The Bowel Nosodes

The Bowel Nosodes are medicines prepared from cultures of non-lactose fermenting bacterial flora of the intestinal tract. They are not the morbid product of disease, but they are classified under nosodes.

B. Coli in the intestinal tract perform normal & useful function when the intestinal mucosa is healthy, but any change in the host that affects the intestinal mucosa will affect the balance, and change the biochemistry of B.coli. It should be noted that the primary change i.e. the disease, originated in the host, which compels the bacilli to modify in order to survive.

The proving of bowel nosodes were not conducted in the strict Hahnmemannian sense, but on clinical observation of the sick person.

Dr. Edward Bach (1886 – 1936), a bacteriologist in London discovered that certain intestinal germs belonging to non lactose fermenting gram negative coli, typhoid group, had a close connection with chronic disease and its cure. These germs are present in healthy and diseased individuals but in the latter case it is pathogenic. He isolated the bacilli and prescribed it for the patient in the form of a vaccine - an autogenous vaccine - and claimed to cure the disease.

Years later he potentised the vaccine according to the Homoeopathic principle, administered and cured so many patients. The first full preparation of clinical proving was done in 1929 by Thomas Dishington on Dysentery co.

In 1930 Bach briefly summarized the clinically derived indication for most of the nosodes.

2. JOHN PATERSON (1890- 1955). co-worker of Bach concentrated on this research after 1929. He studied more deeply the characteristics of the bowel flora, especially their behavior in health, disease and in drug provings. He examined more than 20,000 stool specimens and conducted research over 20 years.

He came to the following conclusions: The non lactose fermenting non pathogenic bowel flora (B.coli) undergoes definite changes in the disease condition. While this alternation in the nature of bowel flora might be a mere concomitant to the disease condition, there is reason to believe that the B.coli actually turns pathogenic.

- The balance of the bowel flora is disturbed in disease.
- Similar changes are also observed in drug provings.

Paterson advocated specific recommendation on potency, dose and repetition of bowel nosodes. He related each bowel nosode to a group of Homoeopathic remedies.

Bach found out that the non-lactose fermenting gram -ve coli was closely associated with the symptoms collectively called Psora by Hahnmemann.

Paterson believed that gram negative diplococci were directly related to the sycotic miasm. He grouped and typed the flora by continuous experiment and observation and 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 was altered in a particular way.

He divided the Morgan group of bacteria into 2 sub classes on bacteriological basis and thus created nosodes - Morgan pure & Morgan gaertner.

In 1933 Paterson presented a paper on Sycotic co and in 1950 he published summary of his accumulated experience. After his death in 1954, his wife Elizabeth Paterson continued the research.
My advise for treatment is as follows:

The presenting symptoms of the patient may be repertorized (refers to Feldman – A Repertory of the Bowel Nosodes or A Treatise on Bowel Nosodes by Agrawal) to select one that is the most appropriate, i.e., covers mental, emotional and physical symptoms. While the bowel nosode can be extremely effective in “opening up stuck” cases, a word of caution in What Not to Do is extremely important. See note.

NOTE: Never mix bowel nosode during administration or during the patients program. - Mixing of the bowel nosode can cause violent reactions in patients. Give one at a time until the patient does not test for it.

These are deep acting remedies from the highest mental to the lowest physical. They can be used at any time IF THE PICTURE FITS.

Where there is a group of remedies indicated but no clear picture of any -if the group of remedies is related to a bowel nosode then that nosode can be given to help clarify the picture. Can also be given when the indicated remedy fails - they may unblock health picture.

Bowel nosodes can take up to 3 months before they take full effect. After 4-6 weeks the picture should start to get clearer. It is generally thought that you do not prescribe another bowel nosode or repeat within 3 months. Although, testing on the patient supersedes that thought. If you test a patient after one month and they need to change from one bowel nosode to another; I suggest following the body's individual needs. They can be prescribed sometimes specifically for antibiotic poisoning. For example, (Gaertner + Morgan): skin drugs will need Morgan, digestive drugs will need Proteus

**Important Bowel Nosodes**

1. **MORGAN (Bach)**

A non lactose fermenting, most frequently found in stools and it has the greatest number of associated remedies than other nosodes.

KEYNOTE: "Congestion"

Biochemistry: Sulphur and Calcarea carb stand out the most

Frequently prescribed when there is repeated bronchopneumonia in children.

MIND: Introspective, avoid company but often show mental anxiety if left alone. Depression with suicidal tendency

HEAD: Congestive headache with flushed face in hot climate, traveling etc. Vertigo from high BP

GIT: Bilious attack with severe headache > by vomiting large quantity of bile
stained mucus ( In Migrane & Menopause)
Cholecystitis, Gallstone, constipation, hemorrhoids etc.
RESP: Recurrent attack of bronchopneumonia in children
URINARY: Congestive pneumonia & menopausal flushing.
CIRCULATION: Tendency to varicose veins & hemorrhoids in children due to congestion. Painful swelling of articulation of hand.
SKIN: Is the most important area of action Congestion of skin with itching eruption Aggravation from heat, Papulopustular eruption on face.
Associated skin remedies are Sulphur, Graphites, Petroleum & Psorinum.

**MORGAN PURE (Paterson)**
Indicated when there is marked skin eruption, disturbance of liver, bilious headache or gallstone.

**MORGAN GAERTNER (Paterson )**
Most useful in acute inflammatory conditions as in renal colic and gallstone colic.

*Aggravation at 4–8 pm. Loss of hair in bunches. Noisy eructation with bad smell. Rectal prolapse. Thick brown corrosive bad smelling leucorrhoea*

2. **PROTEUS (Bach )**

*KEYNOTE: Suddenness in nearly all complaints
Always related to central and peripheral nervous system
Biochemistry: The outstanding element is chlorine
MIND: Out burst of violence and temper especially if opposed.
Child lies on floor kick & screams*
GIT: Duodenal ulcer due to prolonged mental strain (Nat. m)

NEUROMUSCULAR SYSTEM: Cramps of muscles (Cup)
Spasm of peripheral circulation resulting in intermittent
claudicating and dead fingers.
Highly recommended in Raynaud's disease and Miner's disease.

SKIN: Angioneurotic edema (Apis)
Marked sensitivity to UV light.

3. BACILLUS No.7 (Paterson)
KEYNOTE: Mental & physical fatigue, old rheumatism
BIOCHEMISTRY: Br & Iodine
MIND: Outstanding mental fatigue
URINARY: Feeble urinary out flow, loss of sexual function, premature senility
RESP: Asthma, bronchial catarrh, tough mucus (Kali.c)
HEART: Slow pulse rate with low Blood Pressure. K+ as a specific action on
cardiac muscle. Throbbing of capillary vessels of fingers

4. GARTNER (Bach)
KEYNOTE: Malnutrition
BIOCHEMISTRY: Sil, P, Fl, Merc–viv
MIND: Overactive brain with undernourished body, Chew nails, sleep for a long
time
GIT: Intestinal infantilism
Inability to digest fat– celiac disease. Chronic gastrocolitis, tabes mesentrica,
thread worms.
GUT: Presence of blood and mucus in urine. Profuse fetid leucorrhoea with prostration.

5. DYSENTERY CO. (Bach)
KEYNOTE: Anticipatory nervous tension
MIND: Anticipation, Hypersensitive to criticism, Shyness and uneasiness.
GIT: Selective action on the pylorus causing spasm & retention of digestive content. Inflammation of nasal, ocular and pharyngeal mm
MARKED IMPROVEMENT IN CONGENITAL PYLORIC STENOSIS.
Duodenal ulcer from nervous tension.
In Proteus – nervous tension is insidious in action, unperceived by the patient and the physical condition – the ulcer tends to come suddenly without warning.
CVS: Anticipatory discomfort in cardiac area.

6. SYCOTI CO. (Paterson)
A pre-tubercular remedy
KEYNOTE: Irritability with special reference to synovial & mucus membrane
MIND: Temporary nervous irritability (Lyc) fear of dark, alone while
HEAD: Headache due to sinusitis, abundant perspiration at night
Persistent headache in a child may be a feature of or prodromal sign of tubercular meningitis. Premature grayness
GIT: Chronic irritation of the whole alimentary tract (Med)
Urgent call to stool, as soon as rising from bed
RESP: Acute, subacute & chronic bronchial catarrh.

Enlarged tonsils and adenoids in children. Fibrosity of the thoracic wall.
Considered as a tubercular remedy

CIRCULATION: Always an anemic look. Painful swollen hands with pain in soles.

NEUROMUSCULAR: Rheumatic complaint < in damp & rest (Rhus)

SKIN: Vesicular warts on an oily skin. Warts on mucocutaneous surface. Fibrotic indurations of skin.


7. MUTABILE (Bach)

It is named so because it mutates as soon as it is sub-cultured from a non lactose to a lactose fermenter. It is an intermediary form between B.coli and the true non lactose fermenting type.

Associated remedy is Pulsatilla. Used in the treatment where there is alternation of symptoms or changeability e.g. Skin eruptions alternate with asthma. Food allergy of all type. Albuminuria (Foubister)

8. B. FAECALIS

Similar to Sepia.

9. BACILLUS No.10 (Paterson)

Numerous flat warts on hands. Lipoma
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