating for stomach disorders who would start a new allopathic medicine two days before her appointment to see me at the second and third homeopathic evaluation - and this in spite of making some positive progress on the current homeopathic remedy. A dose of homeopathic *Yersin serum* cured the stomach reflux and also improved this behavior that she dated back to issues with her overbearing yet dismissive father (someone in authority).

In these miasmatic nosodes, we can see such behavior applied to personal relationships, but just as frequently it will present as the desire or intent to sabotage an authority (including the authority of a large group) and to trigger reactions for the sake of the reaction. I've also seen this behavior improve after a homeopathic dose of *Rattus* (rat's blood), another remedy in this miasm that is described later in this section.

Interestingly, we have a number of meanings and expressions related to the *Yersinia* or Plague miasm. Originally, the words "pestis" and "plague" meant the acute manifestation of the infectious disease from *Yersinia* bacteria. But these definitions have evolved. Plague has become "any cause of trouble, annoyance, or vexation" as in "plaguering someone." The word "pest" originally came from pestilence or "pestis" and was also a word used to describe the plague. The word originated in the Middle Ages (around 1545-55). Eventually *Yersinia pestis* was taken as the official name of the bacteria. The word "pest" in our current times has evolved to have the additional meaning of "an annoying person or thing; a nuisance." Strong expressions have also developed using these words, such as "I avoid him/her like the plague" or "Stop pestering me" or "He's a pest," etc.

These newer meanings that have evolved from words related to the Bubonic Plague are important descriptors for the disposition of a person who needs a remedy in the *Yersinia* miasm. In the end, the individual becomes a *pest* and they *plague* you with their complaints until it seems as if this is the primary intention of their visits rather than any desire to get better or be cured.

Homeopathically-prepared *Rattus* is also a remedy primarily within the *Yersinia* miasm. We refer to "rat-like" behavior and have many epithets that convey the idea of someone "ratting" on someone or behaving in a covert and sabotaging manner - all of which is similar to behaviour within this miasm. Sabotage implies the doing of something secretly; there is a tendency to hide the baser thoughts, impulses and activities.

I first noticed all of the above trends or themes in patients that I successfully treated with homeopathic Rat's blood. Two similar substances have been proved: Nancy Herrick in California proved *Sanguis soricis* (Rat's blood), prepared from the species

Rattus norvegicus, the brown rat (the commonest species in Europe & most of N. America); while Jayesh Shah's Indian proving was for *Rattus rattus*, the black rat (a related species found in warmer parts of the world).

Since the rat is the prominent vector for the spread of the plague (through fleas that live on the rat), I saw similarities between this remedy and two further *Yersinia* nosode remedies neither of which are, as yet, homeopathically proven - each will be discussed below. The *Rattus* remedies are a good template for this miasm because they are so well-proven, and because the provings reveal so much about both the remedy and the plague miasm itself.

In one of the provings of the homeopathic remedy made from rat's blood there was some reference made to idols (in the conventional sense of the word), as well as to three other themes: the idea of sabotaging authority, the need to hide and the feeling of "prostituting" themselves.

In the end, the patient in this miasm feels that they are never quite successful; they don't quite "make it" and instead live on the border of society (compare, "Borderline Personality Disorder"). It is not like leprosy or the Leprosy miasm where the person is completely shunned or ostracized, for that requires first admission "into society." In this case, they chose not to fully engage with society in the first place.

Here it is more a matter of living on the border or in the shadows of society - in *Rattus* there is the rubric: 'Hide, desire to: shadows, wants to stay in the.' With regard to the matter of succeeding or not, typically you will see that they are just about to make it when they sabotage themselves (and others in the situation). They can be very clever and will use their abilities to manipulate, but they never really integrate or develop their skillfulness into productive activities. They always feel second best; they seek approval and never seem to get it. They can envy successful individuals and even attack them in the covert belief that they themselves are the real or rightful authority. They are the scourge of authority figures.

Their forays into society end with anger, disappointment and with feelings of victimization. On closer examination we find that such individuals have proactively left a malignant imprint on those with whom they have come into contact, plaguing others and even pitting people against each other. It is not their goal to constructively build relationships or something new: primarily their intent is to let the old relationship or societal problem *continue on*, while continuing to plague those caught in such situations. They enjoy the fall-out from their encounters and live their lives secretly relishing the plaguing of others.

In addition to (and in contrast with) the two elements of a shadowy life and a degree of cleverness, there can also be a theme of mortification, to the fullest extent of the word. There can be self-denial, which may even go as far as religious states of penitential discipline. In public they may purposely mortify themselves or have a sense of humour that is self-deprecating.

On a physical level, there can also be mortification of tissue in the form of necrosis. The bubo of the plague has this quality; it arises in the groin or armpit. Related to the *Yersinia* remedies you can see bubo-like eruptions, or ulceration in chronic states. There are also cancerous states - especially, aggressive cancers.

Again, when reading about these remedies, remember that while they share similar characteristics, each has its own unique characteristics.

Subtle presentation

In the remedy *Iridium*, we have the rubrics, "Mind, Will, contradiction of" and "Thoughts, persistent: two trains of." These aspects can reflect the more subtle state of the *Yersinia* miasm in an individual not cognizant of his or her malignant impact on a situation. Also in *Iridium*, there can be a fear that they will sabotage their own joy ("sabotage" reflecting stage 9; "joy or lack of joy" reflecting the Gold series, as in *Aurum*). Such internal sabotaging behavior may be difficult to perceive since it exists as an inward process very much reminiscent of the self-deprecation of *Cobaltum metallicum* which is in Stage 9. Sabotage as an active agenda can also be difficult to perceive by its very nature of subterfuge. These may all require a number of interviews and very subtle perceptions to finally see the patterns.

A patient in the *Yersinia* Miasm may feel an impulse to be argumentative and non-productive in their relationships, yet at the same time feel some conflict or contradiction around this. Instead, they may feel justified, as if they have an *egalitarian* right to their opinions and feelings; they may proclaim their innocence to others and, more importantly, to themselves. As a result, you may perceive a kind of non-productivity and incompleteness in projects after noting that the individual's important relationships or jobs repeatedly end in quarrels and disappointment. These patterns suggest that they exaggerate the authority of others over them and this dynamic may also relate to you as the practitioner. You may finally achieve an understanding of this dynamic after a number of problematic interactions and thereby consider this miasm.

In many traditional families, the father is the symbol of authority and in these remedies you may see a hatred or strong dislike of the father. Therefore *Yersinia* can also be a remedy following *Carbolic acid* or *Ammonium carbonicum*, which both have this feature. Interestingly, Hempel, in his *Materia Medica*, gives a pathological clue for the role of *Carbolic Acid* in the *Yersinia* miasm: "In subacute glandular swelling with tendency to suppuration, or buboes, whether in the inguinal or femoral region." They may also live with the feeling of having just missed success, or that just when they are about to reach the peak of success something always happens to ruin or to prevent this. Remedies of the *Yersinia* group can follow remedies such as *Rhodium* or *Iridium*.

Individuals needing these remedies feel that they have to assert their identity, but at the same time they can be quite self-repressed. You may think of it for someone who lives at home until late in life with a dominating parent who does not allow him or her to express his or her full personality.

Themes

Sabotaging authority (individual authorities and/or large groups).

Pests, plaguing others who are successful.

Placing others on a pedestal and then disappointment.

Borderline personality disorder.

Staying in the shadows.

Great cleverness, but never quite making it.

Two wills cancel each other out.

Some of the Main Remedies in this Miasm

Pestinum & *Yersinium* - stomach symptoms, strong for borderline personality disorder, rodent ulcer.

Yersinia enterocolitica - digestive symptoms; joints; thyroid.

Rattus - sabotaging.

Ignatia - placing someone on a pedestal and then being disappointed.

Arsenicum album

Tarentula cubensis.

The Fly or Musca group, including *Musca domestica*, *Culex* (Mosquito), *Firefly*.

Stage 9 of the Periodic Table - almost at the peak which is stage 10.

Cobaltum, Rhodium, Iridium, Europium, Americium

Remedies listed in Plague or Bubonic plague rubrics:

alum, anthr, ant-t, am, **ars**, ars-l, aur, aur-m, aur-m-n, bad, **bapt**, bar-m, bell, **BUFO**, **carb-an**, carb-v, **care**, chel, chin, chin-ar, **CINNB**, clem, crot-h, **HEP**, **hippoz**, **IGN**, **iod**, kali-chl, **kali-i**, lac-c, **lachjyc**, **mere**, naja, **nit-ac**, oper, phyt, **phos**, psor, pyrog, rhus-t, see, **sil**, sulph, sul-ac, tarent-c, verat, zinc

Names and Meanings

Yersinia - from the scientist Yersin who discovered the bacillus that causes bubonic plague and developed a serum from it. He was also the bacteriologist who, working with Emile Roux, had previously isolated the toxin that causes the symptoms of diphtheria.

Adapted from an essay by Burns on the National Institute for Medical Research website:

Yersin is one of the few Europeans to be widely admired in modern Vietnam. He lived in that country for most of his adult life and founded hospitals and medical laboratories that continue to serve the community sixty years after his death. His house in Nha Trang, 200 miles up the coast from Saigon, has become a national shrine: *Lau Ong Nam*, or Home of the Fifth Uncle (the First Uncle is Ho Chi Minh, the man who led Vietnam to independence from France.

In his personal dealings with the Vietnamese he was fairer and less racist than many Europeans. He also seems to have realised the inherent injustice of colonialism. After Vietnamese bandits robbed him, he wrote that, "the French have always stolen from the people in Indochina, so it might be quite good that they can steal a bit of my money back."

In January 1893, Yersin returned to Saigon. Roux had finally come to terms with Yersin's desire to travel, and the two colleagues had parted in mutual understanding. Things were looking good professionally too, as Yersin had been given a permanent commission with the Colonial Health Service. One of the quirks of the job was the requirement to wear a uniform and behave with parade ground ceremony. Yersin couldn't stand it. "What is very annoying is that those with less rank must salute me, and that I must salute all my superiors. I can no longer go outside without being saluted every few steps by soldiers. I have to avoid constantly getting lost in my thoughts so as not to pass in front of a colonel or captain without noticing him."

Plague - Latin, *plaga*, a blow. Compare Greek, *plege* (a strike, a blow; a sickle; also, *pled-*: a strike, a spur). A blow or wound (archaic usage). An affliction regarded as a sign of divine displeasure; a deadly epidemic or pestilence; any troublesome, annoying, vexatious person or thing.

Scourge - :a whip (Old French, *escorgier*, to flay; Latin, *corium*, leather); an instrument of divine punishment; a cause of widespread affliction.

Pestis - Latin, a plague, any infectious or contagious disease; contagion.

Pest - any deadly epidemic disease; anything destructive; a troublesome, noxious annoying person or thing.

Pestilence - anything that is hurtful to the morals; an evil influence. *Pestilent, pestilential* - hurtful to health and life.

The Black Death: one of the very few diseases that have "death" in the name. The initial fourteenth-century European event was called the "Great Mortality" and the "Great Dying" by contemporary writers and, with later outbreaks, became known as the "Black Death." It has been popularly thought that the name came from a striking late stage sign of the disease, in which the sufferers' skin would blacken due to sub-epidermal hemorrhages (purpura), and their extremities darken with gangrene (acral necrosis). However, the term most likely refers to the figurative sense of "black" (glum, lugubrious or dreadful). (Wikipedia) [Wikipedia: http://en.wikipedia.org/wiki/Black_Death]

Bubo - from the Greek, *bonbon*, the groin - hence, a bubo in the groin (an inflamed, necrotic and hemorrhagic lymph node).

Borderline Personality Disorder - described by Millon as follows:

Moreover, since most [suffering from Borderline Personality Disorder] devalue their self-worth, it is difficult for them to believe that those upon whom they depend could think well of them.

Consequentially, they are exceedingly fearful that others will depreciate them and cast them off. With so unstable a foundation of self-esteem, and lacking the means for an autonomous existence, borderlines remain constantly on edge, prone to the anxiety of separation and ripe for anticipating inevitable desertion. Events that stir up these fears may precipitate extreme efforts at restitution such as idealization, self-abnegation, and attention-gaining acts of self-destruction or, conversely, self-assertion and impulsive anger.

Source Notes

Adapted from Wikipedia;

The three forms of plague brought an array of signs and symptoms to those infected. Bubonic plague refers to the painful lymph node swellings called buboes (mostly found around the base of the neck, armpits and groin). The septicemic plague is a form of blood poisoning, and pneumonic plague is an airborne plague that attacks the lungs before the rest of the body. The classic sign of bubonic plague was the appearance of buboes in the groin, the neck and armpits, which ooze pus and bleed. Victims underwent damage to the skin and underlying tissue until they were covered in dark blotches. Most victims died within four to seven days after infection. When the plague reached Europe, it first struck port cities and then followed the trade routes, both by sea and land.

The bubonic plague was the most commonly seen form during the Black Death, with a mortality rate of thirty to seventy-five percent and symptoms including fever of 38-41 °C (101-105°F), headaches, painful aching joints, nausea and vomiting, and a general feeling of malaise. Pneumonic plague was the second most commonly seen form during the Black Death, with a mortality rate of ninety to ninety-five percent. Symptoms included fever, cough and blood-tinged sputum. As the disease progressed, sputum became free flowing and bright red. Septicemic plague was the least common of the three forms, with mortality close to one hundred percent. Symptoms were high fevers and purple skin patches (purpura due to disseminated intravascular coagulation or

DIC).

In *The Black Death and the Transformation of the West*, David Herlihy identifies another potential sign of the plague: freckle-like spots and rashes. Sources from Viterbo, Italy refer to "the signs which are vulgarly called *lenticulae*," a word which bears resemblance to the Italian word for freckles, *lentiggini*. These are not the swellings of buboes, but rather "darkish points or pustules which covered large areas of the body."

He also notes that, "*Yersinia* is implicated as one of the pathogenic causes of Reactive Arthritis, worldwide."

From Friar John Clyn, (August 1348, Leinster, Ireland), cited in Wikipedia:

That disease entirely stripped villages, cities, castles and towns of inhabitants of men, so that scarcely anyone would be able to live in them. The plague was so contagious that those touching the dead or even the sick were immediately infected and died, and the one confessing and the confessor were together led to the grave. ... Many died from carbuncles and from ulcers and pustules that could be seen on shins and under the armpits; some died, as if in a frenzy, from pain of the head, others from spitting blood. ...

From A. Nikiforuk, *The Fourth Horseman*:

By the time the plague arrived in 1348, the continent had placed itself in the stranglehold of a classic Malthusian subsistence crisis. "Viewed in this light," says the erudite plague historian Philip Zeigler, "the Black Death is the nemesis that met a population which bred too fast for too long without first providing itself with the resources needed for such extravagance." *Yersinia pestis*, the bacterium that exploited this troubled terrain, originated in the Mongolian steppes and still flourishes there as a flu-like nuisance among voles (a rodent) or in mortal form among the burrowing marmots and squirrels. In the 1330's the world's changing climate uprooted rodent life on the steppes. Warm dry winds drove bacteria, fleas and animals out of the desert and into unsuspecting camps of Mongolian caravans. Fleas with stomachs full of *Yersinia* then rode on the Mongols as they traveled across Asia to Europe with fresh supplies of spices, silk and disease. Encountering no natural immunity in China, India and Armenia, the plague left piles of dead so high that highwaymen recycled them for ambushes.

From an article 'Resistance to phagocytosis by *Yersinia*' by M. Fallman, F. Deleuil & K. McGee:

Enteropathogenic species of the genus *Yersinia* penetrate the intestinal epithelium and then spread to the lymphatic system, where they proliferate extracellularly. At this location, most other bacteria are effectively ingested and destroyed by the resident phagocytes. *Yersinia*, on the other hand binds to receptors on the external surface of phagocytes, and from this location it blocks the capacity of these cells to exert their phagocytic function via different receptors. The mechanism behind the resistance to phagocytosis involves the essential virulence factor YopH, a protein tyrosine phosphatase that is translocated into interacting target cells via a type III secretion machinery. YopH disrupts peripheral focal complexes of host cells, seen as a rounding up of infected cells. The focal complex proteins that are dephosphorylated by YopH are focal adhesion kinase and Crk-associated substrate, the latter of which is a common substrate in both professional and non-professional phagocytes. In macrophages

additional substrates have been found, the Fyn-binding/SLP-76-associated protein and SKAP-HOM. Phagocytosis is a rapid process that is activated when the bacterium interacts with the phagocyte. Consequently, the effect exerted by a microbe to block this process has to be rapid and precise. This review deals with the mechanisms involved in impeding uptake as well as with the role of the YopH substrates and focal complex structures in normal cell function.

Yersinia pestis Nosode

Homeopathic abbreviations

Pest.

Synonyms

Pestinum

Plaguinum

Yersinia pestis Nosode

Bacillus pestis bubonicae

Pasteurella pestis

Plague Nosode, Pestinum, Pest, Pest Nosode, Black Death, Yersinisches Fieber (Yersin's fever)

Differentiation

As well as the main nosode remedy, an anti-plague serum is also described in our literature. O. A. Julian's *Materia Medica of Nosodes with Repertory* notes: "This serum [*Serum Yersinia*] is obtained from animals which have been immunised by means of 'killed' cultures or living cultures of plague bacilli, *Bacillus pesitis*." The serum has the abbreviations *Yersin* in Complete and *Yers* in Synthesis. It is also known as *Yersinia Serum Nosode, Yersin-Roux serum, Yersinium, (Yersinum)* and *Yersin*.

Frans Vermeulen suggests that Julian's guidelines for use of the remedy *Serum Yersinia* may also be taken as effective for *Yersinia pestis Nosode (Pestinum)*. Julian also describes the anti-plague vaccine *Haffkine* (abbreviation *Haff.*).

Description

Yersinia pestis remedies are derived from the bacillus of this name responsible for the plague, or Black Death. *Yersinia pestis* is found throughout the world in wild rodents and their associated fleas.

As described, plague is a serious condition which can be 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. 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

Yersinia pestis (Lehmann & Neumann 1896) van Loghem 1944

Bacillus pestis

Bacterium pestis

Pestisella pestis

Commentary

Yersinia pestis nosodes (referred to below as *Pestinum* for convenience) are template remedies for the Yersinia miasm, along with homeopathic *Yersinia enterocolitica*, which is described in the next chapter. *Pestinum* may also follow other remedies, notably *Ignatia*, that fall in this miasm. These remedies have not been comprehensively proven. Much of the information that follows will be a repeat of material in the Yersinia miasm chapter, with the addition of some unique characteristics.

Dispositionally, in *Pestinum* we observe a person who at first will put you (or others) on a pedestal, idealizing you, only to turn around and work to destroy you, their previously idealized object. They do this through sabotage and through passive-aggressive behavior. Their relationship with you as a health practitioner will also reflect this type of behavior. In the end, they mistrust everyone, although tending to hide this fact.

In this remedy, initially the patient seems overly familiar and treats you as a long-lost friend and hero. After a while this changes: now what is most apparent is that they have very high expectations of your performance - despite their history of seeing many practitioners and of changing practitioners. This latter observation may be your first clue: why did they part company with so many previous practitioners?

After a number of interviews, it becomes clear that they are actually critical of your every move and are sabotaging your every attempt at helping them. They will never really give any of your homeopathic prescriptions a chance. If they know something about homeopathy, they will take many homeopathic remedies on their own, right after you give them a remedy. (Or they may give their child many remedies in between your prescriptions, thus disrupting the child's treatment.) Just prior to the follow-up visit with you, they will start a new allopathic medication or therapy. In addition, they will also attempt to pit other therapists against you.

Pestinum patients also test the limits of all their friendships and eventually end up isolating themselves. They will often have a history of arguments and of broken relationships or friendships and many disappointments. If they are married or partnered, they test the limits of the partnership. They will describe to you how their intimate partner is an overbearing authority figure. When you actually meet the partner, you see that they have given you a false or exaggerated impression. In fact, it is *they* who are constantly irritable and who would try the limits or harmony of any relationship, due to their tendency to see everyone else (including organizations) as an overbearing and disappointing authority.

At first, then, there is an idealizing of the person or of an institution (such as a new school, college or even country) after which time they start to express a great disappointment. They use the word "disappointment" frequently. As a result, you may get a sense of the homeopathic remedy *Ignatia*. Again, it should be remembered that many of the old homeopaths used *Ignatia amara* as a remedy for the plague. In Phatak's *Materia Medica* for *Ignatia*, he states: "Plague; preventive and curative." *Ignatia* is also listed as a remedy for Bubonic plague in Boericke - an *ignatia* bean was worn around the neck as a preventive against the plague in Turkey.

In this remedy and miasm, the patient may convey impressions about various situations and feelings that are not completely accurate. Eventually you clue into this and start to view the *Pestinum* patient's situation from a different perspective. At this point, you realize that you have to turn their expressions around and assume that it is *the patient* who is pro-actively aggressive rather than their partner. In other words, the patient may talk of situations, of disappointments, of being abandoned, etc., all of which we might naturally attribute to remedies that are more reactive but, underlying this, the practitioner comes to sense an *aggressive and pro-active* attempt by the patient to *destroy* such situations and relationships.

Because of their relationship to authority, they may have difficulty holding down work and may drift from job to job. Again, we must remember that attempts to pinpoint the nosodal miasmatic remedies by virtue of "situation" are inadvisable. For example, I have seen quite wealthy *Pestinum* patients who still have the underlying feeling that others may take what they have - because, we may naturally assume, *they* desire to take what others have. This latter trait is seen more in *Yersinia enterocolitica* than in *Pestinum*; it is very evident in *Arsenicum album* (also a remedy for the Bubonic Plague, according to Boenningshausen).

There is also a history of many altercations. Further, you will likely see some conflict around sexuality because, although they have strong sexual impulses and unusual sexual ideas and practices, they do not want this to be too evident to others.

Homeopathically, we would expect that pathology of the digestive organs and related functional problems would yield to *Yersinia enterocolitica* but *Yersinia pestis* seems to have more to do with the stomach and intestines. For example, O. A. Julian lists the following for *Serum yersiniae*:

Acute entero-colitis.

Acute gastro-enteritis.

Lymphoid terminal ileitis of Arnulf and Buffart.

Crohn's regional ileitis.

Some of this information I have confirmed clinically. I would also add that *Pestinum* is a remedy to consider in excessive stomach acid and acid reflux, as well as other problems of the stomach.

Subtle Presentation

Pestinum follows *Ignatia* and other remedies in this miasm. When using this as a "miasmatic" remedy following another one, you may not see such overt sabotage of authority. Generally, in any remedy that falls in the "follows after well" category, you will see more subtle indications of the remedy in question - and this is true in the instance of *Pestinum*.

However there should be subtle indications that include a history of idolizing or idealizing, and then sabotaging, a relationship or authority figure, all of which the patient expresses as "disappointment." In the human condition, disappointment and even feelings of abandonment are common. In the case of the *Pestinum* patient, however, it is a strong pattern and underlying it there is a compulsion actively to create (rather than to resolve) such emotional situations.

You may also pick up the quality of this remedy from a patient who attempts to sabotage your best efforts, be such attempts overt or subtle. It could be that they constantly second guess your prescription or, alternatively, ingest remedies of their own choosing even though they have asked you for your help. You may prescribe a remedy

and then, within a short time or just before the follow-up appointment, the patient will start a new therapy or will take another remedy.

Differentiating *Pestivum* and *Rattus*, in *Rattus* there is the desire to hide while this is not so present in *Pestivum*. *Pestivum* can make bold statements of rebellion or of the intent to fight authority.

Family

The *Yersinia* genus is of the Enterobacteriaceae family.

Source Notes

Adapted from the Centers for Disease Control website:

Yersinia is a genus of bacteria in the family Enterobacteriaceae. *Yersinia* are Gram-negative rod shaped bacteria, a few micrometers long and fractions of a micrometer in diameter, and are facultative anaerobes. Some members of *Yersinia* are pathogenic in humans. Rodents are the natural reservoirs of *Yersinia*; less frequently other mammals serve as the host. Infection may occur either through blood (in the case of *Y. pestis*) or in an alimentary fashion, occasionally, through consumption of food products (especially vegetables, milk-derived products and meat) contaminated with infected urine or feces.

Speculations exist as to whether or not certain *Yersinia* can also be spread via protozoanotic mechanisms, since *Yersinia* are known to be facultative intracellular parasites; studies and discussions of the possibility of amoeba-vectored (through the cyst form of the protozoan) *Yersinia* propagation and proliferation are now in progress. Plague is an infectious disease of animals and humans caused by the bacterium named *Yersinia pestis*.

People usually get plague from being bitten by a rodent flea that is carrying the plague bacterium or by handling an infected animal. Millions of people in Europe died from plague in the Middle Ages, when human homes and places of work were inhabited by flea-infested rats.

Wild rodents in certain areas around the world are infected with plague. Outbreaks in people still occur in rural communities or in cities. They are usually associated with infected rats and rat fleas that live in the home. In the United States, the last urban plague epidemic occurred in Los Angeles in 1924-25. Since then, human plague in the United States has occurred mostly as scattered cases within rural areas (an average of 10 to 15 persons each year). Globally, the World Health Organization reports 1,000 to 3,000 cases of plague every year. In North America, plague is found in certain animals (and their fleas) from the Pacific Coast to the Great Plains and from southwestern Canada to Mexico. Most human cases in the United States occur in two regions: 1) northern New Mexico, northern Arizona, and southern Colorado; and 2) California, southern Oregon, and far western Nevada. Plague also exists in Africa, Asia, and South America.

Fleas become infected by feeding on rodents, such as the chipmunks, prairie dogs, ground squirrels, mice, and other mammals that are infected with the bacteria *Yersinia pestis*. Fleas transmit the plague bacteria to humans and other mammals during the feeding process. The plague bacteria are maintained in the blood systems of rodents. The typical sign of the most common form of human plague is a swollen and very tender lymph gland, accompanied by pain. The swollen gland is called a "bubo" (hence

the term "bubonic plague"). Bubonic plague should be suspected when a person develops a swollen gland, fever, chills, headache, and extreme exhaustion, and has a history of possible exposure to infected rodents, rabbits, or fleas.

A person usually becomes ill with bubonic plague 2 to 6 days after being infected. When bubonic plague is left untreated, plague bacteria invade the bloodstream. When plague bacteria multiply in the bloodstream, they spread rapidly throughout the body and cause a severe and often fatal condition. Infection of the lungs with the plague bacterium causes the pneumonic form of plague, a severe respiratory illness. The infected person may experience high fever, chills, cough, and breathing difficulty, and expel bloody sputum.

Adapted from Wikipedia:

Yersinia pestis is a Gram-negative facultative anaerobic bipolar-staining (giving it a safety pin appearance) bacillus bacterium belonging to the family Enterobacteriaceae. Like other Enterobacteriaceae, *Y. pestis* has a fermentative metabolism. It produces an antiphagocytic slime. The organism is motile when isolated, but becomes nonmotile in the mammalian host.

An interesting feature, peculiar to some *Yersinia* bacteria, is the ability not only to survive, but also to proliferate at temperatures as low as 1-4 degrees Celsius (e.g. on cut salads and other food products in a refrigerator). *Yersinia* representatives also reveal relatively high heat resistance, some of them being able to survive 50-60 degrees Celsius temperature for up to 20-30 minutes and [note: this is contested] surviving standard pasteurization process (15 seconds at 72 degrees Celsius) in milk. *Yersinia* bacteria are relatively quickly inactivated by oxidizing agents such as hydrogen peroxide and potassium permanganate solutions

Y. pestis was discovered in 1894 by Swiss/French physician and bacteriologist from the Pasteur Institute, Alexandre Yersin, during an epidemic of plague in Hong Kong. Yersin was a member of the Pasteur school of thought. Shibasaburo Kitasato, a German-trained Japanese bacteriologist who practiced Koch's methodology, was also engaged at the time in finding the causative agent of plague. However, it was Yersin who actually linked plague with *Yersinia pestis*. Originally named *Pasteurella pestis*, the organism was renamed in 1967.

The infectious agent of bubonic plague, *Y. pestis* infection can also cause pneumonic and septicemic plague. All three forms have been responsible for high mortality rates in epidemics throughout human history, including the Great Plague and the Black Death, the latter of which accounted for the death of approximately one-third of the European population from 1347 to 1353.

Three biovars of *Y. pestis* are known, each thought to correspond to one of the historical pandemics of bubonic plague. Biovar *Antiqua* is thought to correspond to the Plague of Justinian; it is not known whether this biovar also corresponds to earlier, smaller epidemics of bubonic plague or whether these were even truly bubonic plague. Biovar *Medievalis* is thought to correspond to the Black Death. Biovar *Orientalis* is thought to correspond to the Third Pandemic and the majority of modern outbreaks of plague.

Pathogenicity of *Y. pestis* is in part due to two anti-phagocytic antigens, named F1 (Fraction 1) and V, both important for virulence. These antigens are produced by the bacterium at 37°C. Furthermore, *Y. pestis* survives and produces F1 and V antigens within blood cells such as monocytes, but not in polymorphonuclear neutrophils.

Natural or induced immunity is achieved by the production of specific opsonic antibodies against F1 and V antigens; antibodies against F1 and V induce phagocytosis by neutrophils.

Like its cousins *Y. pseudotuberculosis* and *Y. enterocolitica*, *Y. pestis* is host to the plasmid pCD1. In addition, it also hosts two other plasmids, pPCP1 and pMT1 which are not carried by the other *Yersinia* species. Together, these plasmids, and a pathogenicity island called HPI, encode several proteins which cause the pathogenicity for which *Y. pestis* is famous. Among other things, these virulence factors are required for bacterial adhesion and injection of proteins into the host cell, invasion of bacteria into the host cell, and acquisition and binding of iron harvested from red blood cells. *Y. pestis* is thought to be descendant from *Y. pseudotuberculosis*, differing only in the presence of specific virulence plasmids.

The role of *Y. pestis* in the Black Death is debated among historians; some have suggested that the Black Death spread far too rapidly to be caused by *Y. pestis*. DNA from *Y. pestis* has been found in the teeth of those who died from the Black Death, however, and medieval corpses who died from other causes did not test positive for *Y. pestis*. This suggests that *Y. pestis* was, at the very least, a contributing factor in some (though possibly not all) of the European plagues. It is possible that the selective pressures induced by the plague might have changed how the pathogen manifests in humans, selecting against the individuals or populations which were the most susceptible.

Clinical Focus Guide for *Yersinia Pestis nosode*

Mind and Disposition Focus

Sabotaging authority

- Issues of value; cynical about values
- Sabotaging large groups
- Spy

Looking for an idol

- Idol worship - the next great idol
- Worships someone then mistrust them and moves to a new idol
- First placing on a pedestal, and then resenting

Living in the shadows

- Passive aggressive
- Fighting authority

Borderline personality disorders

- Testing the limits of friends, practitioner
- Moods, irritable, sabotaging others' good time
- Moody rebel
- Morbid, angry mood that plagues others
- Plaguing others
- Enjoying failure

Hyper-critical of your every move

- First you are on a pedestal and then you are the worst

Self Amusement

- Performs actions purely for self-amusement
- Cynical

Self Reproach

- With justifications

Hatred and Revenge

Slighted easily and plots revenge
Internalized anger - calm and smiles when angry, but plots revenge
Feeling they have gotten a bad deal

Disgust

Disgusting dreams

On the verge of success - Not quite finished

Stopping things from completing

Moody, Irritable before menses

Irritating others before menses

Feeling of separation and isolation

Desire to be alone with fear of being alone

Physical Focus

Pain in stomach

Stomach and duodenal ulcers
Sluggish digestion
Toxic gut

Liver Abscesses

Recurring abdominal infections particularly in children

Bubo

Skin Cancers

Ulceration, rodent ulcers

Gangrenous states

Sluggish lymphatic drainage

Twitching and tics

Or even chorea
Facial tics

Physical restlessness that irritates others

Better heavy lifting

Meningitis after flu

Selections from traditional homeopathic sources

None.

Selections from contemporary homeopathic sources

From O.A. Julian's *Materia Medica of Nosodes with Repertory: (Serum yersiniae)*:

According to Fortier-Bernoville, it is Barishac who proposed this remedy for the treatment of grave or atypical forms of influenza.

Grave toxic, infectious state - either cutaneous (bubo) or pulmonary.

Septicemias accompanied with icterus and hepatic micro-abscess.

Mesenteric adenitis.

Acute gastro-enteritis with lesions of ileum.

Acute enteritis of young children.

Nodulous erythema.

Differential diagnosis

Mimosa pudica: Thoracic pain, dry cough, irritation of naso-pharyngeal and laryngeal mucous, frequent irritating stools with colic. Better from warm bathing.

Amorphophallus Rivieri: General ill feeling with great weakness, gastrointestinal troubles with weakening diarrhea, fetid stools.

Clinical diagnosis

Severe forms of influenza, of pulmonary type with high fever, difficulty in breathing, and soft thick, rosy-red expectorations; presence of subcrepitant rales in the base of the lungs.

Acute enterocolitis.

Summer gastroenteritis.

Acute toxicosis of babies.

Lymphoid terminal ileitis of Arnulf and Buffart. Crohn's, regional ileitis.

Influenza of gastrointestinal form.

Pseudo-typho-meningitis of milkmen.

Meningitic syndromes of influenzal origin.

Encephalitis lethargica (von Economo's disease or epidemic encephalitis).

Parkinson's disease (?) [Julian's query]

From J. Stefanek and J. Stefankova article, 'Pestinum. A Remedy for any Future Plague?':

Mind

Unusual equanimity; not bothered by exams or anger of others; smiles at things which would normally stress him or make him angry.

No fear of authorities.

Systematic <-> chaos.

Clear thinking but worse expression of thoughts, cannot find correct words.

Acceptance of disagreeable events (failure at exams).

Sensitive to noise, calm in quarrels until others speak loudly, then explodes.

Fear of heart disease during palpitations; fear of darkness, of being alone, during night.

Sadness; he is alone, nobody can help him.

"Out of body" feeling.

Reproaches himself because of trifles; feeling of failure, suddenly woke up during the night because he recalled he had neglected his duties. Helplessness, irresolution.

Fear of unknown things (mainly expressed in dreams).

Confusion.

Weakness, aversion to everything.

Sees ghosts, spirits in the darkness.

Desire for company.

Dreams

About getting wet in rain

Death of a close person with fear of being alone

Fights

Erotic

Childbirth

Many same things (fruits, false banknotes, eggs, batteries)

Optimistic

Sympathetic people around

Stinking bone in mouth

Insults

Traveling

Unreal; separated. Impossible, unbelievable nonexistent things, animals and events.

"I was in a building and looked through the window down at the street, where there

were many people running here and there and looked terrified. They shouted 'Marmolada is here' but I did not know what it meant.

I was quite calm and felt separated from the people down there."

"I was walking along a well-known street which was totally empty, deserted, only a few pieces of old paper were flying in the wind. Suddenly, I met a strange animal. It was as high as me and it looked half like a dog and half like a horse. It had a colorful dress like in a circus, and a strange tower on the back. I was extremely terrified and disgusted by this animal because I did not know what it was, how to react; if it had been a dog or a horse I would have known what to do. I was in fear because I was completely alone. I ran away and after a while I met a group of wandering gypsies who laughed at me. They told me it was a stupid young pony, he was quite useless, could not be used for circus performances and they wanted to eat it. Suddenly, when I found out that it was only a stupid horse, I felt sympathy for him and told them not to eat him and let him live."

"I am in the hospital where I worked. I am looking for the toilet which was somewhere downstairs. I could not find a quiet place, children climbed inside through the window. Finally, I found an empty toilet but it was full of things, I sat there reversely. I undressed totally. A friend came to me; I asked her whether she did not mind I was naked. She did not mind. I had to press strongly to expulse [sic] two apples and three pumpkins."

"I see one of my colleagues, he is in fact 40 years old but now he looked much older, with long, gray hair (he has very short hair in reality) and seemed to be as if after a long, exhausting disease".

"The feeling [among provers] was often 'impossible, unbelievable, strange' and 'separated, isolated, over the problems' and sometimes 'hopelessness, irresolution' [The] central idea might be: Shocked, confused and destroyed by something quite new, unknown, terrifying, almost impossible."

Head

Dull or cutting pain behind eyes, worse right side

Sharp, cutting or pulsating pain over right zygomatic bone

Eyes

Sharp pain in right eye

Photophobia

Congested conjunctiva

Twitching of right eyelid

Burning of eyes, raw feeling

Ears

Stinging pain right side

Nose

Red tip

Sensitive to odor of food, as if spoilt

Mouth

Fetid breath, as if spoilt meat

Ulcers

Tongue burning

Salivation, abundant

Throat

Burning pain in throat, difficult empty swallowing

Constriction, as if strangled by a string, worse by empty swallowing

External throat

Fullness, expansion

Lymph nodes enlarged, worse right side

Pulsation

Aversion to tight collars

Stomach

Dull pain, pressure, burning

Hunger with aversion to food

As if a bubble in stomach, rising upwards, causing breathlessness

Restlessness and trembling in stomach

Nausea from the smell of food

Abdomen

Tension

Chest

Palpitations

Heart as if trembling

Burning pain when breathing

Breathlessness

Cough dry or with copious watery expectoration

Suffocation from too much sputum

Rectum

Constipation with hard stool

Cramps in rectum

Frequent urging

Back

Skin, sensitive

Extremities

Blisters on the soles form without any apparent cause, as if every step would spread them

Trembling and weakness of extremities, cramps in right hand worse writing

Burning and stiffness of joints

Swelling of fingers

Cramping pain in right hallux

Skin

Skin sensitive to pressure

Skin sore, as if bruised

Burning

Perspiration

Hot

Generalities

Fatigue

Chilly, or chilly alternating with hot flushes

Twitching of muscles

Pain of muscles as if during a grippe

"Hard bed" feeling
Inner trembling
Aversion to draft

Relationships

(See data given in the Yersinia Miasm chapter.)

Yersinia enterocolitica Nosode

Homeopathic abbreviation

Yers-e.

Synonyms

Yersiniosis Nosode

Description

Yersinia enterocolitica is a Gram-positive bacterium and belongs to the Enterobacteriaceae family, of the Enterobacteriales order. It is one of the bacteria responsible for food poisoning, creating a condition called yersiniosis.

Y. enterocolitica has been associated with autoimmune thyroiditis, though a direct causative link has not been clearly established.

As described, yersiniosis is a potentially serious condition. It is important that a patient or client having severe symptoms 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 Name

Yersinia enterocolitica Schleifstein & Coleman 1939

Bacterium enterocoliticum

Commentary

Although this is a food-borne bacteria, in using the homeopathic remedy clinically I have found it to be indispensable in the cure of thyroid problems, particularly Hashimoto's Disease and Graves' Disease. We see a number of dispositional themes - mental and emotional - that reflect the primary relationship of this remedy with the thyroid and its secondary relationship with food.

When the thyroid is not functioning properly, it means that all of the endocrine glands are not coordinated. My understanding of the mind or dispositional nature related to the thyroid gland (a group including remedies such as *Thyroidinum* and *Iodum*) is that this gland has to do with "coordination." This theme therefore equates on a dispositional level to someone involved in the coordination of activities and people. Typically, in "thyroid" remedies such as *Thyroidinum*, *Iodum* and the *Iodatum* group, I have observed that they may have jobs where they coordinate activities such as film directors or producers, clerks or cashiers - in other words, someone who has to check and double-check. Another important example of this activity of coordination is a mother in a busy household.

Secondly, the more formal definition of "co-ordination" is also relevant - meaning, "to place in the same order, class, or rank," an activity which, taken as an approach to life, develops into the philosophy (and active propagation) of "egalitarianism," meaning, "to rank everyone and everything the same." You could also say that this urge may arise whenever someone is ranked as less than another (or others), or in situations where authority is pitted against an egalitarian ideal. This can happen particularly in a marriage where the husband is overbearing and authoritarian, even in a subtle and moderate way, with the result that in time the wife develops thyroid problems. In the decades of the seventies and eighties in my practice, it was not uncommon for me to see functional thyroid problems in women where there was a challenge to the

traditional authoritarian role of the man in the family. As times have changed, and women both have more of an egalitarian role and experience less conflict around this, I find that these functional thyroid problems have become less prominent. Yet, I do still see individuals, mainly women, who suddenly develop Hashimoto's disease or Graves' disease and I see this as related, miasmatically, to *Yersinia enterocolitica*.

As I have noted before in this book concerning nosodes, to focus on the *situation* is not necessarily the best methodology, since a nosode can appear in so many different situations, especially in its more subtle variants. To see the nosode in many different situations requires an understanding of the underlying impulse and of the particular intent with which the individual desires to impact this or that situation.

In the instance of *Yersinia enterocolitica*, it can be the remedy of choice in the situations just described concerning thyroid dysfunction if the gist of the remedy is present. In the individual who needs *Yersinia enterocolitica*, there is a constant issue of authority and the need to level, to make things egalitarian, as we have discussed both in the introductory commentary on the miasm and in *Yersinia pestis*. (This presents in somewhat the same way as in *Bungaris fasciatus*, a krait snake.) While much of the method of the *Yersinia* miasm involves sabotage, in *Yersinia enterocolitica*, along with the **covert** element, there may actually be **overt** aggression, irritability, and fighting as a means of overcoming the perceived authoritarian "host." Unlike *Pestinum* (*Yersinia pestis*), this remedy is more thyroid-focused and therefore has more of a desire to coordinate; the individual can work harder, be more mainstream and live less in the shadows. As with *Pestinum*, *Yersinia enterocolitica* individuals have a desire to fight authority. One patient said that for many years she had fantasies about Robin Hood, which is a good representative of a central theme in this remedy and miasm. The legend of Robin Hood is that he and his "band of merry men" hide in Sherwood Forest and then attack the Sheriff of Nottingham, stealthfully. They fight those in power and "steal from the rich to give to the poor."

This patient had a similar approach toward the authorities at high school; she once decided to go on strike after not being given the mark she felt she deserved. This attitude also extended to her family life. She was constantly fighting with her sister and mother. The patient had Graves' Disease for two years prior to seeing me, having developed the disease at the age of 15. *Yersinia enterocolitica* cured her thyroid condition - she no longer needed any thyroid medication and her levels were normal. Prior to the prescription of *Yersinia enterocolitica*, this patient had done well with *Piper methysticum*, which helped her - that is, it moderately improved her generally - but which did not completely cure the thyroid problem. *Yersinia enterocolitica* completed the cure, bringing her to a point where her thyroid levels were normal and she was able to discontinue all conventional medications. (With *Piper methysticum*, an interesting tangential association can be made with the Pied Piper story. The story is that the piper first led the rats, but then, when he was not paid by the authorities for ridding the town of the rats, he led the children out of Hamelin town.)

In the patient described above, there was a quality of hidden arrogance, as I have found in other cases. Also, there is a proactive quality of "I know best." This leads, as in other *Yersinia* miasmatic remedies, to a state reminiscent of a form of narcissism and to a form of borderline personality disorder. They can repulse their friends with their selfishness; they may manipulate the affections of these friends. But this selfishness can alternate with much generosity. This type of contradiction is a flag that should alert

you to consider this remedy. On the one hand, you see a hardworking, even generous, person and on the other, you see someone who is quite indifferent to the welfare of others, to the point of manipulating friends and enjoying it.

In spite of the arrogance, they can still feel the need to prove themselves, but in a covert way - as in Stage 9 of the Periodic Table. They don't always express this arrogance, or they may express it in a subtle, backhanded or covert manner, such as, "The country I lived in before was much more accepting of me," etc. They can be hard workers, even workaholics, but they are also very focused on entertaining themselves. They may feel themselves to be the "true" authority, yet in their actions they will not be completely overt about this belief.

They want to be entertained both by their close acquaintances and in general. It is a state that can be caused by too much focus on being entertained. There is also a very rich fantasy life. As a result, these patients have very many fantastical thoughts and love to read or write fantasy literature. They may even spend much of the interview relating their personal fantasies.

They and other family members will say that they are difficult to get along with and are quite irritable, provoking fights with others or between others. They easily reject friends. This makes the elements of this remedy and miasm evident in teenagers where there is a strong rebellion against authority. But other behaviors of teens can also be seen as well as part of the *Yersinia enterocolita* Nosode including an aggressive policy of moving socially from friend to friend - even to the point of intentionally nasty social aggression and emotionally harming others on purpose. There is a desire to sabotage social cliques and any popular individual who is "socially" in authority. They may even enjoy and relish this type of activity.

Names and Meanings

Yersinia - see information in the Yersinia miasm chapter of this section.

Entero - intestinal, from Greek, *enteron*, gut.

Colitica-causing inflammation of the colon, from Greek, *kolon*, the large intestine from caecum to rectum

Family

The *Yersinia* genus belongs to the Enterobacteriaceae family, of the Enterobacteriales.

Source Notes

Adapted from the Centers for Disease Control website:

Yersinia enterocolitica belongs to a family of rod-shaped bacteria. Other species of bacteria in this family include *Y. pseudotuberculosis*, which causes an illness similar to *Y. enterocolitica*, and *Y. pestis*, which causes plague. Only a few strains of *Y.*

enterocolitica cause illness in humans. The major animal reservoir for *Y. enterocolitica* strains that cause human illness is pigs, but other strains are also found in many other animals including rodents, rabbits, sheep, cattle, horses, dogs, and cats. In pigs, the bacteria are most likely to be found on the tonsils.

Yersiniosis is an infectious disease caused by a bacterium of the genus *Yersinia*. In the United States, most human illness is caused by one species, *Y. enterocolitica*. Infection with *Y. enterocolitica* can cause a variety of symptoms depending on the age of the person infected. Infection with *Y. enterocolitica* occurs most often in young children.

Common symptoms in children are fever, abdominal pain, and diarrhea, which is often bloody. Symptoms typically develop 4 to 7 days after exposure and may last 1 to 3

weeks or longer. In older children and adults, right-sided abdominal pain and fever may be the predominant symptoms, and may be confused with appendicitis. In a small proportion of cases, complications such as skin rash, joint pains, or spread of bacteria to the bloodstream can occur.

Infection is most often acquired by eating contaminated food, especially raw or undercooked pork products. The preparation of raw pork intestines (chitterlings) may be particularly risky. Infants can be infected if their caretakers handle raw chitterlings and then do not adequately clean their hands before handling the infant or the infant's toys, bottles, or pacifiers. Drinking contaminated unpasteurized milk or untreated water can also transmit the infection. Occasionally *Y. enterocolitica* infection occurs after contact with infected animals. On rare occasions, it can be transmitted as a result of the bacterium passing from the stools or soiled fingers of one person to the mouth of another person. This may happen when basic hygiene and hand-washing habits are inadequate. Rarely, the organism is transmitted through contaminated blood during a transfusion.

Y. enterocolitica is a relatively infrequent cause of diarrhea and abdominal pain. Based on data from the Food-borne Diseases Active Surveillance Network (FoodNet), which measures the burden and sources of specific diseases over time, approximately one culture-confirmed *Y. enterocolitica* infection per 100,000 persons occurs each year. Children are infected more often than adults, and the infection is more common in the winter.

Y. enterocolitica infections are generally diagnosed by detecting the organism in the stools. Many laboratories do not routinely test for *Y. enterocolitica*, so it is important to notify laboratory personnel when infection with this bacterium is suspected so that special tests can be done. The organism can also be recovered from other sites, including the throat, lymph nodes, joint fluid, urine, bile, and blood.

Uncomplicated cases of diarrhea due to *Y. enterocolitica* usually resolve on their own without antibiotic treatment. However, in more severe or complicated infections, antibiotics such as aminoglycosides, doxycycline, trimethoprim-sulfamethoxazole, or fluoroquinolones may be useful.

Most infections are uncomplicated and resolve completely. Occasionally, some persons develop joint pain, most commonly in the knees, ankles or wrists. These joint pains usually develop about 1 month after the initial episode of diarrhea and generally resolve after 1 to 6 months. A skin rash, called "erythema nodosum," may also appear on the legs and trunk; this is more common in women. In most cases, erythema nodosum resolves spontaneously within a month.

Clinical Focus Guide for *Yersinia enterocolitica* Nosode

(Similar to *Pestinum*: information in *Pestinum* can also be used for this remedy.)

Appearance of Patient

The patient is somewhat arrogant or has a hidden arrogance. They can have a hyperthyroid or hypothyroid appearance.

Mind and Disposition Focus

Co-ordination of activities and people

Checking and double-checking

Checkout clerk, director, coordinator

Managing busy household

Workaholics

Egalitarianism

All things equal - sabotaging and fighting authority
Being the "true" authority - "all one but all mine"
Guillotine through the thyroid area
Robin Hood, "stealing from the rich, giving to the poor"
Making sure others are "equal"

Conflict between generosity and selfishness

Conflicts with friends
Indifference to friends alternating with generosity
Envy of friends or those in cliques
Entertained by reactions provoked by them

Fantasy and self amusement

Many fantasies
Self-amusement
Desire for entertainment
Ailments from too much focus on entertainment
Hard work alternating with entertainment
Storyteller

Hidden arrogance

Never fits in
"Too good for this society or country"
Arrogant about friends - dropping friends
Moving from friend to friend
Borderline Personality Disorder

Indifference to the welfare of others

Creating conflict between others for self-amusement
Mother creates conflict between children
Creating conflict in family or between friends

Irritability and Anger

Physical fighting
Pugnacious
Anger over unfairness
Dictatorial

Hatred and Revenge

Especially hatred of father, men
Anger to annoy others

Physical Focus

Thyroid problems and pathology

Auto-immune thyroid problems
Graves' Disease
Hashimoto's Disease

Acute and chronic diarrhea

Bloody diarrhea - sudden onset "ulcerative colitis" or "Crohn's"
Miasmatic for ulcerative colitis
Abdominal pains and cramping
Pain, lower right abdomen, with fever confused with appendicitis
History of appendicitis

Joint pain and swelling

Joint pain and swelling after an acute bout of diarrhea (whether diagnosed as *Y. enterocolitica* or not)

Rheumatoid arthritis

Reactive arthritis (*Yersinia* group, but also *Medorrhinum*)

Weakness and exhaustion

Worse before menses

Alternates with excessive work

Erythema nodosum

Desire for dry or powdered food

Selections from traditional homeopathic sources

None.

Selections from contemporary homeopathic sources

None.

Relationships

Follows *Rattus* or other remedies in the *Yersinia* miasm.

Thyroid group.

Stage 9.

Teenager group.

Related remedies: *Ignatia*, *Aranea ixobola*. *Iodums*. Stage 9.

Rattus

/ have included *Rattus* in this section in order to shed more light on the *Yersinia miasm*.

Homeopathic abbreviations

Ratt-r. (Synthesis only, which also has *Sanguis-s.* for the same remedy)

Ratt-n. (Complete). *Ratt-norv.* (Synthesis)

Synonyms

Rattus rattus (*Ratt-r*)

Rattus norvegicus (*Ratt-n*)

Sanguis soricis (*Ratt-n*)

Rat's blood (*Ratt-r* and *Ratt-n*)

Description

Rattus rattus is the black rat (also known as the house, roof or ship rat) which is now largely confined to hotter parts of the world. It has mainly been supplanted in cooler parts of the world (including Europe and most of North America) by *Rattus norvegicus*, the brown, common or Norway rat. Both the black and the brown rat originated from Asia.

Jayesh Shan in India proved *Rattus rattus*, while Nancy Herrick's California proving featured blood from a pet rat of the species *Rattus norvegicus*, hence her alternative remedy name *Sanguis soricis* (blood of a rat in Latin).

I have added this remedy description because it is very pertinent to the *Yersinia* remedies and I hope it will help to elucidate the whole miasm.

Scientific Names

Rattus rattus

Rattus norvegicus (also *Rattus novegicus*)

Commentary

Since the two homeopathic provings are of closely related species, I will use the simple name "*Rattus*" to describe the combined remedy picture in this commentary.

Rats conjure up all sorts of images but primarily for most individuals a negative and even fearful reaction. Rats are also historically associated with the plague and the spread of disease as well as nocturnal, dark, dank and shadowy places. The words "rat," "ratty," "ratfink," etc. are all used in a derogatory fashion, to deride someone for their sneaky or unethical actions. "Ratting on someone" or "being a rat," refers to someone who tells another's secrets or a group's secrets to selfishly save themselves and/ or for personal gain. The word "packrat" describes someone who compulsively hoards items. These are the ways that the actions of rats have crept into our culture and vocabulary, reflecting our general feelings towards them and our understanding of their actions. The twists and turns of our language reveal much about the remedy itself. The patient who needs *Rattus* as their homeopathic remedy may conjure up many of the images that the words above bring to mind, be that secretive action, revealing secrets or taking things which do not belong to them.

Similar to other remedies in the *Yersinia* miasm, with the homeopathic remedy made from rat's blood, we see an attempt to sabotage those in authority and those who are successful. In particular we see attacks on those who have some sense of purpose or integrity to what they are doing and who are successful in the form of practical outcomes. As a practitioner, these patients will attempt ultimately to undermine your success by virtue of how they interact with you during the course of their treatment. There is a lack of respect for another's possessions and for what others have earned, as well as an attempt to destroy the sense of integrity that another person may have. Inside there is a sense of wanting to use others for their own selfish dark purposes. In the North American proving one of the provers says, "There's a glimpse of the darkness in me, wanting to claim her, use her, albeit with the best of intentions." This also expresses another aspect of what I have seen in *Rattus* patients: they have little self-awareness about their actions (and little need for it). Their actions are not so much out of craftiness but more from instinctual desires; they feel that their intentions are good and, as found throughout this miasm, "egalitarian."

There is a lack of awareness as to taking responsibility for others. During the Indian *Rattus* proving, one of the provers states: "I was indifferent to my responsibility and duty as a doctor." There is an underlying indifference towards the welfare of others and little sense of guilt. As a practitioner, you will get an uncomfortable feeling from the person who needs this remedy. This can manifest in a number of situations. As a practitioner treating the patient who needs *Rattus* you may see that, after each (correct and incorrect) prescription, this patient will do something to sabotage any positive benefits gained - mainly by starting other therapies. Not only that, they will attempt to create disharmony between you and your employees or other professionals (or, if you know them better, your friends). They will attempt to mess with your possessions or accomplishments, as does a packrat.

Paradoxically, in spite of being shadowy in their dealings, they can be quite socially active and even have an extroverted quality, especially in the healthier stages. Underlying such extroversion, however, there remains a proactive desire to mess with others' material things or accomplishments, both materially and psychologically. On the other hand, it's not really the rat alone that causes the plague. The rat carries a flea (the most common such is the Oriental Rat flea, *Xenopsylla cheopis*) and it is the flea that carries the bacteria. Dispositionally, then, you could say that the patient feels wrongly accused of many things, concomitant with a state of not really caring deeply, or

not having any sense of duty or compassion. Deeper inside they can feel ugly, despised, and invisible. This feeling exists in conjunction with a kind of delusion or belief that others mistreat them. They have the impression that they have been mistreated and excluded - especially in situations where they decide to be compliant. They are resentful of this and can actively complain of it, albeit in private. In the two provings the elements of *living in the shadows*, *idols*, and then *destruction and darkness* each came through: all these are part of the *Yersinia* miasm. There was also a theme of sabotaging the happiness of others (and especially of male authority), both of which I have seen in clinical practice.

Nancy Herrick writes in the introduction to her proving:

The main theme is secrets. Listen to the words of the provers: "Didn't want to be seen ... people who sit all day looking out of their secret worlds ... We were having a secret affair. Something about this stuff wants to remain hidden" These are deep, dark, profound secrets: "not exactly insane but not your everyday, run-of-the-mill" She also mentions that these have to do with sexual secrets. My clinical experience confirms these insights. This focus combines with those themes that I have discussed above to present as *a desire to tell sexual secrets about others while they themselves stay in the shadows*. In this regard, there is an interest in (or dreams of) "cheap" sexuality or dirty things. This can also manifest as a voyeurism, in the original sexual sense, but also as the desire to know another's business along with the envy of such. I find that these patients reveal much about their sexual partner but little about themselves. Additionally, they can feel that their partner is the cause of all their problems and can actively work to undermine him or her. In children or teenagers this may be indicative of the way they view their father especially, as the one in authority (compare *Ammonium carbolicum*). They may hold deep grudges - again, note that same remedy.

The patient has a constant inner complaint that they are being "put upon" - particularly when asked to do something for another person. In other words, as came out in the proving and as I have confirmed in my own clinical experience, they feel they are "prostituting" themselves when they give anything. This is another main theme of this remedy. They may express it as feeling that their husband treats them "like a prostitute" or they may have many dreams of prostitutes, as arose in one of the provings.

They have the sense that they are exploited but, in getting the whole picture, you catch a glimpse of the fact that it is *they* who are exploitative even while the delusion of being exploited is constantly on their mind. Either they keep all of this very secret or if they do confide any sexual problems to you as a practitioner, the patient may go into too much detail on sexual issues. If there are sexual problems they blame their partner. After a while, though, you get a sense that they are the ones who have the base sexual nature which they attribute to (and blame on) their partner.

This will prove to be an important remedy for the treatment of cancer and AIDS.

Names and Meanings

Rat - a genus of animals allied to mice, but larger. Latin *Mus maximus*, rat Latin, DD *Mus minimus*, mouse.

Rat - compare Sanskrit, *rada*, a tooth. Different etymologies are proposed, connecting our word "rat" (and cognate modern European languages) to Latin, *rodere*, and thence to earlier meanings around the actions scrape, scratch and gnaw or to Greek, *rhine*, a file, a rasp.

A criminal informant (informing to the authorities or to a competing gang). A renegade, turncoat, traitor, strike breaker.

A miserable or ill-looking specimen. A despicable person. This usage exists in contrast to the personification of mice who are "cute and bourgeois."

To rat out, to rat on - to desert one's group, as rats are said to leave a falling house, or doomed ship; to betray the interests of

Ratty - wretched, unkempt, untidy; angry, irritable.

In the cartoon strip *Peanuts* Charlie Brown uses the catch phrase "Rats!" whenever he has suffered yet another reversal in his fortunes.

Family

Of the Muridae family, in the subfamily Murinae (meaning "mouse-like") of the Rodentia order.

Source Notes

Adapted from Wikipedia and other websites:

Rats, like other mammals within the order Rodentia, have two gnawing teeth in the front upper jaw. The genus *Rattus* proper contains 56 species. A breakdown of the species into five sub-groups has been proposed; this does not include all species and is as follows: the *norvegicus* group; the *rattus* group; Australian native rat species; New Guinea native rat species; and the *xanthurus* group.

DD. Other Rodents (such as squirrels, mice, beavers and porcupines).

In Western countries, many people keep domesticated rats as pets. These are of the species *R. norvegicus*, which originated in the grasslands of China and spread to Europe and eventually, in 1775, to the New World. Pet rats are Brown Rats descended from those bred for research, and are often called "fancy rats", but they are still the same species as the common city "sewer" rat. Domesticated rats tend to be both more docile than their wild ancestors and more disease-prone, presumably due to inbreeding.

The common species are opportunistic survivors and often live with and near humans. Many wild rats carry a number of diseases and parasites, but which diseases, and what percentage of the rat population is infected, vary with the population under study. Some parasites may have interesting effects on rat behavior which benefit the parasite. Rats can carry over thirty different diseases dangerous to humans, including Weil's disease, typhus, salmonella and bubonic plague.

The Black Death (which killed at least 75 million people in Europe, the Middle East and Asia in the mid-late 14th century) is traditionally believed to have been caused by the micro-organism *Yersinia pestis*, carried by the rat flea *Xenopsylla cheopis* which preyed on *R. rattus* living in European cities of the day; it is notable that these rats were victims of the plague themselves. Regardless, while modern wild rats can carry Leptospirosis and some other zoonotic conditions (those which can be transferred across species, to humans, for example), these conditions are in fact rarely found in the wild; rats living in good environments are typically healthy and robust animals. Wild rats living in cities may suffer from poor diets and internal parasites and mites, but in developed countries do not generally spread disease to humans.

Rats often chew electrical cables. Around 26% of all electrical cable breaks are caused by rats, and around 18% of all phone cable breaks. Around 25% of all fires of unknown origin are estimated to be caused by rats. Rats are frequently blamed for damaging

food supplies and other goods.

When it comes to conducting tests related to intelligence, learning and drug abuse rats are a popular choice due to their high intelligence, ingenuity, aggressiveness and adaptability. A 2007 study found rats to possess metacognition, a mental ability previously only found in humans and some primates.

It was discovered that rats emit short, high frequency, ultrasonic, socially- induced vocalization during rough and tumble play, and when tickled. The vocalization is described as a distinct "chirping." Humans cannot hear the "chirping" without special equipment. It was also discovered that like humans, rats have "tickle skin." These are certain areas of the body which generate more laughter response than other areas. The laughter is associated with positive emotional feelings and social bonding occurs with the human tickler, resulting in the rats becoming conditioned to seek the tickling. Those that laughed the most also played the most, and those that laughed the most preferred to spend more time with other laughing rats. This suggests a social preference to other rats exhibiting similar responses. However, as the rats age, there does appear to be a decline in the tendency to laugh and response to tickle skin. The initial goal of Ranksepp & Burgdorf's research (2003) was to track the biological origins of joyful and social processes of the brain by comparing rats and their relationship to the joy and laughter commonly experienced by children in social play. Although, the research was unable to prove rats have a sense of humor, it did indicate rats can laugh and express joy. Chirping by rats is also reported in other studies, where rats have been seen to chirp when wrestling one another, before receiving morphine, or having sex. The sound has been interpreted as an expectation of something rewarding.

Clinical Focus Guide for *Rattus*

Appearance of Patient

Slow, obtunded, confused and/or clipped speech.

Loquacious, but not about themselves.

Frequently wears dark clothing or flashy clothing.

Mind and Disposition Focus

Sabotage

Destroy harmonious relationships

Ratty behaviour

Borderline Personality Disorder

Secret and hidden

(Thu/'a-like)

Sexual secrets

Secret affairs

Revealing secrets of others

Revealing private sexuality of others

Prostitute

Feeling as if treated like a prostitute

Seductive and cheap sexuality but hidden

Sexuality for the purpose of getting something

Dreams prostitutes

Feeling abused

Sexual appearance and dress (sometimes)

Dreams dirty toilets

Dreams voyeurism, cheap sex

Indifferent to welfare of others

Slyness, conning

Swindling, con tricks and cunning

Delusion injured

Internally feel ugly

Unwanted, despised; as if invisible with resentment over this

Selfishness, lazy

Desire for the easy life, enjoyment

Neglecting duty

Wants others' possessions or to "play" with your possessions

Avarice

Lustful, over-consumption

Anorexia or overeating

Fancy flashy clothes and food

Or black dark clothing

Hoarding

Lying for petty gain

Kleptomania

Fear of snakes

Dreams attacked by snakes

Dreams pursued by mobs, police, terrorists

Dreams riots

Plaguing

Cursing and swearing

Fear of high places

Love of Rats

Physical Focus

Sensation of lump or ball

Ball-in-throat sensation

Ball in various parts (throat, bladder, etc.)

Throbbing headache

Yellow vision during headache

Eyelids heavy

Eyelids partially closed

Sensitive to noise

Greasy skin

Bitter taste with profuse salivation during sleep

Easy profuse bleeding

Stomach ulcers, bleeding

Profuse bleeding from wounds, during menses

Gout

Intermittent fever

Heat from orifices

Fever starts late afternoon

Fingers and toes cold during heat

Malodorous patient

They can wear much perfume (or deodorant)

Dirty or very clean

Chronic fatigue syndrome

Cramping**Restless extremities****Skin itching**

Suddenly, in spots and then goes

Ringworm

Hair falling

Alopecia areata

Irregular distribution of hair

Small moles**Menses heavy**

Watery, thin or very heavy bleeding

Sudden cramping, shooting during menses

Uterine cancer

One of the main remedies

With heavy bleeding

also Benign tumors

History of sexually transmitted infections

Especially genital human papillomavirus (HPV)

Esophageal cancer**Ulcers on skin****Food**

Desire for junk food and enjoyment in food

Craves spicy, chocolate and ice cream

Desire to eat powdered food (also seen in *Yersinia enterocolitica*)

Selections from traditional homeopathic sources

None.

Selections from contemporary homeopathic sources

From Nancy Herrick's Proving:

Theme: Secret, Hidden

#7 Dream: Walking into a building to get away from everyone. Don't want to be seen. I go into the second door on the left and walk into a dark bar with a pool table. There are several rooms, kind of low light. I turn to the left and stoop to enter a low door that I have to get down on my hands and knees to crawl into. It feels like *Alice in Wonderland*. It is a long, low tunnel, glowing red. I am afraid to close the door behind me as I crawl in. Everything seems a bit distorted, and I realize that I'm afraid to close the door once I'm in there.

#3 Feeling burdened by social circumstances, wishing for anonymity. Thoughts of homeless people who sit all day looking out of their secret worlds ... reminds me of the far-out fancies and realities of the people who live underground in New York City, not exactly insane but not your everyday, run-of-the-mill fancies ... wanting to be separate, not merged into regular society.

#8 Didn't want to be seen, would stay in the shadows.

#2 Feel like I don't belong or fit in anywhere. All I wanted to do was go off into the woods with the dog. A strong feeling not to be in my everyday life at all. I didn't want to deal with life, society, and work.

#6 Dream I was with a man I couldn't have as my own partner because he was married to a conservative woman. We were having a secret affair. #7 Dream: I am going to a homeopathy meeting on a bizarre walkway way up high on these entangled

roadways, way up in the air. Arrive at a huge gym, a stadium really, and it's all very secretive and hush-hush.

#3 Repeating the proving remedy. Something about this stuff wants to remain hidden, and I want to find out what that is.

Extracts from Provers' notebooks (Herrick):

a)

rces

"Meditation: this is a feminine energy, ancient and powerful but afraid, afraid of being taken over. Here is the Goddess, wanting to rock us in the cradle of loving kindness but there is something dark and evil she fears, some force that covets power over us. We are so familiar with its form and feeling we can't recognize it; its omniscience is like the air we breathe; we can't see it but it's integral to us now. To know the beauty of the goddess is to understand mathematics, geometry and an abstraction from the material world. My mind wants to grasp this knowing, to apply it to my clients and their needs and with a sick feeling, I know this is her fear, to be used and controlled by a purpose not her own - there's a glimpse of the darkness in me, wanting to claim her, use her, albeit with the best of intentions, the grasping arises before there's been sufficient - even much of any - awe, devotion and before there's been any wonder - "what does she want?"

"Dream: Foreign men in expensive cars trying to pick me up - one is a judge. I am not a prostitute! My sister (?!) calls me on the phone - she's screaming, thinks I'm dead. Actually I'm in bed with my lover, preparing for a trip - someplace I've never been before. I go to the Father's room to find out more. He's sleeping and shouldn't be disturbed - baby clothes wave at me from a dark closet. Where am I going?"

"Dream: Very sexual and passionate dream, more so than my dreams usually are. I was with a man I couldn't have as my own partner because he was married to a conservative woman. We were having a secret affair. My mother and I were at their house with this man's real children and real wife. As if we were living there or visiting. When we were with them, all the conversations were friendly; it was a platonic relationship with this man. I was being socially appropriate but knowing we were suppressing our real desires. We were all eating as a group or family at a table. I was being kind in offering assistance, help or services in more of a platonic or business-like type of way, but still those underlying desires were there."

Relationships

Mistaken for: *Thuja occidentalis*. *Calcarea carbonica*. Snakes. Stage 9. Other Yersinia group remedies.

Followed by: Yersinia nosodes.

Related to:

Yersinia miasm

Syphilitic miasm

Gout Group

Cancer Group

Uterine Cancer Group

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PARASITIC PROTOZOA

PARASITIC PROTOZOA

There are more than 50,000 species of protozoa and about one fifth (around 10,000 species) are parasites. Parasitic protozoa have evolved complex, highly specialized life cycles enabling them to enter and live in their hosts, which include vertebrates, invertebrates and even plants. They typically reproduce rapidly and serious infections can develop from a small number of micro-organisms. Hosts that survive usually develop immunity to reinfection.

A protozoan has a single cell which, unlike a bacterium, includes a distinct nucleus enclosed by a membrane and containing DNA. The word "protozoa" comes from the Greek *proton*, first and *zoia*, animals. They were traditionally classified in terms of their means of movement; classification of protozoa has changed greatly in recent years and is still changing, as new genetic information sheds light on their ancestry.

Parasitic Miasm or Parasitic Group

Commentary

The chapters below on Malaria and Toxoplasmosis discuss two protozoan parasitic remedies prepared from single-celled organisms which cause infectious diseases. However, we can expand the concept of "parasitic" and thus include a larger group of remedies derived from the broader realms of nature, including multi-celled parasitic organisms. Examples include homeopathically-prepared *Solanum tuberosum aegrotans* (infested with a fungus) and *Viscum album*, the parasitic plant mistletoe. You could say that individuals who need remedies in the Parasitic miasm or group have expectations of being taken care of by others close to them. The idea of "parasitic" can be translated into mind and dispositional terms and already in our lexicon it has many such connotations and usages. A parasite is an organism that obtains food and shelter from another organism and which derives all benefits from this association while giving very little of itself. Translating this into dispositional or human or animal relationships, the "host" organism in this case tends to be the family, a friend or even an organization or business, while the parasite is the person who takes advantage of this "host." The host can even be a sympathetic stranger to whom the patient unexpectedly clings, as in the case of homeopathically-prepared *Toxoplasmosis*. We use the word "parasite" not only to describe disease entities but also, in the common vernacular, to describe a person who takes without giving. The origin of the word is from the Greek, "one who eats at another's table."

To recognize this underlying theme in an individual patient, though, requires some perceptive ability on the part of the practitioner. During or after taking the case of a patient such as this, you will get the overall impression that they expect something from those around them to the point of a parasitic dependency - you may *eventually* come to the realization that this is also a large part of their relationship with you. The situation may outwardly (and materially) represent this theme, as in the case of *Malaria* where there is a conflict originating in the patient's expectations of wealth from the family. In the case of *Toxoplasmosis*, the patient can cling to a stranger with whom they find solace.

In this miasm or group, you can fairly say the patient is stuck in expectation and in anticipation. As a result, they postpone their own self-derived pleasure in the belief that something tantalizing is going to happen in the future, such as an inheritance or windfall. So why work or engage in life now? They have a feeling that if it is not self-beneficially perfect then it should not be done, so they don't do it.

This stuck-ness can also generate, or carry, resentment. This hostility and resentment can be seen especially on the emotional level and can be intermittent. Many of the diseases in this miasm have alternating, intermittent states such as we see in *Malaria* which, in homeopathic terms, has this same dispositional quality.

Considering the global incidence of devastation and disease wrought by parasitic protozoans, these entities as nosodes are very under-represented in our homeopathic materia medica. This section is an attempt to begin a more comprehensive understanding by including a major write-up on two such parasitic groupings in the hope that more will be made into energetic nosodes for our homeopathic use, given that the overwhelming majority of parasitic, infectious (disease) agents have not been made into homeopathic remedies.

Although parasites can affect any organ, many of the diseases in this miasm eventually affect the lymphatic system and spleen. Therefore, we see a build-up of toxicity and an inability to eliminate toxicity. In this miasm, we can also see cancers related to the lymphatic system; we see this in the *Malaria Nosode* and we especially find it in *Toxoplasmosis*. Although not discussed further here, filariasis is another disease profoundly affecting the lymphatic system: nematode worms from the genus *Filaria*, are introduced into the blood by mosquitoes, eventually resulting in the huge lymphatic swelling elephantiasis.

On another level, the word "lymph" derives from Latin *lympa*, water or its personification as a water nymph, from the Greek word *nympha*, young bride or water nymph. The idea of the "young bride" and "nymph" has much to do with what I have seen clinically of this miasm; both "feminine" and "bride" convey the idea of receptivity and youthful expectation. Patients have this young, naive (but irritable) quality as if stuck in a pre-pubescent stage of life, all of which is implied by the idea (given by our etymological search) of "nymph." This is present not only in malaria but also in *Toxoplasmosis* the remedy.

There can be expectations both emotionally (with a "young" sensitivity such as we see in *Natrum muriaticum* and *China*) and on a material level, as we see in the remedies *Malaria Nosode* and *Vanadium*. I have seen both extremes: one person will marry a wealthy individual in the expectation of some material remuneration, while another may marry because they are in love. In both cases, however, the flow - of love or of money - is stuck and then a toxic resentment begins to build up.

As we see in *Vanadium*, this can involve an individual whose parents have placed a lot of expectations on them as a child, particularly in how they will work and provide for the parents in the future. I even have seen it where the child becomes like the missing husband or wife in the relationship with the parent, like a young bride or groom. Of course, they cannot meet that expectation and so they go on in life feeling as if they will *never* succeed (in meeting expectations), and are thereby stuck in those same expectations that surrounded them and which they took inside themselves as a child. These remedies share a dispositional similarity with the homeopathic viral nosodes which will be discussed in Volume 2. They both have underlying significance in the treatment of cancer and schizophrenia.

Source Notes

Although the focus in this section will be protozoan parasitic disease organisms, I have included some information on other parasitic diseases for comparison and informational purposes. They will also be discussed in future volumes.

Adapted from the Centers for Disease Control website:

Types of Parasites

A parasite is an organism that lives on, or in, a host organism and gets its food from, or at the expense of, its host. There are three main classes of parasites that can cause disease in humans:

- a) Protozoa
- b) Helminths
- c) Ectoparasites

a) Protozoa

Protozoa are microscopic, one-celled organisms that can be free-living or parasitic in nature. They are able to multiply in humans, thus contributing to their survival and also

permitting serious infections to develop from just a single organism. Transmission of protozoa typically occurs by a fecal- oral route (for example, from intestine to contaminated food or water, or person-to-person contact). Protozoa that live in the blood or tissue of humans are transmitted to humans by an arthropod vector (for example, through the bite of a mosquito or sand fly).

The protozoa that are infectious to humans have been classified into four groups based on their mode of movement:

- i) Sarcodina - the amoeba, e.g., *Entamoeba*
- ii) Mastigophora - the flagellates, e.g., *Ciardia*, *Leishmania*
- iii) Ciliophora - the ciliates, e.g., *Balantidium*
- iv) Sporozoa - organisms whose adult stage is not motile, e.g. *Plasmodium*, *Cryptosporidium*

b) Helminths

Helminths are large, multicellular organisms that are generally visible to the naked eye in their adult stages. Like protozoa, helminths can be either free-living or parasitic in nature. In their adult form, helminths cannot multiply in humans. There are three main groups of helminths (derived from the Greek word for "worms") that are human parasites:

- i) Flatworms (platyhelminths) - these include the trematodes (flukes) and cestodes (tapeworms).
- ii) Thorny-headed worms (acanthocephalins) - the adult forms of these worms reside in the gastrointestinal tract. The acanthocephala are thought to be intermediate between the cestodes and nematodes.
- iii) Roundworms (nematodes) - the adult forms of these worms can reside in the gastrointestinal tract, blood, lymphatic system or subcutaneous tissues. Alternatively, the immature (larval) states can cause disease through the infection of various body tissues.

Some consider the helminths to also include the segmented worms (annelids) - of which the only ones important medically are the leeches. Worthy of note is that these organisms are not typically considered parasites.

c) Ectoparasites

Although the term "ectoparasite" can broadly include blood-sucking arthropods such as mosquitoes (because they are dependent on a blood meal from a human host for their survival), this term is generally used more narrowly to refer to organisms such as ticks, fleas, lice, and mites that attach or burrow into the skin and remain there for relatively long periods of time (e.g. weeks to months). Arthropods are important in causing diseases in their own right, but are even more important as vectors, or transmitters, of many different pathogens that in turn cause tremendous morbidity and mortality from the diseases they cause.

Parasitic Infections

Parasitic infections cause a tremendous burden of disease in both the tropics and subtropics as well as in more temperate climates. Of all parasitic diseases, malaria causes the most deaths globally. Malaria kills approximately 1 million people each year, most of them young children in sub-Saharan Africa.

The neglected tropical diseases (NTDs), which have suffered from a lack of attention by the public health community, include parasitic diseases such as lymphatic filariasis, onchocerciasis (which causes river blindness), and Guinea worm. The NTDs kill

approximately 500,000 people annually, largely in rural areas of low-income countries, but it is the enormous burden of morbidity due to these diseases that extracts the largest toll on endemic populations, with lost ability to attend school or work, retardation of growth in children, impairment of cognitive skills and of development in young children, and the serious economic burden placed on entire countries.

However, parasitic infections also affect persons living in developed countries, including the United States. Trichomoniasis is the most common parasitic infection in the U.S., accounting for an estimated 7.4 million cases per year. *Giardia* and *Cryptosporidium* are estimated to cause, respectively, 2 million and 300,000 infections annually in the US. Cryptosporidiosis is the most frequent cause of recreational water-related disease outbreaks in the U.S., causing multiple outbreaks each year.

There are an estimated 1.5 million new *Toxoplasma* infections each year and 400-4,000 cases of congenital toxoplasmosis in the U.S.; 1.26 million persons in that country have ocular involvement due to toxoplasmosis; and toxoplasmosis is the third leading cause of deaths due to food- borne illnesses (375+ deaths).

Parasitic Diseases include:

African trypanosomiasis
Amebiasis
Ascariasis
Babesiosis
Chagas Disease
Clonorchiasis
Cryptosporidiosis
Cysticercosis
Diphyllobothriasis
Dracunculiasis
Echinococcosis
Enterobiasis
Fascioliasis
Fasciolopsiasis
Filariasis
Free-living amebic infection
Giardiasis
Gnathostomiasis
Hymenolepiasis
Isosporiasis
Kala-azar
Leishmaniasis
Malaria
Metagonimiasis
Myiasis
Onchocerciasis
Pediculosis
Pinworm Infection
Scabies
Schistosomiasis
Taeniasis
Toxocariasis

Toxoplasmosis

Trichinellosis

Trichinosis

Trichuriasis

Trypanosomiasis

The two remedies discussed in this book are *Malaria Nosode* and *Toxoplasmosis Nosode*.

Malaria Miasm and Malaria Compound Nosode

Homeopathic abbreviation

Malar-co.

Synonyms

Malaria Nosode

Malaria Compound Nosode

Differentiation

The remedy *Malaria officinalis* (*Malar*, in Synthesis and Complete) is not the malarial nosode itself, but a preparation derived from malarial marshes, as described below. Julian makes very brief mention of homeopathic *Malarianum*, prepared from malarial blood and Complete and Synthesis both include *Malatox*. as the abbreviation for *Malaria toxin*.

Commentary

As described, malaria is a serious condition which can be 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. 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.

Malaria remains the greatest single cause of debilitation and death throughout the world. In spite of that, within the homeopathic classical literature there is comparatively little on the miasm itself and no information on a remedy made from the actual nosode. Hahnemann, the founder of homeopathy, did recognize its importance in that the first homeopathic remedy he proved was *China officinalis*, the source of quinine, used in his time to treat malaria. Subsequently, the disease is referenced at times within the classical homeopathic literature, but there is not the proliferation of information that we may see, for example, with syphilis, a disease that Hahnemann did recognize as a major miasm.

To complicate matters, the remedy called *Malaria officinalis* that is commonly described in the classic homeopathic texts actually refers to rotting vegetable matter and not to the homeopathic nosodal remedy made from the malaria-causing agents (parasitic protozoan *Plasmodium* species carried by *Anopheles* species of mosquitoes). This vegetable matter was the product of dried, peat-like, decomposed vegetable matter from a marsh; it was placed in closed jars, covered with water and allowed to stand for one to three weeks at a temperature of 90 degrees Fahrenheit.

This vegetable remedy was introduced in 1862 since it was thought that the inhalation of the gases from this matter was the cause of marsh malaria. Many of the symptoms from the proving of this remedy were, in fact, similar to malaria, and many of the provers developed symptoms of ague - fevers and chills similar to malaria. Some even had their chronic ague cured during the proving. It was an effective remedy for ague during subsequent clinical applications. This potentized substance - derived as it is from rotted vegetable matter, and named *Malaria officinalis* - is a good remedy for fevers and chills that develop as a result of exposure to dampness or hot days combined with cold nights, and in this it resembles *Dulcamara*. However, I prefer to use

the actual *Malaria Compound Nosode* for the miasmatic or active effects of malaria, which contains *Plasmodium falciparum*, *P. vivax*, *P. ovale*, and *P. malariae*.

Preliminary themes of the malaria miasm and the *Malaria Nosode* can be found in traditional malarial remedy symptoms in, for example *China officinalis*, the China alkaloids and *Natrum muriaticum*. These themes are also discussed in Sankaran's original works and in the placement of the remedy in Stage 5 on Scholten's Periodic Table Schema.

But then, through many years of successful clinical application I have developed a deeper grasp of the nosode itself as an *individual remedy*. At the same time, this deepened my understanding of the miasm. I know that this knowledge will give significant insight into many of the tragic sociopolitical conflicts that exist in the world today.

The main dispositional issues for the homeopathically-prepared *Malaria Nosode* also reflect malaria the physical disease, its development, and its sequelae (including cerebral malaria). When we seek to describe how patients needing the homeopathically-prepared *Malaria Nosode* will experience all types of limiting problems and pathology (including their mental and emotional reactions), we can use the terms *intermittently, toxic and stuck*.

Malaria, the disease, is characterized by *periodic* attacks of chills and fever that coincide with mass destruction of blood cells and with the release of *toxic* substances by the *Plasmodium* parasite at the end of each reproductive cycle. This creates a toxicity that is especially felt in the liver, spleen and lymphatic system. There is an *intermittent* quality to the symptoms; these physically manifest, at first, mainly as severe episodic fever and chills. Further, given that the liver and particularly the spleen area is affected, there is also a problem with elimination and "drainage." This problem in the malaria miasm with drainage or elimination and being *stuck* will not only manifest physically, but will also extend to the emotional level.

In the beginning, there is an emotional sensitivity that manifests as touchiness; at this stage, all reactions are primarily internalized unless the patient needing this remedy is in a very safe and deeply-connected emotional setting. The *Malaria Nosode* patient and those needing remedies in the miasm, actually think their emotions are close to the surface - since they experience everything with such great sensitivity. From the outside point of view, however, others see them as distant from their emotions and *not expressive*, except through touchiness and irritability. These individuals seem also to have trouble determining positive emotions and so you could say that for them even feelings of love from others can be construed as a toxic force, or transformed into a toxic force.

Like the *Plasmodium* build-up, these toxic emotional forces build and are expressed in alternating ways. The emotional problems tend to come and go at intervals, and there is difficulty in eliminating them. An emotional trouble will present itself in a severe way and then suddenly stop, only later to be followed by another that builds up to severity, as if emotional toxins are not being effectively "moved along." They are quite needy inside and thus over-dependent on someone for their emotional and material well being, while feeling resentful that they have no control over this situation.

Their feelings don't move well - they do not get released and eliminated - and therefore even emotions, regardless of whether these are positive or negative, themselves become toxic. It is as if there is a cycle of destruction and toxicity, a cycle which the

patient cannot effectively move through or eliminate. The underlying emotional feeling is that of being "stuck" (as described by Sankaran et al.) and "surrounded by toxins" as I would describe it. This stuck-ness frequently concerns close inter-relationships, but it can also be related to their work or creativity.

You can see the similarities to the handling of emotional wounds in *China* and *Natrum muriaticum*, both in the miasm. You can think of the nosode or these remedies where there is unresolved grief with an insidious, internal depression (especially when other "grief" remedies have failed to work or only worked partially). They are stuck in their emotions and in grief: they just cannot move through them easily. Eventually, they completely lose the ability to process or move through any emotion.

There can be a passive-aggressive quality to the patient needing *Malaria Nosode*. They can appear haughty (*stuck-up*) and they avoid communicating their inner feelings - you get a sense of aggression. They think that they should either have deep contact or none. They don't give out much, have difficulty in communicating, and can even stammer or stutter. At the same time, they become attached to others - even those that give them the most problems - in part because, it seems, having someone to blame is important to them. Their emotional state causes others to suffer.

While taking the case, you may feel that you are prying when you ask even the simplest of questions about their emotional limitations or well being- they demand emotional privacy. They seem to pause for a long time, prior to or after answering your questions. You feel an underlying hostility that might be amplified through their constant harping on minor symptoms. They keep discussing these minor problems to deflect inquiry into their deeper emotional problems. They can also present in the opposite manner and be quite loquacious but, even so, you never get the sense they are revealing much about their inner emotional make-up, even though you sense that their feelings and reactions are quite strong. In this regard, they can also state that their "only problem" is the person giving them a hard time especially about a particular problem. Alternatively, they can suffer in silence until their problem is very big. If there is no initial release, then the emotions and thoughts build up.

This toxic emotional state can be evidenced by long-term disputes with their spouse, siblings, or other relatives. There is frequently a history of many feuds and battles over money and possessions, or over some event that has left "hard feelings." These toxic family emotions are usually fueled (rather than resolved) by the death of a relative. This is a remedy for family feuds related to inheritance or loss of inheritance. A comparable situation can arise when someone re-marries and develops great animosity toward the new stepchildren especially concerning money matters and financial expectations. It is a situation they feel stuck in, with no way out, and yet it is they themselves who are tending to provoke and exacerbate these bad feelings in the new family dynamic.

While being "stuck," the patient can resort to many *tantalizing fantasies* of greatness and wealth that is "just around the corner." You can either see this internalized or the *Malaria Nosode* can also be for someone who tantalizes others with the possibility of great wealth but lacks the intention of giving it. This relates back to the inheritance issue but it can also be seen in business. This idea of great-wealth-not-manifested, stops the person from taking steps to earn it and therefore they get stuck in a state of dependency, poverty or fantasy. We can see this in many yeast and fungi remedies. In the nosode, they may try to infect others with this idea, promising great wealth and making others stuck in expectancy.

Also, the toxic emotions and reactions which build up inside are repressed but eventually expressed *either* as a kind of episodic irritability and touchiness *or* explosively, the latter option even going as far as revengeful violence and homicidal rage. In fact, some researchers such as Nils Varney claim that post-traumatic stress syndrome, particularly in Vietnam War vets, is primarily a result of cerebral malaria rather than the other factors first suspected.

In this regard, I used the *Malaria Nosode* in the case of a writer in his 40's whose whole life was bound up in studying and writing about the effects of post-traumatic stress syndrome in Vietnam War vets and "the horrors of war." Previous to this project, he was quite successful, even winning a number of special awards. But as he delved into the project, he started becoming very "*depressed and weak*" and could not finish the script he was writing (*stuck*). He had immersed himself in the dismal lives of many war vets who lived on the streets, even though he was not a veteran himself. In addition, he had asked a colleague to assess his current stuck writing and got a negative and critical evaluation. This increased his doubts about his abilities even more and made him even more cautious to either start or continue *any* project.

He had grown up in Africa and had had malaria himself. As well, this individual's stepfather, who also had malaria a number of times, eventually became estranged from his family. Becoming more and more violent, the stepfather even tried to kill his mother. After taking *Malaria Nosode 1M*, the patient's depression dramatically lifted and he went on to complete his writings and start new projects. He even went on to become quite successful again - creative and active in all his endeavors.

This case also demonstrates how in *Malaria Nosode* the stuck-ness can be in the realm of creativity and work where there develops *doubt* and therefore *avoidance* as a key factor. As well, we see here the alternation of great success followed by the impression of failure. This is similar to *Vanadium metallicum*, a remedy in Stage 5, (Malaria Miasm Stage), where they are stuck from continuing in their work because they have a fear of failure or more precisely they are "tortured" by the impression that their work won't be perfect. They also have this alternation of success and failure. But, as in the case of the writer above, I have seen these issues cleared away with a few doses of the *Malaria Nosode* remedy. I have also seen that the *Malaria Nosode* may follow many of the elemental homeopathic remedies in Stage 5 such as *Vanadium*, *Niobium*, *Praseodymium* and *Tantalum*.

As we also saw in the case example, homicidal ideation can be prominent in this miasm and in the nosodal remedy, particularly towards their family. *China officinalis* is in a rubric "Mind, Kill, desire to: loved ones," an extreme but important symptom and implication also found in the *Malaria Nosode*. Interestingly, there is some controversy about certain anti-malarial drugs being responsible for familial homicides particularly on army bases where the soldier is on a regimen of anti-malarial drugs.

Many of the personal feelings of hostility, persecution and even homicide, (genocide) that are described above can be extended to and seen in a larger socio-political way. This is especially true where the individual or group needing help from remedies in this miasm are living in a town, society, or country where they are being taken care of, but not allowed independence. This can be especially seen with refugees, principally those living in a refugee camp. As a result, there is a feeling or sense of being stuck in a cycle of expectation, welfare and constant humiliation. Underlying this forced situation is the injustice but also a belief (parasitic) that they deserve more than they get from those

they are dependent on. There can therefore be homicidal rage directed at those they are dependent on.

In the end stages, a delusional belief in killing and sacrificial killing can arise; this increases to an almost religious mania where there is a need for the killing of others to atone for the sins and injuries against their family, extended family, or their racial group. As noted, there can also be a desire to kill members of their own family. It will not, of course, always be expressed in such biblical or direct terms - except in cultural settings where this is an acceptable mode of expression.

There is clannishness that can be expressed as racism and prejudices. You may have to get to know the patient in order to get this attitude or it may just slip out. They may express it in a more victimized way - as a belief that certain ethnic groups are persecuting them, or that they have in the past been persecuted. What is distinctive about the *Malaria Nosode* is that there is an underlying aggressive and revengeful aspect, rather than just a sense of victimization. In the extreme, these individuals will subscribe to violent conspiracy theories as well as to a code of violent revenge. *In many areas where malaria is endemic, there is much tribal or cultural warfare, torture and genocide.*

As might be expected, these individuals can have a fixation on, and fascination with, death - a trait you also see in many homeopathic remedies made from those mushrooms and fungi which survive by living on rotting matter. Remedies such as *Boletus* and *Agaricus* have a focus on death and are also very good for the treatment of malaria or post-malarial conditions and for problems of the spleen. Patients needing this nosode may have experienced multiple deaths of friends and relatives. They may refer to death frequently in the interview, or have had many relatives and friends die. You will hear a long history of many deaths.

There is death and decay all around them, much like a marsh or swamp where the *Plasmodium* reproduction does best. It seems as if they are unable to eliminate the toxic emotional and spiritual effects of these deaths - to move through the grief and emotions associated with someone dying or being killed. In part, this may be a result of the overwhelming nature of having more than one person die in a short time. Just as they are getting over one grief, another death happens, so that the person is in a constant state of depression that only lifts intermittently.

On a physical level, malaria disease is characterized by fever and chills that can display an exact periodicity. Many remedies have this exact periodicity and are usually malarial or splenic-related, including spider remedies such as *Aranea diadema*, and *Cenchrus contortrix*, the most "periodic" snake remedy. *Cenchrus* shares some of the dispositional themes that we have discussed for *Malaria Nosode*, especially in the end stages.

Malaria Nosode should definitely be added to these rubrics in which *Cenchrus* is listed: "Generalities, Periodic: at same hour," and "Generalities, Periodic: annually."

In *China sulphuricum*, we see Meniere's disease and tinnitus as strong symptoms.

Malaria Nosode is also to be *particularly* considered for these conditions, especially if well-selected remedies fail to work or cannot complete the job.

In *Malaria Nosode* and in the miasm as a whole we may see sleeplessness, particularly difficulty getting to sleep. There can be much repetition of thoughts and fantasies of greatness preventing sleep. Particularly in children, they may not want to stay in their room and may have a fear that someone will break in.

In cases of *China* and *Cina*, you may see children who have temper tantrums. These

will improve with, say, *Cina* but then they will get aggravated again and sooner or later the remedy fails to act and the *Malaria Nosode* will complete the action. Additionally, the child may be continually bothered that their siblings are getting more than them - reminiscent of "not getting their deserved inheritance." You may mistake this for "jealousy," both in children and in adults, and may be diverted away toward other remedies but the issue, in truth, is malarial and "deserved inheritance" is the unspoken theme.

Subtle Presentation

The proactive and violent aspect and, of course, the more intense homicidal tendencies are something that has been revealed only rarely in my practice. I live in a tolerant and ethnically diverse country and so this whole idea of sacrificial killing, and religious and xenophobic mania, is something I have only witnessed as part of the family history of individuals who have done well with *Malaria Nosode*. Certainly, this violent component is not always present in patients who can benefit from this remedy and it may show itself simply through occasional angry outbursts or temper tantrums.

Primarily, the presentation I have seen is that of a depressed, rather quiet individual who gets *intermittently stuck* in their toxic grief, death, sadness, anger and lack of success. There can be a fear of failure. I have often seen a history of family-feuding, where someone feels left out of a will or unfairly treated by other family members or in a similar fashion treats others poorly. Of course, there can also be the other polarity where the individual has great sensitivity to the family and feels that the family is persecuted. In general, however, the balance leans toward a history of great conflict in the family, a history of family feuds and even sibling rivalry.

In the healthier individual, the subtle presentation may include an indifference to earning enough money even while working and an allowing of the other partner to support them, which is less aggressively parasitic than some of the other descriptions. Also in the healthier patient, as problems build up they become resentful that you haven't helped them - even though they haven't fully expressed what is wrong with them. You may tell them to call at the first sign of relapse of their symptoms - but instead they contact you only when their symptoms or relapse have become *very* severe. Although they are loyal patients, this kind of passive-aggressive behavior can make dealing with them difficult.

By the time you need to find a second remedy for a patient in this miasm, you may note, strangely, that even though over the years you've developed a better relationship with the patient, you find at this stage they are becoming *more reluctant* to speak about what is happening emotionally for them.

In the *Malaria Nosode*, the patient will complain of being depressed or of having some physical problem, which gets severely aggravated for a few days or weeks, and then suddenly becomes better for a period of time. Depending on when you see them in the office, they can almost seem like different individuals and you may mistake one of these improved phases in their cycle for an improvement in the case. Accordingly, curative results with patients in this miasm have to be evaluated over a long period of time.

This nosode is a remedy you can consider following *Natrum muriaticum*, *China*, *Boletus*, any remedy drawn from Stage 5 on the Periodic Table, or other remedies where you see a malarial or "splenic" quality. Some of the symptoms may have remained after the action of these remedies, albeit in a minor and even nondescript

way. Even though they may be significantly better from the first remedy, they may start complaining of being "stuck in their disease." I have now seen the *Malaria Nosode* beautifully complete the cure following these other remedies in this miasm. The *Malaria Nosode* is one I started to use on a more frequent basis, realizing the importance of the malarial miasm and how it permeates personal and world conflicts.

Epilogue

While contemplating and writing this rather brief synopsis of *Malaria Nosode*, I found myself feeling depressed and becoming acutely aware of the destructive side of humanity. I felt stuck and I found that I was repeating things, going around in circles. I realized that this reflected a deep quality inherent within the malarial miasm and also the "Blood group" of remedies by virtue of the nature of transmission. I found ways of personally working with my state, getting positive and actively moving on. In the end, I was relieved to be able to re-write the whole of the commentary with effective sequencing that accurately reflected my understanding.

You could say that in the blood group of homeopathic remedies there is a revealing of, and a journey towards, "the heart of darkness." It concerns humanity's most inhumane side. Many of the individuals needing these remedies have experienced the darker, indifferent and even violent aspects of human existence. Here we feel the destructive influences in the nature of man. In the *Old Testament (Hebrew Bible)*, the first mention of blood comes after Cain kills Abel - the story of a brother killing a brother - a story which you could say has much relevance to the Malaria miasm, to its nosode, and to other homeopathic remedies to do with blood.

The Whispers of Existence

All existence whispers its secret to me:

I have life, take please take,

if you have a heart, and your heart has blood, that is not poisoned by the toxins of despair. But if your heart is covered, and my beauty does not entrance you, existence whispers to me - Away from me, away, to you I am forbidden!

If every gentle sound,

every living beauty, is not a holy song to you, but instead awakens in you a stream of strange fire - Away from me, away, to you I am forbidden!

And a generation will rise and come to life, singing to beauty and to life, and suckling endless delight from the dew of heaven.

(Translated from Rav Kook's Writings 1912 by Rabbi Itzchak Marmorstein and Rachel Ebner)

Names and Meanings

Malaria - from Italian *mala aria*, bad air. The disease was formerly attributed to unhealthy vapors given off by marshes.

Ague - fever with hot and cold fits; a shivering fit; malaria.

Anopheles - from the Creek, hurtful, prejudicial: an-, not + *ophelos*, helpful. It is insects from this mosquito species that transmit human malaria.

Mosquito - Alastair Gray's proving of *Culex pervigilans* includes this explanation:

"The Spanish called the mosquitoes *musketas*, and the native Hispanic Americans called them *zancudos*. *Mosquito* is a Spanish or Portuguese word meaning "little fly" while *zancudos* is a Spanish word meaning "long-legged." The use of the word "mosquito" is apparently of North American origin and dates back to about 1583. In

Europe, mosquitoes were called "gnats" by the English, *les mouchérons* or *les cousins* by French writers, while the Germans used the name *Stechmücken* or *Schnacke*. In Scandinavian countries mosquitoes were called by a variety of names including *myg* and *myyga* and the Greeks called them *kono-pus*. In 300 B.C., Aristotle referred to mosquitoes as *empis* in his *Historia Animalium* where he documented their life cycle and metamorphic abilities. Modern writers used the name *Culex* and it is retained today as the name of a mosquito genus. What is the correct plural form of the word mosquito? In Spanish it would be *mosquitos*, but in English *mosquitoes* (with the "e") is correct."

Family

The *Plasmodium* genus is of the Plasmodiidae family in the Haemosporida order. (Various *Plasmodium* species cause human malaria, including *P. falciparum*, *P. vivax*, *P. ovale*, *P. malariae* and sometimes *P. knowlesi*, as described below.)

Various *Anopheles* mosquito species are the vector for this parasite. *Anopheles* is of the Culicidae family, in the Diptera order of insects.

(*Culex* species, including our homeopathic remedies, do not transmit human malaria, though they are a vector for bird malaria as well as other human diseases.)

Source Notes

The remedy is prepared from the blood taken from Malaria patients during the fever. O.A. Julian notes that this remedy was first used clinically (in the 1930's) by Allendy. Adapted from Wikipedia and the Centers for Disease Control:

Human malaria parasites are transmitted by female *Anopheles* mosquitoes. The parasites multiply within red blood cells, causing symptoms that include symptoms of anemia (light headedness, shortness of breath, tachycardia, etc.), as well as other general symptoms such as fever, chills, nausea, flu-like illness, and in severe cases, coma and death.

Malaria has infected humans for over 50,000 years, and may have been a human pathogen for the entire history of our species. Indeed, close relatives of the human malaria parasites remain common in chimpanzees, our closest relatives. References to the unique periodic fevers of malaria are found throughout recorded history, beginning in 2700 BC in China.

Usually, people get malaria by being bitten by an infected female *Anopheles* mosquito. Only *Anopheles* mosquitoes can transmit human malaria and they must have been infected through a previous blood meal taken on an infected person.

When a mosquito bites, a small amount of blood is taken in which contains the microscopic malaria parasites. The parasite grows and matures in the mosquito's gut for a week or more, then travels to the mosquito's salivary glands. When the mosquito next takes a blood meal, these parasites mix with the saliva and are injected into the bite.

Once in the blood, the parasites travel to the liver and enter the liver cells to grow and multiply. During this "incubation period," the infected person has no symptoms. After as few as 8 days or as long as several months, the parasites leave the liver cells and enter the red blood cells. Once in the cells, they continue to grow and multiply. After they mature, the infected red blood cells rupture, freeing the parasites to attack and enter other red blood cells. Toxins released when the red cells burst are what cause the typical fever, chills, and flu-like malaria symptoms.

If a mosquito bites this infected person and ingests certain types of malaria parasites ("gametocytes"), the cycle of transmission continues.

Because the malaria parasite is found in red blood cells, malaria can also be transmitted through blood transfusion, organ transplant, or the shared use of needles or syringes contaminated with blood. Malaria may also be transmitted from a mother to her fetus before or during delivery ("congenital" malaria).

Malaria is not transmitted from person to person like a cold or the flu. You cannot get malaria from casual contact with malaria-infected people.

Symptoms of malaria include fever and flu-like illness, including shaking chills, headache, muscle aches, and tiredness. Nausea, vomiting, and diarrhea may also occur. Malaria may cause anemia and jaundice (yellow coloring of the skin and eyes) because of the loss of red blood cells. Infection with one type of malaria, *Plasmodium falciparum*, if not treated promptly, may cause kidney failure, seizures, mental confusion, coma, and death.

For most people, symptoms begin 10 days to 4 weeks after infection, although a person may feel ill as early as 7 days or as late as 1 year later. Two kinds of malaria, *P. vivax* and *P. ovale*, can relapse. In *P. vivax* and *P. ovale* infections, some parasites can remain dormant in the liver for several months (and up to about 4 years) after a person is bitten by an infected mosquito. When these parasites come out of hibernation and begin invading red blood cells ("relapse"), the person will become sick. Most people, at the beginning of the disease, have fever, sweats, chills, headaches, malaise, muscle aches, nausea and vomiting. Malaria can very rapidly become a severe and life-threatening disease.

Two types (species) of parasites, *Plasmodium vivax* and *P. ovale*, have dormant liver stages that can remain silent for years. Left untreated, these liver stages may reactivate and cause malaria attacks ("relapses") after intervening months or years without symptoms. Patients diagnosed with *P. vivax* or *P. ovale* are often given a second drug to help prevent these relapses. Another type (species), *P. malariae*, if left untreated, has been known to persist in the blood of some persons for several decades.

In nature, malaria parasites spread by infecting successively two types of hosts: humans and female *Anopheles* mosquitoes. In humans, the parasites grow and multiply first in the liver cells and then in the red cells of the blood. In the blood, successive broods of parasites grow inside the red cells and destroy them, releasing daughter parasites ("merozoites") that continue the cycle by invading other red cells.

The blood stage parasites are those that cause the symptoms of malaria. When certain forms of blood stage parasites ("gametocytes") are picked up by a female *Anopheles* mosquito during a blood meal, they start another, different cycle of growth and multiplication in the mosquito.

After 10-18 days, the parasites are found (as "sporozoites") in the mosquito's salivary glands. When the *Anopheles* mosquito takes a blood meal on another human, the sporozoites are injected with the mosquito's saliva and start another human infection when they parasitize the liver cells.

Thus the mosquito carries the disease from one human to another (acting as a "vector"). Differently from the human host, the mosquito vector does not suffer from the presence of the parasites.

Humans infected with malaria parasites can develop a wide range of symptoms. These vary from asymptomatic infections (no apparent illness), to the classic symptoms of

malaria (fever, chills, sweating, headaches, muscle pains), to severe complications (cerebral malaria, anemia, kidney failure) that can result in death. The severity of the symptoms depends on several factors, such as the species (type) of infecting parasite and the human's acquired immunity and genetic background.

Four species of malaria parasites can infect humans under natural conditions: *Plasmodium falciparum*, *P. vivax*, *P. ovale* and *P. malariae*. The first two species cause the most infections worldwide. *Plasmodium falciparum* is the agent of severe, potentially fatal malaria, causing an estimated 700,000 to 2.7 million deaths annually, most of them in young children in Africa. *Plasmodium vivax* and *P. ovale* have dormant liver stage parasites ("hypnozoites") which can reactivate ("relapse") and cause malaria several months or years after the infecting mosquito bite. *Plasmodium malariae* produces long-lasting infections and if left untreated can persist asymptotically in the human host for years, even a lifetime.

Malaria is transmitted among humans by female mosquitoes of the genus *Anopheles*. Female mosquitoes take blood meals to carry out egg production, and such blood meals are the link between the human and the mosquito hosts in the parasite life cycle. Of the approximately 430 known species of *Anopheles*, only 30-50 transmit malaria in nature. The successful development of the malaria parasite in the mosquito (from the "gametocyte" stage to the "sporozoite" stage) depends on several factors. The most important is ambient temperature and humidity (higher temperatures accelerate the parasite growth in the mosquito) and whether the *Anopheles* survives long enough to allow the parasite to complete its cycle in the mosquito host ("sporogonic" or "extrinsic" cycle, duration 10 to 18 days). Unlike the human host, the mosquito host does not suffer noticeably from the presence of the parasites.

The classical (but rarely observed) malaria attack lasts 6-10 hours. It consists of:

- a cold stage (sensation of cold, shivering)
- a hot stage (fever, headaches, vomiting; seizures in young children)
- and finally a sweating stage (sweats, return to normal temperature, tiredness)

Classically (but infrequently observed) the attacks occur every second day with the "tertian" parasites (*P. falciparum*, *P. vivax*, and *P. ovale*) and every third day with the "quartan" parasite (*P. malariae*).

More commonly, the patient presents with a combination of the following symptoms:

- Fever
- Chills
- Sweats
- Headaches
- Nausea and vomiting
- Body aches
- General malaise

In countries where cases of malaria are infrequent, these symptoms may be attributed to influenza, a cold, or other common infections, especially if malaria is not suspected. Conversely, in countries where malaria is frequent, residents often recognize the symptoms as malaria and treat themselves without seeking diagnostic confirmation ("presumptive treatment").

Physical findings may include:

- Elevated temperature
- Perspiration

- Weakness
- Enlarged spleen

In *P. falciparum* malaria, additional findings may include:

- Mild jaundice
- Enlargement of the liver
- Increased respiratory rate

Diagnosis of malaria depends on the demonstration of parasites on a blood smear examined under a microscope. In *P. falciparum* malaria, additional laboratory findings may include mild anemia, mild decrease in blood platelets (thrombocytopenia), elevation of bilirubin, elevation of aminotransferases, albuminuria, and the presence of abnormal bodies in the urine (urinary "casts").

Severe malaria occurs when *P. falciparum* infections are complicated by serious organ failures or abnormalities in the patient's blood or metabolism. The manifestations of severe malaria include:

- Cerebral malaria, with abnormal behavior, impairment of consciousness, seizures, coma, or other neurologic abnormalities
- Severe anemia due to hemolysis (destruction of the red blood cells)
 - Hemoglobinuria (hemoglobin in the urine) due to hemolysis
- Pulmonary edema (fluid buildup in the lungs) or acute respiratory distress syndrome (ARDS), which may occur even after the parasite counts have decreased in response to treatment
- Abnormalities in blood coagulation and thrombocytopenia (decrease in blood platelets)
 - Cardiovascular collapse and shock

Other manifestations that should raise concern are:

- Acute kidney failure
- Hyperparasitemia, where more than 5% of the red blood cells are infected by malaria parasites
- Metabolic acidosis (excessive acidity in the blood and tissue fluids), often in association with hypoglycemia
- Hypoglycemia (low blood glucose). Hypoglycaemia may also occur in pregnant women with uncomplicated malaria, or after treatment with quinine

Severe malaria occurs most often in persons who have no immunity to malaria or whose immunity has decreased. These include all residents of areas with low or no malaria transmission, and young children and pregnant women in areas with high transmission.

In all areas, severe malaria is a medical emergency and should be treated urgently and aggressively. As noted above, careful treatment and monitoring of *P. vivax* and *P. ovale* infections is required to manage the risks of recurrent relapses months or even years later.

Other Manifestations of Malaria

- Neurologic defects may occasionally persist following cerebral malaria, especially in children. Such defects include troubles with movements (ataxia), palsies, speech difficulties, deafness, and blindness.
- Recurrent infections with *P. falciparum* may result in severe anemia. This occurs especially in young children in tropical Africa with frequent infections that are inadequately treated.

- Malaria during pregnancy (especially *P. falciparum*) may cause severe disease in the mother, and may lead to premature delivery or delivery of a low-birth-weight baby.
- On rare occasions, *P. vivax* malaria can cause rupture of the spleen or acute respiratory distress syndrome (ARDS).
- Nephrotic syndrome (a chronic, severe kidney disease) can result from chronic or repeated infections with *P. malariae*.
- Hyperreactive malarial splenomegaly (also called "tropical splenomegaly syndrome") occurs infrequently and is attributed to an abnormal immune response to repeated malarial infections. The disease is marked by a very enlarged spleen and liver, abnormal immunologic findings, anemia, and a susceptibility to other infections (such as skin or respiratory infections).

Clinical Focus Guide for *Malaria*

Compound Nosode

Appearance of Patient

Thoughtful pause before answering or a soft stammer
 Reticent about revealing emotions
 Touchy, averse being looked at
 Violence under the surface
 Tortured or stunned look
 Facial tics and fidgeting

Mind and Disposition Focus

General

Inadequate elimination physically and emotionally
 Deep feelings that are hard to release or describe
 Stuck intermittently
 Plasmodium building up and then released
 Toxic emotions
 Overstepping others' boundaries
 Tantalizing promise of great wealth or expectancy - fantasies
 Family feuds

Stuck in toxic grief, emotion or thoughts

Emotions and negative thoughts not easily eliminated
 Sensitive to criticism and the reaction kept in
 Sensitive, especially to those they love
 Walled off

Love is toxic

Those that are close or love them are the enemy
 Toxic emotions which build up
 Fear of contagion
 Hostility
 As if leading life in a nightmare

Intermittent emotional and physical expression

Holding emotions in

Touchiness and irritability

Provoking negative responses
 Internalization of emotion, stuck inside and released by violent expression

Complaining or refuses to complain until too late
Aversion to touch, pulls away from consolation
Sensitive to how things feel - clothing has to be just right, in fit and feel

Stuck in long-term project that doesn't complete

Never able to complete anything
Doubt about ability to succeed
Alternating success and failure
Feeling, or dreams, of unsuccessful efforts
In school for years and never graduating
Projects that go on for years but are never complete
History of bankruptcy, financial disputes, lawsuits

Deserving of wealth from others, the family

Envy of others' inheritance
Stuck inheritance - not getting *deserved* inheritance
Feuding about inheritance, money, possessions
Sibling rivalry
Tantalizing promise of great wealth

Family feuds

Especially over family money and inheritances
History of unresolved family fights
Desire to kill members of their own family
Feeling of being ganged up on by members of their own family
Ripped off or deceived by family members
Stirring or instigating family feuds
Effects of family feuding
Money problems related to the family, ripped off by family member

Parasitic

Dependence with resentment and anger leading to homicide

Chronic poverty with dependency on welfare

Desire to secretly accumulate wealth

Gambling

Temper tantrums in children

Shrieking
Turning blue
Kicking, violent tantrums
Hard done by, feeling of being persecuted and then a tantrum
Demanding children

Completing the cure of other remedies related to temper tantrums in children

Long temper tantrums
Animal-like behavior during temper tantrum (cf. Lyssin)

Vindictive, revengeful

Mistrustful, especially of relatives
Bitterness
Persecuted feeling

Loyalty to a persecuted group leading to racism and xenophobia

Heroically protecting through violence
History where family or member of family is unjustly accused or arrested
Psychotic break with homicidal activity
Killing the family or those who aggress the boundary of their perceived

(or delusional) loyal group

Homicidal thoughts and actions towards family

As if going into battle

War trauma

Post Traumatic Stress

Violent hatred of certain people or races

Simple prejudices

Violent hatred and homicidal urges

Sacrificial killing or letting of blood

Ethnic or tribal fighting

Death all around

Suffering from the effects of multiple deaths

Depression about war

Relatives and friends constantly dying

Rotting matter, rotting life

Death of others as a solution

Anorexia

Big ideas

Fantasies of being famous, big ideas of money, etc.

Stuck with ideas and fantasies

Fear of being attacked

Promising great wealth or expectation with no intention of fulfilling

Doubt

Can never please

Doubt about it being perfect

Paralyzed by perfectionism

Violent sex

Rape

Sado-masochism

Prostitutes

Paranoid schizophrenia

Alcoholism

Dreams water

Chronic sleeplessness

Difficulty getting to sleep from thoughts

Waking frequently

Anxiety about sleeplessness

Chronic dependence on sleeping medications

Toxic sexuality

Toilet sex (DD. *Culex*, *Musca domestica*)

Physical Focus

Effects of Malaria

Fever and chills

Periodic

Night Sweats

Periodicity

Exact periodic aggravations

4 pm aggravation

Deep tiredness

- Episodic
- Chronic fatigue syndrome
- Need to lie down
- Sudden weight loss, night sweats and fatigue

Recurrent disabling influenza**Meniere's disease****With weakness****Vertigo**

Episodic vertigo

Better lying

Triggered or worse from sudden or loud noises

Migraine headaches

Worse heat, better ice

Better lying

With vertigo

Comatose

After effects of general anesthesia

Patient appears comatose

Unrousable from coma

Kidney

Glomerulonephritis

Frequent kidney infections

Colitis

Ulcerative colitis

Abdominal bloating

Severe

With great irritability

With difficulty breathing

Better weeping

Candidiasis

Effects of Stroke

Inability to speak

Trapped by a disability of communication

Blood Dyscrasias

Anemia

Sickle cell

Spleen affections

Poor lymphatic drainage

Ailments from removal of spleen

Leukemia

Arthritis and Inflammation of extremities

Chronic inflammation of joints

Paralyzing pain

Heaviness in the extremities

Better hard pressure

History replacement of joints

Remittent

Put up with a lot of pain

Stuck in the pain

Oedema

See also *Filariasis Nosode*

Hypoglycemia

Pulmonary Oedema

Severe Episodic Asthma

With bloating

With neuralgia and spasm

With aversion to touch

After dissapointment

Chronic

Worse fog, damp weather or environment

Worse emotions

Seizures and Convulsions

Coma

Skin

Piercing

Various skin cancers

Tics

Lymphoma

Tea

Desire tea

Worse tea

Ailments from too much tea drinking

Changeable symptoms

Symptoms move around body

Metastases

Neuralgias

Pain, better hard pressure

Water

Worse dampness

Ailments from swamps, floods, etc.

Genital Herpes

Multiple sclerosis

Selections from contemporary homeopathic sources

Scholten Stage 5 Descriptive Words:

Intermittent, Periodic, Attacks, Hostility, Torture, Disobedient, Oppose, Persecution, Prepare, Propose, Temporary, Provisory, Unrealistic, Doubt, Postponing, Avoiding, Alternating, Tantalizing, Pre, Caution

Adapted from Reckeweg's *Homotoxicology*:

The attenuations of this nosode are prepared from blood obtained from malaria patients during the fever. Malaria, which is synonymous with intermittent fever, marsh fever or ague, is an infectious disease, widespread in the tropics and to some extent also in the sub-tropics, which is transmitted by the bite of the *Anopheles* mosquito (only the female sucks blood), the parasites developing in the mosquito only at temperatures of + 17°C or above. It is also known for malaria to be transmitted by blood transfusion, or by congenital infection of the fetus. The malarial attack is characterized by prodromal symptoms of lassitude, pains in the limbs and general discomfort, after which acute characteristic feverish attacks begin with shivering, a crisis following in 6-8 hours with

sweating. There are frequently changes in the blood-composition with leucopenia and a fall in the lymphocyte count, monocytosis, polychromasis and basophilia. As for the urine, the aldehyde test is usually positive.

Apart from quartan, tertian and tropical malaria, there exists a dangerous non-febrile form, with an enormously increased multiplication of the micro organisms. It may also happen that double or triple infections of all varieties result in daily attacks of fever (quotidian fever). The *Malaria Nosode* is less suitable for treatment of the acute malarial attack since all homeopathic remedies in principle have a stimulative action on the body's defenses, by cleansing the homotoxic soil. However, the *Malaria Nosode* is more suitable in any kind of illness where malaria or some similar disease is found in the medical history. A typical symptom is the "malarial hand," characterized by a bright red coloring of the palms. One sometimes sees this symptom in a patient, and the *Malaria Nosode* can then be used in the treatment. Otherwise it is indicated in a very wide variety of febrile states which begin with rigors, and generally also in numerous septic fevers, especially when hematuria is present, since blackwater fever can occur in malaria, caused by the destruction of many erythrocytes, hemoglobin then building up in the kidneys with a danger of anuria and uremia. Thus the *Malaria Nosode* may possibly also have a beneficial effect in anuria and uremia, especially if feverish illnesses come to light in the medical history which have been treated allopathically or with chemotherapy.

Since malaria treatments have also proved effective (approximately 33% rate of cure) in tabes dorsalis and neurosyphilis, as forms of tertiary syphilis, then a beneficial action may also be expected from the *Malaria Nosode* in these two conditions; at least it should be tried. Furthermore, since certain forms of malaria exist which are non-febrile, known as "malaria larvata" (masked malaria), but which proceed with neuralgia and rheumatic or influenza symptoms, the *Malaria Nosode* may in principle be used in all neuralgias, and non-febrile influenza symptoms to good effect, especially if there is a history of chemotherapy. This applies particularly to patients living in marshy or damp areas.

Although not known by the name of malaria, the symptoms have been recognized as those of a disease since the time of Hippocrates. It was named "malaria" in the middle of the eighteenth century in the belief that the disease was air-borne from the bad air (*mala aria*) rising from swamps and marshes. It was not until 1898 that Sir Ronald Ross, M.D., discovered that malaria or ague was caused by the bite of a malaria-infected mosquito. There are several species of mosquitoes that are capable of transmitting malaria but they are usually confined to the tropics or subtropics for they must have moisture and warmth in order to thrive.

As a rule malaria kills slowly after years of intermittent attacks of ague and fever which maim its victim physically and mentally. It is exceedingly debilitating and saps physical reserve to the point where one may become easy prey to some minor infection or disease which in itself would not ordinarily be fatal.

There are many interesting stories about mosquitoes. According to an Algonquin Indian tale, mosquitoes were sent by Wakonda, the Strong Spirit (one of the Great Spirits), because of the laziness of a woman. They tell the legend in this way. Long ago an industrious Indian named Pug-a-mah-kon often had to work in dirty places. His wife, instead of keeping his deerskin clothes clean, neglected such duties and spent her time gossiping with her neighbors. When Pug-a-mah-kon heard that Wakonda was about to

pay a visit to the village, he entreated his wife to clean his clothes for this momentous occasion. She failed to do so, and full of disgust at her failure to comply with his wishes, he was in the midst of chiding her for her indolence, when Wakonda suddenly appeared before them. Wakonda commanded Pug-a-mah-kon to take some of the dirt still clinging to the garment and to throw it at his wife. As the particles of dirt touched her they at once changed into mosquitoes. Ever since, especially during warm days and nights of early summer, when mosquitoes are bothersome with their singing and biting, the Indians say it is a reminder of this lazy, slovenly woman, who was not only a trial to her husband, but who, because of her lack of industry, brought such a scourge upon all people.

The Creek Indians, on the other hand, perform a "mosquito dance" in which the women are supposed to play jokes on the male dancers by pricking them with pins.

Relationships

Remedies mistaken for:

Anacardium, Black mamba (*Dendroaspis poly lepis*), *Cenchrus contortrix*, *Natrum muriaticum*, *Boletus*, *China* and alkaloids of *China*, the Asteraceae (Compositae) family, *Drosera*, *Crotalus cascavella*.

Stage 5 remedies.

Following:

Natrum muriaticum, *China*, *Boletus*, *Crotalus cascavella*, *Cina*. Stage 5 remedies.

Related to:

Parasitic miasm and group Blood Group *Culex* Group

Bovista. Other Fungi: *Agaricus*. *Boletus*. Yeast remedies.

Nitric acid.

Culex, *Musca domestica*.

Remedies in this Miasm

From Complete Repertory 2008:

Fever, Heat; INTERMITTENT, chronic, ague, malarial (233): abies-n., absin., aeon., agar., alst-c., alst-s., **ALUM.**, am-c., **Am-m.**, **Am-pic.**, anac., ang., ant-c., ant-o., **ANT-T.**, anth., **Apis**, **ARAN.**, **Arg-n.**, arist-cl., *am.*, **ARS.**, ars-br., **Ars-i.**, ars-s-f., arum-t., asaf., asar., asc-t., aur., aza., baj., bap., bar-c., **BELL.**, benz-ac., **Bol.**, bol-lu., bov., **Bry.**, bufo, **Buni-o.**, buth-aust., cact., calad., calam-a., **CALC.**, *calc-ar.*, **Calc-p.**, calc-s., calli., camph., camph-br., canch., cann-s., canth., **Caps.**, **Carb-ac.**, carb-an., **Carb-v.**, card-b., caust., cean., **Cedr.**, cent., ceph., cham., cheL, chelo., **CHIN.**, **Chin-ar.**, chin-b., **Chin-m.**, **CHIN-S.**, **CHININ.**, chion., cic., cimx., **Cina**, cist., citl-l., clem., coc-c., cocc., coff., colch., coloc., corn., **Corn-f.**, croc., crot-h., cupr., cycl., diet., dros., **Echi.**, elat., **Eucal.**, euon-a., eup-c., **Eup-per.**, **Eup-pur.**, euphr., **FERR.**, ferr-ar., **Ferr-i.**, ferr-p., fl-ac., fum., gels., **Gent-1.**, gent-q., geum, gins., glech., graph., grin., guare., **HELIA.**, hell., **Hep.**, *hydr.*, hyos., **Ign.**, ilx-a., **lod.**, **IP.**, **Iris**, kali-ar., kali-bi., kali-c., kali-i., kali-m., kali-n., kali-p., **KALIS.**, lac-d., **LACH.**, laur., led., **Lepro.**, lept., lil-t., lob., **LYC.**, lyss., mag-c., mag-m., mag-p., maland., malar., mangi., meny., mere., methyl., mez., mill., mosch., mur-ac., naja, nat-c., **NAT-M.**, nat-p., **NATS.**, nice., **NIT-AC.**, nux-m., **NLIX-V.**, ol-j., **Op.**, ost., par., **Petr.**, ph-ac., phel., **Phos.**, phyll-a., phyt., plan., plb., podo., polyg-a., polyp-p., **Pop.**, prun-c., **PSOR.**, ptel., **Puls.**, pyre-p., **PYROG.**, querc., ran-b., ran-s., rheum, rhod., **Rhus-t.**, **Sabad.**, sabin., sac-alb., samb., sang., sec., sed-ac., seL,

senec., **SEP.**, Sil., Spig., spong., stann., Staph., stram., sul-ac., **SULPH.**, sym-r., tarax., **TARENT.**, Tela, tell., teucr., thal., then, Thuj., **TUB.**, ulm., urt-u., valer., **VERAT.**, veratv., verb., verbe-h., vip., zinc.

Toxoplasmosis Nosode

Homeopathic abbreviation

Toxo. (Complete)

Toxo-g. (Synthesis)

Synonyms

Toxoplasminum

Toxoplasma gondii

Toxoplasmosis Nosode

Description

Toxoplasmosis is a disease caused by a single-celled protozoal parasite. It is transmitted chiefly through undercooked meat, soil, or in cat feces. *T gondii* is one of the most successful protozoal parasites; it infects the nucleated cells of virtually all warm-blooded animals. Certain cat species are the sole host for sexual reproduction of the parasite.

As described, toxoplasmosis is a serious condition which can be 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. 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

Toxoplasma gondii Nicolle & Manceaux 1908

Commentary

This parasitic protozoa prepared into a homeopathic remedy is difficult to identify in the same way that the actual disease and its sequelae can be mistaken for other conditions. The Centers for Disease Control website states that in the United States an estimated 23% of adolescents and adults have laboratory evidence of infection with *Toxoplasma gondii*.

One of the main conditions it is mistaken for is mononucleosis. Someone who either actively has mononucleosis, or has a history of mononucleo-

sis, where the totality agrees, may need this remedy. I believe this remedy is indicated more frequently than we think and in many cases *Carcinosin*, which is considered an important homeopathic remedy post-mono, is wrongly prescribed in its stead.

Like other parasitic infections, on a dispositional level there are elements of *clinging* and *overstepping others' boundaries*. One of the first times I used this remedy was when I consulted on a case taken by another homeopath, where the woman patient had a partner who had died of lymphoma. A short time after her partner's death, she came down with the same illness, manifesting profuse night sweats, weakness and great fatigue. She also experienced a "dark cloud" of depression and feeling that all is "worthless."

The homeopath wanted me to meet this patient, so the next time I was teaching in that city a meeting was arranged. The patient entered the large room where we were going to discuss her case along with her practitioner. I came to the door to show her to her seat and found that the woman came uncomfortably close to me; she seemed to be right on my shoulder and stayed there as we walked over to the chairs where we were going to sit and meet. So my first impression was that she was somehow clinging to me, a stranger.

In examining the well-taken and dense case notes, I became riveted on what seemed the most peculiar. I could not reconcile the fact that her husband had lymphoma and then she developed it - except to think of some communicable disease or shared exposure to an environmental carcinogen. Thinking of toxoplasmosis, in the end, I questioned her about cats and found that, yes, when her husband was alive they had an old sick cat that slept with them. The cat died around the same time as her husband. With all these aspects present - the clinginess (specific to *Toxoplasmosis* is clinging to *strangers*), the history of the cat and the shared lymphoma - everything pointed to homeopathic *Toxoplasmosis*. I suggested giving this remedy and the woman, according to the other homeopath and her colleagues, has remained well and free of lymphoma for over eight years.

In this case, we clearly see some aspects of the disposition that are reliable indications for this homeopathic remedy. As in this case, I have found that the *Toxoplasmosis* patient can overstep others' boundaries, but in a subtle way. They are too close to others, both in a physical and emotional way; they cling to others. They drain others' energies while complaining about their own energy being very low. Initially, their closeness may seem like affection, but there is a manipulative quality to it and it is like a prolonged insertion of themselves into another person's life - a *parasitic* quality. In the end, the patient attempts to mold others into adopting their way of

acting, and their way of looking at the world. The reason that they do this is as a safety mechanism - I will describe this more below.

Such behavior may appear not only in their intimate relationship, but also in the way they talk about their family and how they "were never there" for the patient. Similar to the homeopathic nosode made from malaria, in this nosode there can also be a history of discord in the family and resentment or even abuse towards other family members. It is not as profound as it is in malaria but it can still be present.

Their response to the discord can also be to hide out but at the same time feel they should be "served." One example is where a teenage son or daughter stays at home, plays superficial games on the computer and "hides out" in the family home, (like *Leprominium*). I have also seen very good results with this remedy in schizophrenia where we may also see this kind of "social hibernation" in the initial as well as in the later stages.

This behavior can lead to or be a result of a constant feeling that they are responsible for remaining *vigilant* toward strangers, wary of any toxic or animalistic forces, and generally alert for any possible "intruders" or for any sudden changes in their external environment. This vigilance against strangers can even go so far as xenophobia and develop into a fear of people who seem to fall outside their own notion of the "norm" (a trait we also see in *Natrum carbonicum* and *Xenon*). When they see someone who is a little different or strange, they may suddenly have the idea that this person could (or will) kill them. They can also have a fear (or dream) that they will be kidnapped or that some robber will break in.

They only then let in those they feel safe with or those that they feel they can subtly mold into a "safe" person (in various ways) so that these people can then, in turn, "assist" in the necessary tasks of vigilance and safe-keeping. The acquaintance (or even the stranger that a trusted acquaintance has introduced them to) or the relative, or friend, will feel *clung onto* and eventually, with the passing of time, will feel a pressure to change. Indeed, the target person feels "suffocated" by the toxoplasmosis patient. It is important to differentiate this from the idea, or rubric, "Mind, Dictatorial." These individuals do *not* overtly appear dictatorial; it is a matter more of subtle "molding" rather than any direct confrontation, (like homeopathic Virus remedies).

This nosode can also address the situation of a person who has grown up with parents that are "alternative types" or who were out of the ordinary compared to the surrounding society. The patient needing homeopathic *Toxoplasmosis* will reject this alternative lifestyle while being embarrassed by their parents' past; they will have grown up wishing their parents were "normal." Alternatively, you might hear a story of someone who has a history of doing many alternative activities but then subsequently embraces a more conservative approach or religion.

Another possible manifestation is that, along with the *Toxoplasmosis* patient's sense of social norms, there is a fear or delusion of robbers, or that someone will break in at night. In the end, they can also develop tremendous fears that something terrible is going to happen, particularly in novel situations (such as flying on an airplane).

Interestingly enough, this form of fear can extend to the weather: they may fear that a storm is imminent. It can be good for someone who lives in a storm, hurricane, tornado, or typhoon area that is often hit hard by sudden changes in the weather and consequently remains hyper-vigilant.

They may deal with such a situation by praying constantly, or by following a ritualistic

routine, (like *Lyssin*). They believe that through these efforts the fearful situation will immediately change. There can be a great panic in closed places. In two cases, I confused *Aconite* with this remedy, giving it first - with only partial results - and only then prescribing homeopathic *Toxoplasmosis* which acted with a curative (indeed, "life changing") effect.

In the beginning, particularly aschi Idren, they can be quite impressionable- along with an almost clairvoyant feeling about others (like *Phosphorus* or *Aconite*). This can lead to a feeling as if spirits are around them - initially with fascination but eventually with great fear (like *Mancinella*). They can also have a fear of animalistic impulses within themselves and in others, and may feel on guard against these.

What eventually develops in *Toxoplasmosis*, is a belief and a strong "ego sense" that they can change or mold every situation. However, these actions have to be put into context: we see an intellectual presentation in this patient where, like *Carcinosin*, they can be distant from their emotions and appear impassionate even while talking about passionate matters. Later, they can cut themselves off from feeling emotions *in toto*, and can develop the sense that they are not connected emotionally (again similar to *Carcinosin*). For these reasons, this remedy is indicated in cancerous states although in *Toxoplasmosis* we can also see extreme mental states such as schizophrenia.

Toxoplasmosis is a disease that affects cats and can be transmitted through cats. This can be a key to its use. When I suspect that someone may need this remedy, I may ask if they have owned a cat. If they say "yes," it is a further indication, although just one of many. This will apply especially if they seem to have developed an assortment of unexplained symptoms after getting a cat; even something as severe as lymphoma, as described in the patient above, can fall under this rubric. This particular indication is even more reliable if the cat has *itself* had unexplained problems, or has had (diagnosed or undiagnosed) any swelling of the glands. I should add here that I would strongly consider *Toxoplasmosis* as a homeopathic nosode in the treatment of many different disturbances in cats. Notably, cats have a higher incidence of lymphoma than do dogs, other animals, or people.

Although cats are not the only animal affected by toxoplasmosis, there is somewhat of a cat-like quality to the patient who needs this homeopathic remedy - that along with a *love of cats* (and pigs). "Domesticated" cats have a way of engendering affection, yet they combine this with the uncanny ability to remain self-absorbed and to mold their owner's lives to *their* needs. The remedies, by the way, for love of cats are primarily *Sulphur* salts or *Sulphur* itself, the Butterfly remedies and some others. I have discussed *Toxoplasmosis* in relationship to *Argentum sulphuricum* in the first volume of the *Clinical Focus Guide*.

There are many other remedies that may have a general love of animals, such as the remedies in the *Nymphaeaceae* plant family, yet they still await adequate documentation in the homeopathic Repertory.

In my relatively small community (I live on an island), there is a group of individuals, mainly women, who have a love of cats and have formed an association for their protection. The very active members of this strong association for the protection of cats carry out fundraising activities and more. They can be seen in the forests, having mounted searches for lost cats, spending days fanning out in an organized fashion, searching and searching for a lost cat, yelling, "Here kitty, kitty" (or the cat's name) over and over again. After these women have become almost insanely frantic through the

course of their frustrated search, the cat shows up, some time later, none the worse for wear, alert for the noise of the can opener. (*This is just a little Toxoplasmosis humor*). In the acute disease, most individuals with healthy immune systems tend not to develop the serious eye symptoms that belong to this disease; instead they experience mildly swollen glands and a flu-like malaise. Therefore, it frequently goes undetected. Pregnant women are particularly sensitive to the toxoplasmosis parasite and, as such, their offspring can subsequently develop serious problems. I would consider this nosode for the chronic disease sequelae and even for children with microcephaly (in particular), epilepsy, blindness, or other birth defects where there is a history of cats in the family.

The major physical areas of pathology have to do with the eyes, the glands, and the striated muscles; indeed both the striated muscles and the heart can be affected. It is a disease I would query, and a remedy I would consider, if I saw a child or adult with recurrent eye problems of whatever nature, particularly if the family had a cat or other animal. The eye symptoms can be varied and as serious as retinitis and retinal detachment, or as mild as moderate recurring pink eye or blepharitis.

There is also swelling of the lymph nodes; recurring fevers and chills can occur with lymph node swelling and weakness as sequelae. Swollen lymph nodes are an important confirmatory symptom and, as I mentioned, *Toxoplasmosis* is an important homeopathic remedy in lymphoma.

I have also seen patients who have cartilage, as well as ligament, problems benefiting from this remedy - indeed, any of the connective tissues can be involved. In most cases, there is weakness and even necrosis of these tissues.

This is a remedy that I have used with very good success in Marfan's syndrome. In this disease the patient has a look somewhat like Abraham Lincoln, who was said to suffer from this condition - that is, with an elongated face and a long and slender body, (also cat-like). In Marfan's syndrome, the connective tissue in the heart, lungs, eyes and skeletal system can stretch and weaken. Eventually, serious heart problems can occur through weakness in the aorta, as well as various other pathologies. I believe that there could be a link between these two diseases and, therefore, this miasmatic remedy may be indicated in Marfan's syndrome, but *not* all patients needing homeopathic *Toxoplasmosis* either look like this or suffer from this disease.

Subtle Presentation

As you can gather, there are various ways in which patients needing this remedy may present - from the more lively, hyper-vigilant and clingy patient all the way to the more gloomy, depleted one.

As with other nosodes, this is a remedy where you may not see all these mental emotional and dispositional indications that I have just described but, instead, just some vague physical disease symptoms that are tempting to diagnose as "toxoplasmosis." In one case where homeopathic *Toxoplasmosis* was successfully prescribed, the young woman kept testing negative for toxoplasmosis, the disease, yet a number of medical specialists whom she saw would continually question whether she had it. She experienced serious symptoms that included energy loss, sudden lip swellings, swollen glands and other symptoms but without the fears. The homeopathic *Toxoplasmosis* nosode helped her immensely.

I have also been successful in prescribing this remedy just upon the history of lymphoma along with some other minor indications of "parasitic energy," without all the

fears and without the love of cats. It is also a remedy you can think of in the case of someone who has never been well since mononucleosis or since toxoplasmosis, the disease itself.

As a final note I have used this remedy very (!) successfully in patients with schizophrenia as well as epilepsy. In most of these cases, the specific pathological mental ideation has not necessarily led me to the remedy, but there has always been a history of a cat in the family.

Names and Meanings

Toxoplasmosis - originates from *Toxoplasma* the genus name and the suffix *-osis* (Creek) denoting a process, condition, or pathological state.

Toxo- - from the Greek, *toxon*, a bow or arc, from the crescent shape of the parasite (thence *toxikon*, arrow poison, and our word "toxic," poisonous).

Plasma - Creek, *plasma*, *plasmatos*, something molded, from *plassein*, to mold.

Gondii - referring to the name of the North African rodent in which the organism was first isolated by Nicolle and Manceaux in 1908, *Cteno-dactylus gundi*, the common gundi, which is found in parts of Morocco, Algeria, Tunisia, and Libya. Gundis are small rodents with large heads; they have a blunt nose, big eyes, rounded ears, a short, furry tail and dense, soft, silky fur.

Family

Toxoplasma gondii is the sole species in the *Toxoplasma* genus of the Sarcocystidae family in the Eucoccidiorida order of Protozoa.

Source Notes

The attenuations of this nosode are prepared from serum and cerebrospinal fluid taken from patients suffering from toxoplasmosis.

Like *Toxoplasma*, species of *Plasmodium*, *Cryptosporidium*, *Isospora* and *Sarcocystis* are also placed in the Apicomplexa sub-phylum. These are all animal parasites capable of reproducing in bursts by means of producing a host of spores. *Plasmodium* does this in the blood (hence the order name Haemosporida), while and the other "coccidian" parasites mentioned above reproduce in the intestines of animals.

Adapted from the Centers for Disease Control website:

Toxoplasmosis is caused by infection with the protozoan parasite *Toxoplasma gondii*.

T. gondii has a complex life cycle consisting of three stages:

- a) tachyzoite - during the acute stage of infection, this form of the parasite invades and replicates within cells;
- b) bradyzoite - during latent infections, this form of the parasite is present in tissue cysts; and
- c) sporozoite - this form of the parasite is found in oocysts, which are environmentally resistant.

Members of the family Felidae (including domestic and feral cats) are the definitive hosts of *Toxoplasma*. During acute infections, cats excrete unsporulated (i.e., un-infectious) oocysts in their feces; after several days to several weeks, depending on environmental conditions, the oocysts sporulate and become infectious. Under favorable conditions (i.e. in warm, moist soil), oocysts can remain infectious for approximately 1 year. They do not survive in arid, cool climates and can be destroyed by heating.

Toxoplasmosis can be transmitted to humans by three principal routes. First, humans

can eat raw (or inadequately cooked) infected meat or eat uncooked foods that have come into contact with contaminated meat. Second, humans can inadvertently ingest oocysts that cats have passed in their feces, either in a cat litter box or outdoors in soil (e.g., soil from gardening or unwashed fruits or vegetables). Third, a woman can transmit the infection to her unborn fetus.

Women infected with *Toxoplasma* before conception, with rare exceptions, do not transmit the infection to their fetuses. Women infected with *Toxoplasma* after conception (i.e. during pregnancy) can transmit the infection across the placenta to their fetuses. Maternal infections early in pregnancy are less likely to be transmitted to the fetus than are infections later in the pregnancy, but early fetal infections, when they do occur, are more likely to be severe than are later infections. An estimated one half of untreated maternal infections are transmitted to the fetus.

The classic triad of signs that are suggestive of congenital toxoplasmosis include chorioretinitis, intracranial calcifications, and hydrocephalus. However, most infants infected *in utero* are born with no obvious signs of toxoplasmosis on routine examination, although many develop learning and visual disabilities later in life. If untreated, congenital toxoplasmosis can be associated with severe and even fatal disease.

In the United States, an estimated 23% of adolescents and adults have laboratory evidence of infection with *T. gondii* (CDC, unpublished data, 1994), although these infections are *usually* either asymptomatic or associated with mild self-limiting symptoms.

The severity of *Toxoplasma* infections is correlated with the immune status of the infected person. Toxoplasmosis in immuno-competent adolescents or adults is generally mild or unapparent. Mild infections can result in lymphadenopathy, fever, fatigue, and malaise, all of which usually resolve within weeks to months without specific treatment. However, infection in immuno-compromised persons can be severe. Immunosuppression caused by AIDS or therapies for malignancies, transplants, or lympho-proliferative disorders can result in reactivation of preexisting latent *Toxoplasma* infections. Reactivation most often involves the central nervous system, and symptoms can include meningo-encephalitis or symptoms of a mass lesion.

As mentioned above, infections in pregnant women can cause serious health problems in the fetus if the parasites are transmitted (i.e., congenital toxoplasmosis) and cause severe sequelae in the infant (e.g., mental retardation, blindness, and epilepsy).

Although congenital toxoplasmosis is not a nationally reportable disease and no national data are available regarding its occurrence, extrapolation from regional studies indicates that an estimated 400 to 4,000 cases occur in the United States each year. In addition, of the 750 deaths attributed to toxoplasmosis each year, 375 (50%) are believed to be food borne, making toxoplasmosis the third leading cause of food borne deaths in the United States.

Data regarding the rate of congenital toxoplasmosis are available from the New England Regional Newborn Screening Program. All infants born in the catchments area of this program are tested for evidence of congenital toxoplasmosis; infected infants undergo clinical evaluation and treatment for 1 year. During 1986-1992, of 635,000 infants who underwent serologic testing, 52 were infected, representing an infection rate of approximately 1 per 10,000 live births. Only two (4%) of these infants were recognized to have congenital toxoplasmosis before the screening results were known;

however, follow-up examinations of 19 (40%) of the 48 infants evaluated revealed signs of disease (e.g., abnormal cerebrospinal fluid examinations, hydrocephalus, and retinal lesions).

Limited data are available to assist in estimating the portion of the disease burden of toxoplasmosis attributable to meat consumption. A recent study compared results from a cross-sectional seroprevalence study of Seventh Day Adventists, a religious group that follows a diet containing no meat, with serologic results from a control group of volunteers who were not Seventh Day Adventists. Results from this study documented a significantly lower rate of *Toxoplasma* infection in Seventh Day Adventists than the control group (24% versus 50%, respectively; $p < 0.01$). Thus, approximately one half of *Toxoplasma* exposure might be caused by eating contaminated meat. Furthermore, a statistically significant decrease in risk for infection was observed among non-meat eaters even after the data were adjusted for age and sex (odds ratio = 0.2; 95% confidence interval = 0.1 -0.5). Because this study was originally designed to evaluate the possible association between eating shellfish and *Vibrio* and Norwalk virus (Norovirus) infections, important questions regarding toxoplasmosis (i.e. amount of meat consumed, contact with or ownership of cats, or history of outdoor activity) were not asked in the interview.

A report conducted by USDA's Economic Research Service concluded that one half of the toxoplasmosis cases in the United States are caused by eating contaminated meat. The estimated economic burden of these infections is \$7.7 billion each year, primarily from congenital toxoplasmosis.

Pork has been implicated by some authorities as the meat most commonly associated with food-borne toxoplasmosis. In some areas, market pigs from small producers have had higher rates of *Toxoplasma* infections than pigs from larger producers; however, overall rates appear to be declining over time. In 1992, a large survey in Illinois documented that 3.1 % of market pigs had serologic evidence of *Toxoplasma* infection. *Toxoplasma* infection has also been identified in other meats, but their contribution to the burden of disease is believed to be small.

Although *Toxoplasma* infections are associated either with eating contaminated meat or with ingesting oocysts passed in the feces of cats, no laboratory test exists that can determine the origin of a *Toxoplasma* infection in a specific person and whether it was associated with food borne, cat borne, or soil borne transmission. Epidemiologic studies of the transmission of toxoplasmosis have been hindered by an inability to determine the origin of isolated infections.

Determining when *Toxoplasma* infection occurred in a pregnant woman is particularly important because infection before conception poses no substantial risk for transmission of infection to the fetus; however, infection after conception does pose such risk.

Adapted from Wikipedia:

It has been found that the parasite has the ability to change the behavior of its host: infected rats and mice are less fearful of cats - in fact, some of the infected rats seek out cat-urine-marked areas. This effect is advantageous to the parasite, which will be able to sexually reproduce if its host is eaten by a cat. The mechanism for this change is not completely understood, but there is evidence that toxoplasmosis infection raises dopamine levels in infected mice.

The findings of behavioral alteration in rats and mice have led some scientists to

speculate that *Toxoplasma* may have similar effects in humans, even in the latent phase that had previously been considered asymptomatic. *Toxoplasma* is one of a number of parasites that may alter their host's behavior as a part of their life cycle. The behaviors observed, if caused by the parasite, are likely due to infection and low-grade encephalitis, which is marked by the presence of cysts in the brain, which may produce or induce production of a neurotransmitter, possibly dopamine, therefore acting similarly to dopamine reuptake inhibitor type antidepressants and stimulants.

"In populations where this parasite is very common, mass personality modification could result in cultural change. [Variations in the prevalence of *Toxoplasma gondii*] may explain a substantial proportion of human population differences we see in cultural aspects that relate to ego, money, material possessions, work and rules." (Kevin Lafferty, 2006 article cited in Wikipedia.)

Correlations have been found between latent *Toxoplasma* infections and various characteristics: increased risk taking behavior; slower reactions; feelings of insecurity and self-doubt; neuroticism.

The evidence for behavioral effects on humans, although intriguing, is relatively weak. There have been no randomized clinical trials studying the effects of *Toxoplasma* on human behavior. Although some researchers have found potentially important associations with *Toxoplasma*, it is possible that these associations merely reflect factors that predispose certain types of people to infection (e.g. people who exhibit risk-taking behaviors may be more likely to take the risk of eating undercooked meat). Studies have found that toxoplasmosis is associated with an increased car accident rate, roughly doubling or tripling the chance of an accident relative to uninfected people. This may be due to the slowed reaction times that are associated with infection.

Research data (eg from Jaroslav Flegr) suggests that about a million deaths a year may be attributable to *Toxoplasma* infection. The data shows that the risk decreases with time after infection, but is not due to age; findings could be due to chance, or due to social and cultural factors associated with *Toxoplasma* infection.

Other studies suggest that the parasite may influence personality, with changes depending on the sex of the infected person. There are claims of *Toxoplasma* causing antisocial attitudes in men and promiscuity (or even "signs of higher intelligence") in women, and greater susceptibility to schizophrenia and manic depression in all infected persons. A 2004 study by Novotna et al. found that *Toxoplasma* "probably induce[s] a decrease of novelty seeking."

Research in Australia by Nicky Boulter, for example, has been widely reported in the press: "Parasite makes men dumb, women sexy." Studies have suggested that male carriers have lower IQs, a tendency to achieve a lower level of education and have shorter attention spans, a greater likelihood of breaking rules and taking risks, and are more independent, antisocial, suspicious, jealous and morose. It also suggests that these men are deemed less attractive to women. Women carriers are suggested to be more outgoing, friendly, more promiscuous, and are considered more attractive to men compared with non-infected controls.

The possibility that toxoplasmosis is one cause of schizophrenia has been studied by scientists since at least 1953 and has more recently been publicized by Torrey, for example in his 2003 review of studies showing elevated rates of *Toxoplasma* infection in schizophrenics. Such studies are suggestive but cannot confirm a causal relationship (because of the possibility, for example, that schizophrenia increases the likelihood of

Toxoplasma infection rather than the other way around). Acute *Toxoplasma* infection sometimes leads to psychotic symptoms not unlike schizophrenia. Some anti-psychotic medications that are used to treat schizophrenia, such as Haloperidol, also stop the growth of *Toxoplasma* in cell cultures. Several studies have found significantly higher levels of *Toxoplasma* antibodies in schizophrenia patients compared to the general population. *Toxoplasma* infection causes damage to astrocytes in the brain, and such damage is also seen in schizophrenia.

Clinical Focus Guide for *Toxoplasmosis Nosode*

Mind and Disposition Focus

Strangers, strange people

Clinging to supportive strangers

Fear of strangers

Fear/fascination with strange people

Fear of being attacked by strange people or those with a disability

Overstepping others' boundaries

Too close, physically and mentally

Clingy and initially loving but then parasitic in a subtle way
Loss of individuality (cancer, *Carcinosin*) - a perfect child
Feel pushed around by others but actually want to mold others

Hyper-vigilant

The only one prepared

Disasters will happen

Irritable easily, but appearing pleasant

Needs reassurance - has to cling - returns home

Poor self-confidence

Remorse after anger

Tormenting others

Fears (not always present)

Fears of new or strange people, of individuals who are different, of handicapped people

Dreams or fear of robbers, being kidnapped, someone breaking in

Fears of new situations, that something will happen

Fear of flying on an airplane

Fear of closed places

Fear of death

Fear of change of weather, storms

Fear of going blind

Stuck in their fears

Dreams

Vivid, in color

Disasters, tornados, tidal waves, earthquakes

Christ healing

Sexual, animalism

Animals

Dead relatives

Relatives - brothers or sisters, parents

Attacking relatives or relatives attacking them

Wild animals

Molding others superficially

Want to mold situations and people to their own superficial notions

Superficial observations and then a need to change the situation or person

Sometimes become cosmetologists

Feeling of superiority, sometimes hidden

Losing ability to think deeply

Safely living on the edge

In spite of fears

Impressionable children

Clairvoyance

Communicating with dead relatives

Perception of abuse from the family

Praying rituals

Great desire to travel but fear of traveling

Conflict between the desire to wander and the security of home, marriage

Rebellion but always returning to safety, alternates with an aversion to conflict

"Quiet cursing"

Schizophrenia

Paranoid schizophrenia

Mixed thoughts

Love of cats

Physical Focus

History of mononucleosis

History of sick cat in family or cat(s) in household

Sick cat

For cats - lymphoma

Energy swings

Energy rises and falls quickly and frequently

Low energy - chronic fatigue that looks like mononucleosis

Periodic fever and chills

Weakness after fever

Recurrent eye problems

Recurring eye infections

Pink eye

Blepharitis

Retinitis - retinitis with uveitis

Retinal detachment

Macular degeneration

Cataracts

Heaviness of eyes

Excessive floaters

Purulent or white discharge from eye

Nearsightedness

Sudden changes in vision

Bulging eyes

Iridoclitis

Choreoretinitis and uvetis

Swelling of glands, lymphatic swelling

Toxoplasmosis (the disease can be mistaken for "mono")

Mononucleosis, especially if late in life

Thyroid swelling

Lymphoma - one of the main remedies

Encephalitis

Meningitis

Microcephaly, with a history of toxoplasmosis or cat exposure during the mother's pregnancy

Connective tissue or striated muscle problems

Slow and progressive necrosis of connective tissue or muscles

Osteomalacia

Easy dislocation

Myelitis

Arthritis

With muscular and ligament problems

Switch sides

Ameliorated cold

Arteriosclerosis

Marfan Syndrome - one of the main remedies

Swelling of skin, lips

Urticaria

Recurring hepatitis

Asthma

Eczema

Night sweats

Chilly

Hands and feet icy cold

Weakness and anemia

Low iron stores

Severe constipation

Graves' disease

Bradycardia

Especially in children

Hypotension or elevated blood pressure

Epilepsy

Child clings before or during attack

Sensitive to alcohol; drunk very easily

History of drug or alcohol abuse, or an active alcoholic

Secretive drinking or addictions

Craving ice cream

Worse sun

Moles on skin

Cracking and fissures on lips

Hyperactive alternating with exhaustion

Desire to dance

Better from dancing

Selections from contemporary homeopathic sources

Adapted from O. A. Julian's *Materia Medica of Nosodes with Repertory: Clinical pathogenesis*

Generalities

Subjects with cyclic depression.

Carbo-fluoric, luetic type.

Tuberculinic state (O. A. Julian).

Precancer or precancerous state.

Predisposition to repeated spontaneous abortion.

Embryopathies.

Children with retarded development, physical or intellectual.

Children having the tendency to repeated rhino-pharyngitis (O. A. Julian).

Retarded growth.

Isolated, persisting, non-suppurative adenopathies of the peripheries, with tenacious asthenia.

Syndrome of Mononucleose infection of the young, with a sub-febrile state, discrete adenophy, eosinophilia and reaction of Bunnel-Davidson negative.

Mesenteric adenitis.

Septicemia, neo-natal with icterus, hepato-spleno-megaly, purpuric or morbiliform erythema.

General toxoplasmosis in subjects under immuno-suppressors.

Neuro-endocrino-psychic system

(a) *Psychic*

Psycho-motor retardation.

(b) *Nervous*

Intense headache, intolerable with hypertonia.

Meningo-encephalitis: somnolence, torpor, epileptiform convulsion in babies.

Acute lymphocytary meningitis of young children.

Myelitis of children or of adults.

Hydrocephaly.

Motor deficit: Hemiplegia, paraplegia.

Convulsive attacks of children.

Bravais-Jackson epilepsy.

(c) *Endocrines*

Hypothalamus - hypophysary syndrome.

The clinic describes a subject having alternate excitation and cortico-vis- ceral inhibition with restlessness, anxiety, depression and hyperactivity.

Summaries of Clinical Cases

Julian cites several case reports from our literature, abridged here:

Case 1:

A case of Encephalitis disseminata unsuccessfully treated in a department of neurology was cured by O. Clause using *Toxoplasma* D6 and the patient remained cured two years later.

Case 2:

A case of bilious migraine was treated first with a mixture of homeopathic remedies by R. Leitner in 1975, then persisting migraine symptoms resolved following administration

of *Toxoplasma* D4.

Case 3:

A fifteen year old girl was treated by Dr. Schmitz-Harbauer. She had blood pressure readings of 140/80, bradycardia, some extra systoles and a systolic murmur. Cyanosis of the lips was very marked on her face. She complained that her hands and feet were icy cold.

The mother spoke of a general weakness, bad results in the school, with loss of confidence in herself, headaches, and a tendency to contradict. Some abdominal pains caused one to think of chronic appendicitis. The mother also said that the girl could not bear cold. I decided at first to rectify her alimentary hygiene with an appropriate hydrotherapy and 10 drops of *Aurum* D12, every day. Two weeks later, there was a slight amelioration but not very conclusive; that amelioration was around the constipation and abdominal troubles.

The patient received a dose of *Toxoplasmosis (Nosode)* sub-cutaneously in D15 and a week later D20. Six weeks of treatment ameliorated the tension, the chilliness, cyanosis and the general condition.

Relationships

Related to:

Parasitic Group

Parasitic Miasm

Blood Group

Follows: *Sulphur, Argentum sulphuricum, Phosphorus, Aconite*

Remedies mistaken for: *Phosphorus, Aconite, Lac caninum, Lac felinum, Carcinosis, Malaria Nosode, Silica, Tarentula hispanica, Xenon, Lyssin, Syphilinum*

Remedies that follow well: *Phosphorus, Silica*

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INDEX OF REMEDIES

A

- Abrotanum* (see *Artemisia*) 179, 196, 216
Acalypha 179
Achyranthes calea 405
Acids 157, 164, 171, 173, 198,
223, 383, 384, 390
Acidum hippuricum 150
Aconite 491, 505
Adamas 116
Agaricus 468, 486
Agraphis 179
Ailanthus 108
Alcoholus 1 79, 220, 226, 237
Americium 411
Ammonium carbonicum 410,441
Ammoniums 70, 108, 194, 216
Amorphophallus Rivieri 425
Amphoteracin 37
Anacardium 136,486
Anas barb (see *Oscillococcinum*)
Androctonus 257
Angustura ver a 110-113, 116
Anthracinum 35,213
Antimonium iodatum 205
Antimonium muriaticum 68
Antimoniums 70, 86
Antimonium tartaricum 68, 72, 74
Antirrhinum 179
Aranea diadema 469
Aranea ixobola 437
Araneas 116
Ardea herodias (Creat Blue Heron) 296
Argentum nitricum 63, 116, 178, 233, 486
Argentum sulphuricum 492, 505
Arnica montana 64, 72
Arsenicum album 91,215, 296, 405, 411,418
Arsenicum iodatum 205
Artemisia abrotanum 179, 196, 214
Arum triphyllum 150
Asterias rubens 159
Atrax robusta 116
Aurum 215, 410, 504
Aurums 286, 296
Aviaire (see *Tuberculinum avis/ aviaire*)

B

Bacillinum (Burnett) 29, 36, 63, 152, 165-171, 180-181, **186-216**, 218-222, 227, 234, 237, 241, 248-249, 253, 282, 289, 358-360
Bacillinum testium 36, 166, 168, 180, 185, 211
Bacillus Seven (Paterson) 34, 366, 372
Bacillus Ten (Paterson) 34 *Balsam of Peru* 179
Bambusa arundinacea 74, 86 *Baptisia* 393-395, 405
BCG 36, 166, 176, 180, 185, 214, 237
Belladonna 84, 86, 214
Benzinum nitricum 99
Berberis 390
Bird remedies 179, 239-243, 253, 296
Bismuth 179, 186
Bitis ariensis 116
Blood Group 471, 486, 505 *Boletus* 468, 470, 486
Borrelia 35, 226
Botulinum Nosode 36, **91-100**, 127
Bovista 486
Bromiums 155, 159
Bryonia alba 68, 150, 251, 296, 393
Bungaris fasciatus 431
Butterfly remedies 492

C

Cadmium sulphuratum 104
Calcarea carbonica 215-216, 254-257, 283, 372, 376, 448
Calcarea fluorata 216
Calcareas 231
Calcarea silicata 155-159, 390
Calcarea phosphorica 205, 231
Calypte ana 108
Camphorated Carbons 179
Cancer Group 448
Cannabis sativa 257, 283
Cantharis 103, 108, 375, 377, 380
Carbo animalis 68
Carbolic acid 410-411
Carbon dioxide 68
Carbons 68, 158, 179
Carbo vegetabilis 68
Carcinosin(um) 25, 93, 187, 193, 216, 383, 390, 489-499, 505
Castanea vesca 68
Causticum 100, 150-152, 384-385, 390
Cenchrus contortrix 469, 486
Cereus bonplandii 179
Chamomilla 214, 376, 392
Chaulmoogra (Hydnocarpus oil) 257, 283

China arsenicosum 153
China officinalis 463-468
China sulphuricum 108, 469
Chlamydinum 36
Chloramphenicol 37
Chlorines 68
Chlorpromazine 91, 100
Chocolate 1 79
Cimicifuga 1 79
Cina 45, 65, 116, 376, 469, 486
Cistus 179
Citrus vulgaris 179
Clostridium cadaveris Nosode 109
Clostridium difficile Nosode 109
Clostridium mixture Nosode 109
Clostridium paraputrificum Nosode 109
***Clostridium perfringens* Nosode** 36, 94, **101-109**, 127-128, 268
Clostridium tertium Nosode 109
Cobaltum 410,411
Coccus cacti 64-71, 86-87
Coffea 179
Colibacillinum 34, **381-390**, 450
Compositae/Asteraceae remedies 195, 215-216, 486
Coqueluchin(um) (see *Pertussinurri*)
Corallium rubrum 68, 84
Cornus alternifolia 247, 253
Crotalus cascavella 486
Crotalus horridus 37, 47, 73, 86, 394-396
Culex (Mosquito) 411
Cuprums 68, 112, 116, 152
Cygnus 240-241,253
Cygnuscygnus 240
Cygnus olor 240-241

D

Datura 195
Daturas 216
Dendroaspis polylepis (Black mamba) 486
Derris pinnata 179
Diphthericum 134-135,152-153, 161
***Diphtherinum* Nosode** 36, **130-153**, 161
Diphtherotoxinum 151-153, 161
Dosorubicin 37
DPT Vaccine 34-36, 65, 72, 118
Drosera 68, 116, 178-179, 220, 237, 285, 296, 486
DTP vaccine 118
DT-TAB vaccine 126
Duck (*Anas*) 153

Dysenteriae Compound (Dys-co.) 34, 367-369

E

Eberthinum (Typhoid Nosode) 34, 391-406, 450

Enterococcinum 36

Ericaceae 116

Erythromycin T>7

Euphorbia lathyris 179

Europium 411

F

Faecalis (Bach) 34

Falco peregrinus 155

Feline Bordetella 86

Ferrum phosphoricum 150

Firefly 411

Flavus 34, 39

Fly or Musca group 411

Framboesinum 35

Fungi remedies 67, 104, 108, 466, 468, 486

G

Gaertner (Bach) 34,366-370

Gavia arctica (Loon bird) 153

Gelsemium 99, 100, 152

Gentamicin 36

Gold series 410

Gonotoxinum 34

Gossypium 179

Gout Group 448

Graphites 68, 138, 214-215

Guaiacum 179

Gunpowder 108

H

Haffkine 416,452

Hawk remedies 283, 349

Hedera 179

Helibacter pylori 287

Heliotropium peruvianum 179

Helleborus niger 93

Helodrilus caliginosus (Earthworm) 110-115, 128, 200, 215

Heroinum 108

Hib Vaccine 35

Hippocampus kuda (the seahorse) 153

Hippozaeninum 34, 55-63, 87, 139, 153, 195, 215-216

Human remedies 215-216

Hura brasiliensis 256-257

Hyoscyamus 280, 392

Hypericum perforatum 110-116

I

Ignis alcoholus 179, 220, 226, 237
Indium metallicum 64, 68
Inert Gases 196
Influenzinum 150
Insect Remedies 179
Iodum 179, 219-220, 237, 405, 431
Iodums 237, 431, 437
Ipecacuanha 179
Iridium 410-411

I

Johneinum Nosode 37, 46-47, 130, 164, 220, **284-356**, 361
Juglans cinerea 179

K

Kali bichromicum 86, 133, 137, 150
Kali bromatum 112, 116
Kali carbonicum 86, 366
Kali muriaticum 146
Kalis 68
Klebsiella 74, 377
Klebsiella pneumoniae 377
Kombucha 34
Kreosotum 208, 376

L

Lac camelus 283
Lac caninum 133, 137, 147, 153, 193, 214-215, 283, 505
Lac equinum 56, 115-116
Lac felinum 505
Lachesis 116, 146, 150, 153, 255, 257, 259, 260, 263, 283
Lac humanum 197, 215-216
Lathy rus 100, 152
Laurocerasus 68, 99, 100
Lecithin 223, 359
Lemna minor 153
Leprominium (Leprosy Nosode)
37, 45, 164, 255-257, 258-283, 289, 360-361, 490
Leprominium-A 271, 278, 280-282
Leprominium-H 271, 282
Linum usitatissimum (Flax) 296
Lithiums 223, 237
Lobelia 68
Loon (the bird *Cavia arctica*) 153
Loxosceles reclusa 257, 283
LSD 116, 160
Luffa amara 179
Lycopodium 133, 137, 146, 153,

249, 278, 371-372

Lyme Disease nosode 35, 226

Lyssin 193,480,491,505

M

Magnesiums 368, 379, 383, 390

Magneticums 77, 372

Malaria (Compound) Nosode 45, 261,457-458,462-487, 490, 505-506

Malarianum 463

Malaria officinalis 463-464

Malaria toxin 463

Mancinella 102-104,108,491

Manganum oxydatum 86

Manganums 86

Marble 385, 390

Medorrhinum 32, 34, 39-43, 229, 270-280, 365, 436

Mendelevium 179

Meningococcinum 34

Mercurius 65, 117, 133, 145, 150, 153, 160, 178, 487

Mercurius cyanatum 150

Mercurius sulphuricus 188 *Mezereum* 280-281

Mimosa pudica 425

Mineral remedies 30, 40-45, 179, 396

Mitomycin 37

Morbillinum 247, 253

Morgan (Bach) 34, 366, 370-371

Morgan Gaertner (Paterson) 34, 366, 369, 371-372

Morgan Pure (Paterson) 34, 366, 370-371

Morphinum 73, 86

Muriatic acid 65, 117, 145, 160, 487

Musca domestica 411,481,486

Mutabile (Bach/Paterson) 34, 390 Mycobacterium remedies (see also relevant chapters) 261,283, 288-289, 296

Myosotis 178, 205

Myristica 1 79

Myrtus communis 179

N

Naballus serpentarius 179

Naja 91, 100, 117, 412, 487

Natrum carbonicum 490

Natrum muriaticum 116, 195, 214, 216, 240, 253, 278, 458, 464-465, 470, 486

Natrum sulphuricum 38, 82

Neomycin 37

Niccolum 390

Niobium 467

Nitric acid 194, 216, 486

Nitricums 296

Nitrogen 1 79

Nux vomica 100,237,250-251, 278

Nystatin 37

O

Oleum jecoris aselli 190, 215- 216, 296, 358

Opium 74, 86

Oscillococcinum 240, 253

Oxygenium 68, 256-257

Oxygen remedies 68, 194, 283

Oxytetracycline 37

Ozone 68, 160

P

Palladium 390

Paratyphoidinum 35

Paronichia-Illecebrum 405

Pastinaca sativa 179

Pertussinum (Pertussis Nosode)

34, 64-65, 69-88

Pestinum (Yersinia pestis Nosode)

35, 407, 411, 416-435, 452

Petroleum 370

Phellandrium 179

Phosphoric acid 66, 117, 145, 160, 179, 188, 366, 383, 388, 487

Phosphorus 145, 179, 188, 207, 281, 366, 491, 505

Physostigma 116

Phytolacca 148

Piper methysticum 44, 432

Pituitary anterior 191-192, 216

Pix liquida 179

Placenta 257,261,495

Plant remedies 30,41—45,66, 103, 179, 237, 396

Pneumococcinum 36 *Praseodymium* 467 *Propionibacterium* group 283

Propionibacterium acnes Nosode 36, 132, 137, 154-161, 259

Proteus (Bach) Nosode 34, 367, 372, 374-380, 385, 390, 449

Psoralea 179

Psorinum 107, 117, 178, 205, 229-230, 261, 270, 487

Pulsatilla 66, 86, 117, 160, 178, 214, 280, 487,

Pyrogenium 108, 190, 216, 2 70

Q

Quebracho 179

R

Rajania subsamarata 150

Rattus (Rat remedies) 44-45, 86, 408-411, 419, 437-448, 451, 453

Rattus rattus 438

Rhodium 411

Rhus toxicodendron 74, 86, 116, 233-235, 237, 249, 296, 393

S

Salinomycin 37

Salvia 179

Sambucus niger 68

Sanguis soricis (blood of *Rattus norvegicus*) 408,438,451, 453

Saxitoxinum 35

Scarlatinum 36

Schinus molle 179

Scorpions 257

Secale cornutum 100, 108, 256- 257, 263, 283

Selenium 45, 256, 283

Sepia 223,253

Serum yersinia (see *Yersinium*) Silicates 159,232

Silicea 150, 155, 230, 232, 278, 280, 369, 394, 505

Silver series 114, 286, 296

Snake remedies 86, 179, 448,469

Solanum tuberosum 457

Spider remedies 116, 179, 223, 469

Spiramycin 37

Stannum 81, 179

Staphylococcinum 35

Staphysagria 375, 383, 385, 390

Streptococcinum 36, 190, 193, 216

Streptoenterococcinum 36

Streptomyces 37

Streptomycin 37

Strophanthus hispidus 138,390 Sulphur 68, 86, 159, 207, 216, 224, 228, 230, 232, 235, 250, 252, 256-257, 263, 283, 372, 469, 492, 505

Sycotic Compound (*Syc-co.*) 34, 372-373

Syphilinum 35, 190, 216, 220, 229, 237, 270, 396, 505

T

Tantalum 467

Tarentula cubensis 411

Tarentula hispanica 505

Telluric acid 215

Tellurium 45-46, 110-116, 215- 216

Tetanotoxinum 36, 114-119, 122- 123, 127

Tetanus Nosode 36, 56, 92-93, **110-128**, 153

Tetanus vaccine 126

Teucrium scorodonia 179

Thalliums 116

Theales 116

Thiosinaminum 179

Thuja occidentalis 38, 43, 68, 150, 296, 444, 448

Thulium 1 79

Thymus 68

Thyroid group 437

Thyroidinum 431

Toxoplasmosis Nosode 43, 86, 224, 242, 253, 457-458, 462, **488-507**

Tuberculinum aviaire/avis 36, 65, 152, 165-166, 170-171, 180, 182, 188, **238-253**,
360

Tuberculinum bovinum (Kent) 36,

40, 165-171, 180-181, 188, 190, 193, 195, 197, 212, 215, **217-237**, 241,253, 282,
289, 359

Tuberculinum Burnett (see *Bacillinum*)

Tuberculinum Denys 36, 166, 180, 184

Tuberculinum GT 180, 185

Tuberculinum Klebs 36,180, 186

Tuberculinum Koch 36, 166-169, 180, 183

Tuberculinum Marmorek 36, 116, 166, 180, 184

Tuberculinum residuum (Koch) 36, 166, 168, 180, 183

Tuberculinum Rosenbach 36, 166, 180, 184

Tuberculinum Spengler 36, 166, 180, 185

Tuberculinum Swan 36, 180, 186

Tubo-curarine 100

Typhoidinum, Typhoid Nosode (see *Eberthinum*)

Tyrothricin 35

U

Ustilago 179

Uterine Cancer Group 448

V

VAB/Vaccin attenuue bilie 180, 185, 237

Vaccine remedies (see also *BCG, DPT, DTP, DT-TAB, Haffkine, Hib, Tetanus vaccine, VAB*) 12, 34-36, 65, 73, 118, 126, 365

Vanadium 458-459, 467

*Veratrum*s 68

Veratrum viride 221, 237

Verbascum 179

Viola odorata 68

Viral remedies 406, 396

Viscum album 457

Vulture remedies 155

X

Xenon 490, 505

Y

Yeast remedies 466, 486

Yersinia enterocolitica Nosode 35, 46-47, 411, 417-418, **430-437**, 446, 452

Yersinium, Yersinum, Serum yersiniae (see also *Pestinum*) 150, 407, 411, 416

Ytterbium 256

Zincum muriaticum 116 *Zincums* 153,296

GENERAL INDEX

A

abscess 57, 58, 59, 61, 62, 190, 203, 246, 399, 424
Acetobacter 34
acid reflux 419
acne 132, 154, 155, 156, 157, 158, 159, 196, 202, 213, 259, 268, 282, 296
acne rosacea 154, 159
Actinobacteria 132
Actinomyces bovis 156
Actinomycetaceae 33
Actinomycetales 36, 130, 139, 156, 164, 166, 197, 224, 243, 264, 289
ADD/ADHD 218,369
Addison's disease 214
adenopathy, adenitis 96, 103, 106, 118, 120, 132, 157, 173, 374, 421
aerobic 90, 154, 164, 197, 198, 217, 224, 264
Alcaligenes faecalis 34
alopecia 194,202,205,213, 215, 268, 272, 273, 275, 282, 446
amenorrhea 202, 233
anaerobic 96, 103, 106, 118, 120, 132, 154, 157, 173, 374, 421
ankylosing spondylitis 61,74, 79
anorexia nervosa 125,223
Apocynaceae 390
appendicitis 211, 434, 436, 504
Ascomycetes 116
Aspergillus niger 186
autism 65,218,227

B

Bacillales 35
Bacillus anthracis 35
Bacillus brevis 35
Basedow's disease 151
blepharitis 152, 157, 493, 501 bleeding (see *hemorrhage*)
Bordetella pertussis 34, 64, 69, 76
Bor re Ha burdgdorferi 35 botulism **91-100**, 127 *Brucella melitensis* 33, 34
Burkholderiaceae 55, 58
Burkholderiales 34, 54, 57, 58, 70, 74, 75, 396
Burkholderia mallei 34, 55, 58

C

Campylobacter 35
Campylobacterales 35
carpal tunnel syndrome 79, 269, 282
celiac disease 136,144
cellulitis 61, 196, 201
cerebral palsy 138
cervical dystonia 91

chicken pox 277
Chlamydiales 36
Chlamydia trachomatis 36
Cholera 11,35,393
Chroococcales 35
Clavicipitaceae 256
Clostridiales 36, 90, 93-94, 104-105, 113, 115, 120, 256, 375
Clostridium botulinum 36, 91, 92, 95, 100
Clostridium perfringens 36, 94, 101, 103, 105-106, 127
Clostridium tetani 36, 92, 110, 114, 118, 120, 121
Clostridium welchii 101 convulsions (see seizures) Corynebacteriaceae 36, 136, 139, 154, 156
Corynebacterium 36, 61, 130
Corynebacterium acnes (see *Propionibacterium acnes*)
Corynebacterium diphtheriae 36, 134, 139
Corynebacterium ulcerans 139
Crohn's disease 46, 47, 164, 284, 285, 286, 287, 288, 289, 291, 292, 294, 345
Cryptosporidiosis 461
Cryptosporidium 460,461,494
Ctenodactylus gundi 494
Culex 411,472, 473, 481, 486, 506
Culicidae 473
Cyanobacteria 35 cyanosis 85, 504, 505 cystic fibrosis 37, 54, 74, 395, 396, 400

D

diphtheria 132-133,134-153, 161, 187, 412
Dupuytren's contracture 282 dysmenorrhea 202,213,233

E

ectoparasites 459, 460 eczema 25, 196, 202, 212, 213, 214, 247, 254, 268, 296, 370, 502
elephantiasis 279, 458 encephalitis 218,399,404,405, 425, 496, 498, 502, 504 endocarditis 132, 143, 157, 399 endometriosis 295
Endospora 35
Enterobacteriaceae 364, 367-372, 375, 376, 386, 397, 398, 419-421, 430, 433
Enterococcus 36, 381
Enterococcus faecalis 36, 372
epidermolysis bullosa 101, 105, 108, 268
epilepsy (see seizures)
erysipelas 20, 61-63
erythema nodosum 435, 437
Escherichia coli 34,381,386, 450
Eucoccidiorida 494
Euphorbiaceae 104, 108, 283

F

fibromyalgia 112, 122, 196, 228, 403
Filaria 458

filariasis 458,461,483

Firmicutes 33, 35, 90

food poisoning 93, 94, 101, 103, 105, 106, 108, 384, 430

G

ganglion 247

Ciardia 460, 461 glanders 34, 54, 55-63, 87 glaucoma 272

Cracilicutes 33, 34 gram-negative 33, 55, 76, 364, 366, 374, 381, 397, 407, 420, 421

gram-positive 33, 106, 132, 134, 154, 157, 164, 217, 258, 264, 430

Craves' disease 46, 47, 430, 431, 432, 436, 502

Guinea worm 461

Gulf War syndrome 99 gynecomastia 269, 274

H

Haemophilus influenzae 35 Haemosporida 472, 494 Hashimoto's disease 430, 431, 436 hayfever 144

Heine-Medin disease 100

Helicobacter 35 hemiplegia 504 hemolysis 477 hemoptysis 175 hemorrhage, bleeding 64, 85, 213, 398, 405, 413

hepatitis 175, 277, 389, 402, 502 hernia, abdominal 102 hydrocephalus 232, 495, 496

hypoglycemia 477, 483 hypothalamus 191, 504

I

influenza 35, 150, 152, 196, 239, 240, 245, 246, 248, 249, 250, 424, 425, 476, 481, 485
intermittent fever 123, 187, 188, 193, 202, 226, 228, 230, 231, 233, 235, 274, 275, 355, 445, 458, 479, 484

iritis 268, 272

Isospora 494

J

Jacquelin-Burnand Syndrome 85, 86, 151, 214

Johne's disease 130, 164, 289, 290, 291 (284-356)

K

Kaposi's sarcoma 282

L

Lactobacilli 36

Lactobacillus 36

Lady Windermere Syndrome 182 leprosy 11, 18-20, 22, 49-50, 130, 164, 173, 254-283, 360-361, 409

Leptospira 35 leptospirosis 442 leucoderma 281 leukemia 282, 482 lichen planus 282
lipoma 282

Listeria monocytogenes 35 listeriosis 35

Loganiaceae 100

lupus 57, 82, 177, 223, 275, 280, 282

Lyme disease 35, 226 lymphoma 282,483,489,491, 492, 493, 501, 502

M

MAC (see *Mycobacterium avium*) malaria 11, 30, 45, 261, 275, 463-487

malnutrition 76, 174, 265, 369

MAP (see *Mycobacterium paratuberculosis*)

Marfan's syndrome 493 mastoiditis 86, 246 measles 76, 153, 187, 246, 248, 277
Meniere's disease 469, 482 microcephaly 492, 502 Micromonosporaceae 36
molluscum contagiosum 282 mononucleosis 488, 493, 501, 502 *Moraxella catarrhalis*
372

Moraxellaceae 373

Morganella morganii 34, 370 motile 397,421,460 multiple sclerosis 114,123,124,
151,483

Mycobacteriaceae 36, 164, 166, 197, 224, 243, 258, 264, 289

Mycobacterium africanum 172, 173

Mycobacterium avium 36,182, 238, 244, 284, 290

Mycobacterium avium subsp.

paratuberculosis (see *Mycobacterium paratuberculosis*)

Mycobacterium bovis 36, 173, 174, 176, 181, 183, 217, 224, 225, 290

Mycobacterium canetti 172

Mycobacterium intracellulare 244

Mycobacterium leprae 37, 258, 264, 270

Mycobacterium marinum 164 *Mycobacterium microti* 172, 173 *Mycobacterium para*
tuberculosis,

MAP 37, 130, 164, 220, 284, 291

Mycobacterium tuberculosis 36, 172-177, 181, 183, 189, 198, 217, 225, 238, 290

Mycocystis 35 mycosis 61, 65, 189, 282

N

necrosis 57, 90,

105, 106, 173, 410, 413,

493, 502

Neisseriaceae 373

Neisseria flava 34

Neisseria gonorrhoeae 34 Neisseriales 38, 39, 373, 377

Neisseria meningitidis 34 *Neisseria mucosa* 34, 372

Neisseria pharyngis 34 nephritis 274, 388, 406, 482 neurofibromatosis 274, 275, 282

neuropathy 138, 176

Nocardiaceae 37

Nocardia lutea 37

Nostocales 35

Nymphaceae 492

O

onchocerciasis 461,462 opisthotonos 111 Oscillatoriales 35 otorrhea 272 ozena 57,61-
63,212

P

pancreatitis 37, 47, 395, 406 parasite 33, 37, 62, 66-67, 70, 102, 256, 261-262, 364,
379, 391, 420, 442-443, 456-462, 463-487, 488-507

parathyroid 123,389 Parkinson's disease 144,425 Pasteurellales 35

pericarditis 175, 403, 406 periodic table 30, 45, 46, 64, 112, 136, 179, 256, 286, 392,
393, 394, 411, 432, 464, 470

pertussis 34, 54, 64-88, 126 *Photorhabdus* 364

Pirellulaceae 36

pituitary 191,192,202,215,216, 359
pityriasis 213,215,282 plague, bubonic **11,47,407-415**, 416-429, 434, 439-442, 452
pneumothorax 201 polio 114, 126, 243 Pott's disease 172, 175, 177
Propionibacteriaceae 36, 154, 156 *Propionibacterium acnes* 130, 154
Propionibacterium granulosum 157
Proteobacteria 34, 54, 130, 364, 373, 374, 391
Proteus mirabilis 34, 372, 374 *Proteus morgani* 370, 371 *Proteus penneri* 374 *Proteus rettgeri* 372, 374
Proteus vulgaris 34, 372, 374, 377 *Providenda rettgeri* 374

R

Rattus norvegicus 408, 438 *Rattus rattus* 44, 409, 438, 451, 453
Reiter's syndrome 377 renal colic 371 retinitis 493, 501 Rhizobiales 33, 34
Rhodospirallales 34 *Rickettsia prowazekii* 34 ringworm 30, 45, 46, 184, 189, 190, 194, 196, 202, 205, 216, 229, 234, 275, 282, 446

S

Salmonella enterica subsp. *enterica* 34, 35, 369, 392
Salmonella enteritidis 34, 369 *Salmonella paratyphi* 35, 369 *Salmonella typhi* 34, 369, 391, 392, 398, 399
Sarcocystidae 494 *Sarcocystis* 494 sarcoidosis 159,221,282 scabies 19,20,21,275,462
scarlet fever 147, 209 scleroderma 223, 275, 282 scrofula 139, 172, 177, 214 seizures, convulsions, epilepsy 76, 85, 112, 119, 124, 474-477, 483, 492, 494, 496, 502, 504
Shigella dysenteriae 34, 364, 368 shigellosis 367 shoulder dystocia 112 Solanaceae 57
spasm(s) 19, 64, 69, 74, 76, 85, 92, 110-113, 115, 122, 294, 295, 298, 302, 350, 375-377, 379, 388
spina bifida 282
Spirochaetae 35
Spirochaetales 35
Spirulina 35
spleen 59, 62, 398, 405, 458, 464, 465, 468, 476, 478, 482
splenomegaly 58, 398, 478
Staphylococcus aureus 35
Staphylococcus 35, 189, 377 strabismus 91
Streptococcaceae 373
Streptococcus faecalis 36, 372
Streptococcus 36, 184, 189, 377
Streptococcus pneumoniae 36
Streptococcus pyogenes 36
Streptomycetaceae 37 syringomyelia 282

T

tabes dorsalis 282, 485
tabes mesenterica 177
tetanus **92,110-117**,
118-128
thrombocytopenia 476, 477
tinea versicolor 282
TMJ syndrome 111-112, 114, 119

toxoplasmosis 457,461-462, **488-507**

Tourette's 78

Treponema pallidum 21, 28, 35

Treponema pallidum subsp.

pertenue 35

treponematosi 50

trichomoniasis 461

tuberculosis 11, 14, 22-23, 27, 49, 85-86, 130, 135, 164, **166-253**, 274-278, 289-290, 357-360

typhoid 37, 47, 206-207, 389, **391-406**, 450-451

typhus 34,391,397,442

U

ulcerative colitis 287,395,402, 436, 482

urticaria 125, 211, 275, 282,
502

V

Vibrio cholerae 35

Vibrionales 35, 391

vitiligo 202, 268, 380

W

Weber-Cockayne syndrome 101

Wegener's granulomatosis 74

Weil's disease 35, 442 whooping cough (see pertussis)

X

Xenopsylla cheopis 440, 442

xerophthalmia 268, 272

Y

Yersinia enterocolitica 35, 46, 47,
411, 417, 418, 430

Yersinia pestis 35, 47, 407, 408,
416, 431, 432, 442, 452

Yersinia pseudotuberculosis 422,
433

yersiniosis, 35, **430-437**