

# Bowel nosodes- a boon to homoeopathy

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**Abstract:** Bowel nosodes are the medicines prepared by attenuating the cultures of non-lactose fermenting bacilli of intestinal flora. The concept of bowel nosodes was developed first by Dr Edward Bach (1886-1936) and continued by John Paterson (1890-1955) and his wife, Elizabeth. With due time, bowel nosodes have proven to be as one of the important category of nosode group of remedies in homoeopathy. The favourable results seen in patients after their administration are reported frequently by clinicians throughout the globe. This article emphasis on an overview of bowel nosodes from different sources, mode of preparation as per the Pharmacopoeia, the modus operandi of bowel nosodes, their utility, miasmatic analysis, suggested repertoires, criticism regarding bowel nosodes. Also, past studies in homoeopathy regarding bowel nosodes are discussed. The idea is to accumulate all the relevant available data at one place, in order to ease the scholars and researchers.

**Keywords:** homoeopathy, nosodes, bowel nosodes, modus operandi, criticism, Pharmacopoeia, past studies.

**Abbreviations:** R.P.M. – revolutions per minute

## Introduction

According to the *Dorland's Illustrated Medical Dictionary*, Nosode is: 'any disease product used as remedy'.<sup>[1]</sup> 'Noso' is a Greek word, which gives the idea of a disease indicating its morbid root. Also, 'noxa' in Latin means noxious or damaged. This implies the use of potentially dangerous noxious materials as a basis for a potentised remedy. Nosodes are group of medicines prepared from the diseased products of animals or human beings, or cultures of microorganisms after potentisation and can be used for both prophylactic and curative purposes.<sup>[2]</sup>

## HISTORY OF NOSODES

Since Hippocratic era, pus, phlegm, urine and other discharges of one patient were used as source material for preparation of medicine for same or other person. Hering originated the method of using a miasmatic agent as a basis for a remedy and it was he who coined the term "nosode". *He did many experiments when he was in Suriname, Guiana, South America, between 1827 and 1833. The applicability of nosodes*

in homoeopathy has invited paradoxical views. J.C.Burnett, H.C.Allen, Swan, D.M. Foubister, Edward Bach, John Paterson, etc. are the supporters of nosodes, while for others, the use of nosodes is an enigma.<sup>[2]</sup>

## BOWEL NOSODES

The medicines prepared by attenuating the cultures of non-lactose fermenting bacilli of intestinal flora. The proving of bowel nosodes has not been done as per the homoeopathic proving protocol. However, physicians have developed the pictures of these medicines through careful clinical observations and bacteriological examinations.<sup>[3]</sup>

The patients who were suffering from chronic diseases, when given the medicines prepared from the culture of their stool, revealed that there existed a relation between their symptoms and the organisms present in the stool. These organisms were isolated, attenuated and administered to the patients exhibiting similar manifestations. Patients showed marked relief.<sup>[2]</sup> The potentised vaccine, the nosode

prepared from culture of the organism can be considered to be a complex biochemical substance having the characteristics of the disturbed metabolism and thus, similar to the disease. According to the law of similars, it has specific therapeutic power to restore health.<sup>[4]</sup>

DR EDWARD BACH (1886 – 1936)-  
'Father of bowel nosodes'

Bach was a London based bacteriologist. He was the one who discovered that certain intestinal germs, belonging to non-lactose fermenting gram negative coli, have connection with chronic diseases. Hence, they can be used for cure as well (as per homoeopathic principles). He isolated the bacilli and gave it back to the patient, firstly in the form of an autogenous vaccine and claimed to cure the disease. Years later, he potentised the vaccine according to the homoeopathic principles and cured many patients. In 1930, Bach briefly summarized the bowel nosodes, based upon clinically derived indications.



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## ORIGINAL ARTICLES.

### THE RELATION OF VACCINE THERAPY TO HOMŒOPATHY.

By EDWARD BACH, M.B., B.S.Lond., D.P.H.Camb.

*Pathologist to the Homœopathic Hospital.*

MR. PRESIDENT,—May I by way of introduction tell you how proud I am to be invited to read a paper before your Society? Though a comparative junior, I have been studying allopathic medicine for thirteen years, and have been practising with one of the foremost hospitals in London for seven years before I was appointed here last March, so that I have had a fair chance of studying allopathic medicine and its possibilities. It is impossible for me to tell you how deeply I have been impressed with the science of homœopathy and with the results you obtain.

As one who has had the opportunity of witnessing the results, and even working with some of the present foremost physicians of the old school, and as one who has seen enough of medicine to realize value, and as one who has had enough experience to make one sceptical of all things, may I offer my allopathic offering at the altar of your science by saying that you accomplish cures undreamed of by the profession at large; that a large class of cases considered almost hopeless by the allopaths are

Figure 1: Original article by Bach<sup>[4]</sup>

The first ever published original article on this concept was authored by Edward Bach, in 1920. It was published in *The British Homoeopathic Journal*. Title of publication was 'The Relation of Vaccine Therapy to Homoeopathy'.<sup>[5]</sup>

#### JOHN PATERSON (1890- 1955)

He was a co-worker of Bach. He began his research on bowel nosodes

after 1929. He studied more deeply the characteristics of the bowel flora, especially their behavior in health, disease and in drug proving. He conducted research for about 20 years and examined around 20,000 stool specimens. He came to the conclusion that the non-lactose fermenting non-pathogenic bowel flora undergoes definite changes in the disease condition. He concluded that the balance of the bowel flora

is disturbed in disease. Paterson advocated specific recommendation on potency, dose and repetition of bowel nosodes as well. He was the one who related each of the bowel nosodes to a group of Homoeopathic remedies.<sup>[5]</sup> (Table 1).

#### MODUS OPERANDI

After the administration of the

suitable bowel nosode, the curative process begins. Following this, the non-lactose fermenting bacteria begins to mutate to other groups and ultimately disappear. These

happenings occur simultaneously with the disappearance of the symptoms. Reappearance of the old symptoms and the efflorescence of the skin eruptions with ultimate

clearing. This is associated with a marked increase in the vitality of the patient.<sup>[5]</sup>

Table 1- A brief of bowel nosodes<sup>[2,5,6]</sup>

BOWEL NOSODE	PROTOTYPE REMEDIES	THEME
Morgan Pure (Paterson)	<i>Sulphur</i>	Congestion
Morgan Gaertner (Paterson)	<i>Lycopodium clavatum</i>	Inflammatory conditions
Bacillus no.7 (Paterson)	<i>Kalium carbonicum, Iodium</i>	Mental and physical fatigue
Bacillus Gaertner (Bach)	<i>Phosphorus, Silicea terra, Mercurius vivus</i>	Malnutrition
Dysenteriae compound (Bach)	<i>Arsenicum album</i>	Anticipation
Sycotic compound	<i>Thuja occidentalis</i>	Irritability
Bacillus Faecalis (Bach)	<i>Sepia officinalis</i>	Stagnation/ stasis
Bacillus Mutabile (Bach)	<i>Pulsatilla nigricans</i>	Changeability
Bacillus Proteus (Bach)	<i>Natrum muriaticum</i>	Brain storm

**ISOLATION OF BOWEL FLORA FOR PREPARATION OF BOWEL NOSODES**

According to *Encyclopaedia of Homoeopathic Pharmacopoeia*, following are the steps for isolating and preparing remedies of bowel flora. The aid of a well-trained microbiologist is advisable.<sup>[7]</sup>

Step-1 Make an emulsion of the faecal matter (mix 5ml of sterile water in a test tube with faecal matter, having cotton holder charged with germs).

Step-2 Make a smear with one drop of this emulsion in a dry petri dish.

Step-3 Put in incubator at 37 degrees for 18 hours and examine in sunlight for growth of colonies.

Step-4 Take out the colony with a sterilised platinum spatula and transport to gelatin agar media.

Step-5 Put this culture in incubator for 18 hours.

Step-6 Cultivate the cultures in different well selected sugars- glucose, lactose, saccharose, etc and verify which sugars are fermented.

Thereafter, cover the surface of gelatin with sterile water for 18 hours. Seal the solution in tubes and heat for 30 minutes in a water bath at 60 degrees celsius.

Step-7 Isolate again and follow pharmacopoeial method of standardisation as follows.

**PHARMACOPOEIAL METHOD OF STANDARDISATION<sup>[7]</sup>**

Allow the culture to incubate for 24 hours at 37 degrees celsius. Harvest the microorganisms at the end of incubation under aseptic conditions. Subsequently, centrifuge the

suspension at 5,000 R.P.M for 30 minutes. Discard the supernatant and re-suspend the bacterial pellets in 0.9 percent *sodium chloride* solution. Shake well and centrifuge again. Take out the culture in 0.9 percent aqueous *sodium chloride* solution. Examine for purity at every step of the procedure.

**STRENGTH**

Growth is suspended again in isotonic solution. It is shaken up to break the clumps and make a uniform suspension. Number of bacteria in each ml of suspension is adjusted to 20 billions viable cells per millilitre (2×10<sup>10</sup>).

In Group N I and Group N II, it forms the original stock.

In Group N III and Group N IV, strengths of 1X should be 1 part of



pure material in 10 parts of diluting material (lactose or glycerine).

**PREPARATION OF NOSODES**<sup>[7]</sup>

Group N I- Bacteriolysis of suspension is done. This material is centrifuged at 10,000 R.P.M. for 30 minutes. The supernatant is filtered and treated with equal volume of strong alcohol. This is primary stock nosode that will serve as 1X for preparation of homoeopathic dilutions.

Group N II- The suspension having 20 billion viable cells/ ml is mixed with equal volumes of strong alcohol and sealed under aseptic conditions. It is labeled as 1X. This should be stored between 4 to 6 degree celsius.

Group N III- Preparations are made by triturations in lactose with drug strength 1/10.

Group N IV- Preparations are made by Hahnemannian method of triturations. Attenuations upto 6X should be stored between 4 to 6 degree celsius.

**DOSE RECOMMENDATION**<sup>[2,6,7]</sup>

6CH and above like 30, 200 and 1000

Rule of thumb is to not repeat any remedy (conventional or bowel nosode) when non lactose fermenting bacilli are being shed.

According to John Paterson: Do not repeat for 3 months after giving a bowel nosode because one may be shedding for 3 months.

**UTILITY OF BOWEL NOSODES**<sup>[2]</sup>

Used as miasmatic intercurrents.

Complete the action of a stagnated remedy, particularly in chronic cases as a complementary remedy.

Useful in conjoint cases where symptomatology reflect multiple

remedies.

‘Never well since’ symptoms.

Insidious block to cure (cases which are failing to respond to well-chosen remedies, or where the patient consistently fails to build on an early response).

**MIASMATIC VIEWPOINT ON BOWEL NOSODES**

Paterson believed that gram negative diplococci were directly related to the sycotic miasm. Bach found out that the non-lactose fermenting was closely associated with the symptoms collectively called psora by Hahnemann.

**Table 2:** Miasmatic predominance of bowel nosodes<sup>[2]</sup>

MIASM	BOWEL NOSODES
Psora	Bacillus No.7, Morgan Gaertner, Morgan Pure, Proteus.
Syphilis	Bacillus No.10, Coccal Co., Dysentery Co., Gaertner (Bach).
Sycosis	Bacillus No.10, Dysentery Co., Faecalis. Morgan Gaertner, Morgan Pure, Proteus, Sycotic Co.
Tubercular	Gaertner (Bach), Sycotic Co.

**REPERTORIES ON BOWEL NOSODES**

A review of homoeopathic repertories brings forth many rubrics that can help in the selection of similar medicine. Likewise, repertories of bowel nosodes are prepared for utilisation of symptoms recorded in the *Materia Medica of Bowel Nosodes*.

A Repertory of the Bowel Nosodes by Murray Feldman<sup>[8]</sup>.

Repertory of the Intestinal Nosodes by Russell Malcolm<sup>[9]</sup>.

Repertory of the Bowel Nosodes by Anthony Bickley<sup>[10]</sup>.

Repertory of the Bowel Nosodes by Namita Mohanty<sup>[11]</sup>.

Repertory of the Bowel Nosodes by Atiq Ahmod Bhatti<sup>[12]</sup>.

**PAST STUDIES**

‘Case Study of Homeopathic Bowel

Nosode Remedies for Dysbiotic Japanese Patients’ by Yoko Uchiyama was published in 2018 in ‘The Journal of Alternative and Complementary Medicine’. Bowel nosodes made from the intestinal bacteria of European patients from the 1900s were administered to Japanese patients suffering from gastrointestinal disturbances, to determine their therapeutic efficacy. Twenty-eight patients from Yoko Clinic (11 males, 17 females; age range, 4-72 years) were enrolled in this study. One nosode remedy was selected for each case. Patients took six pills for 2 days. After a month, the effect of each treatment was evaluated using the Glasgow Homeopathic Hospital Outcome Scale (grade +4 to -4). Of the 23 patients analysed, 69.6% of dysbiotic patients taking bowel nosodes showed improvements, and no harmful effects were reported by any patient; 26% of patients showed major improvement or were



“cured.”<sup>[13]</sup>

‘A case of boy with fear of failure and eczema’ by Alex Leupen was published in ‘The Homeopathic Links’ in 2014. A case of a seven years old male child, suffering from eczema was discussed. The child gave the symptoms of the domain of bowel nosode, Dysentery compound (i.e. apprehension, anticipation, conscientious, etc.) with fear of failure. He had past history of respiratory disorder for which he had taken antibiotics frequently in the past. On the basis of totality, Dysentery compound was prescribed and the boy was cured.<sup>[14]</sup>

In 2008, A ‘Study on effectiveness of homeopathic bowel nosodes in the treatment of cervical spondylosis on the basis of stool culture report’ was published in ‘Indian Journal of Research in Homoeopathy’ (IJRH). 82 patients of cervical spondylosis were enrolled in this study – efficacy of treatment was assessed on the basis of stool culture report. 82 enrolled cases underwent stool culture for isolation of non-lactose fermenting bowel organisms. On the basis of the presence of the predominant bacteria in the stool of patient suffering from cervical spondylosis, the corresponding bowel nosode was administered. The study concluded that bowel nosodes could possibly be used effectively on the basis of the stool culture in the treatment of patients suffering from cervical spondylosis.<sup>[15]</sup>

**CRITICISM**

The first criticism involves that most of the research on bowel nosodes is based on theory. There are no

provings. Homoeopathy as a science relies upon provings. Another criticism involves on the number of bowel nosodes. Critics believe that it was arbitrarily decided that there were seven bowel nosodes, inspite of the very fact that there are millions of bowel flora present in human gut.<sup>[16]</sup>

**Discussion and conclusion:** Homoeopathy offers wide range of medicines for treatment of any disease. However, new concepts like bowel nosodes have also been proved beneficial in certain cases. Homoeopathic literature should be periodically assessed and enriched with data from clinical researches, case reports and case series for better understanding of newer aspects.

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