A MATERIA MEDICA COMPARISON OF BOWEL NOSODES AND RELATED HOMOEOPATHIC REMEDIES

BY

DEIRDRÉ COMBRINK-POTTER

Mini dissertation submitted in partial compliance with the requirements for the

Master's Degree in Technology: Homoeopathy

In the Faculty of Health Sciences at the Durban University of Technology.

APPROVED FOR FINAL SUBMISSION

---------- ----------

Dr Cornelia Maria Hall (B.S.C., M.Tech.Hom) Date

Supervisor

---------- ----------

Dr Terence Orde Wulfsohn (M.Tech.Hom) Date

Co-supervisor

DECLARATION

I, Deirdré Combrink-Potter do hereby declare that this dissertation is representative of my own work, both in conception and in execution. Any works used outside of my own has been distinctly acknowledged in the text. The study has not been previously submitted to either the Durban University of Technology or to any other institution.

---------- ----------

Deirdré Combrink-Potter Date

(Student number 21137125)

DEDICATION

I dedicate this work to my husband, my parents, to my sister and her two beautiful children, without whom this would not have been possible. Thank you for always believing in me and for all your love, support and encouragement over the past few years. I love you all so much!

ACKNOWLEDGEMENTS

I would firstly like to extend my gratitude to my research supervisor, Dr Cornelia Hall, for her expert guidance throughout this study. Your passion for homoeopathy is infectious. Thank you for all the knowledge so generously shared over these past few years especially the knowledge one can only acquire through years of experience.

To my research co-supervisor, Dr Terence Wulfsohn, thank you for teaching me how to use the Synergy Mac Repertory program with such calmness and gentleness. Thank you also for making Homoeopharmaceutics such an enjoyable and practical experience and for your passionate and worldly approach.

To Dr Ingrid Couchman, thank you for all the hard work and care you have put into making the research process much faster and smoother and for your practical guidance during this study. Thank you also for all the fun power points along the way which made studying much more enjoyable and memorable.

To Dr Richard Steele, thank you for your willingness to always guide and share your valuable knowledge so freely. Your approach to life and to homoeopathy is a true inspiration. Thank you for your support and guidance over the last few years and during this study.

To Dr Jabulile Ngobese-Ngubane, I would like to thank you for always having an open door and for taking the time to chat even though you were often busy with something else. I would like to express my gratitude for always believing in me from day one and for your gentle, kind, compassionate and encouraging support on numerous occasions.

To Professor Ashley Ross and Dr Madhu Maharaj, for making Materia Medica come alive and be memorable with experienced based knowledge and humour. Thank you, Prof, for all the vials of *Phosphoricum acidum* which saved me on numerous occasions and taught me the great value of homoeopathy through personal experience.

ABSTRACT

Introduction

The purpose of this study was to ascertain which homoeopathic remedies are most closely associated with the respective bowel nosodes with a specific focus on the similarities that exist with regards to the mental and physical symptomatology and the clinical indications by means of an independent comparative analysis conducted via computerised repertorisation. The purpose of ascertaining this information was to provide a better understanding of the interrelationships which exist between a given bowel nosode and its most closely associated homoeopathic remedies. This understanding will therefore provide more insight and may act as a guide as to when and how one can use the bowel nosodes in relation to specific homoeopathic remedies in practice.

Methodology

The following four bowel nosodes were selected for this study from the original listing compiled by Dr John Paterson (1890-1954), one of the pioneers of research on the bowel nosodes which was published in the article “The Bowel nosodes” in the *British Homoeopathic Journal* in 1950: *Proteus (Bach), Gaertner (Bach), Dysentery Co. (Bach)* and *Sycotic Co. (Paterson)*. These nosodes were selected on the basis that they present with the most extensive, distinctive and distinguishable mental and physical symptoms when compared to the remaining seven bowel nosodes.

The methodology employed for this study was based on a computerised repertorisation process utilising the Synergy Mac Repertory program. The most prominent and significant mental and physical symptomatology and clinical indication rubrics were selected as per the information obtained from the materia medicas, original works and from more recent authors. A repertorisation was conducted for each individual bowel nosode in order to determine the most closely associated homoeopathic remedies for each bowel nosode as per the above criteria.

Results

The results obtained through the repertorisation process included the following top three associated homoeopathic remedies pertaining to each individual bowel nosode.

1. *Proteus (Bach) – Natrium muriaticum, Nux vomica* and *Sepia officinalis*.
2. *Gaertner (Bach) – Silicea terra, Mercurius vivus/solubilis* and *Nux vomica*.
3. *Dysentery Co. (Bach) – Lachesis muta, Argentum nitricum* and *Ignatia amara*.
4. *Sycotic Co. (Paterson) – Causticum, Nitricum acidum* and *Thuja occidentalis*.

Conclusion

The results of this study revealed that many similarities pertaining to the mental and physical symptomatology and clinical indications exist between the chosen bowel nosodes and their respective associated homoeopathic remedies. These similarities provide more insight with regards to the interrelationship exiting between a particular bowel nosode and its associated homoeopathic remedies, therefore bringing a clearer understanding and consequently assisting the homoeopathic practitioner in the usage and prescription of the bowel nosodes in practice. The results of this study also revealed important correlations between the original listing by Dr John Paterson regarding the chief associated homoeopathic remedies of individual bowel nosodes and those obtained in this study therefore corroborating some of the original chief associated homoeopathic remedies. The newly found chief associated homoeopathic remedies of individual bowel nosodes resulting from this study may be given preference during case analysis and may be used to expand or update the original listing providing an expanded or updated guide for the homoeopathic practitioner.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1: INTRODUCTION

1.1 Introduction

The subject of the physiological homeostasis of intestinal micro-organisms, the effect of this on overall health and its role in the development of acute and chronic disease has gained increasing attention and subsequent scientific research over recent years. Researchers are questioning and facing the challenge of distinguishing cause from effect when studying diseases related to dysbiosis. Is it the micro-organisms causing the disease or are certain micro-organisms present as a result of a diseased state (Wu 2012)?. According to Dr Edward Bach (1886-1936) and Dr John Paterson, pioneers of the bowel nosodes, micro-organisms are not the cause of the diseased state but are a secondary response due to internal disturbances impacting on the vital force (Paterson 1950).

Many factors can negatively influence the delicate microbial balance within our intestines. This can start as early as at the time of birth. Passing through the birth canal has the significant role of transferring essential microbiota which form the foundation for the development of intestinal bacterial colonisation in infants which is the foundation too for the final composition of the adult microbiome. According to Hsin-Jung and Eric Wu (2012), the increasing number of caesarean section deliveries increases the risk of developing allergies, asthma and autoimmune diseases either during childhood or later in life. Other factors that may negatively influence the intestinal microbial balance include the stresses of modern day life, poor dietary choices, nutrient deficient and artificially induced foods (including baby formulas), the overuse of antibiotics, many other medications, vaccines and medically investigative techniques such as colonoscopies (Wu 2012). These factors all contribute to the weakening of the vital force, influencing the metabolism of commensal bacteria and potentially leading to the overgrowth of pathogenic micro-organisms. Imbalances or maladaptation within the microbiome can result in defective digestion, defective absorption of essential nutrients and defective immune modulation. The development

of many chronic and degenerative diseases have being linked with imbalances or maladaptation within the microbiome (Makewell 2006).

Dietary changes have been shown to have a positive effect on the microbiome but unless the dietary changes are consistently maintained previous symptoms related to microbial imbalances will reappear. The administration of prebiotics and probiotics has been shown to improve bacterial imbalances but act mainly on the superficial level of the intestinal mucosa and have to be continued in order to maintain positive results. The intake of prebiotics and probiotics does not have an influence on the portion of the intestine which is closest to the surface of the alimentary mucosa therefore the ingested bacteria do not share the same kind of symbiotic relationship with the immune system as the endogenous bacteria residing on the surface of the alimentary mucosa. It is through the symbiotic relationship with the immune system that the microbiome is maintained, resulting in intestinal microbial homeostasis and ultimately health. From this we can see that these two factors (dietary changes and pre/probiotic administration) act externally producing a non-permanent and passive reaction whereas the bowel nosodes and associated homoeopathic remedies have been found to actuate an internal, active and more permanent reaction (Paterson 1988; Saxton 2012).

The bowel nosodes consist of a group of homoeopathic remedies each prepared from different strains of intestinal micro-organisms found in the human intestinal tract and faeces. Following and building on Dr Edward Bach's bacteriological and clinical work regarding the bowel nosodes, Dr John Paterson compiled a listing of the bowel nosodes together with each bowel nosode's group of associated homoeopathic remedies. The associated homoeopathic remedies are mainly made from non-infectious materials and are called associated remedies due to the fact that Dr John Paterson found many similarities in their action when they were compared to their related bowel nosode. The associated homoeopathic remedies are used in conjunction with a particular bowel nosode during the process of treating a specific condition and play a vital role in returning the patient to a state of well-being and health (Paterson 1950; Klein 2010).

Gastrointestinal microbial health and its effect on overall health is becoming increasingly important and the fact that this group of bowel nosodes are not widely utilised, created an opportunity to do research in the field to determine the value of these nosodes and the best method(s) to use them in practice.

Reflecting on this, it is of great interest to the homoeopathic community to explore and ascertain how the bowel nosodes can be used effectively in the treatment of many diseases. The aim is to achieve this through careful and concise investigation by means of understanding the inter-relationship between the bowel nosodes, disease and the associated homoeopathic remedies.

The lack of understanding and utilisation of the bowel nosodes was also true during the earlier years after they had been introduced into the field of homoeopathy. This is beautifully illustrated by the following comment by Dr Pichian Sankaran (1922-1979):

> *Many of my homoeopathic colleagues, I am sad to see, do not utilise the bowel nosodes. This may be due to the lack of awareness of their usefulness or due to a spirit of conservatism of the colleagues. I can assure them that these remedies though recently introduced into our field – and in spite of the fact that their indications have not been discovered through regular provings – have fully proved their value. Those who do not use them are indeed missing something very valuable, something which might come to their rescue in many awkward situations* (Sankaran 1984: 1).

1.2 Aim and Objectives of this Study

The aim of this study was to conduct a comparative analysis of *Proteus (Bach), Gaertner (Bach), Dysentery Co. (Bach),* and *Sycotic Co. (Paterson)* with their corresponding remedies in the materia medica.

The objectives of this study were:

1. To explore the mental symptoms of individual homoeopathic remedies within a specific group(s) and compare them to those of the corresponding bowel nosode(s).
2. To investigate the general symptoms of individual homoeopathic remedies within a specific group(s) and compare them to those of the corresponding bowel nosode(s).
3. To compare and contrast the clinical indications of individual homoeopathic remedies within a specific group(s) and compare findings with the clinical indications of the corresponding nosode(s).

1.3 Rationale for this Study

Focussing on the South African homoeopathic community, it appears that only a small number of well-established homoeopathic practitioners use the following bowel nosodes in practice and have had outstanding results. These include *Morgan-Pure (Paterson), Morgan-Gaertner (Paterson)*, *Proteus (Bach), Gaertner (Bach), Dysentery Co. (Bach)* and *Sycotic Co. (Paterson)*. These observations were made by the researcher following various conversations with a number of homoeopathic practitioners in KwaZulu-Natal, in the Western Cape, and with the lecturers in the Department of Homoeopathy at the Durban University of Technology. Some of these well-established homoeopathic practitioners included Dr David Lilley, Dr Ruth Bloch, Dr Phil Sherwin, Dr Barbara Lewis and Dr Richard Steele. These conversations included questions such as whether the homoeopathic practitioner uses the bowel nosodes in their practice. If the answer was yes, the question was asked as to which particular bowel nosode(s) were most commonly prescribed followed by whether the practitioner had satisfactory results following the prescriptions. If the answer was no, the question was asked as to why the practitioner does not use the bowel nosodes in their practice.

Following the above-mentioned conversations with various homoeopathic practitioners and lecturers it appears as if a general consensus exists that the bowel nosodes are not well known and poorly understood, therefore rarely prescribed by

homoeopathic practitioners. The bowel nosodes also do not form part of the curriculum currently available at the two South African homoeopathic training institutions namely the Durban University of Technology and the University of Johannesburg. This could be due to the lack of understanding of the bowel nosodes and their usage in practice. A comparison between the bowel nosodes and their respective associated homoeopathic remedies has not yet being conducted in the context of a research dissertation at either of the two above institutions, neither has a study been conducted to determine new possible associated homoeopathic remedies or to confirm earlier listings.

In order to obtain the most comprehensive and up-to-date information and therefore the most accurate results regarding the chosen bowel nosodes and their respective associated homoeopathic remedies it was decided to conduct an independent comparative analysis by means of computerised repertorisation. This allowed the researcher to include all available data extending from the original data obtained from Dr Edward Bach's and Dr John Paterson's extensive research followed by Dr Elizabeth Paterson's (1907-1963) research and any other later research and/or data obtained and recorded following her research. The Synergy Mac Repertory and Reference works program was also utilised and proved to be invaluable as it provided information not otherwise available to the researcher and therefore aiding in obtaining as much information as possible in order to provide the most accurate results. The independent comparative analysis proved to be invaluable in verifying and confirming the significance of previously published data from original works through the utilisation of modern technology available today and through expanding upon original data.

This study will hopefully inspire more research to be conducted in the future with regards to the bowel nosodes, their usage and the inter-relationships that exist between them and their respective groups of associated homoeopathic remedies and in the treatment of disease.

CHAPTER 2: REVIEW OF RELATED LITERATURE

2.1 Introduction to Homoeopathy

Homoeopathy is a unique system of medicine which focuses on treating the individual as a whole instead of treating a particular part of the body or individual symptoms as is done in allopathic medicine. Homoeopathic medicines are made from all five kingdoms in nature namely Plantae, Protista, Fungi, Monera Animalia and from minerals. These medicinal substances are taken in their pure form and put through a process of many dilutions and succussions which is called potentization.

Homoeopathy is based on the principle of treating “like with like”. A medicinal substance which can produce toxic effects when taken in large doses by a healthy individual resulting in a certain set of physical, mental and emotional symptoms can be used to cure those similar symptoms when the same medicinal substance has gone through potentization.

The notion of treating the whole individual is achieved through in-depth case taking as well as careful clinical observation and examination. These methodologies incorporate the mental, emotional and physical signs and symptoms of the individual. Treating “like with like” is achieved through finding a homoeopathic medicine that presents with the most similar mental, emotional and physical signs and symptoms as is presented in the individuality of the patient’s case.

The most fitting homoeopathic medicine stimulates the body’s inner healing mechanism in order to bring about balance and subsequent healing on all levels. The healing art of homoeopathy was founded by Dr Samuel Hahnemann (1755-1843) in the late 1700s (Digby 1997).

2.2 Nosodes in General

Nosodes are homoeopathic medicines that are made from infective agents or from discharges containing infective agents however it is important to note that after the potentization process these medicines contain none of the actual infective agent. It is purely an energetic blueprint of the infective agent. The nosodes have a similar energetic vibration to the energetic disturbance seen in its associated miasm and is used in the treatment thereof.

The miasm refers to an inherited or acquired susceptibility to developing certain pathologies or pathological states both on the mental and physical level and may be active or dormant (Klein 2010; Nayak 2015).

2.3 The Bowel nosodes

The bowel nosodes are a group of homoeopathic remedies prepared from the disease-associated sub-cultures of non-lactose fermenting *Bacillus coli* (NLFB), members of the coli-typhoid group, present in the human intestinal tract and in the faeces, during specific states of the illness and specific stages of the disease process (Saxton 2012; Nayak 2015).

2.3.1 History and Original Works

Sir Arbuthnot Lane (1880-1943), who was a famous surgeon in the early 1900s, hypothesised that most chronic diseases resulted from autointoxication from the intestinal tract. He treated many cases of chronic diseases by removing a part of the colon resulting in the improvement of the chronic conditions (Sankaran 1984).

Karl Ebert (1835-1926) was the first bacteriologist to isolate the first non-lactose fermenting bacillus in 1880 and many other bacilli were isolated thereafter although their discovery did not amount to any significant contribution to medicine as no pathological process could be associated with any of the bacilli (Saxton 2012).

Several individuals contributed to the research and subsequent development of the bowel nosodes namely Dr Charles Wheeler (1868-1946), Dr Thomas Dishington (1880-1936), Dr William Boyd (1891-1955), Dr Edward Bach, Dr John Paterson and Dr Elizabeth Paterson. The three main pioneers were Dr Edward Bach, Dr John Paterson and Dr Elizabeth Paterson (Saxton 2012).

Dr Edward Bach the medical physician and bacteriologist shared the same hypothesis that most chronic diseases may originate as a result of autointoxication from the intestinal tract. This theory was well shared amongst medical practitioners at the time and the diagnosis of autointoxication as the causative factor in many chronic diseases was often abused without having any clinical evidence. Dr Edward Bach become very interested in studying the micro-organisms of the bowel specifically relating to the previously isolated bacilli. He started doing his own research in 1912 while working in the bacteriological department at the University College Hospital in London where he discovered the presence of *Bacillus coli* in both healthy and diseased patients. He concluded that the non-lactose fermenting bacteria previously considered to be non-pathogenic did in fact have a close association with chronic disease (Sankaran 1984; Saxton 2012).

It was discovered that the *B.coli* is non-pathogenic in the healthy intestine, serving a vital role in digestion, absorption and the healthy functioning of the immune system. Changes in the host, impacting on the intestinal mucosa will cause a change in the behaviour and bio-chemistry of the *B.coli.* As a result, the *B.coli* becomes pathogenic–non-lactose fermenting bacilli (NLFB). Changes in the host can occur as a result of many factors including illness, diet and lifestyle, medications and mental and emotional stress (Paterson 1950; Saxton 2008; Wu 2012).

Dr Edward Bach's research was driven by the need to clinically associate certain intestinal micro-organisms to specific diseases. During the time of Dr Edward Bach's research vaccine therapy was commonly used where specific organisms were clinically associated to specific diseases, especially in acute conditions. Vaccines were also widely used as prophylactic treatment (Cummings 1988).

Considering the routine use of vaccines at the time, Dr Edward Bach developed autogenous vaccines prepared from pure cultures of non-lactose fermenting bacteria isolated from stool samples obtained through faecal swabs taken from individual patients. Hundreds of patients were treated with their respective individual autogenous vaccine and this produced remarkable results in many chronic cases. Dr Edward Bach also treated hundreds of cases with polyvalent vaccines. The polyvalent vaccines were made from organisms belonging to the same groups isolated from hundreds of patients (Bach 1927; Sankaran 1984; Saxton 2012; Nayak 2015).

Micro-organisms were isolated, identified and studied throughout each patient's disease process by plating a stool sample on MacConkey's ribipel agar followed by a sixteen-hour incubation period. Following the incubation period, the differentiation between lactose fermenting and non-lactose fermenting micro-organisms were made possible by the presence of two different coloured growth colonies. The lactose fermenting micro-organisms produced red colonies through the acid that was produced during fermentation reacting with the neutral red in the agar and the non-lactose fermenting micro-organisms produced white colonies as they did not produce acid during fermentation, therefore no reaction took place with the neutral red in the agar. The white colonies were incubated for a further fifteen hours on agar slopes and was then identified by their ability to ferment certain sugars and grouped accordingly. Patient progress and the different disease related growth phases were monitored by the growth percentage present at a given time of the micro-organism(s) in question (Bach 1927).

Dr Edward Bach started working in the bacteriological department at the Royal London Homoeopathic Hospital in 1919 where he was first introduced to homoeopathy. Dr Edward Bach was astounded at the vast amount of chronic cases successfully treated by homoeopathic doctors and recognised and applauded the fact that homoeopathy was able to cure cases that allopathic medicine was unable to treat let alone cure. Dr Edward Bach referred to Dr Samuel Hahnemann as a great master after studying the Organon of the medical art. He considered it profound that Dr Samuel Hahnemann hypothesised that small living organisms may contribute to the development of disease a hundred years before this was proven (Bach 1920; Cummings 1988).

Dr Edward Bach found many similarities between the knowledge gained through his clinical work and that of the homoeopathic principles concerning the development and treatment of chronic disease. Both shared the notion that the patient has to be susceptible to becoming sick in order for any disease or condition to be present. The principle of treating like with like is shared between homoeopathic treatment and the vaccine therapy as the vaccine had to be made from the causative organism or the group of organisms most closely associated. Dr Edward Bach also shared the view that the administration of the vaccines were intended to strengthen the individual at the constitutional level, strengthening and increasing their resistance against all disease (Bach 1920; Cummings 1988).

Although vaccine doses are larger than those found in homoeopathic medicines it is still considered to be small when regarding that the total weight of *B.coli* first administered would be approximately 1/200000 mgm. This was said to be comparable to a 7x or 8x homoeopathic potency. Dr Edward Bach discovered that doses are to be specifically selected for individual patients as each individual may respond differently. Dr Edward Bach found more similarities regarding the dose and found that insufficient doses may result in no effect or only in small amelioration. If the dose is moderately too large the patient may experience a small aggravation followed by amelioration however where doses are considerably too large ongoing aggravation may occur. A short period of aggravation was commonly observed even when the correct dose was administered followed by profound amelioration and this is also found to be true in homoeopathic treatment (Bach 1920; Cummings 1988).

Another interesting correlation was observed following the administration of vaccines. It was found that old symptoms often resurfaced during the aggravation period for a short period of time followed by the resolution and ultimate disappearance of those symptoms. These symptoms were found to date back to childhood in some cases (Bach 1920).

Vaccines in general were routinely given at set time intervals at the time of Dr Edward Bach's research. Through his clinical observations he concluded that the autogenous vaccine and the polyvalent vaccine should not be repeated until such a time where absolutely no further improvement occurred after its administration. He also

concluded that when the second dose was administered before the last vaccine's action had terminated, all the benefit from the first vaccine was lost and the patient often suffered continued and profound aggravation. Dr Edward Bach instructed that vaccines were only to be repeated after weeks or even months in chronic cases (Bach 1920).

Dr Edward Bach also hypothesised that certain homoeopathic remedies may be found to be effective in treating similar symptoms presented where specific vaccines were indicated. This was indeed later discovered by Dr Edward Bach and further developed through the clinical and bacteriological observations done by Dr John Paterson and his wife Dr Elizabeth Paterson (Bach 1920; Saxton 2012).

The profound similarities found between Dr Edward Bach's vaccine therapy and that of homoeopathic treatment prompted him to investigate the possibility of changing his vaccines into potentised medicines. Dr Edward Bach modified the polyvalent vaccines according to the homoeopathic pharmacopeia between 1920 and 1921 and called the new medicines the bowel nosodes. The autogenous vaccine treatment was also modified according to the homoeopathic pharmacopeia and continued to be used by Dr Edward Bach, however he did indicate that the polyvalent nosodes were more than sufficient in most cases as each bowel nosode consisted of large numbers of micro-organisms belonging to the same group and are therefore able to cover the majority of cases. Dr Edward Bach's findings were that better results were obtained from the potentised vaccines (bowel nosodes) when compared to the results obtained previously from the injectable autogenous and polyvalent vaccines. These results were obtained over a period of seven years (at the time this statement was made) from thousands of cases treated by both homoeopathic and allopathic doctors throughout the United Kingdom and Ireland (Bach 1927; Cummings 1988; Saxton 2012; Nayak 2015).

Although Dr Edward Bach was unable to identify specific micro-organisms as causative agents to specific diseases, he was satisfied with the results obtained following the treatment with the bowel nosodes in many chronic cases and the subsequent symptomatology that was established relating to each individual bowel nosode over a final period of approximately ten years (Bach 1927).

The bowel nosodes were grouped according to the respective micro-organism's ability to ferment different sugars. The sugars were limited to glucose, lactose, saccharose and dulcite in order to keep the number of groups to a minimum (Bach 1927, 1930).

Dr Edward Bach identified and classified the intestinal bacteria into seven major groups namely *Morgan (Bach)* sub-divided into *Morgan-pure (Paterson)* and *Morgan-Gaertner (Paterson), Proteus (Bach), Bacillus "7" (Paterson), Mutabile (Bach), Gaertner (Bach), Dysentery Co. (Bach)* and *Faecalis (Bach)* (Bach 1927, 1930). *Bacillus "7" (Paterson), Morgan-pure (Paterson)* and *Morgan-Gaertner (Paterson)* were extensively studied by Dr John Paterson following Dr Edward Bach's work, therefore his name follows these three sub-groups (Saxton 2012).

Dr Edward Bach expressed his contentment with regards to his work on the bowel nosodes in his last paper titled, "An effective method of preparing vaccines for oral administration" published on the 24th of January 1930 as per the following comment.

A large number of practitioners in the British Isles, America, Germany, France and other countries can testify to the value of this method to such an extent as to leave no doubt that an important therapeutic agent has been added to the materia medica of our science. (Bach 1930: 2). Here Dr Edward Bach refers to the science of homoeopathy (Bach 1930).

2.3.2 Bowel nosodes and the Associated Homoeopathic Remedies

Dr John Paterson and Dr Elizabeth Paterson continued Dr Edward Bach's research after he ended his bacteriological career in 1929 to pursue his research in and subsequent development of the Bach Flower Essences (Saxton 2012; Nayak 2015).

Dr John Paterson conducted research involving both clinical and bacteriological observations and investigations done over a period exceeding twenty years. He analysed and studied over 20 000 different stool samples taken from patients suffering from chronic diseases and discovered that there is a definite relationship between

certain homoeopathic remedies and the individual groups of intestinal bacteria (Paterson 1950; Klein 2010).

It was discovered that there are different stages of the disease process. Positive stages in which NLFB was found in larger amounts in the stool and negative stages in which very little or none NLFB was found. It was found that during the phase in which a patient presented with the highest degree of symptoms, few and in some cases none of the NLFB was found. The number of NLFB was found to increase with varying degrees after the administration of the most fitting homoeopathic remedy or bowel nosode with a short latent period before their appearance. During this time the patient's symptoms also began improving. The number of NLFB was found to decrease more and more as the patient's symptoms improved and disappeared once they were healed. The stages also referred to as the disease phases was originally identified by Dr Edward Bach and further studied in relation to the associated homoeopathic remedies by Dr John Paterson and Dr Elizabeth Paterson (Bach 1927; Paterson 1950; Saxton 2008).

Dr John Paterson's hypothesis was that the administration of either the most fitting homoeopathic remedy or bowel nosode resulted in metabolic/chemical changes occurring in the intestinal mucosa due to their action on the vital force leading to the mutation of the non-pathogenic *B.coli* to pathogenic–non-lactose fermenting bacilli (Paterson 1950; Saxton 2008).

With regards to the associated homoeopathic remedies and their respective bowel nosodes it is important to note that through clinical and bacteriological observations, specific homoeopathic remedies where shown to improve patient's symptoms when properly selected and resulted in the appearance of specific NLFB in the patient's stool. As a result it was concluded that the homoeopathic remedy "picture" is associated with the disease "picture" which is also associated to a specific bowel nosode (Saxton 2008).

Dr John Paterson used the information obtained through his clinical investigations and observations (clinical provings) and compiled the original listing consisting of the nine groups of bowel nosodes together with their associated homoeopathic remedies

(Paterson 1950). The nine bowel nosodes listed originally by Dr John Paterson include the *Morgan (Bach)* group consisting of *Morgan-pure* and *Morgan-Gaertner (Paterson)*, *Proteus (Bach)*, *Mutabile (Bach), Bacillus "7" (Paterson)*, *Gaertner (Bach)*, *Dysentery. Co. (Bach)*, *Sycotic Co. (Paterson)* and *Faecalis (Bach)*. *Bacillus "10" (Paterson)* and *Coccal Co. (Paterson)* were added at a later stage and resulted in the complete list of the eleven bowel nosode groups (Paterson 1950; Paterson 1988).

It is important to note that Dr John Paterson and his wife Dr Elizabeth Paterson both researched the bowel nosodes and that Dr Elizabeth Paterson continued researching the bowel nosodes following Dr John Paterson's death in 1954. The journal article "A survey of the nosodes" published in 1960 by Dr Elizabeth Paterson containing the results following the clinical administration of the bowel nosodes in three hundred and thirty three consecutive and unselected cases includes *Bacillus "10" (Paterson)* The results also included additions to the original associated homoeopathic remedies for several of the bowel nosodes (Paterson 1988). It is uncertain as to when *Coccal Co. (Paterson)* was added however, both Dr John Paterson and Dr Elizabeth Paterson researched this bowel nosode. Dr Elizabeth Paterson died in 1963, three years following the published journal article (Saxton 2012). Furthermore, the results of more recent (extending since the time of the pioneers) works comprising of the thoughts and clinical observations of all the prime workers in the field and including clinical experiences of other homoeopathic practitioners concerning the bowel nosodes have been presented in John Saxton's book "Bowel nosodes in homeopathic practice" in the appendix section under the heading "The expanded associated remedy lists" for all eleven bowel nosodes. A number of new homoeopathic remedies are found in this section concerning the majority of the bowel nosodes reflecting the addition of new remedies in the materia medicas since the time of the pioneers and possibly also reflecting the changes in clinical patterns since their time (Saxton 2012).

The listing of the associated homoeopathic remedies as per the chosen four bowel nosodes compiled by Dr John Paterson is presented below along with the additions made by Dr Elizabeth Paterson and John Saxton. Further additions presented in John Saxton's book have also been included for each of the chosen four bowel nosodes.

Proteus (Bach)'s associated homoeopathic remedies include *Acidum muriaticum/Muriatic acid*, *Ammonium muriaticum*, *Apis mellifica, Aurum muriaticum, Baryta muriaticum, Borax venata, Calcarea muriaticum, Conium maculatum, Cuprum metallicum, Ferrum metallicum, Ignatia amara, Kalium muriaticum, Magnesium muriaticum, Natrium muriaticum and Secale cornutum* (Paterson 1950). Dr John Paterson indicated that *Natrium muriaticum* was the chief associated homoeopathic remedy for *Proteus (Bach)*. The chief associated homoeopathic remedies were concluded from the results obtained through the clinical provings (clinical investigations and observations) (Paterson 1950).

In addition to *Aurum muriaticum, Baryta muriaticum, Calcarea muriaticum, Cuprum metallicum, Ferrum metallicum, Kalium muriaticum, Magnesium muriaticum, Natrium muriaticum* and *Secale cornutum* (forming part of Dr Elizabeth Paterson's results) the following remedies namely *Cholesterin* and *Sepia officinalis* were later added to the list of the associated homoeopathic remedies for *Proteus (Bach)* by Dr Elizabeth Paterson in 1960 following her research which was published in the article "A survey of the nosodes" (Paterson 1988).

In addition to all of the above mentioned associated homoeopathic remedies the following remedies are presented in John Saxton's book under the heading "The expanded associated remedy lists" for *Proteus (Bach)* namely *Ammonium bromatum, Colocynthis, Hepar sulphuris calcareum, Hyoscyamus niger, Nitricum acidum, Nux vomica, Sarracenia purpurea and Staphysagria* (Saxton 2012).

Gaertner (Bach)'s associated homoeopathic remedies include *Calcarea fluorica, Calcarea hypophosphorica, Calcarea phosphorica, Calcarea silicate, Kalium phosphoricum, Mercurius vivus, Natrium phosphoricum, Natrium siliconfluoricum, Phosphorus, Phytolacca decandra, Pulsatilla pratensis, Silica terra, Zincum phosphoricum and Syphilinum* (Paterson 1950). *Silica terra, Mercurius solubilis and Phosphorus* were chosen as the chief associated homoeopathic remedies for *Gaertner (Bach)* (Paterson 1950).

In addition to *Calcarea phosphorica, Kalium phosphoricum, Natrium phosphoricum, Phosphorus, Silica terra and Zincum phosphoricum* (forming part of Dr Elizabeth

Paterson's results) the following remedies namely *Calcarea silicata, Ferrum phosphoricum, Natrium silicicum* and *Tuberculinum/Bacillinum* were later added to the list of the associated homoeopathic remedies for *Gaertner (Bach)* by Dr Elizabeth Paterson in 1960 following her research (Paterson 1988).

Arsenicum album, Cadmium metallicum and *Natrium flouratum* was found to be listed amongst the list of the traditional associated homoeopathic remedies for *Gaertner (Bach)* in the book "Bowel nosodes in Homeopathic Practice" written by John Saxton. The history and origin of the inclusion of these three homoeopathic remedies is unclear however John Saxton did mention that some of his results following his clinical experience was also added to "The expanded associated remedy lists". *Arsenicum album, Cadmium metallicum* and *Natrium* flouratum has also been presented in the expanded list for *Gaertner (Bach)* (Saxton 2012).

In addition to all of the above mentioned associated homoeopathic remedies the following remedies are presented in John Saxton's book under the heading "The expanded associated remedy lists" for *Gaertner (Bach)* namely *Calcarea iodata, Carcinosin, Kalmia latifolia, Natrium fluoricum, Phosphoricum acidum, Podophyllum peltatum, Sanicula aqua* and *Stannum metallicum* (Saxton 2012).

Dysentery Co. (Bach)'s associated homoeopathic remedies include *Anacardium occidentale, Argentum nitricum, Arsenicum album, Cadmium metallicum, Kalmia latifolia, Veratrum album and Veratrum viride* (Paterson 1950). *Arsenicum album* was chosen as *Dysentery Co. (Bach)'s* chief associated homoeopathic remedy (Paterson 1950).

In addition to *Argentum nitricum* and *Arsenicum album* (forming part of Dr Elizabeth Paterson's results) the following remedies namely *China officinalis, China arsenicosum, Pulsatilla praetensis* and *Tuberculinum* were later added to the list of the associated homoeopathic remedies for *Dysentery Co. (Bach)* by Dr Elizabeth Paterson in 1960 following her research (Paterson 1988).

In addition to all of the above mentioned associated homoeopathic remedies the following remedies are presented in John Saxton's book under the heading "The

expanded associated remedy lists" for *Dysentery Co. (Bach)* namely *Ammonium carbonicum, Abies canadensis, Abies nigra, Antimonium crudum, Arnica montana, Arsenicum sulphuratum, Bacillinum, Cactus grandiflorus, Carbo vegetabilis, Carcinosin, Coffea cruda, Digitalis purpurea, Dulcamara, Gelsemium sempervirens, Graphites naturalis, Kalium carbonicum, Kreosotum, Lachesis muta, Lathyrus sativus, Ledum palustre, Lycopodium clavatum, Magnesium muriaticum, Natrium carbonicum, Phosphorus, Platinum metallicum, Ptelea trifoliata, Sanguinaria canadensis, Sarsaparilla officinalis, Sepia officinalis* and *Spongia tosta* (Saxton 2012).

Sycotic Co. (Paterson)'s associated homoeopathic remedies include *Antimonium tartaricum, Calcarea metallicum, Ferrum metallicum, Natrium sulphuricum, Nitricum acidum, Rhus toxicodendron, Thuja occidentalis and Bacillinum* (Paterson 1950). *Thuja occidentalis* was chosen as *Sycotic Co. (Paterson)'s* chief associated homoeopathic remedy (Paterson 1950).

In addition to *Thuja occidentalis* and *Bacillinum* (forming part of Dr Elizabeth Paterson's results) the following remedies namely *Pulsatilla praetensis, Lycopodium clavatum, Sepia officinalis, Natrium muriaticum, Tuberculinum, Kalium bichromicum, Sulphur, Silicea terra* and *Calcarea carbonica* were later added to the list of associated homoeopathic remedies for Sycotic Co. (Paterson) by Dr Elizabeth Paterson in 1960 following her research (Paterson 1988).

Cadmium metallicum was found to be listed amongst the list of the traditional associated homoeopathic remedies for *Sycotic Co. (Paterson)* in the book "Bowel nosodes in Homeopathic Practice" written by John Saxton. The history and origin of the inclusion for this homoeopathic remedy is unclear however John Saxton did mention that some of his results following his clinical experience was also added to "The expanded associated remedy lists". *Cadmium metallicum* has also been presented in the expanded list for *Sycotic Co. (Paterson)* (Saxton 2012).

In addition to all of the above mentioned associated homoeopathic remedies the following remedies are presented in John Saxton's book under the heading "The expanded associated remedy lists" for *Sycotic Co. (Paterson)* namely *Calcarea*

phosphorica, Antimonium crudum, Dulcamara, Ferrum metallicum, Medorrhinum, Morbillinum and *Tellurium* (Saxton 2012).

All of the associated homoeopathic remedies listed in relation to each bowel nosode can be considered for discussion within the homoeopathic community and should be considered during case analysis as they are all valuable, some of which obtained from the original clinical "provings" (clinical investigation/observation together with bacteriological findings) and some obtained from more recent research and clinical experience within the profession. The results of this study will also be a valuable contribution to the homoeopathic community and the researcher would like to think that it will be included in discussions regarding the chosen four bowel nosodes and that the results would be considered during case analysis. Please see the section "Indications for the use of the bowel nosodes in disease" from page 30 in order to gain a better understanding regarding the process of utilizing the associated homoeopathic remedies in relation to their respective bowel nosodes during case analysis.

Dr Elizabeth Paterson's results also revealed additions to the associated remedies of the remaining nine bowel nosodes and further additions to the remaining nine groups are also listed in the section "The expanded associated remedy lists" in John Saxton's book, however, for the purpose of this study focus was given to the chosen four bowel nosodes with regards to the associated homoeopathic remedies.

To gain better insight into the chosen four bowel nosodes namely *Proteus (Bach)*, *Gaertner (Bach)*, *Dysentery. Co. (Bach)* and *Sycotic co. (Paterson)* each will now be discussed individually.

2.4 *Proteus (Bach)*

The bacteriological profile of *Proteus (Bach)* consists of *Proteus mirabilis* and *Proteus vulgaris* belonging to the genus *Proteus* (*Proteus* spp.) which forms part of the Enterobacteriaceae family. Members of *Proteus* spp. are motile, non-spore forming, aerobic to facultative anaerobic bacteria. Metabolism takes place through the process of fermentation although *Proteus* spp. does not ferment lactose (Vermeulen 1998;

Nayak 2015). *Proteus* spp. forms part of the normal microbiome in the human gastrointestinal tract which acts as a reserve. *Proteus* spp. are opportunistic pathogens and their target is often immunocompromised individuals. They commonly cause urinary tract infections in hospitalised patients especially when catheterisation is used. High percentages of *Proteus* spp. have been found in bladder and kidney stones. *Proteus* spp. have also been isolated from infected wounds and burns and have been found in abscesses. *Proteus* spp. has been found to be a causative pathogen in cases of systemic bacterial infections, meningitis, neonatal meningoencephalitis, osteomyelitis, respiratory tract infections and in empyema. They are largely responsible for hospital acquired infections. *Proteus* spp. are capable of causing diarrhoea on their own but can also be secondary to a primary gastrointestinal tract infection as they are opportunists. Due to the presence of *Proteus* spp. in the gastrointestinal tract there may be cross-infection or auto-infection which is seen especially in conditions involving the urinary tract. *Proteus* spp. is mainly spread via gastrointestinal tract contents from both humans and animals. Other environments where *Proteus* spp. flourish include decomposing meat and in waste material of human or animal origin (Vermeulen 1998; Nayak 2015; Drzewiecka 2016).

It is important to note that chronic nerve strain is the main causative factor in the development of most of the mental and physical symptomatology found in *Proteus (Bach)*. The main areas affected include the mind and the central and peripheral nervous systems. Many of the physical ailments are secondary to the effects on the central nervous system, especially those involving the gastrointestinal tract.

A characteristic feature of *Proteus (Bach)* is the unexpected onset of symptoms coupled with the intensity of the symptoms present in both the mental and physical symptomatology (Paterson 1950; Murphy 2006).

Dr John Paterson described the profound emotional outbursts found in *Proteus (Bach)* as a “brain storm” and this is the keynote symptom for *Proteus (Bach)* (Paterson 1950). The emotional outbursts occur unexpectedly and can manifest as extreme ill temper during which *Proteus (Bach)* can become destructive and violent. Children express their anger by rolling around on the floor and the child may even hit their head against an object or against their bed during their fit of anger. There may be hitting, kicking

and yelling in response to parental authority which they cannot stand (Murphy 2006; Saxton 2012; Nayak 2015). Grief and disappointment can incite an emotional outburst of great fury instead of sadness or despondency (Klein 2010). *Proteus (Bach)* is argumentative, easily irritated and strongly lacks the ability to control their emotions. The lack of control comes from the over strained nervous system as a result of prolonged stress (Bickley 2017). *Proteus (Bach)* experiences profound nervous tension and they often feel like they cannot manage any more stress as they are overtaken by it (Murphy 2006). They cannot bear contradiction and this causes them great anger. They can become reproachful and averse to company. There can be great lowness of spirits with a tendency to weeping and thoughts of suicide without a real desire to end their life. It doesn't take much to startle *Proteus (Bach)*. They can be very sensitive and deeply affected by unfortunate news. There is a fear of being on their own, of the dark and of open spaces and they have a tendency to anticipate misfortune. *Proteus (Bach)* always feels better when comforted by someone although they prefer to be alone (Murphy 2006). *Proteus (Bach)* in general terms experience heightened sensitivity and can be greatly affected by their environment and this includes their ability to sense the emotional environment of others that they are with. They are often timid and lack the courage they so desire, and fear what others think about them (Klein 2010).

Chronic tension eventually affects their intellectual function due to great prostration during which *Proteus (Bach)* experiences problems with memory and they struggle to keep their mind focussed during conversations. They may forget what they wanted to say or forget words which leads to word hunting. This makes *Proteus (Bach)* very nervous and they develop a fear of losing their intellectual abilities and may fear insanity (Paterson 1950; Murphy 2006).

Disturbances in the central and peripheral nervous systems cause improper nerve innervation resulting in the malfunctioning of certain organs, muscles and vessels due to irregular contractions and spasms (Paterson 1950). These disturbances are seen in the brain where convulsions, epilepsy and meningismus occur. Spasms of the cerebral circulation lead to symptoms of Meniere's disease which is characterised by intermittent episodes of vertigo (Paterson 1950). Irregular circulation and contraction of the coronary capillaries result in attacks of angina. Improper venous circulation to

the extremities result in the symptoms found in Raynaud's Disease and that of intermittent claudication affecting the calve muscles (Paterson 1950).

Digestive ailments occur as a result of the strained central nervous system and are therefore secondary to chronic tension. The characteristic unexpected and violent onset is most clearly illustrated in the presentation of *Proteus (Bach)'s* duodenal ulcers where the usual signs and symptoms indicating the presence of an ulcer are absent. Vomiting of blood or dark tarry stools also known as melena which may be an indication of bleeding higher up in the gastrointestinal tract due to perforation of an ulcer, forms part of *Proteus (Bach)'s* symptomatology (Paterson 1950; Murphy 2006). *Proteus (Bach)* generally has an acidic and allergic constitution. There are many symptoms related to acidity including heartburn and acrid dyspepsia. The presence of gastric ulcers is also very commonly seen in *Proteus (Bach)* with the susceptibility to perforate or rupture. *Proteus (Bach)* has many digestive or food related allergies which may trigger digestive migraines often accompanied by visual disturbances and vertigo. Other gastrointestinal ailments include gastroenteritis, diarrhoea, constipation, hepatitis, chronic cholecystitis and biliary lithiasis (Julian 2004; Murphy 2006; Complete Repertory 2017).

It is not surprising to learn that the urinary tract is greatly affected when considering *Proteus (Bach)'s* affinity for it as explained above. There may be chronic recurrences of kidney and bladder infections and kidney stones form part of the symptomatology (Klein 2010).

Proteus (Bach) also has an affinity for the skin with herpetic eruptions specifically in areas where the skin meets mucous membranes, in the cubital fossae and in the popliteal fossae (Nayak 2015). Others skin ailments that occur in *Proteus (Bach)* are furuncles that are slow to develop, pustular and papular eruptions and atopic dermatitis which present with extreme itching (Murphy 2006).

2.5 *Gaertner (Bach)*

Gaertner (Bach)'s bacteriological profile consists of *Bacillus Gartner* also known as *Salmonella enteritidis* a serotype of *Salmonella enterica* bacterium, a species of the genus *Salmonella* belonging to the Enterobacteriaceae family. *Salmonella* is a genus of aerobic to facultative anaerobic bacteria containing Gram-negative rods. These bacteria can be motile or non-motile. Their metabolism is through the process of fermentation producing acid and gas from glucose. *Salmonella enteritidis/enterica* are responsible for a large percentage of infections known as salmonellosis worldwide which is obtained through the consumption of infected egg and poultry. Salmonellosis is a type of gastroenteritis characterised by stomach cramps, nausea, vomiting, diarrhoea, bloody stools, headaches, fevers and possible muscle pain. Many of these symptoms are present in the symptomatology of *Gaertner (Bach)* even though *Gaertner (Bach)* did not undergo a Hahnemannian proving and symptomatology was obtained through hundreds of clinical investigations. *Bacillus enteritidis* was identified by August Gartner (1848-1934) in 1888 following its isolation in a case of food poisoning (Vermeulen 1998; Murphy 2006; Braden 2006 ; Nordqvist 2017).

The following sentence written by Dr John Paterson beautifully summarises *Gaertner (Bach)'s* most prominent characteristics. "Mostly observed in the child; hypersensitive to all impressions, psychical and physical; overactive brain with under-nourished body" (Paterson 1950: 13).

Gaertner (Bach) children are very bright and are often ahead of their peers and with this comes a curious mind. They experience great difficulty in focussing their mind on one thing and quickly move their attention to the next fascinating activity, idea or game. *Gaertner (Bach)* experiences a general dis-ease mentally, a kind of mental restlessness accompanied by nervous tension, apprehension and anxiety. The *Gaertner (Bach)* child is greatly affected by their environment both emotionally and physically. Distressing experiences are processed with great difficulty often leading to a depressive state or a negative attitude in general (Saxton 2008; Bickley 2017).

Fears include being alone especially at night during which they may insist on sleeping with their mother and with a night light. *Gaertner (Bach)* is easily excitable and this

nervous energy is also seen during sleep. They may suffer with troublesome dreams, sleepwalking or general fidgeting. Anticipatory anxiety and the fear of the unknown results in behaviours of needing to know all the details of what is happening at a particular point in time, or of what will be happening in the near future (Saxton 2008; Nayak 2015; Bickley 2017).

The keynote for *Gaertner (Bach)* is malnutrition, be it from inadequate nutrient consumption, gastrointestinal diseases impairing absorption of nutrients, or due to an underlying malignant condition particularly involving the gastrointestinal tract. Malnutrition may also occur due to impaired digestion in the aged. Children experience digestive difficulties when changing from breast milk to solids or to artificial formulas often around the age of 6 months. *Gaertner (Bach)* is indicated during this transitional stage to help overcome any difficulties (Paterson 1950; Julian 2004).

Gaertner (Bach) should always be considered when there is failure to thrive, weakness and/or low body weight even though the patient eats well. *Gaertner (Bach)* is also well indicated when there is prolonged convalescence with diminished vitality following an acute infection, especially when antibiotic therapy has been administered. The overuse of antibiotics particularly the non-penicillin types may in itself be an indication for the prescription of *Gaertner (Bach)* should the patient's symptoms fit those found in *Gaertner (Bach)* (Saxton 2012; Bickley 2017).

Vomiting of all that is ingested and episodes of diarrhoea every other week forms part of *Gaertner (Bach)'s* symptomatology. Impaired or the inability to digest/absorb fat accompanied by steatorrhoea is also found. Gluten intolerance and celiac disease are clinically indicated in *Gaertner (Bach)*. Other gastrointestinal affections include chronic gastro-enteritis, tabes mesenterica and threadworm infestations (Paterson 1950; Julian 2004).

Emaciation is the second most important keynote symptom found in *Gaertner (Bach)* and is often associated with malnutrition, however *Gaertner (Bach)* can be considered in any case presenting with emaciation regardless of the underlying cause (Paterson 1950; Saxton 2012). Marasmus, growth disorders and the underdevelopment of

muscular tissue are also indications for *Gaertner (Bach)* especially during childhood (Murphy 2006; Saxton 2012; Nayak 2015).

Apart from *Gaertner (Bach)* having an affinity for the gastrointestinal system it also has its action in the genitourinary system. Excessive foul vaginal discharges with much itching of the genitalia occurs in women and hydrocele may occur in men. Haematuria and mucus may be present upon urinalysis and there may be urethral discomfort characterised by a burning sensation. Involuntary urination may occur at night especially in children (Murphy 2006; Saxton 2012; Nayak 2015).

Gaertner (Bach) is said to be useful during difficult dentition when other well indicated remedies have failed particularly where it is associated with reoccurring otitis media (Paterson 1988).

Skin affections include vesicular eruptions, furuncles and urticaria often associated with marked itching. Symptoms relating to the musculoskeletal system include lumbago, sciatica, hip pain, fibrositis and rheumatism affecting the shoulders in particular with a general aggravation of pain at night. Rheumatic pain also affects the hands and feet (Murphy 2006; Nayak 2015).

2.6 *Dysentery Co. (Bach)*

The bacteriological profile of *Dysentery Co. (Bach)* consists of *Bacillus dysenteriae* also knowns as *Shigella dysenteriae* is a genus of *Shigella* belonging to the Enterobacteriaceae family. They are non-motile, aerobic to facultative anaerobic containing Gram-negative non-encapsulated rods. Metabolism of glucose and other carbohydrates takes place through the process of fermentation during which acid is produced. Lactose is generally not fermented however can be attacked at a slow rate. *Shigella dysenteriae* together with three other groups of *Shigella* are responsible for causing approximately 200 million incidents of *Shigellosis* word wide per year. *Shigellosis* is hyperendemic in developing countries. *Shigellosis* is most commonly seen in children between the ages of 2 to 3 and transmission is chiefly via faecal-hand-oral route. *Shigellosis* may present as an asymptomatic illness presenting with mild

watery diarrhoea. *Shigellosis* more commonly presents as a more serious illness presenting with high fevers, chills, profound dysentery with bloody and/or mucoid stools occurring frequently and is accompanied by extreme abdominal cramps and vomiting (Vermeulen 1998; Sheperd 2016). It is important to note that *Dysentery Co. (Bach)* is not indicated for symptoms clinically associated with dysentery although it does present with diarrhoeal affections (Saxton 2012).

The keynote for *Dysentery Co. (Bach)* is anticipatory nervous tension. *Dysentery Co. (Bach)* is in a state of nervous anticipation prior to almost any event or before going somewhere or meeting someone. *Dysentery Co. (Bach)* often suffers from a low self-esteem, timidity and can become self-conscious. These difficulties cause them to be unsettled when meeting strangers showing signs of stress and restlessness with fidgeting. *Dysentery Co. (Bach)* is very sensitive especially to any disapproval causing them great distress. Nervous strain and agitation may be expressed physically through involuntary muscular contractions involving the muscles of the face and by the appearance of headaches. Frontal headaches are common with pains extending over the eyes or the pain is experienced in the vertex. Headaches are periodical, occurring once a week or once every two weeks. Many physical symptoms occur as a result of nervous tension brought on by fears and phobias. The digestive system and circulatory system are greatly affected by the nervous state. *Dysentery Co. (Bach)* experiences chronic “silent” nervous strain which is brought to light or aggravated when anticipating something (Paterson 1950; Murphy 2006; Saxton 2012)

Dysentery Co. (Bach) has many fears and phobias. They may fear spaces that are perceived to be small or confined such being in a train, bus or elevator. There is a general fear of public spaces particularly of large spaces such as a church or theatre. There are also fears about trivial things and the fear of things going wrong in the future (Murphy 2006; Saxton 2012)

The nervous system is hypersensitive, and the smallest amount of excitement can set it off. *Dysentery Co. (Bach)* can experience exhaustion, circulatory irregularities, nausea or diarrhoea as a result of excitement and it generally aggravates any symptoms they already have. There is a general over sensitivity to their environment due to the heightened state of the nervous system. *Dysentery Co. (Bach)* experiences

forgetfulness and may have difficulty during conversations as they easily lose their train of thought especially if interrupted. They may forget what was just said to them or they may hunt for words. *Dysentery Co. (Bach)* may be easily distracted, have impaired concentration and are prone to mental fatigue. There is a tendency towards depression following chronic nervous strain and anxiety. Crying often accompanies the depression and *Dysentery Co. (Bach)* prefers to cry when alone. Consolation aggravates causing more crying or may cause irritability. (Paterson 1950; Murphy 2006; Saxton 2012).

The main precipitation factors responsible for the development of physical symptoms involve the mental and emotional faculty. Prolonged nervous tension, nervous excitement, anticipation and anxiety are the main causative factors however infection may also be a causative factor (Murphy 2006; Saxton 2012).

Dysentery Co. (Bach) has an affinity for the digestive system, specifically for the region of the pylorus causing spasmodic affections leading to delayed gastric emptying. Abdominal circulation tends to be more stagnant and *Dysentery Co. (Bach)* is said to have a hypotonic stomach. Dyspepsia with abdominal distention and hyperacidity are common symptoms of *Dysentery Co. (Bach)* and often chronic in nature. Sudden gastric pain wakes the patient between midnight and 1 a.m., the pain is ameliorated by vomiting copious amounts of mucoid vomitus. Gastric pains are mostly worse after eating, sometimes hours after eating and is ameliorated by lying in a supine position. *Dysentery Co. (Bach)* may experience an uncomfortable empty sensation within the stomach between meals or in the morning and are generally worse for not eating. The large intestine may also be affected with colitis. Inflammation of the gallbladder is accompanied by abdominal tenderness and bilious vomiting. *Dysentery Co. (Bach)* is especially indicated for duodenal ulcers preceded by prolonged nervous strain experienced with anxiety and possibly palpitations over the gastric and cardiac region. Both sides of the spectrum of bowel movements are seen in *Dysentery Co. (Bach)*. Constipation presents with a lack of power while passing hard matted mucoid stools and may lead to rectal throbbing, haemorrhoids and anal fissures if it persists. Loose diarrhoeal stools are passed with force, often acid or corrosive in nature and occur mostly in the morning. Loose stools may continue throughout the day. Diarrhoea and

nausea are often triggered by anticipatory nervous tension (Julian 2004; Murphy 2006; Saxton 2012; Nayak 2015; Bickley 2017).

Prolonged nervous strain often triggered by excitement, anticipation or anxiety may cause functional disturbances affecting the heart. *Dysentery Co. (Bach)* has an affinity for cardiac muscle tissue. Premature ventricular contraction causes irregularities in the normal rhythm of the heart producing throbbing felt over the precordium and possible tachycardia. Atrophy is found in the walls of veins with vasodilation and varicosities may also be present. Varicose veins have a tendency to bruise and bleed easily. Capillary circulation is also affected leading to flushing and to the onset of headaches in response to nervous strain (Julian 2004; Murphy 2006; Saxton 2012).

Dysentery Co. (Bach) tends to be thirsty and craves cold drinks which aggravate. Aggravating times include between midnight and one a.m. and from three a.m. to six a.m. *Dysentery Co. (Bach)* tends towards feeling cold desiring warmth yet becomes hot and perspires easily in a warm room, upon physical or mental exertion and in response to any nervous agitation. They may feel nauseous and weak in a warm room and need space and open air which ameliorates. *Dysentery Co. (Bach)* craves fat, milk, and sweets which are all aggravating (Julian 2004; Murphy 2006; Saxton 2012; Nayak 2015; Bickley 2017).

2.7 *Sycotic Co. (Paterson)*

The bacteriological profile of *Sycotic Co. (Paterson)* consists of *Streptococcus faecalis* also known as *Enterococcus faecalis* a species of the genus *Enterococcus* belonging to the Enterococcaceae family. *Streptococcus faecalis* is a genus of non-motile, non-spore forming, aerobic to facultative anaerobic bacteria. Metabolism takes place through the process of fermentation. Dextrorotatory lactic acid is the main product of metabolism. *Enterococcus faecalis* and *Enterococcus faecium* are the only two species out of more than seventeen existing in humans. *Enterococcus faecalis* is present in the healthy gastrointestinal tract and therefore in the faeces. It may also be found to reside in the mouth and vagina. *Enterococcus faecalis* does not cause any symptoms unless it spreads to areas outside of its normal habitat causing a variety of

infections, some of which may be life threatening. *Enterococcus faecalis* is said to be responsible for more than eighty percent of infections found in humans and are found to be amongst the top three responsible for nosocomial infections. *Enterococcus faecalis* may infect the urinary tract or cause infections of the abdomen, pelvis or of the mouth. It may also infect wounds or cause bacteraemia, septicaemia, endocarditis or enterococcal meningitis. The spread may be via instrumentation such as catheterisation, intravenous devices or via oral faecal transmission due to poor hygiene. Immunocompromised patients are always at higher risk of infection and a high prevalence is found in hospitalised patients (Vermeulen 1998; Nayak 2015; Leonard 2017). *Enterococcus faecalis* was identified as non-lactose fermenting diplococcal intestinal micro-organisms by Dr John Paterson. Identification was done by means of microscopy and not by culture (Saxton 2012).

The *Sycotic Co. (Paterson)* patient is easily excitable, nervy and finds it difficult to be relaxed. The nervous state becomes physically noticeable with small spasmodic contractions of the facial muscles and excessive blinking of the eyes. Nervousness or nervous tension may result in nail biting and *Sycotic Co. (Paterson)* is prone to develop physical symptoms in response to nerve strain related to apprehension (Paterson 1950; Murphy 2006; Saxton 2012).

Sycotic Co. (Paterson) suffers with mental restlessness and is easily irritated and angered due to the underlying nerve strain. This nervous irritability is said to be the keynote of *Sycotic Co. (Paterson)*. Explosive anger can escalate to a state where there is a loss of control or reason. The *Sycotic Co. (Paterson)* patient is prone to being too easily upset, faint-hearted and timid. With their oversensitivity comes a tendency towards thinking that others are disapproving of them in some way and this may provoke their anger. *Sycotic Co. (Paterson)* has a tendency towards being punctilious and may be hard to please. They may suffer from lowness of spirits accompanied by crying. The fears of *Sycotic Co. (Paterson)* include fearing the dark, animals, dogs and being left unaccompanied. The *Sycotic Co. (Paterson)* patient may suffer with dreadful dreams of death or of dead bodies naturally causing restlessness or sleeplessness. Grinding of the teeth during sleep may be due to the general nervous tension experienced. *Sycotic Co. (Paterson)* has a need to feel safe and to feel protected. Their nervous agitation and physical restlessness make them feel

unsafe and unprotected as their internal environment is in turmoil. The result is prostration due to their distress and anxiety (Paterson 1950; Murphy 2006; Saxton 2012; Bickley 2017).

The keynote of *Sycotic Co. (Paterson)* is “irritability”, represented in the mental sphere as nervous irritability and physically represented by inflammatory processes affecting the mucous and synovial membranes. Inflammatory processes affect the upper and lower respiratory tract, the gastrointestinal tract, the female reproductive system and the urinary tract. Second to the inflammatory processes is the over production of mucous particularly affecting the respiratory and genitourinary tract. Respiratory conditions include coryza, asthma, bronchitis, pneumonia and pleurisy (Paterson 1950; Julian 2004).

The female reproductive system is greatly affected by menstrual irregularities and uterine and ovarian affections. Uterine and ovarian growths are also present in the female reproductive system and catarrhal states are shown in the form of leucorrhoea of which there are many presentations. Sycotic growths such as genital warts are present in both the male and female. Genital herpes is also present in both sexes. The urinary tract has many inflammatory affections relating to the bladder, kidneys and urethra and present with the characteristic albuminuria which also occurs in children (Julian 2004; Murphy 2006).

The gastrointestinal tract may be affected with chronic inflammatory processes and catarrhal states. *Sycotic Co. (Paterson)* may suffer with acute or chronic gastroenteritis both in the adult and in the child. Diarrhoea is commonly triggered by emotions or excitement and the *Sycotic Co. (Paterson)* patient may suffer with urging and looseness of stools after every meal or upon waking (Murphy 2006; Saxton 2012).

The musculoskeletal system is affected by inflammatory processes involving the synovial membranes and presents with arthritis and rheumatic affections both of which are aggravated by cold and/or damp weather conditions. Rheumatism affects both the joints and fibro-connective tissues. The hands, wrists and fingers are particularly affected by arthritic inflammation. *Sycotic Co. (Paterson)* has an affinity for the hips and for the lumbosacral articulation causing stiffness and pain.

Skin affections include warts, fungal growths such as intertrigo, bacterial conditions such as impetigo, vesicular herpetic eruptions and atopic dermatitis. Skin affections commonly occur following vaccination (Paterson 1950; Julian 2004; Murphy 2006; Saxton 2012; Complete Repertory 2017).

2.8 Indications for the Use of the Bowel nosodes in Disease

The bowel nosodes can be used both in acute and particularly in chronic disease as per the following guidelines.

There are two different scenarios, a new case and a chronic or old case. These two scenarios will be discussed individually.

2.8.1 New Case

A new case refers to a patient who has not previously being treated homoeopathically.

As a general rule it has been advised to always consider the most fitting homoeopathic remedy (according to the totality of symptoms pertaining to a specific case) first, before considering a specific bowel nosode. The bowel nosodes as a group are deep acting medicines and should therefore be prescribed with great care and only when clearly indicated (Paterson 1950).

The list of bowel nosodes with their respective associated homoeopathic remedies (compiled by Dr John Paterson) can be used in order to ascertain the most suitable bowel nosode where there is no specific homoeopathic remedy clearly indicated and where several homoeopathic remedies could possibly cover the totality of symptoms presented. This can be done by doing a comparison between the possible homoeopathic remedies pertaining to the case and the associated homoeopathic remedies listed under each bowel nosode. By doing the comparison it will become clear which bowel nosode presents with the highest number of those possible homoeopathic remedies and is said to cover the totality of the symptoms presented in the case (Paterson 1950).

Higher potencies are recommended in cases presenting with clear mental symptoms such as 1M or higher. A lower potency of 6CH is recommended in cases presenting with clear physical pathology as higher potencies may cause aggravations. The lower potency can also be used daily with minimal risk of aggravation until the desired relief is achieved. An intermediate potency of 30CH can be given in cases where an acute condition occurs alongside a chronic condition (Paterson 1950).

The number and frequency of doses can only be determined through clinical observation and the usual recommendation of waiting until no further improvement is observed before giving the next dose should be followed (Paterson 1950).

Higher potencies such as a 1M should not be repeated too often and can be given as a single dose along with the most fitting associated homoeopathic remedy given more frequently in lower potency (Paterson 1950).

2.8.2 Chronic Case

A chronic case refers to a case where a patient has been treated homoeopathically over a certain period of time and where there has either being a lack of response to a well indicated homoeopathic remedy/remedies or where desirable results were obtained only for the previous symptoms to reappear after some time (Paterson 1950). A bowel nosode may also be considered in chronic cases where several homoeopathic remedies cover the case yet not one single homoeopathic remedy is specifically indicated (Paterson 1950).

Chronic cases should be clinically re-evaluated and previously prescribed homoeopathic remedies (where well indicated) should be considered during the process of determining the appropriate bowel nosode pertaining to the case. The previously mentioned comparison can be done in order to ascertain the indicated bowel nosode (Paterson 1950).

The bowel nosodes often act as a catalyst for “clearing” or “opening” a chronic case and often does not result in a dramatic change in symptomatology following administration. It does however “clear” the case and the previously well indicated associated homoeopathic remedy is then able to produce its effect by acting on the vital force bringing about balance and healing. The administration of a bowel nosode often results in a clearer expression of the totality of symptoms pertaining to a specific homoeopathic remedy where no clear symptom “picture” existed prior to its administration therefore aiding in the prescription of the most fitting homoeopathic remedy (Bach 1927; Paterson 1950).

It is advised to prescribe lower potencies when first administering the appropriate bowel nosode in a chronic case and not to repeat the prescription within a three-month period. Should subsequent treatment be required within the three month period it is advisable to prescribe the appropriate homoeopathic remedy (Bach 1927; Paterson 1950).

2.9 The Role of Intestinal Bacteria in Disease and in Health

Our intestinal tract contains trillions of commensal bacteria of which there are thousands of variations in species. The number of bacteria increases as one travels lower down the intestinal tract with the largest concentrations living in the large intestine and rectum (Enders 2015).

One of the most important functions of the commensal bacteria is to maintain immune homeostasis by discarding foreign invaders and also maintaining self-tolerance to prevent the development of intestinal or systemic autoimmune conditions such as Inflammatory bowel disease, Rheumatoid Arthritis and Type 1 diabetes (Wu 2012).
Intestinal bacterial imbalances (dysbiosis) can also affect nutrient absorption and lead to malnutrition, anaemia, obesity, anxiety, depression and other nervous system related diseases (Wu 2012; Enders 2015).

Scientists are studying the effect of intestinal bacteria on our behaviour and emotional state. One study led by John Cryan was the forced swimming test performed on mice

in 2011. The forced swimming test is usually performed to test if a new antidepressant drug will make the mice swim for longer after administration. If the mice swims for longer following the administration of the drug it is indicative that the drug might improve symptoms of depression and improve levels of motivation. In this study healthy mice were given *Lactobacillus rhamnosus* and resulted in the mice swimming for longer with more motivation and with less serum stress hormones compared to the control group. The test group also showed better results when performing memory and learning tests (Enders 2015).

Following the study on mice another study was performed in 2013 but this time it involved administering a mixture of intestinal bacteria to healthy human subjects. Researchers were very surprised at the results, after a four-week period of taking the bacterial mixture remarkable alterations were observed in areas responsible for processing emotions and pain in the brain. Brain scans have also revealed that changes occur within the emotional centre of the brain which is associated with feelings of discomfort and distress in individuals suffering with symptoms of irritable bowel syndrome (IBS) (Enders 2015).

These changes occurring within the emotional centre of the brain was confirmed during a study in which a small blown up balloon was placed inside the intestines of test subjects suffering with IBS. The same procedure was done in the healthy subjects. On imaging the IBS group showed clear signs of activity in the emotional centre indicating their emotional distress (Enders 2015)

Healthy subjects showed normal brain activity. This study proves that emotional changes can occur through the gut-brain axis. This relationship between the gut and the brain has become increasingly popular in the scientific world and various studies have been conducted in recent years and are still done currently (Enders 2015).

Proteus (Bach), Gaertner (Bach), Dysentery Co. (Bach) and *Sycotic Co. (Paterson)* were selected after careful consideration by the researcher due to their significance and relevance in the symptomatology associated with our current modern day life, namely, nervous tension and dysbiosis.

One of the biggest contributors and aetiological factors in the development of both acute and chronic disease is nervous tension. Today many people if not the majority suffer from chronic nervous tension resulting from the fast pace of life, high performance demands, increased and prolonged working hours, long occupational commutes, lack of adequate sleep, increased electromagnetic exposure, nutrient deficient diets/foods and the list goes on. Chronic nervous tension is one of the major aetiological factors in the development of the symptomatology seen in both *Proteus (Bach)* and *Dysentery Co. (Bach),* each with their own unique mental and physical expression resulting from the negative effects on the nervous system. One of the most prominently affected areas in both *Proteus (Bach)* and *Dysentery Co. (Bach)* is the gastrointestinal tract resulting in many digestive related symptoms such as hyperacidity, dyspepsia and the formation of ulcers which are all commonly seen today in our modern-day life. The negative effects on the nervous system resulting from chronic nervous tension produces profound symptoms on the mental sphere in both *Proteus (Bach)* and *Dysentery Co. (Bach)*. *Proteus (Bach)* may experience a chronic underlying anxiety however, chronic nervous tension is most commonly expressed in a sudden outburst of anger and irritability after a prolonged time. *Dysentery Co. (Bach)* expresses their nervous tension as chronic anticipatory anxiety and insecurity leading to over doing in order to increase their performance in an attempt to ease their anxiety (Murphy 2006; Saxton 2012).

Nutrient deficiencies and malabsorption are commonly seen in modern day life either due to a lack of adequate nutrient intake or due to the increasing incidence of diseases affecting the absorption of nutrients in the small and large intestine often resulting from chronic stress and chronic poor lifestyle choices. Attention deficit disorder and attention deficit hyperactivity disorder have also increased in prevalence during recent years. *Gaertner (Bach)* is indicated specifically in cases where children are nutrient deficient with hyperactivity as a concomitant. Any form of malnutrition/malabsorption and especially if coupled with emaciation such as seen in the impoverished, elderly or in malignancies would benefit from this bowel nosode. Focusing on the South African population many suffer with malnutrition often due to low socio-economic status and emaciation is commonly seen in patients infected with tuberculosis, human immunodeficiency virus and especially those who suffer from acquired immunodeficiency syndrome (Murphy 2006; Saxton 2012; Bickley 2017).

Lastly, conventional medical treatments and procedures seem to dominate medicine in the western world and mostly consist of suppressive therapies which eventually result in what the homoeopathic community refers to as sycotic manifestations. These include chronic inflammatory processes often accompanied by chronic production of mucous and commonly affect mucous membranes of the urogenital, gastrointestinal and respiratory tract all of which form part of *Sycotic Co. (Paterson)'s* symptomatology. These suppressive therapies are often closely associated with the development of dysbiosis and may also result in the production of skin ailments such as warts and in the formation of growths often affecting the reproductive organs such as ovarian cysts and uterine polyps. *Sycotic Co. (Paterson)* is said to be closely related to the sycotic miasm and would therefore be invaluable in the treatment of chronic cases resulting from suppressive medical treatments and procedures (Paterson 1950; Saxton 2012).

CHAPTER 3: RESEARCH DESIGN

3.1 Bowel nosodes

Homoeopathic medicines are made up from items belonging to all five kingdoms of living organisms namely Monera, Protista, Fungi, Plantae and Animalia. The Enterobacteriaceae family belongs to the Monera kingdom which comprises bacteria and viruses. The Enterobacteriaceae family is a very large family consisting of approximately (and possibly exceeding) 120 different species of bacteria across more than 30 different genera. The bowel nosodes are a group of homoeopathic remedies belonging to the Enterobacteriaceae family and are made up of micro-organisms contained in the human gastrointestinal tract and faeces. This study focused on four of the bowel nosodes belonging to the Enterobacteriaceae family (Vermeulen 2005).

3.2 Sample Selection

Of the 11 bowel nosodes listed in Table 1, the four were selected for this study: *Proteus (Bach), Gaertner (Bach), Dysentery Co. (Bach)* and *Sycotic Co. (Paterson).* They were selected after careful consideration by the researcher due to their significance and relevance in the symptomatology associated with our current modern-day life, namely, nervous tension and dysbiosis.

Furthermore, these bowel nosodes present with the most extensive, distinctive and distinguishable mental symptoms and with more distinguishable and in some cases more extensive physical symptomatology when compared to the other bowel nosodes. The researcher also found that these bowel nosodes were the most commonly prescribed by the practitioners the researcher consulted in KwaZulu-Natal and the Western Cape while preparing the proposal for this research.

Table 1 shows the original listing of nine bowel nosodes with their associated homoeopathic remedies compiled by Dr John Paterson in 1949, as well as *Bacillus "10" (Paterson)* and *Coccal Co. (Paterson). Bacillus "10" (Paterson)* was added in

1960 by Dr Elizabeth Paterson as described in the journal article titled “A survey of the Nosodes”. It is unclear when the addition of *Coccal Co. (Paterson)* occurred (Paterson 1988; Saxton 2012).

The associated homoeopathic remedies as seen below in Table 1 are presented as they appear in the original listing by Dr John Paterson and are therefore not all italized. The reason for this is that the chief associated homoeopathic remedies are indicated by capital letters and/or italized which is the same format followed in repertories.

Table 1: Bowel nosode listing with associated homoeopathic remedies

Bowel nosode	**Associated homoeopathic Remedies**	
Morgan (Bach)		
A) Morgan-pure (Paterson)	Alumina	Graphites
	Baryta carbonicum	Kalium carbonicum
	Calcarea carbonicum	Magnesium carbonicum
	Calcarea sulphurica	Natrium carbonicum
	Carbo vegetabilis	Petroleum
	Carboneum sulphuratum	Sepia officinalis
	Digitalis purpurea	*SULPHUR*
	Ferrum carbonicum	Medorrhinum
	Psorinum	Tuberculinum bovinum
B) Morgan-Gaertner (Paterson)	Chelidonium majus	LYCOPODIUM
	Chenopodium (unspecified)	Mercurius sulphuricus
	Helleborus niger	Sanguinaria Canadensis
	Hepar sulphuris	Taraxacum officinale
	Lachesis mutus	
Proteus (Bach)	Acidum muriaticum/Muriatic acid	Ferrum muriaticum
	Ammonium muriaticum	Ignatia amara
	Apis mellifica	Kalium muriaticum
	Aurum muriaticum	Magnesium muriaticum
	Baryta muriaticum	*NATRIUM MURIATICUM*
	Borax venata	Secale cornutum
	Calcarea muriatica	
	Conium maculatum	
	Cuprum metallicum	

Mutabile (Bach)	Ferrum phosphoricum	
	Kalium phosphoricum	
	Kalium sulphuricum	
	Pulsatilla pratensis	
Bacillus "7" (Paterson)	Arsenicum iodatum	Kalium bromatum
	Bromium	*KALIUM CARBONICUM*
	Calcium iodatum	Kalium nitricum
	Ferrum iodatum	
	IODIUM	Mercurius iodatus flavus
	Kalium bichromicum	Natrium iodatum
Bacillus "10" (Paterson)	Thuja occidentalis	Natrium sulphuricum
	Aralia racemose	Sepia officinalis
	Calcarea phosphorica	Kalium bichromicum
Gaertner (Bach)	Calcarea fluorica	Natrium silicofluoricum
	Calcarea hypophosphorica	PHOSPHORUS
	Calcarea phosphorica	Phytolacca decandra
	Calcarea silicate	Pulsatilla pratensis
	Kalium phosphoricum	SILICEA TERRA
	MERCURIUS VIVUS	Zincum phosphoricum
	Natrium phosphoricum	Syphilinum
Dysentery Co. (Bach)	Anacardium occidentale	Kalmia latifolia
	Argentum nitricum	Veratrum album
	ARSENICUM ALBUM	Veratrum viride
	Cadmium metallicum	
Sycotic Co. (Paterson)	Nitricum acidum	Natrium sulphuricum
	Antimonium tartaricum	Rhus toxicodendron
	Calcarea metallicum	*Thuja occidentalis*
	Ferrum metallicum	
	Bacillinum	
Faecalis (Bach)	*SEPIA OFFICINALIS*	
Coccal Co. (Paterson)	Tuberculinum	

(Paterson 1950; Paterson 1988; Saxton 2012).

3.3 Rubric Extraction and Repertorisation

3.3.1 Rubric Selection

Each bowel nosode was first researched in-depth through information obtained from materia medicas, recent works and from original works. The most prominent and significant mental and physical symptoms, clinical indications, food and drink aversions and desires and modalities were used to select the rubrics while still maintaining a balanced approach by keeping in mind the totality of symptoms according to homoeopathic principles. This was important in order to represent each bowel nosode more accurately.

The importance or significance of the information and subsequent rubrics selected for the above-mentioned sections was ascertained in the following three ways:

1. Symptomatology written in bold and/or italics in the materia medicas indicating increased importance.
2. Symptomatology that was emphasised in articles and books on the subject.
3. Consulting the “van Zandvoort CR 17 Rep” in the Synergy Mac Repertory program was used as a guide in the selection of rubrics as it provides a complete list of all the rubrics pertaining to each bowel nosode together with the indication of the level of importance or significance for each rubric as guided by the materia medicas.

The level of importance or significance of each rubric was indicated in the following ways:

- Smaller case: indicates a level of 0.
- Smaller case and underlined: indicates a level of 1.
- Capitals and bolded: indicates a level of 2.
- Capitals, bolded and underlined: indicates a level of 3.

The level of importance indicated by the numbers above is in ascending order.

The chosen rubrics were extracted via the Synergy Mac Repertory program after the selection process explained above.

3.3.2 Themes

Themes were created in the repertory via the Synergy Mac Repertory program by combining certain rubrics pertaining to the same condition/scenario/symptomatology. The themes were then named accordingly.

Rubrics were only combined in order to make themes where it did not result in a dramatic change in the repertory result. Themes were created by one rubric only where a dramatic change occurred in the result after combining rubrics.

It was found that the program can put more emphasis on a theme if a few of the combined rubrics are given a high/higher level of importance as per grading resulting in a less accurate repertory result.

3.3.3 Theme Grading

Themes where graded as per their importance or significance guided by the complete repertory “van Zandvoort CR 17 Rep”, materia medicas and original works as explained above as per their representation in the various sources. Grading was applied by noting where applicable that a theme is underlined with either one, two or three lines. The grading as per lines correspond to the levels explained above. One line is equivalent to a level 1, two lines is equivalent to a level 2 and three lines is equivalent to a level 3.

3.4 Representation of the Results

The final selection of themes is presented in table form for each individual bowel nosode and their respective associated homoeopathic remedies.

A table of totality was included at the start of the presentation of each bowel nosode’s results. The table of totality indicates the total number of rubrics each bowel nosode and associated homoeopathic remedy occurred in, and their individual total score as per grading.

The grading referred to is a score between 1-4 indicating the significance or importance of a particular rubric within the bowel nosode or within an associated homoeopathic remedy as per the repertory guided by the materia medicas.

Themes were chosen under the following sections; mental and emotional symptoms, physical signs and symptoms, clinical indications, food and drink aversions and desires and modalities.

Each theme was presented in a separate table. A total average score as per grading calculated by the Synergy Mac Repertory program inclusive of all the rubrics used to create a specific theme was included for the bowel nosode and its associated homoeopathic remedy and represented in the theme table.

3.5 Data Analysis

The final repertory result indicated remedies occurring alongside each individual bowel nosode according to the level of their association determined by the total number of rubrics shared, together with the total score as per grading.

The final results obtained via the Synergy Mac Repertory program were visually analysed and a final selection of the most prominent and significant themes pertaining to each individual bowel nosode was made after revisiting the literature, leading to the final selection of the most prominent themes.

In order to keep within the classical approach of the totality of symptoms (therefore obtaining the most accurate results), a small number of less prominent rubrics (themes) were included during the repertorisation for each bowel nosode. The number of less prominent rubrics were different for each bowel nosode and due to the magnitude of each repertorisation only the most prominent rubrics (themes) were presented in the results section and discussed. The number of the most prominent rubrics (themes) were also different for each bowel nosode and the researcher did not want to further limit the information presented and discussed by forming a strict

inclusion and exclusion criteria pertaining to the rubrics (themes), therefore these were not clearly stipulated.

CHAPTER 4: THE RESULTS

The following tables were constructed with results obtained through a repertorisation process using the Synergy Mac Repertory program for each individual bowel nosode. For each bowel nosode, the first nine homoeopathic remedies scoring the highest overall numbers as per the total rubrics have been included for comparison purposes, although only the top three homoeopathic remedies will be focussed on in the discussion.

Themes have been created by combining a number of rubrics throughout the repertorisation process under the following main headings; mental themes, physical symptomatology themes, clinical indications, food and drink desires and aversion and modalities.

Each theme is presented in a separate subsection and table. A total average score as per grading calculated by the Synergy Mac Repertory program inclusive of all the rubrics used to create a specific theme was included for the bowel nosode and its associated homoeopathic remedies and is presented in the theme table.

The grading referred to in the text is a score between 1-4 indicating the significance or importance of the particular rubric within the bowel nosode or within an associated homoeopathic remedy as per the repertory program guided by the material medicas.

The rubrics are presented as they appear in the repertory. Numbers in brackets next to the individual rubrics indicate the number of remedies occurring within the respective rubric.

4.1 *Proteus (Bach)*

Table 2 indicates the total number of rubrics the bowel nosode and each homoeopathic remedy occurred in along with their individual total score as per grading.

Table 2: *Proteus (Bach)*, table of totality

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Total score as per grading.	86	155	151	148	146	138	137	142	135	125
Total no. of Rubrics present in.	69	50	47	49	46	43	45	43	49	45

Natrium muriaticum had the highest overall score as per grading (155) and had the highest number of rubrics (50). *Nux vomica* follows *Natrium muriaticum* with the second highest overall score as per grading (151) but appears in (47) rubrics compared to the third highest scoring remedy (148), *Sepia officinalis*, which appeared in (49). The chosen rubrics are presented below.

4.1.1 *Proteus (Bach)* Mental Themes

4.1.1.1 Distressed

A total of 195 remedies appeared under this theme. This theme comprises the following 2 rubrics. The theme was underlined once.

- Mind; HANDLE things anymore, cannot, overwhelmed by stress (131)
- Mind; ANGUISH; ailments from, agg.; mental and emotional consequences of (95).

Table 3 shows the score for the theme “Distressed”.

Table 3: **Distressed**

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	3	4	2	3	4	3	3	0	0

4.1.1.2 Anger

A total of 351 remedies appeared under this theme. This theme comprises the following 10 rubrics. The theme was underlined twice.

- Mind; ANGER; ailments from, agg.; mental and emotional consequences of (182).
- Mind; ANGER; temper tantrums (85).
- Mind; ANGER; children, in (39).
- Mind; ANGER; violent (180).
- Mind; ANGER; sudden (45).
- Mind; ANGER; contradiction, from (71).
- Mind; CONTRADICTION; ailments from, agg (163).
- Mind; ANGER; kill, desire to (7).
- Mind; ANGER; throws things away (36).
- Mind; ANGER; temper tantrums; falls on the floor kicking and shrieking (6).

Table 4 shows the score for the theme “Anger”.

Table 4: Anger

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	3	3	4	4	4	4	4	3	3	3

4.1.1.3 Rage

A total of 251 remedies appeared under this theme. This theme comprises the following 4 rubrics.

- Mind; RAGE, fury (249).
- Mind; RAGE, fury; ailments from, agg (103).
- Mind; RAGE, fury; ailments from, agg.; mental and emotional consequences (76).
- Mind; RAGE, fury; kill, desire to (7).

Table 5 shows the score for the theme “Rage”.

Table 5: Rage

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	3	3	4	1	4	3	4	1	3	4

4.1.1.4 Irritability

A total of 177 remedies appeared under this theme. This theme comprises the following 2 rubrics. The theme was underlined once.

- Mind; IRRITABILITY; trifles; about (174).
- Mind; IRRITABILITY; constant (6).

Table 6 shows the score for the theme “Irritability”.

Table 6: Irritability

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	3	3	3	3	3	1	3	0	3

4.1.1.5 Quarrelsome and Discord

A total of 284 remedies appeared under this theme. This theme comprises the following 3 rubrics.

- Mind; QUARRELSOMENESS; scolding (254).
- Mind; QUARRELING; ailments from, agg (39).
- Mind; DISCORD agg.; ailments from (33).
-

Table 7 shows the score for the theme “Quarrelsome and Discord”

Table 7: Quarrelsome and discord

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	4	4	3	4	4	3	3	3	3

4.1.1.6 Brain Fag

A total of 314 remedies appeared under this theme. This theme comprises the following 4 rubrics.

- Mind; THOUGHTS; vanishing, unable to think (237).
- Mind; FORGETFULNESS; heard, for what he has (32).
- Mind; FORGETFULNESS; say, for what he is about to (76).
- Mind; FORGETFULNESS; words, for, to speak, word hunting (115).

Table 8 shows the score for the theme “Brain Fag”.

Table 8: Brain fag

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	4	4	4	2	3	3	3	4	3

4.1.2 *Proteus (Bach)* Physical Symptomatology Themes

4.1.2.1 Vertigo

A total of 289 remedies appeared under this theme. This theme comprises the following 8 rubrics.

- Vertigo; MENIERE’s disease (71).
- Vertigo; FLOOR, as from motion of (12).
- Vertigo; MORNING (216).
- Vertigo; FORENOON (52).
- Vertigo; NOON (28).
- Vertigo; JAR, stepping agg (24).
- Vertigo; RIDING; agg (32).
- Vertigo; RIDING; agg; carriage, in a (22).

Table 9 shows the score for the theme “Head Vertigo”.

Table 9: Vertigo

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	3	4	3	3	0	3	3	1	3

4.1.2.2 Convulsions and Spasms

A total of 357 remedies appeared under this theme. This theme comprises the following 3 rubrics.

- Generalities; CONVULSIONS, spasms; epileptic (350).
- Generalities; CONVULSIONS, spasms; excitement, emotional, agg (83).
- Generalities; CONVULSIONS, spasms; fright, fear, from (44).

Table 10 shows the score for the theme “Convulsions and Spasms”.

Table 10: Convulsion and spasms

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	4	4	4	4	4	3	4	3	4

4.1.2.3 Heart and Circulation

A total of 242 remedies appeared under this theme. This theme comprises the following 3 rubrics.

- Heart and circulation; CONVULSIONS, spasms; blood vessels (7).
- Heart and circulation; PALPITATION heart; excitement, emotional, agg (238).
- Heart and circulation; WEAKNESS; heart; coronary (5).

Table 11 shows the score for the theme “Heart and Circulation”.

Table 11: Heart and circulation

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	4	4	4	3	4	3	2	3	3

4.1.2.4 Bladder, Kidney and Urine

A total of 677 remedies appeared under this theme. This theme comprises the following 6 rubrics.

- Kidney; INFLAMMATION, nephritis (305).
- Kidney; PAIN; aching; region of (55).
- Bladder; INFLAMMATION, cystitis (257).
- Urethra; PAIN; burning, smarting (380).
- Urine; CLOUDY (241).
- Urine; OFFENSIVE (171).

Table 12 shows the score for the theme “Bladder, Kidney and Urine”.

Table 12: Bladder, kidney and urine

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	4	4	4	4	3	4	4	4	4

4.1.2.5 Stomach, Digestion and Dyspepsia

A total of 304 remedies appeared under this theme. This theme comprises the following 6 rubrics. The theme was underlined twice.

- Stomach; ERUCTATIONS; sour (280).
- Stomach; ERUCTATIONS; acrid, corrosive, excoriating (107).
- Stomach; EMPTY stomach, from (107).
- Stomach; HUNGER, fasting; agg (88).
- Stomach; PAIN; hunger, fasting; agg (41).
- Stomach; PAIN; corrosive, gnawing (138).

Table 13 shows the score for the theme “Stomach, Digestion and Dyspepsia”.

Table 13: Stomach, digestion and dyspepsia.

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	3	3	4	4	3	3	3	4	4	4

4.1.2.6 Abdominal Ulcers

A total of 364 remedies appeared under this theme. This theme comprises the following 6 rubrics. The theme was underlined once.

- Abdomen; ULCERS; duodenum (63).
- Stomach; ULCERS (150).
- Generalities; ULCERS; perforating (24).
- Stomach; ULCERS; perforating (7).
- Stool; DARK, black (279).
- Stomach; VOMITING; blood, bloody, ulcers in stomach, with (6).

Table 14 shows the score for the theme “Abdominal Ulcers”.

Table 14: Abdominal ulcers

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	3	4	4	3	3	3	3	3	3

4.1.2.7 Muscle Constriction, Cramps and Tension

A total of 364 remedies appeared under this theme. This theme comprises the following 3 rubrics. The theme was underlined once.

- Generalities; CONSTRICTION; muscles (273).
- Generalities; CRAMPS; muscles (188).
- Generalities; TENSION, tightness; muscles (97).

Table 15 shows the score for the theme “Muscle Constriction, Cramps and Tension”.

Table 15: Muscle constriction, cramps and tension

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	3	4	4	4	4	3	4	4	3	3

4.1.2.8 Raynaud’s Disease

A total of 34 remedies appeared under this theme. This theme comprises the following rubric.

- Extremities; RAYNAUD disease (34).

Table 16 shows the score for the theme “Raynaud’s Disease”.

Table 16: Raynaud’s disease

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	2	1	1	1	0	0	0	0	0	0

4.1.2.9 Hands and Fingers

A total of 188 remedies appeared under this theme. This theme comprises the following 8 rubrics.

- Extremities; CONTRACTION; hands (75).
- Extremities; CONTRACTION; fingers (107).
- Extremities; CONTRACTION; fingers; fifth, little (4).
- Extremities; COLDNESS, chilliness; blue; hands (33).
- Extremities; NUMBNESS, insensibility; hands; morning (24).
- Extremities; NUMBNESS, insensibility; hands; night (21).
- Extremities; PAIN; hands; night (22).
- Extremities; HEAT; hands; night (22).

Table 17 shows the score for the theme “Hands and Fingers”.

Table 17: Hands and fingers

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	3	3	3	1	3	3	3	4	3	1

4.1.2.10 Legs, Lower Limbs and Feet

A total of 389 remedies appeared under this theme. This theme comprises the following 7 rubrics.

- Extremities; CRAMPS; legs; calves; walking; while (29).
- Extremities; NUMBNESS, insensibility; lower limbs (372).
- Extremities; NUMBNESS, insensibility; feet (225).
- Extremities; FROZEN; sensation; feet (8).

- Extremities; LOWER limbs; cold; agg (37).
- Extremities; LOWER limbs; air, agg.; cold (10).
- Extremities; BLUISH; chill, during (62).

Table 18 shows the score for the theme “Legs, Lower Limbs and Feet”.

Table 18: Legs, lower limbs and feet

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	4	4	4	3	4	4	4	4	4

4.1.3 *Proteus (Bach)* Clinical Indications

4.1.3.1 Allergies

A total of 301 remedies appeared under this theme. This theme comprises the following rubric.

- Clinical; ALLERGY (301).

Table 19 shows the score for the theme “Allergies”.

Table 19: Allergies

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	4	4	3	3	2	0	4	1	1

4.1.3.2 Auto-immune diseases

A total of 419 remedies appeared under this theme. This theme comprises the following rubric.

- Clinical; AUTO-IMMUNE diseases (419).

Table 20 shows the score for the theme “Auto-Immune Diseases”.

Table 20: Auto-immune diseases

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	4	1	4	3	1	3	4	3	3

4.1.4 *Proteus (Bach)* Food and Drink Desires and Aversions

4.1.4.1 Eggs, desires

A total of 53 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; Food and drinks; eggs; desires (53).

Table 21 shows the score for the theme “Eggs, desires”.

Table 21: Eggs, desires

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	0	0	0	0	0	1	3	2	0

4.1.4.2 Chocolate, desires

A total of 177 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; Food and drinks; chocolate; desires (177).

Table 22 shows the score for the theme “Chocolate, desires”.

Table 22: Chocolate, desires

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	3	1	3	0	0	0	1	4	1

4.1.4.3 Vegetables, desires

A total of 102 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; Food and drinks; vegetables; desires (102).

Table 23 shows the score for the theme “Vegetables, desires”.

Table 23: Vegetables, desires

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	0	0	0	0	1	0	0	3	0

4.1.4.4 Eggs, aversion

A total of 37 remedies appeared under this theme. This theme comprises the following rubric. This theme was underlined once.

- Generalities; Food and drinks; eggs; aversion (37).

Table 24 shows the score for the theme “Eggs, aversion”.

Table 24: Eggs, aversion

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	0	0	0	1	0	3	0	1	1

4.1.4.5 Chocolate, aversion

A total of 22 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; Food and drinks; chocolate; aversion (22).

Table 25 shows the score for the theme “Chocolate, aversion”.

Table 25: Chocolate, aversion

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	0	0	0	0	0	0	0	0	0

4.1.4.6 Pork, aversion

A total of 11 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; Food and drinks; pork; aversion (11).

Table 26 shows the score for the theme “Pork, aversion”.

Table 26: Pork, aversion

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	0	0	1	0	0	0	0	0	0

4.1.4.7 Garlic, aversion

A total of 7 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; Food and drinks; garlic; aversion (7).

Table 27 shows the score for the theme “Garlic, Aversion”.

Table 27: Garlic, Aversion

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	0	0	0	0	0	0	0	1	0

4.1.4.8 Onions, aversion

A total of 14 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; Food and drinks; onions; aversion (14).

Table 28 shows the score for the theme “Onions, aversion”.

Table 28: Onions, aversion

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	0	0	1	0	0	1	0	3	0

4.1.4.9 Fruits, aversion

A total of 52 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; Food and drinks; fruits; aversion (52).

Table 29 shows the score for the theme “Fruits, aversion”.

Table 29: Fruits, aversion

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	1	0	1	3	4	0	0	0	0

4.1.4.10 Vegetables, aversion

A total of 79 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; Food and drinks; vegetables; aversion (79).

Table 30 shows the score for the theme “Vegetables, aversion”.

Table 30: Vegetables, aversion

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	3	0	1	1	3	1	0	3	1

4.1.5 *Proteus (Bach)* Modifying Factors

4.1.5.1 Eggs, aggravate

A total of 40 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; Food and drinks; eggs; agg (40).

Table 31 shows the score for the theme “Eggs, aggravate”.

Table 31: Eggs, aggravate

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	3	1	0	0	0	0	0	0	0

4.1.5.2 Chocolate, aggravates

A total of 48 remedies appeared under this theme. This theme comprises the following rubric. The theme was underlined once.

- Generalities; Food and drinks; chocolate; agg (48).

Table 32 shows the score for the theme “Chocolate, aggravates”.

Table 32: Chocolate, aggravates

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	3	1	1	0	0	0	0	0	1	1

4.1.5.3 Alcohol, aggravates

A total of 364 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; Food and drinks; alcohol, alcoholic drinks; agg (364).

Table 33 shows the score for the theme “Alcohol, aggravates”.

Table 33: Alcohol, aggravates

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	4	4	3	3	4	3	4	3	3

4.1.5.4 Wine, aggravates

A total of 171 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; Food and drinks; wine; agg (171).

Table 34 shows the score for the theme “Wine, aggravates”.

Table 34: Wine, aggravates

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	3	4	2	3	4	3	4	3	3

4.1.5.5 Alcohol, ameliorates

A total of 73 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; Food and drinks; alcohol, alcoholic drinks; amel (73).

Table 35 shows the score for the theme “Alcohol, ameliorates”.

Table 35: Alcohol, ameliorates

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	1	3	1	1	3	1	0	3	2

4.1.5.6 Whisky, ameliorates

A total of 4 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; Food and drinks; whisky; amel (4).

Table 36 shows the score for the theme “Whiskey, ameliorates”.

Table 36: Whiskey, ameliorates

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	0	0	0	0	0	0	0	0	0

4.1.5.7 Brandy, ameliorates

A total of 13 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; Food and drinks; brandy; amel (13).

Table 37 shows the score for the theme “Brandy, ameliorates”.

Table 37: Brandy, ameliorates

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	0	1	0	0	0	0	0	0	0

4.1.5.8 General Aggravating Factors

A total of 556 remedies appeared under this theme. This theme comprises the following 3 rubrics.

- Generalities; SUN; agg (406).
- Generalities; WINTER; agg (165).
- Generalities; EXERCISE; exertion; agg; slight (281).

Table 38 shows the score for the theme “General Aggravating Factors”.

Table 38: General aggravating factors

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	4	4	4	4	4	4	3	3	4

4.1.5.9 General Ameliorating Factors (577)

A total of 577 remedies appeared under this theme. This theme comprises the following 3 rubrics.

- Generalities; EATING; amel (460).
- Generalities; REST; amel (308).
- Generalities; MOUNTAINS; amel; being in (7).

Table 39 shows the score for the theme “General Ameliorating Factors”.

Table 39: General ameliorating factors

Remedy	Prot.	Nat-m.	Nux-v.	Sep.	Bell.	Ign.	Nit-ac.	Sil.	Thuj.	Bry.
Score	1	4	4	4	4	4	3	4	4	4

4.2 *Gaertner (Bach)*

Table 40 indicates the total number of rubrics each bowel nosode and homoeopathic remedy occurred in along with their individual total score as per grading.

Table 40: *Gaertner (Bach)*, table of totality

Remedy	Gaert	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Total score as per grading.	86	161	165	156	146	151	150	145	147	147
Total no. of Rubrics present in.	66	53	51	48	48	46	46	46	45	45

Silica terra had the second highest overall score as per grading (161) and the second highest number of rubrics (53). *Mercurius vivus/solubilis* follows *Silica terra* with the highest overall score as per grading (165) but appears in (51) rubrics compared to the third highest scoring remedy (156), *Nux-Vomica*, which appeared (48). The chosen rubrics are presented below.

4.2.1 *Gaertner (Bach)* Mental Themes

4.2.1.1 Oversensitivity and Impressionability

A total of 596 remedies appeared under this theme. This theme comprises the following 4 rubrics.

- Mind; SENSITIVE, oversensitive; impressions, to all external (593).
- Mind; SENSITIVE, oversensitive; mental impressions, to (31).
- Mind; SENSTIVE, oversensitive, noise, to (374).
- Mind; IMPRESSIONABLE, susceptible (596).

Table 41 shows the score for the theme “Oversensitivity and Impressionability”.

Table 41: Oversensitivity and impressionability

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	4	3	4	4	4	4	4	4	4

4.2.1.2 Hyperactive Mind

A total of 242 remedies appeared under this theme. This theme comprises the following 2 rubrics. The theme was underlined once.

- Mind; ACTIVITY (242).
- Mind; ACTIVITY; hyperactive (67).

Table 42 shows the score for the theme “Hyperactive mind”.

Table 42: Hyperactive mind

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	2	1	0	3	3	0	1	4	1	3

4.2.1.3 Comprehension and Concentration

A total of 748 remedies appeared under this theme. This theme comprises the following 2 rubrics.

- Mind; COMPREHENSION; easy (78).
- Mind; PSHYCOLOGICAL themes; perception, reasoning, cognition; confusion, weak concentration (748).

Table 43 shows the score for the theme “Comprehension and Concentration”.

Table 43: Comprehension and concentration

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	4	3	4	3	3	4	4	3	4

4.2.1.4 Mental Restlessness and Nervousness

A total of 919 remedies appeared under this theme. This theme comprises the following 2 rubrics.

- Mind; RESTLESSNESS; nervousness (919).
- Mind; RESTLESSNESS; nervousness; move; must, drives one from place to place (200).

Table 44 shows the score for the theme “Mental Restlessness and Nervousness”.

Table 44: Mental restlessness and nervousness

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	3	4	4	4	4	4	4	4	4	4

4.2.1.5 Alone

A total of 152 remedies appeared under this theme. This theme comprises the following 3 rubrics and was underlined once.

- Mind; ALONE, agg (136).
- Mind; ANXIETY; alone, while (41).
- Mind; COMPANY; desire for; alone, agg, being (86).

Table 45 shows the score for the theme “Alone”.

Table 45: Alone

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	1	3	0	1	3	2	1	3	0

4.2.1.6 Darkness

A total of 120 remedies appeared under this theme. This theme comprises the following rubric.

- Mind; DARKNESS; ailments from, agg (120).

Table 46 shows the score for the theme “Darkness”.

Table 46: Darkness

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	1	1	1	3	3	0	0	3	1

4.2.1.7 Light

A total of 47 remedies appeared under this theme. This theme comprises the following rubric.

- Mind; LIGHT; desire for (47).

Table 47 shows the score for the theme “Light”.

Table 47: Light

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	1	0	0	4	0	0	0	0	0

4.2.1.8 Dreams and Sleep

A total of 586 remedies appeared under this theme. This theme comprises the following 4 rubrics.

- Sleep; RESTLESS; dreams, from (148).
- Mind; DREAMS; frightful, nightmares (541).
- Sleep; SLEEPLESSNESS; evening (80).

- Mind; SOMNAMBULISM (88).

Table 48 shows the score for the theme “Dreams and Sleep”.

Table 48: Dreams and sleep

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	4	3	4	4	4	4	4	4	4

4.2.2 *Gaertner (Bach)* Physical Symptomatology Themes

4.2.2.1 Malabsorption

A total of 6 remedies appeared under this theme. This theme comprises the following rubric. The theme was underlined once.

- Abdomen; MALABSORPTION (6).

Table 49 shows the score for the theme “Malabsorption”.

Table 49: Malabsorption

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	1	0	0	0	0	0	0	0	0

4.2.2.2 Growth Disorders

A total of 90 remedies appeared under this theme. This theme comprises the following rubric. The theme was underlined once.

- Generalities; DEVELOPMENT arrested (90).

Table 50 shows the score for the theme “Growth Disorders”.

Table 50: Growth disorders

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	3	1	0	1	1	0	0	0	1

4.2.2.3 Emaciation

A total of 468 remedies appeared under this theme. This theme comprises the following 6 rubrics.

- Generalities; EMACIATION (468).
- Generalities; EMACIATION; children, in (107).
- Head; LARGE; emaciation, with (7).
- Generalities; EMACIATION; diarrhoea; with (44).
- Generalities; EMACIATION; rapid (27).
- Clinical; CACHEXIA, emaciation (132).

Table 51 shows the score for the theme “Emaciation”.

Table 51: Emaciation

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	2	4	3	4	3	3	4	4	3	4

4.2.2.4 Abdomen: Inflammation and Infection

A total of 713 remedies appeared under this theme. This theme comprises the following 4 rubrics.

- Abdomen; DISTENTION (675).
- Abdomen; INFLAMMATION; chronic (120).
- Abdomen; INFLAMMATION; pancreas (46).
- Abdomen; TUBERCULOSIS; mesenteries, lymphatic tissue (64).

Table 52 shows the score for the theme “Abdomen: Inflammation and Infection”.

Table 52: Abdomen: inflammation and infection

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	2	4	4	4	4	4	4	4	4	4

4.2.2.5 Vomiting

A total of 235 remedies appeared under this theme. This theme comprises the following 4 rubrics.

- Stomach; VOMITING; children, in (60).
- Stomach; VOMITING; headache; during (199).
- Stomach; VOMITING; sweets, after (6).
- Stomach; VOMITING; everything (23).

Table 53 shows the score for the theme “Vomiting”.

Table 53: Vomiting

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	4	1	3	4	1	3	3	1	1

4.2.2.6 Diarrhoea

A total of 413 remedies appeared under this theme. This theme comprises the following 4 rubrics. The theme was underlined once.

- Rectum; DIARRHOEA; periodical (27).
- Rectum; DIARRHOEA; children, in (137).
- Rectum; DIARRHOEA; chronic (144).
- Rectum; DIARRHOEA; chronic; children, in (5).

Table 54 shows the score for the theme “Diarrhoea”.

Table 54: Diarrhoea

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	2	4	4	3	3	3	4	4	4	4

4.2.2.7 Stools

A total of 451 remedies appeared under this theme. This theme comprises the following 3 rubrics.

- Stool; BLOODY (321).
- Stool; FATTY, greasy (42).
- Stool; MUCOUS; slimy (331).

Table 55 shows the score for the theme “Stools”.

Table 55: Stools

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	2	3	4	4	4	3	4	3	4	4

4.2.2.8 Intestinal Parasites

A total of 418 remedies appeared under this theme. This theme comprises the following 3 rubrics. The theme was underlined once.

- Generalities; WORM complaints (250).
- Generalities; WORM complaints; ascarides, oxyuris vermicularis, pinworms (126).
- Rectum; ITCHING; anus (302).

Table 56 shows the score for the theme “Intestinal Parasites”.

Table 56: Intestinal parasites

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	3	4	4	4	4	4	4	3	2	4

4.2.2.9 Boils/Furuncles

A total of 105 remedies appeared under this theme. This theme comprises the following 3 rubrics.

- Extremities; ERUPTIONS; boils, furuncles (105).
- Extremities; ERUPTIONS; boils, furuncles; upper limbs (51).
- Extremities; ERUPTIONS; boils, furuncles; lower limbs (74).

Table 57 shows the score for the theme “Boils/Furuncles”.

Table 57: Boils/furuncles

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	3	4	3	3	4	3	3	4	4	1

4.2.3 *Gaertner (Bach)* Clinical Indications

4.2.3.1 Celiac disease

A total of 2 remedies appeared under this theme. This theme comprises the following rubric. The theme was underlined once.

- Clinical; CELIAC disease (2).
-

Table 58 shows the score for the theme “Celiac Disease”.

Table 58: Celiac disease

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	0	0	0	0	0	0	0	0	0

4.2.3.2 Gluten Intolerance

A total of 1 remedy appeared under this theme. This theme comprises the following rubric. The theme was underlined once.

- Clinical; GLUTEN intolerance (1).

Table 59 shows the score for the theme “Gluten Intolerance”.

Table 59: Gluten intolerance

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	0	0	0	0	0	0	0	0	0

4.2.3.3 Diabetes Mellitus

A total of 197 remedies appeared under this theme. This theme comprises the following rubric.

- Clinical; DIABETES; mellitus (197).

Table 60 shows the score for the theme “Diabetes Mellitus”.

Table 60: Diabetes mellitus

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	3	3	3	1	0	1	1	0	0

4.2.4 *Gaertner (Bach)* Food and Drink Desires and Aversions

4.2.4.1 Milk/Milk Products, desires

A total of 110 remedies appeared under this theme. This theme comprises the following 6 rubrics.

- Generalities; FOOD and drinks; milk, milk products; desires (110).

Table 61 shows the score for the theme “Milk/Milk Products, desires”.

Table 61: Milk/milk products, desires

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	3	3	3	0	0	1	3	4	0

4.2.4.2 Oatmeal Porridge and Oatcakes, desires

A total of 3 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; oatmeal porridge and oatcakes, desires (3).

Table 62 shows the score for the theme “Oatmeal Porridge and Oatcakes, desires”.

Table 62: Oatmeal porridge and oatcakes, desires

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	0	0	0	0	0	0	0	0	0

4.2.4.3 Sugar, desires

A total of 44 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; sugar, desires (44).

Table 63 shows the score for the theme “Sugar, desires”.

Table 63: Sugar, desires

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	0	0	1	0	4	0	0	1	1

4.2.4.4 Sweets, desires

A total of 268 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; sweets, desires (268).

Table 64 shows the score for the theme “Sweets, desires”.

Table 64: Sweets, desires

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	1	3	1	0	4	4	1	3	4

4.2.4.5 Bread, aversion

A total of 57 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; bread; aversion (57).

Table 65 shows the score for the theme “Bread, aversion”.

Table 65: Bread, aversion

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	0	1	3	0	4	1	3	4	4

4.2.4.6 Butter, aversion

A total of 25 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; butter; aversion (25).
-

Table 66 shows the score for the theme “Butter, aversion”.

Table 66: Butter, aversion

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	0	3	0	0	0	0	0	0	4

4.2.4.7 Meat, aversion

A total of 199 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; meat; aversion (199).

Table 67 shows the score for the theme “Meat, aversion”.

Table 67: Meat, aversion

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	4	3	4	4	3	4	0	3	4

4.2.4.8 Fish, aversion

A total of 37 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; fish; aversion (37).

Table 68 shows the score for the theme “Fish, aversion”.

Table 68: Fish, aversion

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	0	0	0	0	0	4	0	0	0

4.2.5 *Gaertner (Bach)* Modifying Factors

4.2.5.1 Sweets, aggravate

A total of 104 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; sweets; agg (104).

Table 69 shows the score for the theme “Sweets, aggravate”.

Table 69: Sweets, aggravate

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	1	3	1	3	0	4	4	0	1

4.2.5.2 Artificial Food and Drinks, aggravate

A total of 12 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; artificial agg (12).

Table 70 shows the score for the theme “Artificial Food and Drink, aggravate”.

Table 70: Artificial food and drink, aggravate

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	0	0	1	0	0	0	0	0	0

4.2.5.3 Winter, aggravates

A total of 165 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; WINTER; agg (165).

Table 71 shows the score for the theme “Winter, aggravates”.

Table 71: Winter, aggravates

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	3	4	4	4	4	3	1	4	1

4.2.5.4 Noise, aggravates

A total of 459 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; NOISE; agg (459).

Table 72 shows the score for the theme “Noise, aggravates”.

Table 72: Noise, aggravates

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	4	3	4	4	4	3	4	1	4

4.2.5.5 Night, aggravates pain

A total of 626 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; PAIN; night; agg (626).

Table 73 shows the score for the theme “Night, aggravates pain”.

Table 73: Night, aggravates pain

Remedy	Gaert.	Sil.	Merc.	Nux-v.	Bell.	Kali-c.	Graph.	Lach.	Rhus-t.	Chin.
Score	1	4	4	4	4	4	4	4	4	4

4.3 *Dysentery Co. (Bach)*

Table 74 indicates the total number of rubrics each bowel nosode and homoeopathic remedy occurred in along with their individual total score as per grading.

Table 74: *Dysentery Co. (Bach)*, table of totality

Remedy	Dys Co.	Lach.	Arg-n.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Total score as per grading.	101	102	100	99	98	95	90	87	96	91
Total no. of Rubrics present in.	50	33	34	32	33	36	35	36	30	32

Lachesis muta had the highest overall score as per grading (102) and had the second highest number of rubrics (33). *Argentum nitricum* follows *Lachesis muta* with the second highest overall score as per grading (100) and appears in (34) the highest number of rubrics compared to the third highest scoring remedy (99), *Ignatia amara*, which appeared in (32) rubrics. The chosen rubrics are presented below.

4.3.1 *Dysentery Co. (Bach)* Mental Themes

4.3.1.1 Mental Uneasiness and Restlessness

A total of 934 remedies appeared under this theme. This theme comprises the following 4 rubrics. The theme was underlined twice.

- Mind; RESTLESSNESS, nervousness (919).
- Mind; RESTLESSNESS, nervousness; children in (120).
- Face; TWITCHING (255).
- Extremities; MOTION; motions; chorea, like (7).

Table 75 shows the score for the theme “Mental Uneasiness and Restlessness”.

Table 75: Mental uneasiness and restlessness

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	3	4	4	4	4	4	4	4	4	4

4.3.1.2 Timidity, Shyness and Insecurity

A total of 406 remedies appeared under this theme. This theme comprises the following 6 rubrics. The theme was underlined once.

- Mind; CONFIDENCE; want of self (238).
- Mind; INSECURITY (61).
- Mind; TIMIDITY (240).
- Mind; TIMIDITY; bashful (80).
- Mind; TIMIDITY; blushing (6).
- Mind; TIMIDITY; public, about appearing in (65).

Table 76 shows the score for the theme “Timidity, Shyness and Insecurity”.

Table 76: Timidity, shyness and insecurity

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	4	3	4	3	4	3	3	4	3	3

4.3.1.3 Oversensitive to Strangers and Criticism

A total of 100 remedies appeared under this theme. This theme comprises the following 5 rubrics. The theme was underlined once.

- Mind; FEAR; strangers, of (33).
- Mind; STRANGERS, in presence of; agg (66).
- Mind; FEAR; physician, will not see, he seems to terrify her (17).
- Mind; SENSITIVE, oversensitive; others say about her, what (40).
- Mind; FEAR; opinions of others, of (21).

Table 77 shows the score for the theme “Oversensitive to Strangers and Criticism”.

Table 77: Oversensitive to strangers and criticism

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	1	3	1	3	1	3	0	3	0	1

4.3.1.4 Anticipation

A total of 235 remedies appeared under this theme. This theme comprises the following 5 rubrics. The theme was underlined 3 times.

- Mind; ANTICIPATION (108).
- Mind; ANTICIPATION; ailments from, agg (235).
- Mind; ANTICIPATION; ailments from, agg; mental and emotional consequences of (200).
- Mind; ANTICIPATION; examinations, for (21).
- Mind; ANTICIPATION; ailments from, agg,: stage fright (40).

Table 78 shows the score for the theme “Anticipation”.

Table 78: Anticipation

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	4	4	4	4	4	4	4	4	4	4

4.3.1.5 Anxiety

A total of 402 remedies appeared under this theme. This theme comprises the following 4 rubrics. The theme was underlined twice.

- Mind; ANXIETY; agg, ailments from (327).
- Mind; ANXIETY; palpitations; with (201).
- Mind; ANXIETY; trifles, about (45).
- Stomach; ANXIETY; pit of stomach (86).

Table 79 shows the score for the theme “Anxiety”.

Table 79: Anxiety

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	3	4	4	4	4	4	4	3	4	4

4.3.1.6 Fears

A total of 303 remedies appeared under this theme. This theme comprises the following 8 rubrics. The theme was underlined twice.

- Mind; FEAR; happen; something will (268).
- Mind; FEAR; agoraphobia (34).
- Mind; FEAR; going out, of (11).
- Mind; FEAR; church, opera, big hall or public show, when (5).
- Mind; FEAR; public places, of (30).
- Mind; FEAR; alone, being; alone, but desires to be (4).
- Mind; FEAR; thunderstorm, of (44).
- Mind: FEAR; wind, storm, of (17).

Table 80 shows the score for the theme “Fears”.

Table 80: Fears

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	4	1	4	3	1	3	4	1	4	3

4.3.1.7 Claustrophobia

A total of 74 remedies appeared under this theme. This theme comprises the following 3 rubrics. The theme was underlined twice.

- Mind; FEAR; narrow place, in, claustrophobia (73).
- Mind; FEAR; narrow place, in, claustrophobia; trains and closed spaces (6).
- Mind; FEAR; elevators, of (6).

Table 81 shows the score for the theme “Claustrophobia”.

Table 81: Claustrophobia

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	4	1	3	3	1	1	0	1	0	3

4.3.1.8 Hurry and Impatience

A total of 461 remedies appeared under this theme. This theme comprises the following 5 rubrics.

- Mind; HURRY, haste (278).
- Mind; IMPATIENCE (300).
- Mind; FEAR; failure, of (92).
- Mind; FEAR; duty, being unable to do her (6).
- Mind; FASTIDIOUS (106).

Table 82 shows the score for the theme “Hurry and Impatience”.

Table 82: Hurry and impatience

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	1	4	4	4	4	4	4	3	3	4

4.3.1.9 Prostration and Sadness

A total of 133 remedies appeared under this theme. This theme comprises the following rubric.

- Mind; SADNESS; weariness, with (133).

Table 83 shows the score for the theme “Prostration and Sadness”.

Table 83: Prostration and sadness

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	3	0	3	1	0	1	1	2	0	0

4.3.1.10 Weeping, Tearful Mood

A total of 590 remedies appeared under this theme. This theme comprises the following rubric.

- Mind; WEEPING, tearful mood.

Table 84 shows the score for the theme “Weeping, Tearful Mood”.

Table 84: Weeping, tearful mood

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	4	4	3	4	4	4	4	4	4	4

4.3.1.11 Weeping, Tearful Mood Ameliorates

A total of 63 remedies appeared under this theme. This theme comprises the following rubric. The theme was underlined once.

- Mind; WEEPING, tearful mood; amel (63).

Table 85 shows the score for the theme “Weeping, Tearful Mood ameliorates”.

Table 85: Weeping, tearful mood ameliorates

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	2	1	0	1	0	0	3	0	4	0

4.3.1.12 Consolation, Aggravates

A total of 86 remedies appeared under this theme. This theme comprises the following rubric.

- Mind; CONSOLATION, sympathy; ailments from, agg (86).

Table 86 shows the score for the theme “Consolation, aggravate”.

Table 86: Consolation, aggravate

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	1	0	3	4	4	1	1	3	0	4

4.3.2 *Dysentery Co. (Bach)* Physical Symptomatology Themes

4.3.2.1 Migraine Headache

A total of 415 remedies appeared under this theme. This theme comprises the following 2 rubrics.

- Head; PAIN, headache; one sided (393).
- Head; PAIN, headache; blindness or visual complaints, precede or attend (88).

Table 87 shows the score for the theme “Migraine Headache”.

Table 87: Migraine headache

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	3	4	4	3	4	3	3	3	3	2

4.3.2.2 Headache (general)

A total of 716 remedies appeared under this theme. This theme comprises the following 5 rubrics.

- Head; PAIN, headache; periodical; every; fourteen days (27).
- Head; PAIN, headache; periodical; every; seven days (41).
- Head; PAIN, headache; excitement, emotional; agg (152).
- Head; PAIN; headache; vertex (501).
- Head; PAIN; headache; forehead; eyes; above (554).

Table 88 shows the score for the theme “Headache (General)”.

Table 88: Headache (general)

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	1	4	3	4	4	4	3	4	4	4

4.3.2.3 Heart Affections

A total of 335 remedies appeared under this theme. This theme comprises the following 7 rubrics. The theme was underlined once.

- Heart; PALPITATION heart; anticipation, from (7).
- Heart; PLAPITATION heart; excitement, emotional, agg (238).
- Heart; PULSE, heartbeat; rapid, tachycardia; excitement, emotional, agg (19).
- Heart; PULSE, heartbeat; rapid, tachycardia; irregular (44).
- Heart and circulation; RESTLESSNESS; heart region (57).
- Heart and circulation; EXTRASYSTOLE (33).
- Heart; HEART region; valves, valvular complaints (93).

Table 89 shows the score for the theme “Heart Affections”.

Table 89: Heart affections

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	2	4	4	4	2	3	3	3	3	4

4.3.2.4 Stomach Aggravated by Excitement

A total of 97 remedies appeared under this theme. This theme comprises the following rubric.

- Stomach; EXCITEMENT, emotional; agg (97).

Table 90 shows the score for the theme “Stomach Aggravated by Excitement”.

Table 90: Stomach aggravated by excitement

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	4	1	3	4	0	3	1	0	1	3

4.3.2.5 Stomach Pain

A total of 224 remedies appeared under this theme. This theme comprises the following 3 rubrics.

- Stomach; PAIN; midnight; after; one am (5).
- Stomach; PAIN; vomiting; amel (11).
- Stomach; EATING; amel (220).

Table 91 shows the score for the theme “Stomach Pain”.

Table 91: Stomach pain

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	2	3	3	3	1	1	0	1	3	1

4.3.2.6 Spasms, Pylorus

A total of 10 remedies appeared under this theme. This theme comprises the following 2 rubrics.

- Stomach; CONVULSIONS, spasms; pylorus (10).
- Stomach; CONVULSIONS, spasms; pylorus; nurslings, in (2).

Table 92 shows the score for the theme “Spasms, Pylorus”.

Table 92: Spasms, pylorus

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	2	0	0	0	0	0	0	0	0	0

4.3.2.7 Indigestion

A total of 517 remedies appeared under this theme. This theme comprises the following 6 rubrics. The theme was underlined twice.

- Stomach; INDIGESTION (503).
- Stomach; DISTENTION; eating; after (99).
- Stomach; INDIGESTION; chronic (15).
- Stomach; INDIGESTION; eating agg (18).
- Stomach; INDIGESTION; headache, with (14).
- Stomach; INDIGESTION; nervous (20).

Table 93 shows the score for the theme “Indigestion”.

Table 93: Indigestion

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	3	4	3	3	3	4	4	1	4	3

4.3.2.8 Duodenal Ulcer

A total of 63 remedies appeared under this theme. This theme comprises the following rubric. The theme was underlined once.

- Abdomen; ULCERS; duodenum (63).

Table 94 shows the score for the theme “Duodenal Ulcer”.

Table 94: Duodenal ulcer

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	1	0	2	0	0	0	0	0	0	0

4.3.2.9 Inflammation of the Bowel

A total of 190 remedies appeared under this theme. This theme comprises the following 4 rubrics. The theme was underlined twice.

- Abdomen; INFLAMMATION; bowels (190).
- Abdomen; INFLAMMATION; bowels; colon transversum (2).
- Abdomen; INFLAMMATION; bowels; colon descendens (3).
- Abdomen; INFLAMMATION; colon; colitis (162).

Table 95 shows the score for the theme “Inflammation of the Bowel”.

Table 95: Inflammation of the bowel

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	1	4	1	1	4	4	4	4	1	4

4.3.2.10 Diarrhoea

A total of 478 remedies appeared under this theme. This theme comprises the following 6 rubrics. The theme was underlined twice.

- Rectum; DIARRHOEA; morning (238).
- Stool; FREQUENT, too (311).
- Rectum; DIARRHOEA; anticipation, from (9).
- Rectum; DIARRHOEA; excitement; emotional, agg (86).
- Stool; ACRID, corrosive, excoriating (136).
- Stool; FEAR, anxiety, from (22).

Table 96 shows the score for the theme “Diarrhoea”.

Table 96: Diarrhoea

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	3	3	4	3	4	4	4	4	4	3

4.3.3 *Dysentery Co. (Bach)* Clinical Indications

4.3.3.1 Allergies

A total of 301 remedies appeared under this theme. This theme comprises the following 2 rubrics.

- Clinical; ALLERGY (301).
- Clinical; ALLERGY; food, for (57).

Table 97 shows the score for the theme “Allergies”.

Table 97: Allergies

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	4	1	3	2	4	1	3	1	4	1

4.3.4 *Dysentery Co. (Bach)* Modifying Factors

4.3.4.1 Three a.m., aggravation

A total of 207 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; MIDNIGHT; after, three am; about (207).

Table 98 shows the score for the theme “Three a.m., aggravation”.

Table 98: Three a.m., aggravation

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	1	0	0	1	2	3	1	4	1	1

4.3.4.2 Four a.m., aggravation

A total of 153 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; MIDNIGHT; after, four am; about (153).

Table 99 shows the score for the theme “Four a.m., aggravation”.

Table 99: Four a.m., aggravation

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	1	3	1	3	1	3	1	1	0	1

4.3.4.3 Three a.m. until six a.m., aggravation.

A total of 8 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; MIDNIGHT; after; three am; about; six am, until (8).

Table 100 shows the score for the theme “Three a.m. until six a.m., aggravation”.

Table 100: Three a.m. until six a.m., aggravation

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	1	0	0	0	0	0	0	1	0	0

4.3.4.4 Eating, ameliorates

A total of 460 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; EATING; amel (460).

Table 101 shows the score for the theme “Eating, ameliorates”.

Table 101: Eating, ameliorates

Remedy	Dys Co.	Lach.	Arg-nit.	Ign.	Sil.	Bry.	Merc.	Thuj.	Graph.	Acon.
Score	3	4	1	4	3	3	2	1	4	3

4.4 *Sycotic Co. (Paterson)*

Table 102 indicates the total number of rubrics each bowel nosode and homoeopathic remedy occurred in along with their individual total score as per grading.

Table 102: *Sycotic Co. (Paterson*), table of totality

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Total score as per grading.	99	153	151	147	140	151	149	148	138	138
Total no. of Rubrics present in.	59	51	52	50	52	47	47	45	47	47

Causticum had the highest overall score as per grading (153) and had the second highest number of rubrics (51). *Nitricum acidum* follows *Causticum* with the second highest overall score as per grading (151) and appears in highest number (52) of rubrics (52) rubrics compared to the third highest scoring remedy (147), *Thuja occidentalis*, which appeared in (50). The chosen rubrics are presented below.

4.4.1 *Sycotic Co. (Paterson)* Mental Themes

4.4.1.1 Sensitivity

A total of 400 remedies appeared under this theme. This theme comprises the following rubric.

- Mind; PSYCHOLOGICAL themes; sensitivity (400).

Table 103 shows the score for the theme “Sensitivity”.

Table 103: Sensitivity

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	3	3	3	3	4	4	4	3	4

4.4.1.2 Oversensitivity to Mental Impressions

A total of 593 remedies appeared under this theme. This theme comprises the following rubric.

- Mind; SENSITIVE, oversensitive; impressions, to all mental (593).

Table 104 shows the score for the theme “Oversensitivity to Mental Impressions”.

Table 104: Oversensitivity to mental impressions

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	4	4	3	4	4	4	4	3	4

Fears

The fear rubrics where not grouped into one theme and are therefore listed as individual themes. Grouping the fear rubrics resulted in a dramatic change in the repertory giving the theme of fear significant preference which did not correlate to their representation in the materia medicas.

4.4.1.3 Fear of the Dark

A total of 110 remedies appeared under this theme. This theme comprises the following rubric.

- Mind; FEAR; dark, of (110).

Table 105 shows the score for the theme “Fear of the Dark”.

Table 105: Fear of the dark

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	3	3	0	2	3	3	1	0	3	0

4.4.1.4 Fear of Being Alone

A total of 147 remedies appeared under this theme. This theme comprises the following rubric.

- Mind; FEAR; alone, being (147).

Table 106 shows the score for the theme “Fear of Being Alone”.

Table 106: Fear of being alone

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	3	1	1	2	3	0	1	4	0

4.4.1.5 Fear of Being Alone in Darkness

A total of 16 remedies appeared under this theme. This theme comprises the following rubric.

- Mind; FEAR; alone, being; darkness, in (16).

Table 107 shows the score for the theme “Fear of Being Alone in Darkness”.

Table 107: Fear of being alone in darkness

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	0	0	1	1	0	0	0	0	0

4.4.1.6 Fear of Animals

A total of 127 remedies appeared under this theme. This theme comprises the following rubric.

- Mind; FEAR; animals, of (127).

Table 108 shows the score for the theme “Fear of Animals”.

Table 108: Fear of animals

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	3	1	1	4	3	4	0	1	0

4.4.1.7 Fear of Dogs

A total of 46 remedies appeared under this theme. This theme comprises the following rubric.

- Mind; FEAR; dogs, of (46).

Table 109 shows the score for the theme “Fear of Dogs”.

Table 109: Fear of dogs

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	3	1	0	1	0	4	0	0	0

4.4.1.8 Restlessness and Nervousness

A total of 919 remedies appeared under this theme. This theme comprises the following rubric.

- Mind; RESTLESSNESS, nervousness (919).

Table 110 shows the score for the theme “Restlessness and Nervousness”.

Table 110: Restlessness and nervousness

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	3	4	4	4	4	4	4	4	4	4

4.4.1.9 Nervous irritability: Physical Signs and Behaviours

A total of 112 remedies appeared under this theme. This theme comprises the following 3 rubrics.

- Mind; BITING, nails (72).
- Mind; TICS, nervous (32).
- Eyes; BLINKING (37).

Table 111 shows the score for the theme “Nervous irritability: Physical Signs and Behaviours”.

Table 111: Nervous irritability: physical signs and behaviours

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	3	1	1	1	4	4	0	0	1	1

4.4.1.10 Nervous Irritability: Mental Symptoms

A total of 799 remedies appeared under this theme. This theme comprises the following 3 rubrics and was underlined once.

- Mind; IRRITABILITY (799).
- Mind; IRRITABILITY; children, in (80).
- Mind; IRRITABILITY; nervous (37).

Table 112 shows the score for the theme “Nervous Irritability: Mental Symptoms”.

Table 112: Nervous irritability: mental symptoms

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	4	4	4	4	4	4	4	4	4

4.4.1.11 Anger and Temper Tantrums

A total of 636 remedies appeared under this theme. The theme is made by the following 3 rubrics.

- Mind; ANGER (580).
- Mind; ANGER; ailments from, agg (375).

- Mind; ANGER; temper tantrums (85).

Table 113 shows the score for the theme “Anger and Temper Tantrums”.

Table 113: Anger and temper tantrums

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	4	4	4	1	4	4	4	3	3

4.4.2 *Sycotic Co. (Paterson)* Physical Symptomatology Themes

4.4.2.1 Inflammation of the Mucous Membranes

A total of 1041 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; INFLAMMATION; mucous membranes (1041).

Table 114 shows the score for the theme “Inflammation of the Mucous Membranes”.

Table 114: Inflammation of the mucous membranes

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	3	4	4	4	4	4	4	4	4	3

4.4.2.2 Catarrhal Inflammation

A total of 724 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; INFLAMMATION; catarrhal (724).
-

Table 115 shows the score for the theme “Catarrhal Inflammation”.

Table 115: Catarrhal inflammation

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	3	4	4	4	4	4	4	4	4	3

4.4.2.3 Female Reproductive Growths

A total of 76 remedies appeared under this theme. This theme comprises the following two rubrics.

- Female; POLYPI, growths; uterus (33).
- Female; TUMORS; cysts; ovaries (50).

Table 116 shows the score for the theme “Female Reproductive Growths”.

Table 116: Female reproductive growths

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	1	1	4	3	0	1	1	0	3

4.4.2.4 Menses

A total of 667 remedies appeared under this theme. This theme comprises the following 4 rubrics.

- Female; MENSES; absent; amenorrhoea (288).
- Female; HEMORRHAGE; uterine, metrorrhagia (383).
- Female; MENSES; painful, dysmenorrhoea (464).
- Female; PAIN; ovaries; left; menses; during (6).

Table 117 shows the score for the theme “Menses”.

Table 117: Menses

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	3	4	3	4	4	4	4	4	4

4.4.2.5 Leucorrhoea

A total of 328 remedies appeared under this theme. This theme comprises the following 8 rubrics.

- Female; LEUCORRHOEA; girls, in little (31).
- Female; LEUCORRHOEA; acrid, corrosive, excoriating (175).
- Female; LEUCORRHOEA; bland; mild (58).
- Female; LEUCORRHOEA; dark (16).
- Female; LEUCORRHOEA; gonorrhoeal (27).
- Female; LEUCORRHOEA; offensive; fish brine, like (11).
- Female; LEUCORRHOEA; profuse (189).
- Female; LEUCORRHOEA; yellow (180).

Table 118 shows the score for the theme “Leucorrhoea”.

Table 118: Leucorrhoea

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	2	3	4	3	3	3	3	1	4	3

4.4.2.6 Bladder Complaints and Micturition

A total of 548 remedies appeared under this theme. This theme comprises the following 6 rubrics.

- Bladder; INFLAMMATION; cystitis (257).
- Bladder; INVOLUNTARY urination; night, incontinence in bed (211).
- Bladder; PAIN; urination; during (163).
- Urine; ACRID; corrosive; excoriating (93).
- Urine; ALBUMINOUS (311).
- Urine; ALBUNINOUS; children, in (2).

Table 119 shows the score for the theme “Bladder Complaints and Micturition”.

Table 119: Bladder complaints and micturition

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	3	4	4	3	4	4	3	3	4	4

4.4.2.7 Inflammation of the Kidneys

A total of 305 remedies appeared under this theme. This theme comprises the following 2 rubrics.

- Kidneys; INFLAMMATION; nephritis (305).
- Kidneys; INFLAMMATION; nephritis; parenchym, pyelon, pyelonephritis (145).

Table 120 shows the score for the theme “Inflammation of the Kidneys”.

Table 120: Inflammation of the kidneys

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	1	4	3	3	3	4	3	3	4

4.4.2.8 Asthma

A total of 220 remedies appeared under this theme. This theme comprises the following 7 rubrics.

- Respiration; ASTHMATIC; air; cold; agg (16).
- Respiration; ASTHMATIC; air; sea air, amel (4).
- Respiration; ASTHMATIC; weather; damp, wet, agg (30).
- Respiration; ASTHMATIC; catarrhal; bronchia (85).
- Respiration; ASTHMATIC; recurrent (26).
- Respiration; ASTHMATIC; convulsive; spasmodic (157).
- Respiration; WHEEZING; whistling; night (13).

Table 121 shows the score for the theme “Asthma”.

Table 121: Asthma

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	4	3	2	3	4	4	3	3	1

4.4.2.9 Respiratory System: Inflammation and Infection

A total of 567 remedies appeared under this theme. This theme comprises the following 4 rubrics.

- Chest; INFLAMMATION; bronchial tubes, bronchitis (388).
- Chest; INFLAMMATION; catarrhal; bronchial tubes (138).
- Chest; INFLAMMATION; lungs, pneumonia (457).
- Chest; INFLAMMATION; pleura, pleuritis (172).

Table 122 shows the score for the theme “Respiratory system: Inflammation and Infection”.

Table 122: Respiratory system: inflammation and infection

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	3	4	2	3	4	4	4	3	3

4.4.2.10 Rheumatic Pain

A total of 652 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; PAIN; rheumatic (652).

Table 123 shows the score for the theme “Rheumatic Pain”.

Table 123: Rheumatic pain

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	4	4	4	4	4	4	4	4	4	4

4.4.2.11 Arthritic Inflammation

A total of 145 remedies appeared under this theme. This theme comprises the following 2 rubrics.

- Extremities; INFLAMMATION; joints, arthritis; small (56).

- Extremities; INFLAMMATION; joints, arthritis; large (117).

Table 124 shows the score for the theme “Arthritic Inflammation”.

Table 124: Arthritic inflammation

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	4	1	1	1	3	1	1	4	1	1

4.4.2.12 Inflammation of the Fingers and Hands

A total of 115 remedies appeared under this theme. This theme comprises the following 6 rubrics.

- Extremities; INFLAMMATION; hands (47).
- Extremities; INFLAMMATION; wrists (17).
- Extremities; INFLAMMATION; fingers; joints (37).
- Extremities; INFLAMMATION; metacarpophalangeal (4).
- Extremities; DISTORTION; fingers (47).
- Extremities; DISTORTION; fingers; joints (28).

Table 125 shows the score for the theme “Inflammation of the Fingers and Hands”.

Table 125: Inflammation of the fingers and hands

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	4	2	1	4	1	1	2	3	0	3

4.4.2.13 Lumbago

A total of 114 remedies appeared under this theme. This theme comprises the following 2 rubrics.

- Back; PAIN; lumbosacral articulation (108).
- Back; PAIN; warmth; agg (17).

Table 126 shows the score for the theme “Lumbago”.

Table 126: Lumbago

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	3	1	3	0	1	1	0	0	0	0

4.4.2.14 Condylomata acuminate

A total of 99 remedies appeared under this theme. This theme comprises the following 4 rubrics. The theme was underlined once.

- Female; WARTS, condylomata (38).
- Male; WARTS, condylomata (70).
- Rectum; CONDYLOMATA, warts (38).
- Skin; WARTS, condylomata; bleeding (28).

Table 127 shows the score for the theme “Condylomata acuminate”.

Table 127: Condylomata acuminate

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	4	4	4	3	0	0	0	3	4

4.4.3 *Sycotic Co. (Paterson)* Clinical Indications

4.4.3.1 Fungal Growths

A total of 362 remedies appeared under this theme. This theme comprises the following rubric. The theme was underlined once.

- Clinical; FUNGOUS growths (362).

Table 128 shows the score for the theme “Fungal Growths”.

Table 128: Fungal growths

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	4	3	3	4	3	1	3	3	3	1

4.4.4 *Sycotic Co. (Paterson)* Food and Drink Desires and Aversions

4.4.4.1 Butter, desires

A total of 45 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; butter, desires (45).

Table 129 shows the score for the theme “Butter, desires”.

Table 129: Butter, desires

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	3	0	1	0	0	0	0	0	0	0

4.4.4.2 Sweets, desires

A total of 268 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; sweets; desires (268).

Table 130 shows the score for the theme “Sweets, desires”.

Table 130: Sweets, desires

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	1	3	3	3	0	4	3	4	0

4.4.4.3 Sugar, aversion

A total of 13 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; sugar; aversion (13).

Table 131 shows the score for the theme “Sugar, aversion”.

Table 131: Sugar, aversion

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	1	0	0	0	0	0	0	0	0

4.4.4.4 Tea, aversion

A total of 27 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; tea; aversion (27).

Table 132 shows the score for the theme “Tea, aversion”.

Table 132: Tea, aversion

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	0	0	3	0	0	3	0	0	0

4.4.4.5 Potatoes, aversion

A total of 12 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; potatoes; aversion (12).

Table 133 shows the score for the theme “Potatoes, aversion”.

Table 133: Potatoes, aversion

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	0	0	3	0	0	0	0	0	0

4.4.4.6 Tomatoes, aversion

A total of 13 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; tomatoes; aversion (13).

Table 134 shows the score for the theme “Tomatoes, aversion”.

Table 134: Tomatoes, aversion

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	0	0	0	0	0	0	0	0	0

4.4.4.7 Vinegar, aversion

A total of 7 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; vinegar; aversion (7).

Table 135 shows the score for the theme “Vinegar, aversion”.

Table 135: Vinegar, aversion

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	0	0	0	0	0	0	0	0	0

4.4.5 *Sycotic Co. (Paterson)* Modifying Factors for Pain

4.4.4.8 Modifying Factors: Pain

A total of 454 remedies appeared under this theme. This theme comprises the following 5 rubrics.

- Generalities; PAIN; motion; amel (334).
- Generalities; PAIN; motion; agg; beginning to (88).
- Generalities; PAIN; rest, amel (138).
- Generalities; PAIN; rising; agg; sitting, from (140).
- Generalities; PAIN; weather; damp, wet, in (134).

Table 136 shows the score for the theme “Modifying Factors: Pain”.

Table 136: Modifying factors: pain

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	4	1	3	3	1	4	4	3	3

4.4.5 *Sycotic Co. (Paterson)* Modifying Factors General

4.4.5.1 Citrus, aggravates

A total of 25 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; citrus; agg (25).

Table 137 shows the score for the theme “Citrus, aggravates”.

Table 137: Citrus, aggravates

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	0	0	0	1	0	0	0	0	3

4.4.5.2 Eggs, aggravate

A total of 40 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; eggs; agg (40).

Table 138 shows the score for the theme “Eggs, aggravate”.

Table 138: Eggs, aggravate

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	0	0	0	0	0	0	0	0	0

4.4.5.3 Onions, aggravate

A total of 37 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; FOOD and drinks; onions; agg (37).

Table 139 shows the score for the theme “Onions, aggravate”.

Table 139: Onions, aggravate

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	0	1	3	1	0	1	3	0	0

4.4.5.4 Noise, aggravates

A total of 459 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; NOISE; agg (459).

Table 140 shows the score for the theme “Noise, aggravates”.

Table 140: Noise, aggravates

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	3	4	3	3	4	4	4	3	3

4.4.5.5 Strong Odours, aggravate

A total of 157 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; ODORS, strong, agg (157).

Table 141 shows the score for the theme “Strong Odours, aggravate”.

Table 141: Strong odours, aggravate

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	0	0	3	0	3	3	1	1	3

4.4.5.6 Cold, Wet, Damp Weather, aggravates

A total of 216 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; WEATHER; cold, wet, damp; agg (216).

Table 142 shows the score for the theme “Cold, Wet, Damp Weather, aggravates”.

Table 142: Cold, wet, damp weather, aggravates

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	3	3	3	4	3	1	4	3	3

4.4.5.7 Dry Weather, ameliorates

A total of 77 remedies appeared under this theme. This theme comprises the following rubric.

- Generalities; WEATHER; dry, amel (77).

Table 143 shows the score for the theme “Dry Weather, ameliorates”.

Table 143: Dry weather, ameliorates

Remedy	Syc-co.	Caust.	Nit-ac.	Thuj.	Med.	Acon.	Chin.	Bry.	Arg-n.	Ph-ac.
Score	1	0	4	0	0	0	3	1	0	0

CHAPTER 5: THE DISCUSSION OF RESULTS

The discussion will be focussed on the most prominent and most distinguishable features existing within each individual bowel nosode compared to how these features relate to the top three associated homoeopathic remedies according to the repertorisation results. Each bowel nosode will be discussed under the following six headings: aetiological factors contributing to the development of symptomatology, mental and emotional symptoms, physical signs and symptoms, clinical indications, food and drink aversions and desires, and, lastly, modifying factors.

5.1 *Proteus (Bach)*

The results obtained for *Proteus (Bach)* via repertorisation revealed that *Natrium muriaticum*, *Nux vomica* and *Sepia officinalis* were the top three associated homoeopathic remedies. After extensive research Dr John Paterson asserted that *Natrium muriaticum* was *Proteus (Bach)'s* keynote associated homoeopathic remedy. Dr Elizabeth Paterson also found *Natrium muriaticum* to be the top associated remedy during her research published in the journal article "A survey of the nosodes" in 1960. The researcher was pleased to find that the results of this study correlated and therefore verified or confirmed the original keynote associated homoeopathic remedy for *Proteus (Bach).*

Nux vomica was the second highest associated homoeopathic remedy as per the results of this study but does not appear in the associated remedy lists published by the pioneers. This is an interesting result, and possibly reflects the impact that the current health environment (increased urbanisation, increased pollution, increased use of vaccinations and allopathic drugs, increased violence, increased economic hardships, increased stress etc.) is having on our health. This study found that *Nux vomica* shared the majority of prominent rubrics pertaining to *Proteus (Bach)'s* keynote symptoms with the majority being strongly graded. The mental keynote symptoms included the level of irritability, anger, rage and violence and the physical keynote symptoms included gastric and duodenal ulcers with a strong tendency to perforation. These findings support the observation of Anthony Bickley (2017) that *Nux vomica* is

a strong differential for *Proteus (Bach).* The findings of this study, and the assessment of Anthony Bickley, support the addition of *Nux vomica* to the original list of key associated remedies. *Nux vomica* is also listed as an associated remedy for *Proteus (Bach)* in the section "The expanded associated remedy lists" in John Saxton's book "Bowel nosodes in homeopathic practice" which he compiled from the clinical experiences of practitioners in recent times.

The third highest associated homoeopathic remedy as per the results of this study was *Sepia officinalis.* This remedy is not in the original list of associated homoeopathic remedies for *Proteus (Bach)* although it was added by Dr Elizabeth Paterson in 1960 following her research. The results of this research, therefore, supports the findings of Dr Elizabeth Paterson. Although *Sepia officinalis* also shares the mental keynote symptoms mentioned for *Proteus (Bach),* it does so to a much lesser degree except for the more vulnerable mental symptoms of *Proteus (Bach)* which are shared to a stronger degree, namely, anxiety, anticipation, tendency to weeping, oversensitivity and the need for sympathy and consolation. *Sepia officinalis* covers the majority of the physical symptoms and has particularly strong grading relating to the many variations of leucorrhoea in the female section. *Sepia officinalis* is often considered to be more of a female remedy but can be used to treat all of the symptomatology seen in *Proteus (Bach)* in both male and female patients (Paterson 1950; Paterson 1988; Saxton 2012; Complete Repertory 2017; Bickley 2017).

Proteus (Bach) will now be compared in more depth to *Natrium muriaticum*, *Nux vomica* and *Sepia officinalis* under the sections mentioned at the beginning of this chapter.

5.1.1 Aetiological Factors Contributing to the Development of Symptomatology

One of the main aetiological factors contributing to the pathogenesis of both mental and physical symptomatology seen in *Proteus (Bach)* is that of chronic distress or hardship. It is important to note that the suffering is caused from circumstances outside of the patient and not self-inflicted. The nervous system is greatly affected and depleted from the prolonged nerve strain and *Proteus (Bach)* becomes extremely

tense and stung out. With the nervous system stretched to its maximum, the patient may end up feeling overwhelmed and unable to carry on and this very often results in a sudden and violent mental or physical calamity. Prolonged nerve strain may also play an important role in the development of symptoms in *Natrium muriaticum*, *Nux vomica* and *Sepia officinalis* as is seen in *Proteus (Bach)*. *Natrium muriaticum's* nervous system becomes strained due to the prolonged emotional pain following the loss of a loved one or after a failed intimate relationship, for instance. The grief is often suppressed and therefore unresolved, putting great strain on the nervous system. *Nux vomica* has a tendency to overstrain themselves with mental work, either in business or while studying, coupled with anguish over their work or studies resulting in the overstimulation of the nervous system, followed by nerve depletion. *Sepia officinalis* may endure living in an unfulfilling or miserable marriage for a long period of time resulting in nervous depletion. *Sepia officinalis* may also overextend themselves with prolonged overwork. *Natrium muriaticum*, *Nux vomica* and *Sepia officinalis* can all reach a point of feeling overburdened, overwhelmed, exhausted and not able to cope any longer (Kent 1989; Murphy 2006).

5.1.2 Mental and Emotional Symptoms

The most prominent and most important indication for prescribing *Proteus (Bach)* is what is referred to as the "brain storm" by Dr John Paterson. During the "brain storm" the patient experiences without any warning, a violent and sudden upset of the entire nervous system expressed as intense irritability and extreme anger, almost to the point of becoming hysterical. This occurs as a result of the chronic nerve strain and is the point at which the patient loses control (Paterson 1950; Saxton 2012).

Proteus (Bach) can become physically violent during the outburst of anger and may display behaviours such as kicking, screaming and throwing objects, mimicking a typical temper tantrum as seen in children. *Proteus (Bach)* has the potential to become physically violent towards another person during their rage and may have a desire to kill. The *Proteus (Bach)* child can experience typical temper tantrums by falling onto the floor kicking, hitting and yelling. This is usually triggered by a strong aversion to parental authority. The adult *Proteus (Bach)'s* anger is often provoked by situations

involving contradiction or opposition. *Proteus (Bach)* may also express their grief and disappointment through anger instead of sadness (Paterson 1950; Klein 2010; Nayak 2015; Bickley 2017).

Contradiction plays an important role as a catalyst for anger, especially in *Nux vomica* and in *Sepia officinalis* but to a lesser degree in *Natrium muriaticum*. *Proteus (Bach)*, *Natrium muriaticum*, *Nux vomica* and *Sepia officinalis* all suffer with ailments resulting from both anger and contradiction. Like *Proteus (Bach) Natrium muriaticum*, *Nux vomica* and *Sepia officinalis* may experience temper tantrums and *Natrium muriaticum* may also fall on to the floor with kicking and screaming. *Sepia officinalis* appears to experience it to a lesser degree compared to *Proteus (Bach). Natrium muriaticum*, *Sepia officinalis* and *Nux vomica* experiences anger at an intense level but the expression of their anger differs in degree. Although *Natrium muriaticum* experiences extreme anger, they are not likely to become physically violent towards another person and may internalise their anger through compulsive thoughts regarding the scenario related to their anger. *Sepia officinalis* may have compulsions towards being violent, but they are not likely to physically harm another. Like *Proteus (Bach)* they may throw an object in the heat of their anger. *Nux vomica* on the other hand may actually become physically violent and harm the other when angry if stretched far enough as their anger, like *Proteus (Bach),* is as a result of chronic nerve strain.

The anger may escalate to a state of rage in both *Proteus (Bach)* and all three associated homoeopathic remedies. *Proteus (Bach)* experiences rage at its extreme and is followed by *Nux vomica* and then *Natrium muriaticum*. *Sepia officinalis* experiences rage to a lesser degree compared to *Proteus (Bach)* (Kent 1989; Clarke 1991a, 1991c; Allen 1992; Murphy 2006; Complete Repertory 2017).

As with the majority of *Proteus (Bach)'s* mental and physical symptoms, the underlying precursor is nerve strain and their anxiety trigger the marked irritability. Irritability is often over small things and usually accompanied by anger. *Proteus (Bach)* often experiences a constant state of irritability but it may be more prominent while doing intellectual work and during menses (Saxton 2012; Nayak 2015; Complete Repertory 2017; Bickley 2017).

Natrium muriaticum, *Nux vomica* and *Sepia officinalis* experience marked irritability which, like *Proteus (Bach),* is often triggered by trivialities and accompanied by anger. *Nux vomica* may also be in a constant state of irritability (Complete Repertory 2017).

Natrium muriaticum experiences paroxysms of irritability and anger during depression. *Natrium muriaticum*, *Nux vomica* and *Sepia officinalis* experience irritability before and during menses. The *Sepia officinalis* female may experience a near hysterical state during which there is crying combined with anger and irritability during the pre-menstrual phase. The *Nux vomica* patient's irritability is also as a result of nerve strain following prolonged mental exertion (Clarke 1991a, 1991c; Allen 1992; Murphy 2006; Complete Repertory 2017).

Proteus (Bach) tends towards being confrontational and argumentative and can be reproachful towards others when in disagreement. They may also develop symptoms or have aggravations of existing symptoms following confrontation or arguments (Murphy 2006; Complete Repertory 2017; Bickley 2017).

Natrium muriaticum, *Nux vomica* and *Sepia officinalis* are prone to be confrontational, argumentative and to reproach others. *Natrium muriaticum* and *Nux vomica* may both develop symptoms or have aggravations of existing symptoms following confrontation (Complete Repertory 2017).

Natrium muriaticum is most argumentative when waking up in the morning and may be related to past hurts as they tend to hold resentments. *Nux vomica* can become very fiery with possible violence or offensive behaviour during their arguments and can be overly critical with reproachfulness. The female *Sepia officinalis* patient is more likely to become confrontational in response to hormonal fluctuations when emotions are just beneath the surface. They can be spiteful and sarcastic in a bitter way and find pleasure in antagonising others. *Sepia officinalis* can also be overly critical and show their disapproval through scolding. *Proteus (Bach)*, *Natrium muriaticum* and *Nux vomica* often suffer greatly after arguments, producing either physical or mental symptoms (Clarke 1991a, 1991c; Allen 1992; Murphy 2006; Bickley 2017).

Proteus (Bach) eventually suffers with mental debility and exhaustion as a result of chronic stress and nervous depletion. They may experience general confusion and have problems with their memory. *Proteus (Bach)* may lose their train of thought while in conversation and have great difficulty recollecting their thoughts and remembering what they were going to say. They may also struggle to remember what was just said to them. Word hunting or the use of inappropriate/incorrect words are common (Murphy 2006; Saxton 2012; Complete Repertory 2017).

Natrium muriaticum, *Nux vomica* and *Sepia officinalis* experience times during which they lose their thought process and are unable to think. *Natrium muriaticum* may also forget what was just said to them and may forget what they were about to say. *Natrium muriaticum* and *Nux vomica* may also struggle to find the correct words while talking (Complete Repertory 2017).

In addition to this, *Natrium muriaticum* make mistakes while writing and reading and have great difficulty in focussing their mind on the subject at hand. The *Natrium muriaticum* child may have delays in learning to speak and there may be mental disabilities and autism. As with *Proteus (Bach)*, *Nux vomica* experiences marked mental exhaustion and with that lose their train of thought during conversing and have difficulty expressing themselves. They forget and misplace words. *Nux vomica* experiences great difficulty focussing their mind while doing calculations and scientific work. They also tend to leave out syllables while speaking and while writing. Both *Nux vomica* and *Sepia officinalis* become mentally sluggish with slowness of the thought process and *Sepia officinalis* have difficulty with comprehension. *Sepia officinalis* also makes mistakes while speaking and when writing and reading. Similar to *Proteus (Bach)* there is a loss of train of thought while speaking and words come out with great difficulty and slowness. They too experience memory impairment, confusion and great prostration of mind as is seen in *Proteus (Bach)*. Proteus has the potential to develop premature dementia (Allen 1992; Murphy 2006; Complete Repertory 2017; Bickley 2017).

5.1.3 Physical Signs and Symptoms

The majority of *Proteus (Bach)'s* physical ailments arise due to chronic nerve strain which result in disturbances within the central and peripheral nervous systems. These disturbances have a negative effect on the circulation of many physiological systems of which the cerebral, venous, cardiac, digestive, renal and neuromuscular systems are included. Disturbances are often spasmodic or convulsive in nature.

It is important to note that there can be a certain suddenness and violence in the onset of symptoms and this also applies to chronic conditions where the usual "warning" signs and symptoms are absent and where a condition only reveals itself in the later stages (Paterson 1950; Murphy 2006; Saxton 2012).

Proteus (Bach) and *Natrium muriaticum* both have disturbed chloride metabolism. Chronic stress has a negative effect on the adrenal glands and in turn negatively affect the kidneys causing the disturbance of chloride metabolism in *Proteus (Bach)* (Paterson 1950; Saxton 2012). One of *Natrium muriaticum's* causative factors include excessive salt intake which contributes to this disturbance. Focussing on other causative factors relating to prolonged nerve strain in *Natrium muriaticum* is that of chronic grief and of chronic guilt. *Nux vomica* develops many of its physical symptoms as a result of prolonged mental work and stresses concerning occupation or study. These stresses lead to poor lifestyle choices adding more strain and contributing to the development of its symptomatology. Although *Sepia officinalis* develops many of its symptoms as a result of overwork and of long-term stress due to unhappiness, they have many negative effects as a result of hormonal imbalances. This can be from artificial hormone therapies or during times of hormonal changes such as during puberty, pregnancy and menopause (Clarke 1991a, 1991c; Phatak 1999; Murphy 2006).

Proteus (Bach) is indicated in the treatment of Meniere's disease where there is disturbed and spasmodic circulation within the brain causing reoccurring episodes of vertigo. The patient may experience a sensation as if the floor is moving up towards them and they may see colourful lights. Symptoms are worse in the morning and in the afternoon and made worse by jarring. The vertigo may also be triggered by looking

at moving objects while being in transit, such as traveling in a train (Paterson 1950; Murphy 2006; Complete Repertory 2017).

Natrium muriaticum, *Nux vomica* and *Sepia officinalis* all suffer with bouts of vertigo, and in all three remedies the vertigo is worse in the morning. *Nux vomica* may also experience vertigo around midday. None of the associated remedies appeared under the rubric for Meniere's disease (Complete Repertory 2017).

Natrium muriaticum experiences a sensation as if they are falling which is made worse by standing next to a window. The vertigo in *Natrium muriaticum* may occur upon closing the eyes while in a supine position, during pregnancy, from eye strain and after passing a stool. The patient may experience jerking of the head during which they may fall forward or to the left. *Nux vomica* experiences a sensation as if their brain and surrounding objects are rotating in a circle. *Nux vomica's* vertigo may occur as a result of strong odours or ingestion of toxic substances and after prolonged periods of sleep deprivation and mental exertion. They can have brief spells of unconsciousness during an attack. *Sepia officinalis* and *Nux vomica* share the sensation as if intoxicated and can develop vertigo after exposure to open air. *Sepia officinalis's* vertigo can also be triggered by moving their arms. The patient may feel as if they are hanging in the air or as if there is something rolling around in their head during an attack. They may also experience constant motion of surrounding objects (Kent 1989; Murphy 2006).

With the marked involvement of the nervous system, it is not surprising to learn that *Proteus (Bach)* has convulsions and epilepsy in its symptomatology. Both of which are brought on with great violence and suddenness. The characteristic violent and sudden onset of *Proteus (Bach)* is also reflected through its acute febrile attacks during which there is stiffness of the neck, photophobia, headaches and the possibility of developing febrile seizures due to the meningeal irritation. Febrile seizures are commonly seen in children. Convulsions may also be triggered by fright or fear and are aggravated by emotional excitement (Paterson 1950; Murphy 2006).

Natrium muriaticum, *Nux vomica* and *Sepia officinalis* have epileptic convulsions in their symptomatology. The convulsive action may be triggered by fright or fear in all three associated homoeopathic remedies and may follow or be aggravated by

emotional excitement in *Natrium muriaticum* and in *Nux vomica* (Complete Repertory 2017).

Natrium muriaticum experiences an unexpected shock involving the entire left side of the body during or just before an epileptic attack. There is contraction of the cervical muscles and the shock sensation travels from the left shoulder upwards through the neck and into the brain. A marked sensation of congestion and fullness is experienced in the head accompanied with pain and there is constrictive pain from the shoulder to the head. The patient may feel cold with heat in the face and there may be nausea and a loss of senses. *Natrium muriaticum* can also develop Chorea involving the upper parts of the body in response to fear. *Nux vomica* may have an epileptic attack during a bowel movement and they can also suffer from tetanic seizures which often include trismus or risus sardonicus and opisthotonus. Respiratory arrest can occur and lead to death in severe cases. *Sepia officinalis* suffers from catalepsy which is characterised by tonic-clonic seizures (Paterson 1950; Kent 1989; Allen 1992; Murphy 2006; Complete Repertory 2017).

Cardiac function is also affected in *Proteus (Bach)* due to the effects of the peripheral nervous system causing spasmodic action of the coronary arteries and resulting in symptoms of angina pectoris during which there is an oppressive sensation in the cardiac region. There is a general weakness of the coronary arteries and *Proteus (Bach)* may develop true coronary artery disease. *Proteus (Bach)* has a great tendency towards having heart palpitations in response to emotional excitement in its many forms and can occur especially when lying down (Paterson 1950; Murphy 2006).

Natrium muriaticum, *Nux vomica* and *Sepia officinalis* share the symptom of palpitations in response to emotional excitement and palpitations are generally worse when lying down, but not necessarily, due to emotions as seen in *Proteus (Bach)* (Complete Repertory 2017).

Natrium muriaticum does however have more serious conditions such as cardiac hypertrophy which is often as a result of a chronic disease affecting the heart valves producing many heartbeat irregularities including fluttering of the heart. Like *Proteus (Bach)*, *Nux vomica* can also develop angina pectoris, but it develops due to the

excessive and prolonged use of alcohol, caffeine or tobacco. These stimulants also produce heart palpitations. *Sepia officinalis* suffers from violent palpitations which can be visible at times and is often in response to nervous excitement such as anxiety. These are especially worse at night and may wake the patient from their sleep. *Sepia officinalis* commonly experiences palpitations due to improper blood circulation where blood vessels are filled with blood and where there is blood stagnation. The blood stagnation may be due to valve insufficiency. Angina pectoris is not part of *Natrium muriaticum* and *Sepia officinalis's* symptomatology (Phatak 1999; Murphy 2006; Boericke 2013).

Proteus (Bach) is made up from two species namely *Proteus mirabilis and Proteus vulgaris* of which *Proteus mirabilis* is most prevalent as a causative pathogen in many human infections, especially those affecting the urinary tract. *Proteus mirabilis* is commonly found in urinary tract infections particularly affecting patients suffering with Diabetes Mellitus and in patients who have anatomical irregularities of the urinary tract. Proteus is also one of the major causative pathogens in hospital-acquired cases following catheterisation. Keeping this in mind, it is no surprise that *Proteus (Bach)* may produce many conditions within the urinary tract. These include inflammation of the renal pelvis, nephrons and of the bladder often due to infection. Renal stones also form part of the symptomatology. *Proteus (Bach)* may have severe dysuria particularly affecting the urethra with burning as a result of a urinary tract infection accompanied by cloudy and strong offensive urine. Recurrent cystitis is commonly seen in *Proteus (Bach)*. The typical loin pain associated with many urinary tract afflictions may be present (Julian 2004; Murphy 2006; Klein 2010; Saxton 2012; Nayak 2015).

Natrium muriaticum, *Nux vomica* and *Sepia officinalis* share many of *Proteus (Bach)'s* symptoms within this section. They all have inflammation of the kidney and bladder in their symptomatology. There is also burning/stinging dysuria and cloudy and offensive urine. *Nux vomica* and *Sepia officinalis* may suffer with loin pain (Complete Repertory 2017).

In addition, *Natrium muriaticum* has polyuria and urinary urgency and frequency in their symptomatology. They may have a red sediment, haematuria or very dark urine. *Natrium muriaticum's* loin pain is constrictive and the region may feel hot. *Nux vomica*

suffers with spasmodic strangury due to spasmodic muscular contraction of the urethra or bladder. They may develop paralysis of the bladder. Loin pains extend to the genitals and legs during which there is dribbling of urine. Dysuria is experienced in the neck of the bladder during urination and haematuria may be present. *Sepia officinalis* is prone to chronic urinary tract infections. Urine is passed very slowly with a feeling of tremendous pressure and fullness above the pubic region. Dysuria is experienced as sharp pains within the bladder before passing urine. The urine can have a thick consistency with either a white grainy or sticky sand-like deposit (Clarke 1991a, 1991c; Phatak 1999; Boericke 2013).

One of the most prominent areas affected in *Proteus (Bach)* is the digestive tract particularly the stomach. *Proteus (Bach)* suffers from marked indigestion, which is acidic in nature, causing heartburn and burning gnawing pain in the stomach and sour burning belching. Stomach pain and hunger is made worse when the stomach is empty and ameliorated by eating (Murphy 2006; Complete Repertory 2017).

Natrium muriaticum, *Nux vomica* and *Sepia officinalis* compare well with the digestive symptoms of *Proteus (Bach)* as they all suffer with indigestion, heartburn, burning pains in the stomach and acidic eructation. *Natrium muriaticum* is however mostly better from an empty stomach whereas *Proteus (Bach)*, *Nux vomica* and *Sepia officinalis* can be worse or develop symptoms as a result of an empty stomach or when hungry. However *Nux vomica's* stomach pain is made worse by eating (Kent 1989; Clarke 1991a, 1991c; Phatak 1999; Murphy 2006; Complete Repertory 2017).

The characteristic violent and unexpected onset of *Proteus (Bach)* following chronic stress is beautifully illustrated in the presentation of its gastric and duodenal ulcers. There is a lack of the usual signs and symptoms indicating the presence of an ulcer and the first signs are that of hematemesis and/or melaena from either perforation or rupture of an ulcer (Paterson 1950).

Natrium muriaticum, *Nux vomica* and *Sepia officinalis* all have stomach ulcers in their symptomatology, however *Nux vomica* is the only remedy with duodenal ulcers and perforation associated with ulcers. None of the associated remedies have hematemesis associated with stomach ulcers. *Natrium muriaticum*, *Nux vomica* and

Sepia officinalis all have dark to black stools and blood in the stools forming part of their symptomatology, yet it is unclear if it is due to bleeding associated with stomach or duodenal ulcers or if it is due to local affections such as haemorrhoids or from the intestines itself (Complete Repertory 2017).

Although the aetiology for all three associated remedies is most likely to be that of chronic stress, there does seem to be the usual symptoms associated with ulcers, therefore, the onset is not sudden and unexpected as seen in *Proteus (Bach)*. *Nux vomica* does have vomiting of blood in their symptomatology, however, it seems to be unrelated to stomach or duodenal ulcers. *Sepia officinalis* has painful gastroesophageal reflux during which blood can rise into the mouth (Clarke 1991a; Phatak 1999; Complete Repertory 2017).

Proteus (Bach) experiences neuromuscular disturbances due to the effects on the peripheral nervous system secondary to the overstrained central nervous system. This leads to irregularities in muscular contraction causing constriction, cramps, tightness and improper blood circulation to both the upper and lower extremities (Paterson 1950; Julian 2004).

Proteus (Bach) is indicated in the treatment of Raynaud's Disease where abnormal spasms occur within the blood vessels supplying the hands and the feet causing a reduction in blood perfusion to these areas leading to coldness, blue discoloration and numbness. These symptoms are triggered by the effects on the nervous system and by cold temperatures as a result of improper blood supply. *Proteus (Bach)* experiences icy cold feet and their symptoms are made worse by any cold exposure such as cold air. Numbness of the hands occur at night and in the morning. *Proteus (Bach)* may also experience a sensation of heat in the hands at night which may be accompanied with pain. Irregular muscle contraction causes spasms in the hands and palms which can be functional or the spasms can occur during repetitive movements such as writing or playing a musical instrument. There is also contraction of tendons in the hands and fingers specifically that of the 5th digit. Irregular muscle contraction can lead to a condition called rotated toe where the necessary joint support is minimal or lost leading to an abnormal bend in one of the proximal interphalangeal joints. *Proteus (Bach)* suffers with intermittent claudication affecting the lower limbs,

specifically the calf muscles during which there is constrictive pain, blue discoloration and the need to walk with support (Paterson 1950; Murphy 2006; Saxton 2012; MayoClinic 2018).

There are many corresponding symptoms between *Proteus (Bach)*, *Natrium muriaticum*, *Nux vomica* and *Sepia officinalis* in this section. Muscular constriction, cramps and tension are found in all three of the associated remedies affecting the upper and lower extremities. They are also all indicated in treating all of the symptoms present in Raynaud's Disease with two exceptions, the first being the absence of blue discoloration of the hands and the second being the absence of cold as an aggravating factor both seen in *Natrium muriaticum* (Complete Repertory 2017).

Natrium muriaticum experiences cramps in their hands, fingers and thumbs and has great difficulty with flexion of the finger joints, however, there are no tendon contractures present. *Nux vomica* experiences pain in their hands and fingers due to muscular contraction causing cramps. Although the pain might feel as if it is due to contraction and shortening of the tendons, this is merely a sensation and therefore not part of the symptomatology. *Sepia officinalis* experiences pain in the fingers from tension and contraction of the muscles and from arthritic affections causing deformities, however, the tendons are not involved. Although *Natrium muriaticum*, *Nux vomica* and *Sepia officinalis* are not specifically indicated in the treatment of intermittent claudication, they all experience tension and cramps of the calf muscles as seen in *Proteus (Bach)*. *Natrium muriaticum* experiences cramps upon walking whereas *Nux vomica* and *Sepia officinalis* experiences cramps at night or at rest. (Clarke 1991a, 1991c; Schroyens 2014; Complete Repertory 2017).

5.1.4 Clinical Indications

The Synergy Mac Repertory program listed the following rubrics under the clinical section for *Proteus (Bach)*; "Allergy", "Auto-immune diseases" and "Cancerous affections" (Complete Repertory 2017).

Only the “Allergy” and “Auto-immune diseases” rubrics were included in this repertory due to the dramatic change that occurred to the repertorisation result after adding the rubric “Cancerous affections”.

Natrium muriaticum, *Nux vomica* and *Sepia officinalis* appeared under the rubrics for allergies and auto-immune diseases (Complete Repertory 2017).

The discussion and comparison for this section is focussed on the clinical rubrics of *Proteus (Bach)* only due to the vast number of clinical rubrics that exist for each individual associated remedy.

Proteus (Bach) is clinically indicated in allergies specifically in digestive allergies due to their allergic constitution. No specific allergies are mentioned. Possible auto-immune diseases may include rheumatoid arthritis or systemic lupus erythematosus as they are often linked with Raynaud’s syndrome. No specific cancers are mentioned in the literatures although *Proteus (Bach)* is indicated in cancerous affections (Murphy 2006; Complete Repertory 2017).

Natrium muriaticum is clinically indicated in dust allergies and in allergic rhinitis. *Natrium muriaticum* also presents with hypersensitivity to chemicals. Auto-immune related diseases include Addison’s disease, diabetes mellitus, Grave’s disease and multiple sclerosis. *Natrium muriaticum* is indicated when cachexia accompanies cancerous affections. Areas affected by cancer may be hard to the touch (scirrhus). Cancer may affect the glands, stomach, gall ducts, cervix and uterus. *Natrium muriaticum* is indicated in the following; epithelioma, fungus hematodes, carcinomatous lupus, lymphoma, Hodgkin’s disease and melanotic cancers (Murphy 2006; Schroyens 2014; Complete Repertory 2017).

Nux vomica presents with hypersensitivity to chemicals and to petrochemical fumes. *Nux vomica* is clinically indicated in cases presenting with hypersensitivity to allopathic medicine or where there is a quick reaction to allopathic medicines. Other allergy related clinical indications include dust allergies and allergic rhinitis. Auto-immune related diseases include diabetes mellitus and multiple sclerosis. Areas affected by cancer may be hard to the touch. Cancer may affect the glands and the stomach.

Nux vomica is also indicated in fungus hematodes (Murphy 2006; Schroyens 2014; Complete Repertory 2017).

Sepia officinalis presents with hypersensitivity to petrochemical fumes and allergic rhinitis. *Sepia officinalis* is also clinically indicated in food allergies however no specific food allergies are mentioned in the literatures. Auto-immune related diseases include Addison's disease, diabetes mellitus, systemic lupus erythematosus and psoriasis. *Sepia officinalis* is indicated when cachexia and pain, especially burning pains, accompanies cancer and where areas affected by cancer are hard to the touch. Cancer may affect the ovaries, cervix, uterus, breasts, glands, rectum and stomach. *Sepia officinalis* is indicated in the following; epithelioma, fungus hematodes, carcinomatous lupus and medullary cancer (Murphy 2006; Schroyens 2014; Complete Repertory 2017).

5.1.5 Food and Drink Aversions and Desires

Many food desires and aversions were included in the repertorisation however this section will be focused only on peculiarities rather than all of the desires and aversions.

Proteus (Bach) may have an aversion or a desire for vegetables, chocolate and eggs. There is a marked aversion to hardboiled eggs. Other aversions include fruit, garlic, onions and pork (Complete Repertory 2017).

Natrium muriaticum, *Nux vomica* and *Sepia officinalis* desires chocolate. *Natrium muriaticum* shares the aversion to fruit and vegetables. *Sepia officinalis* shares the aversion to fruit, vegetables, onions and pork (Complete Repertory 2017).

5.1.6 Modalities

Proteus (Bach) is aggravated by eating chocolate due to the inability to digest it. Eggs may also cause aggravations (Murphy 2006; Complete Repertory 2017).

Proteus (Bach) may be ameliorated or aggravated by drinking alcohol. Specific alcohol that may ameliorate include whisky and brandy, and wine may cause aggravations (Complete Repertory 2017).

Natrium muriaticum and *Nux vomica* share the aggravation from eggs and chocolate with *Proteus (Bach)*.
All three associated remedies may be ameliorated or aggravated by alcohol and share the aggravation from wine. Only *Nux vomica* share the amelioration from brandy with *Proteus (Bach)* (Complete Repertory 2017).

Other aggravating factors for *Proteus (Bach)* include the sun, winter and slight exertion, all of which are shared by *Natrium muriaticum*, *Nux vomica* and *Sepia officinalis* (Complete Repertory 2017).

Other ameliorating factors for *Proteus (Bach)* include eating, rest and being in the mountains. *Natrium muriaticum*, *Nux vomica* and *Sepia officinalis* share the amelioration from eating and from rest (Complete Repertory 2017).

5.2 *Gaertner (Bach)*

The results obtained for *Gaertner (Bach)* via repertorisation revealed that *Silica terra*, *Mercurius vivus/solubillis* and *Nux vomica* were the top three associated homoeopathic remedies. Interestingly, Dr John Paterson also found *Silica terra* and *Mercurius vivus/solubillis* to be two of the three chief associated homoeopathic remedies following his extensive research, and Dr Elizabeth Paterson found *Silica terra* to be the top associated remedy during her research published in the journal article “A survey of the nosodes” in 1960. This does not come as a surprise when one studies *Silica terra’s* symptomatology which reveals the marked similarities that exist between *Silica terra* and that of *Gaertner (Bach).* One could say that *Silica terra’s* symptomatology is almost a mirror image of the symptomatology of *Gaertner (Bach)*. This study, therefore, confirms *Silica terra* to be the keynote associated homoeopathic remedy of *Gaertner (Bach)* and should always be thought of in relation to *Gaertner*

(Bach), and vice versa, when studying cases related to the shared symptomologies (Paterson 1950; Paterson 1988; Complete Repertory 2017).

Astonishingly, *Mercurius vivus/solubilis* was the second highest associated homoeopathic remedy as per the results of this study. The researcher found this remarkable as Dr John Paterson asserted that the combined clinical picture of *Silica terra, Mercurius vivus/solubilis* and *Phosphorus* would provide a clear clinical picture for *Gaertner (Bach)* following his extensive research. This study therefore further confirms Dr John Paterson's research results and points out the importance of conducting further research regarding this group of misunderstood and under-utilised nosodes. Further research may provide the verification or confirmation of the original research results sought by some homoeopathic practitioners due to the absence of formal provings being done concerning the bowel nosodes and therefore disregarded to a degree by some. Providing verification or confirming certain results may encourage the use of the bowel nosodes by means of providing the verified information as a guide to use in practice (Paterson 1950).

In saying that, new research may also bring to light other remedies not previously found or not previously thought of, and/or the exclusion of previously found or considered homoeopathic remedies as revealed by this study, as *Phosphorus* was found to be absent in the top twenty associated homoeopathic remedies as per the results of this study, never mind the top three as asserted by Dr John Paterson. *Phosphorus* might have been considered one of the top three associated remedies and part of the triad mentioned previously due to the fact that Dr John Paterson considered *Gaertner (Bach)* to be largely related to childhood, especially relating to the mental symptomatology and the keynote physical symptom of malnutrition (presenting with or without emaciation) and therefore diseases of childhood related to malnutrition. Emaciation was however not regarded to be limited to childhood or to malnutrition by Dr John Paterson and may explain why *Mercurius vivus/solubillis* formed part of the triad, possibly including cases presenting with emaciation related to malignancy, as emaciation due to causes other than malnutrition was said to be another clear indication for the use of *Gaertner (Bach)* (Paterson 1950).

This study found that *Nux vomica* shared the majority of prominent rubrics (including sub-rubrics) pertaining to *Gaertner (Bach)'s* keynote mental and physical symptoms with the majority being strongly graded, therefore warranting consideration as being in the top three associated remedies. Rubrics pertaining to the mental keynote symptoms included those relating to the oversensitivity of *Nux vomica* and to the overactivity of the mind combined with physical restlessness. Rubrics pertaining to the physical keynote symptoms included those relating to the wide range of digestive related disturbances and also included emaciation in both adults and in children. The presence of *Nux vomica* as the third highest associated homoeopathic remedy may reflect the impact and possible consequences of our modern-day life practices. Many factors negatively affect our gastrointestinal microbiome resulting in the malfunction of the large and small intestine impeding the proper absorption of nutrients. Modern day factors contributing to dysbiosis and subsequent malfunction/malabsorption and to other chronic gastrointestinal disorders include excessive consumption of refined sugar, refined/processed foods, misuse of antibiotics and other allopathic medicines, incorrect administration of vaccines, excessive stress, nutrient deficient foods due to poor farming practices and lack of adequate sleep. Factors currently contributing to the increase seen in cases of overactivity of the mind combined with physical restlessness (hyperactivity) include the lack of adequate parent-child bonding time, excessive use of technologies/social media, excessive sugar consumption and general lack of nutrient rich foods due to poor choices all often resulting from the fast pace of modern day life. These children often become mentally and physically oversensitive as seen in the *Nux vomica* patient (Complete Repertory 2017).

Gaertner (Bach) will now be compared in more depth to *Silica terra*, *Mercurius vivus/solubillis* and *Nux vomica* under the sections mentioned at the beginning of this chapter.

5.2.1 Aetiological Factors Contributing to the Development of Symptomatology

The main aetiological factors contributing to the development of both the mental and physical symptomatology found in *Gaertner (Bach)* include defective nutrition and defective absorption of essential nutrients necessary for optimal health. This may be

due to inadequate nutrient intake or due to any factors negatively affecting the functioning of the intestinal mucosa as a high percentage of nutrient absorption takes place in both the large and small intestine. These factors may include an acute infection particularly with the use or misuse of antibiotics, the introduction of artificial foods, especially in infancy, or during the time when babies change onto solid foods. It may also occur due to malignancy of the bowel or in autoimmune diseases affecting the gastrointestinal tract such as coeliac disease (Vermeulen 1998; Saxton 2012). *Gaertner (Bach)* was referred to as the children's bowel nosode by Dr John Paterson as it is closely related to many conditions affecting nutrition and absorption of nutrients during this phase of life. It is however indicated during any phase of life should the aetiology be present and/or the collective symptomatology call for its use (Paterson 1950).

Silica terra is well known to suffer from ailments due to the ill effects of vaccinations and from the suppression of perspiration, especially involving the feet. In addition to this, *Silica terra* suffer from the ill effects of defective nutrition due to the inadequate absorption of necessary nutrients causing the general weak and fragile constitution. *Silica terra* may also suffer from ailments following antibiotic therapy due to their sensitivity to antibiotics. Defective nutrition as seen in *Gaertner (Bach)* is most commonly found in the *Silica terra* child but is not limited to childhood (Master 2006; Murphy 2006). Causative factors responsible for the development of ailments in *Mercurius solubilis* include excessive consumption of mercury, iron, iodine, sulphur or quinine. Symptoms may also develop following fright or after the suppression of perspiration and after vaccination therapy. *Mercurius solubilis* has a marked sensitivity to changes in temperature, especially from hot or warm to cold temperatures resulting in the development of symptoms. Conditions related to nutritional deficiencies resulting from malnutrition also forms part of the symptomatology of *Mercurius solubilis* (Clarke 1991a, 1991c; Master 2006).

Nux vomica develops its symptomatology in response to prolonged metal overexertion and nervous tension. Other factors contributing to the development of symptoms include poor dietary choices such as the overuse of stimulating foods and drinks such as caffeine, alcohol, highly spiced foods and consuming rich foods in excess. Babies may suffer from ill effects during lactation if the mother consumes stimulants in any

form. Poor lifestyle choices such as tobacco smoking and recreational drug use may contribute to the development of symptoms when combined with the above factors. The *Nux vomica* child may become dependent on stimulants at an early age resulting in the overstimulation of the nervous system which is one of the main aetiological factors seen in *Nux vomica*. *Nux vomica* share the sensitivity to artificial foods and may suffer from ill effects following antibiotic treatment as seen in *Gaertner (Bach)*. The misuse of any medicines during childhood can result in ailments as they are very susceptible to developing ailments in response to medicines. Nutritional deficiencies may be present in both the adult and child due to intestinal conditions secondary to the overstrained nervous system (Master 2006; Murphy 2006; Schroyens 2014).

5.2.2 Mental and Emotional Symptoms

The mental and emotional symptoms of *Gaertner (Bach)* are predominantly seen in children but can also occur in the adult in some instances (Paterson 1950).

Sensitivity forms a great part of *Gaertner (Bach)'s* symptomatology. It is seen on the physical level where there are many sensitivities related to the gastrointestinal tract and the sensitivity is especially marked in the mental symptomatology. The *Gaertner (Bach)* patient is sensitive to hypersensitive in response to changes in their physical and mental/emotional environment. They are vulnerable and easily influenced by those around them and by their immediate environment. Noise is one of the biggest aggravating factors as they are overly sensitive to different sounds. The sensitivity to noise may even develop into fear when subjected to loud noises such as during thunderstorms. Generally fears originate in response to *Gaertner (Bach)'s* hypersensitivity and intensified impressionability to factors in their environment (Saxton 2012; Complete Repertory 2017).

Silica terra, *Mercurius solubilis* and *Nux vomica* are all highly impressionable and very susceptible to various factors and influences causing them to become hypersensitive in response (Complete Repertory 2017).

Silica terra and *Nux vomica* shows hypersensitivity in response to mental/emotional and to environmental factors whereas *Mercurius solubilis* seems to be mostly affected by factors in their environment. *Silica terra* is hypersensitive both mentally and physically. They are aggravated by harsh environments and by harsh people as they are of a more delicate personality type. The *Silica terra* patient suffers from being overly sensitive to any type of nervous stimulation such as to noise and to touch following the loss of vital fluids or from mental exhaustion. The level of sensitivity to noise produces marked anxiety and as *Gaertner (Bach)* they become fearful during thunderstorms. *Mercurius solubilis* has great difficulty adjusting to their environment especially in relation to any change in temperature or in weather conditions causing physical aggravations. Sudden changes in temperature or in weather makes them particularly vulnerable to upper respiratory tract infections. *Mercurius solubilis* is also aggravated by noise as seen in *Gaertner (Bach)*. Other aggravating factors include exposure to drafts, odours and to certain lights. *Nux vomica* is said to be morbidly sensitive and this occurs in response to the overly stimulated nervous system resulting from prolonged nervous tension and overwork often coupled with poor lifestyle and dietary choices. During this state the *Nux vomica* patient is unable to tolerate any noise causing them to become very anxious. There is a marked aggravation from listening to music or when listening to someone singing. Odours, lights and any form of pain is also unbearable to them (Master 2006; Murphy 2006).

A strong indication for the use of *Gaertner (Bach)* is when a child is showing signs or symptoms of malnourishment combined with a very active mind. These children are very intelligent, inquisitive, quick and eager to learn but they lack the ability to focus and concentrate on one thing for the desired time. The mental activity combined with the lack of focus can progress into becoming physically restless and possibly hyperactive. *Gaertner (Bach)* is indicated in the treatment of coeliac disease where the body becomes intolerant to the protein gliadin found in gluten due to an autoimmune response. During recent years, a possible link has been found between eating gluten, its effects on the intestinal mucosa and the symptoms related to attention deficit/hyperactivity disorder (ADHD) and attention deficit disorder (ADD) making one think that *Gaertner (Bach)* could possibly dramatically improve the symptoms related to both ADHD and ADD where gluten is one of the underlying causative factors. Research into the influence of gluten on symptoms of ADHD and

ADD is still ongoing as gluten elimination diets have been found to improve some children's symptoms during studies conducted, however the research is not conclusive according to researchers. Even with the exclusion of gluten sensitivity or gluten intolerance *Gaertner (Bach)* may still treat symptoms related to ADHD and ADD as it fits as per the symptomatology (Karo 2012; Complete Repertory 2017; Bickley 2017; Gill 2017).

Various forms of nutritional deficiencies are present in all three of the associated homoeopathic remedies, however, *Silica terra* is specifically indicated where the patient is mentally sharp and quick with physical weakness and lethargy due to defective nutrition. The various nutritional deficiencies will follow under the physical signs and symptoms section (Murphy 2006; Complete Repertory 2017).

Increased mental activity occurs in both *Silica terra* and *Nux vomica* although *Nux vomica's* increased mental activity can reach levels of being overactive. Increased mental activity does not form part of *Mercurius solubilis's* symptomatology yet they may suffer from a physical hyperactivity disorder (Complete Repertory 2017).

Silica terra and *Nux vomica* children are intelligent and quick to learn yet can become mentally fatigued following mental over exertion, whereas *Mercurius solubilis* experiences mostly physical weakness and debility aggravated by or from physical exertion, however, can become mentally fatigued in more severe cases of physical debility. Difficulties with concentration, attention span and focus occur in all three associated homoeopathic remedies. *Silica terra* and *Mercurius solubilis* both suffer with mental confusion at times and with weakness of memory. Unlike *Gaertner (Bach)*, *Silica terra* and *Nux vomica*, *Mercurius solubilis* may be slow to grasp new concepts and is slow in answering questions. *Mercurius solubilis* may also suffer from Dyslexia (Master 2006; Murphy 2006; Complete Repertory 2017).

Gaertner (Bach) experiences a general uneasiness in the mental sphere with mental restlessness, nervous tension and apprehension. There is a need to know what is going to happen next and questions regarding how it will happen and why it will happen may be asked by the patient or by the child asking the parent in an attempt to ease their mind by knowing all the details. The mental dis-ease and restlessness may

compel them to become physically restless especially affecting the hands and the feet which is one of the characteristic features of *Gaertner (Bach)*. There is a tendency to nail biting due to the nervous tension experienced. They may become irritable or overly excited due to the mental uneasiness and nervousness (Murphy 2006; Nayak 2015; Complete Repertory 2017).

Nervous tension and mental restlessness or dis-ease is seen in all three associated homoeopathic remedies along with its physical nervous manifestations of restlessness occurring in varying forms and degrees (Complete Repertory 2017).

Silica terra has an innate feeling that they cannot rely on their physical body or energy to sustain them, leading to the development of a meek and mild personality who suffers from anticipatory anxiety in relation to performing any mental work or performing or speaking in public. The anxiety develops from a delusion that they will fail at whatever they attempt but as the patient grows more exhausted following mental over exertion, they actually do become unable to perform mentally. Exhaustion coupled with nervous depletion causes nervousness, excitability, irritability and physical restlessness with fidgeting and nail biting as seen in *Gaertner (Bach)*. *Mercurius solubilis* suffers with marked mental restlessness. They have great difficulty holding on to one thought or idea as the next contradicts the previous. They experience profound levels of anxiety and with this comes great physical restlessness causing them to constantly move around, tormenting them especially at night. *Mercurius solubilis* has a sense of mental instability portrayed through their impulsive tendencies. Children may display disruptive or aggressive behaviours and can become violent towards other children and towards animals. *Mercurius solubilis* is indicated in the treatment of hyperactivity disorder, conduct disorder, impulse control disorders and substance abuse disorders in children, however, not limited to childhood. The ambitious and industrious *Nux vomica* patient suffers from nervous exhaustion following prolonged mental strain leading to excessive thoughts, nervousness and irritability. This state keeps *Nux vomica* up at night thinking, worrying and becoming very anxious about their work or studies and unable to surrender to sleep. Children may act out by being unruly, confrontational, uncooperative and destructive by biting, kicking, spitting or tearing things (Kent 1989; Clarke 1991a, 1991c; Master 2006; Murphy 2006; Complete Repertory 2017).

The *Gaertner (Bach)* child in particular finds it difficult being alone especially at night as they have a great fear of the dark and of being alone in the dark or at night. With this comes profound anxiety and a desperate need for the company of their mother. These fears are so marked that the child cannot sleep alone in their room and demand that a light is left on throughout the night. The need for light has also been observed in an adult patient by Anthony Bickley where the patient needed *Gaertner (Bach)* as per symptomatology (Saxton 2012; Complete Repertory 2017; Bickley 2017).

Silica terra, *Mercurius solubilis* and *Nux vomica* all share the fear of being alone and of darkness with possible mental aggravations from darkness with *Gaertner (Bach)* (Complete Repertory 2017).

Silica terra and *Mercurius solubilis* desires company and are aggravated by being alone whereas *Nux vomica* is a little more independent as far as needing company at bed time. *Silica terra* is the only remedy that has the desire for light while sleeping. *Mercurius solubilis* generally experience their fears more intensely at night and seem to be most affected by being alone at night or in darkness when compared to *Silica terra* and *Nux vomica* (Master 2006; Complete Repertory 2017).

It is not surprising that *Gaertner (Bach)* experiences nightly aggravations due to the dark and from being alone in the dark and that they have difficulty falling asleep in general as they also suffer from sleep terrors during which they have terrifying dreams causing great fear and needless to say, restless sleep. The sleep terrors are often accompanied with sleep walking (Julian 2004; Nayak 2015; Complete Repertory 2017).

Silica terra, *Mercurius solubilis* and *Nux vomica* all suffer from sleeplessness or have difficulties with falling asleep at night. Restless sleep due to fearsome or horrifying dreams are present in all three associated homoeopathic remedies and sleep walking forms part of the symptomatology of *Silica terra* and *Mercurius solubilis* (Complete Repertory 2017).

Silica terra feels sleepy throughout the day and at night, yet when it comes to bed time they cannot fall asleep which may be due to seeing fearful images of faces. *Silica terra* may present with loud talking, laughing, crying or screaming and jerking of the body during sleep and may wake up in a cold sweat shaking from a terrifying dream of being chased, attacked or strangled. *Mercurius solubilis* has difficulties falling asleep or staying asleep due to an overstimulated nervous system or from physical ailments such as headaches, febrile conditions or from bodily pains. They may present with talking, groaning or sighing during sleep and are prone to suffer with bruxism. Marked perspiration and salivation during sleep are both characteristic symptoms of *Mercurius solubilis*. Fearful dreams about criminals, animals or some kind of tragedy may be present. The *Nux vomica* patient often suffer from insomnia due to the overuse of stimulating substances or from mental exhaustion. Excessive thoughts and/or worry regarding their career or studies may keep them from falling asleep or may wake them during the early hours of the morning. *Nux vomica* may also present with bruxism and may be very restless by changing positions often and may startle during sleep. They too present with talking, groaning and may cry during their sleep. Dreams are very busy and have a sense of haste and anxiety and can also be violent and tragic (Master 2006; Murphy 2006; Complete Repertory 2017).

5.2.3 Physical Signs and Symptoms

Gaertner (Bach)'s main action is seen in the gastrointestinal tract with many digestive related indications, however, its chief characteristic indication is that of malnutrition especially seen in infancy, during the early years of childhood and during malignancy, particularly in the aged. Malnutrition may be due to either imperfect absorption of nutrients or due to inadequate dietary intake. *Gaertner (Bach)* is specifically indicated where malnutrition results, due to defective absorption of dietary fats which can be caused by a variety of conditions namely coeliac disease, cystic fibrosis, chronic pancreatitis, cholestatic liver disease, crohn's disease and ulcerative colitis. Enzyme related conditions such as lactose intolerance may also contribute to malnutrition. *Gaertner (Bach)* is also indicated in the treatment of chronic gastroenteritis, parasitic infestations and following any surgery involving the gastrointestinal tract, all of which are possible causes for defective absorption of essential nutrients due to injury to or

destruction of the intestinal mucosa. *Gaertner (Bach)* is particularly beneficial in assisting with the transitional phases during infancy when babies are taken off breastmilk and put onto artificial milk formulas or around the six month mark when they are weaned off breastmilk and start eating solid foods and show signs of defective nutrition or indigestion. Failure to thrive during infancy due to inadequate nutrient intake during breastfeeding is a strong indication for prescribing *Gaertner (Bach)*. Growth disorders are present in the symptomatology of *Gaertner (Bach)* due to the malnutrition occurring during childhood specifically affecting the development of muscular and connective tissues with marked underdevelopment and weakness (Paterson 1950; Murphy 2006; Dorsey 2010; Felson 2019).

Defective nutrition or absorption of essential nutrients and symptoms related to deficiencies are found in *Silica terra*, *Mercurius solubilis* and *Nux vomica*. Arrested physical development mainly occurs in *Silica terra* and in *Mercurius solubilis* (Complete Repertory 2017).

Silica terra is clinically indicated in the treatment of malnutrition, particularly when the rest of the patient's symptomatology fits the remedy and is most commonly seen in the child but not limited to childhood. The malnutrition results due to a weak digestive system with inadequate or defective absorption of essential nutrients. *Silica terra* is specifically deficient in essential proteins and minerals causing many disturbances in the development of the musculoskeletal system with weak muscles and defective bone development as seen in Rickets for which *Silica terra* is clinically indicated. Children may be short in stature due to stunted growth and may have bone deformities such as abnormal spinal curvatures and are generally weak (Master 2006; Murphy 2006).
Mercurius solubilis may suffer from severe protein deficiency causing conditions such as Kwashiorkor or may suffer from less severe protein deficiencies which may still have a negative effect on physical development particularly muscular development. Essential mineral and vitamin deficiencies are also present as they are prone to anaemia and may suffer with severe vitamin C deficiency which could result in scurvy, furthermore Rickets form part of the symptomatology of *Mercurius solubilis* resulting from inadequate intake or poor assimilation of Calcium, Vitamin D and/or Phosphate (Clarke 1991a; Master 2006; Mersch 2017). Although malnutrition is not part of *Nux vomica's* symptomatology they may suffer with defective nutrition or absorption during

infancy where the child feeds well but fails to gain adequate weight. Conditions such as Crohn's disease and ulcerative colitis is seen in both the adult and child *Nux vomica* patient and is known to contribute to possible nutrient deficiencies due to the intestinal inflammatory processes often impeding proper nutrient absorption (Master 2006; Murphy 2006).

Emaciation forms part of the symptomatology in *Gaertner (Bach)* and is almost always related to malnutrition, especially in children where the child's weight is significantly low for their age. The child may physically appear as if they are out of proportion due to the emaciated body and large sized head. *Gaertner (Bach)'s* emaciation may develop rapidly and may result due to the presence of any type of intractable diarrhoea seen in both the adult and child *Gaernter (Bach*) patient. It is important to note that *Gaertner (Bach)* is indicated in any condition where emaciation is present regardless of the cause and not limited to cases of malnutrition. Emaciation is often one of the first signs indicating a possible serious underlying condition such as malignancy, especially of the bowel. *Gaertner (Bach)* is clinically indicated where cachexia is present resulting from any chronic illness (Paterson 1950; Saxton 2012; Complete Repertory 2017).

Emaciation forms part of the symptomatology of *Silica terra*, *Mercurius solubilis* and *Nux vomica* occurring in various degrees and seen in both adults and in children (Complete Repertory 2017).

Silica terra suffers with marked physical weakness due to the defective absorption of nutrients and may emaciate rapidly even, when they eat really well. Emaciation may present in a similar physical appearance as seen in *Gaertner (Bach)* with emaciation of the body and the large sized head. Chronic diarrhoea may also result in emaciation in both the adult and child. *Silica terra* is indicated in cases of excessive emaciation, especially during childhood and is clinically indicated where cachexia is present in more advanced cases of dementia. *Mercurius solubilis* may present with severe emaciation as seen in the condition kwashiorkor which is directly related to protein malnutrition. They also suffer with chronic liver atrophy and with chronic diarrhoea, both of which result in an emaciated physical state with marked tremulous debility. *Mercurius solubilis's* emaciation is generally slow to develop but may develop more

rapidly in cancerous affections. Cancers such as leukaemia, lymphoma and sarcoma may occur during childhood with subsequent emaciation or cachexia. Chronic inflammatory bowel disease may also contribute to emaciation in both *Mercurius solubilis* and *Nux vomica*. The *Nux vomica* infant may suffer from emaciation due to improper absorption of nutrients, even though they feed really well but fail to gain adequate weight during breastfeeding. *Nux vomica* is generally aggravated by artificial foods and this may play a role in the development of emaciation should they be on a milk formula with subsequent digestive disturbances. Sensitivity to allopathic medicines, particularly prolonged antibiotic therapy, could also contribute to defective nutrition resulting in emaciation (Clarke 1991a, 1991c; Allen 1992; Phatak 1999; Master 2006; Complete Repertory 2017).

Gaertner (Bach) suffers from dis-ease and distension of the stomach mainly due to hyperacidity. Abdominal distension is also common and often chronic. The more acute abdominal distention may be due to acute gastroenteritis, however, *Gaernter (Bach)* mainly presents with chronic gastroenteritis leading to chronic abdominal distention. Colitis, as seen in various inflammatory bowel diseases, are known to cause chronic abdominal distention in *Gaertner (Bach)*. Other possible causes may include irritable bowel syndrome, coeliac disease, chronic pancreatitis, tabes mesenterica and parasitic infestations, all of which forms part of *Gaertner (Bach)'s* symptomatology. Small intestinal bacterial overgrowth may also be a causative factor due to *Gaertner (Bach)'s* indication following the misuse of antibiotics and malignancy of the bowel also may be an underlying cause (Julian 2004; Murphy 2006; Saxton 2012).

Silica terra, *Nux vomica* and *Mercurius solubilis* are all indicated in both acute and chronic abdominal distention and present with tabes mesenterica. *Silica terra* and *Mercurius solubilis* present with inflammation affecting the pancreas (Murphy 2006; Complete Repertory 2017).

Silica terra may have abdominal distention due to colic, chronic hepatitis or chronic appendicitis. The abdomen may also be distended, hot and hard due to malnutrition, especially in children presenting with thin lower limbs. *Silica terra* presents with ascites occurring during recurring paroxysms of liquid like diarrhoea, causing

abdominal distention. *Mercurius solubilis* has painful flatulent abdominal distention, possibly due to colic and have ascites following mesenteric lymphadenitis. Other possible causes for abdominal distention in *Mercurius solubilis* include severe protein malnutrition, ulcerative colitis, appendicitis, peritonitis and splenomegaly. *Nux vomica* presents with tympanic abdominal distention after ingesting food or liquid, possibly due to flatulent colic. Other causes for abdominal distention in *Nux vomica* include crohn's disease, ulcerative colitis, inguinal or umbilical hernias, ascites, peritonitis and splenomegaly (Phatak 1999; Master 2006; Murphy 2006; Complete Repertory 2017).

Gaertner (Bach) presents with vomiting in both the adult and child during which all gastric contents are ejected after eating and is especially worse after eating sweets for which *Gaertner (Bach)* has a great desire. The vomiting is accompanied by a headache (Julian 2004; Saxton 2012).

Silica terra, *Mercurius solubilis* and *Nux vomica* all present with vomiting in both the adult and child. The presence of a headache accompanying the vomiting is also found in all three remedies (Complete Repertory 2017).

Silica terra suffers with unremitting nausea and vomiting which is especially worse in the morning during which bitter water may be vomited. Infants may be averse to breastmilk and may vomit lumpy or sour milk hours after feeding. Water tastes poorly and is vomited straight after drinking it. *Mercurius solubilis* suffers from intense nausea often accompanied by sharp and oppressive stomach or abdominal pain with marked anxiety. They may vomit bile, mucous or bits of bitter particles and the vomiting can be violent with spasmodic movements. Children may vomit as a result of an increase in intracranial pressure or from coughing or vomiting may occur during bouts of diarrhoea. *Mercurius solubilis* may present with faecal vomiting during infancy due to intestinal obstruction. *Nux vomica* suffers with relentless nausea which is especially worse in the morning, while eating or after eating or drinking, often due to regurgitations of food or drink. They have violent retching and vomiting of a bitter or sour nature and experience violent empty retching at times. The *Nux vomica* child can develop colic like pains, nausea and bullous/sour vomiting following anger, after eating too much or during a fever. Intense spasmodic hiccoughs may also accompany

bilious/sour vomiting in the *Nux vomica* child (Clarke 1991a, 1991c; Phatak 1999; Master 2006; Boericke 2013).

It is not surprising that *Gaertner (Bach)* is indicated in the treatment of chronic diarrhoea considering the previously mentioned gastrointestinal conditions found in its symptomatology acting as the most probable causative factors. *Gaertner (Bach)'s* chronic diarrhoea presents as intermittent bouts of diarrhoea occurring every fifteen days. The diarrhoea is intensely malodourous. Constipation is also seen in its symptomatology although the chronic diarrhoea seems to be most prominent. Other than the consistency or periodicity of the stools, the presence of blood, mucous and especially fat are amongst the indications for *Gaertner (Bach)*. All of these symptoms appear in both the adult and in the *Gaertner (Bach)* child (Julian 2004; Murphy 2006; Saxton 2012).

Silica terra, *Mercurius solubilis* and *Nux vomica* are all indicated in the treatment of chronic diarrhoea and in diarrhoea occurring during childhood, however, the chronic diarrhoea mainly occurs in the adult patient in all three remedies (Complete Repertory 2017).

The *Silica terra* child may have bouts of painless diarrhoea where emaciation is a concomitant. Diarrhoea may occur following cold drinks or after breastfeeding. Vaccination, teething, cold drinks and hot weather are all possible aggravating factors leading to diarrhoea. *Silica terra's* diarrhoea often smells cadaverous. *Mercurius solubilis* is one of the chief remedies indicated for infectious diarrhoea and may present with pus, heat during the motions and chills in between motions. Children may present with a whitish tongue during infectious diarrhoea. The *Mercurius solubilis* child also experiences painless diarrhoea often during teething and can be a concomitant to jaundice. Diarrhoea may be present during and following an infection by the rubeola virus. The *Nux vomica* child may develop diarrhoea from artificial foods including milk formulas and from small changes in the diet or in the mother's diet when breastfeeding. Anger and fright may also trigger diarrhoea. Infectious diarrhoea is also part of *Nux vomica's* symptomatology and diarrhoea occurring with jaundice. The adult patient may develop diarrhoea following night watching or from mental overexertion (Master 2006; Murphy 2006; Complete Repertory 2017).

Silica terra, *Mercurius solubilis* and *Nux vomica* are all indicated in constipation and have blood and mucous in the stool forming part of their symptomatology, but not fat or greasy stools as seen in *Gaertner (Bach)* (Complete Repertory 2017).

Both *Silica terra* and *Nux vomica* have constipation alternating with diarrhoea. *Silica terra* suffers from almost chronic ineffectual urging and have great difficulty passing stools as the stool partly leaves the rectum only to recede back again. The stools can be hard, lumpy and light in colour. *Mercurius solubilis* suffers with marked tenesmus during the unremitting ineffectual urging. There are many different stool presentations found in the symptomatology of *Mercurius solubilis* of which there may be slimy, green, whitish-grey, colourless and bloody stools. The stools may be flat like a ribbon or small and knotty. The *Nux vomica* new born often has stubborn constipation and infants may experience unremitting ineffectual urging associated with colic. Ineffectual urging is almost always present during *Nux vomica's* constipation and the patient is left with a feeling as if a part of the stool is left behind in the rectum. Small amounts are passed at regular intervals and sharp rectal pains may occur after passing a stool. The stool may also be very dark in colour, hard, dry, large and intensely malodourous and strands of mucous containing blood may be present (Master 2006; Murphy 2006; Boericke 2013).

Intestinal parasitic infestations due to the presence of threadworms in particular, forms part of the symptomatology of *Gaertner (Bach)* with subsequent marked itching of the peri-anal skin (Paterson 1988; Julian 2004).

Silica terra, *Mercurius solubilis* and *Nux vomica* present with some kind of intestinal parasitic infestation with subsequent itching involving the peri-anal skin (Complete Repertory 2017).

Stool samples from *Silica terra* have shown the presence of pinworms, roundworms and fragments of tapeworm. *Mercurius solubilis* presents with pinworms and roundworms. Stool samples have revealed the presence of amoebiasis, giardiasis, roundworms, pinworms and fragments of tapeworm in *Nux vomica* (Master 2006; Murphy 2006).

Furunculosis is a prominent feature of the skin in *Gaertner (Bach)* where furuncles appear on the upper and lower limbs. Furunculosis forms part of the symptomatology in all three associated homoeopathic remedies (Julian 2004; Complete Repertory 2017).

Silica terra is well known for the presentation of furuncles which may be widespread and can occur in clusters forming carbuncles. These skin affections may be long lasting due to slow healing processes, yet *Silica terra* has the ability to fast track healing by either reabsorbing the pus or by expelling it. The formation of boils occur around menses in *Mercurius solubilis* and appear only on the lower limbs. Chronic suppurative processes is very prominent in *Mercurius solubilis* and this is found in the presentation of long-standing painless abscesses. *Nux vomica* presents with furuncles on the lower limbs (Kent 1989; Murphy 2006).

5.2.4 Clinical Indications

The Synergy Mac Repertory program listed the following rubrics under the clinical section for *Gaertner (Bach)*; “Cachexia, emaciation”, “Cancerous affections”, “Cancerous affections; pre-cancerous”, “Celiac disease”, “Diabetes mellitus”, “Fungous growths”, “Gluten intolerance” and “Tuberculosis” (Complete Repertory 2017).

The following clinical rubrics were included in the repertorisation; “Celiac disease”, “Diabetes mellitus” and “Gluten intolerance” (Complete Repertory 2017).

Silica terra, *Mercurius solubilis* and *Nux vomica* appeared under the rubric for diabetes mellitus. None of the associated remedies appeared under the rubrics for celiac disease and gluten intolerance (Complete Repertory 2017).

The discussion and comparison for this section is focussed on the clinical rubrics of *Gaertner (Bach)* only due to the vast number of clinical rubrics that exist for each individual associated remedy.

Gaertner (Bach) is clinically indicated in cachexia and emaciation as discussed under the physical signs and symptoms section. Cancerous affections may include breast and stomach cancer and cancer of the bowel especially in the aged. There is no specific mention regarding pre-cancerous affections, however, it is said that *Gaertner (Bach)* is in a pre-cancerous state possibly due to the malnutrition and emaciation, making them more susceptible to developing malignancy. Fungal growths include ringworm presenting on the chest. *Gaertner (Bach)* presents with abdominal tuberculosis and tuberculosis affecting the mesenteric lymph nodes (Julian 2004; Saxton 2012; Complete Repertory 2017; Bickley 2017).

Silica terra is clinically indicated in cachexia and emaciation as discussed under the physical signs and symptoms section. *Silica terra* is indicated in cancers that are painful or painful and burning. Cachexia or emaciation often accompanies cancers and areas affected by cancer may be hard to the touch and may be open or exposed. *Silica terra* is indicated in the following; breast cancer, uterine cancer, basal cell carcinoma, fungus hematodes, carcinomatous lupus, melanotic cancer, medullary carcinomas and osteosarcoma. Cancer may also affect the glands. Fungal growths include fungal warts, ringworm and intertrigo. Tuberculosis may occur in children and *Silica terra* is indicated where stomach complaints accompany tuberculosis. Tuberculosis may affect the synovia, bones, glands, joints and lupus vulgaris forms part of *Silica terra's* symptomatology (Murphy 2006; Schroyens 2014; Complete Repertory 2017).

Mercurius solubilis is clinically indicated in cachexia and emaciation as discussed under the physical signs and symptoms section. *Mercurius solubilis* is indicated in cancers presenting with pain. *Mercurius solubilis* is indicated in the following; breast cancer, uterine cancer, basal cell carcinoma, osteosarcoma, fungus hematodes, carcinomatous lupus, melanotic cancer and medullary carcinoma. Cancer may also affect the glands. Fungal growths include fugal warts and intertrigo. *Mercurius solubilis* is indicated where tuberculosis is hereditary and when tuberculosis presents during childhood. Tuberculosis may affect the synovia, bones, glands and joints (Clarke 1991c; Murphy 2006; Schroyens 2014; Complete Repertory 2017).

Nux vomica is clinically indicated in cachexia and emaciation as discussed under the physical signs and symptoms section. In addition, cachexia and emaciation may be accompanied by a cough and may be aggravated during dentition. Areas affected by cancer may be hard to the touch and include the glands and uterus. *Nux vomica* is also indicated in fungus hematodes. Fungal growths include fungal warts and intertrigo. Tuberculosis may affect synovia and *Nux vomica* is indicated when tuberculosis presents during childhood (Schroyens 2014; Complete Repertory 2017).

5.2.5 Food and Drink Aversions and Desires

Gaertner (Bach) desires milk and milk products, oatmeal porridge and oatcakes, sugar and sweets. They are averse to bread, butter, meat and fish.

Silica terra, *Mercurius solubilis* and *Nux vomica* desires milk/milk products and sweets. *Nux vomica* is the only remedy that desires sugar. *Nux vomica* and *Mercurius solubilis* are averse to bread and only *Mercurius solubilis* is averse to butter. All three associated remedies are averse to meat (Complete Repertory 2017).

5.2.6 Modalities

Gaertner (Bach) is particularly aggravated by consuming artificial foods and from eating sweets. *Nux vomica* is aggravated by artificial foods and all three associated remedies are aggravated by eating sweets (Complete Repertory 2017).

Other aggravating modalities for *Gaertner (Bach)* include winter, noise and pain that is generally worse at night. They are ameliorated by company. All of the associated remedies share the aggravating modalities with *Gaertner (Bach)*. *Silica terra* and *Mercurius solubilis* may be ameliorated by company (Complete Repertory 2017).

5.3 *Dysentery Co. (Bach)*

The results obtained for *Dysentery Co. (Bach)* via repertorisation revealed that *Lachesis muta, Argentum nitricum* and *Ignatia amara* were the top three associated

homoeopathic remedies. Following Dr John Paterson's extensive research, *Arsenicum album* was chosen as *Dysentery Co (Bach)'s* keynote associated homoeopathic remedy. Dr John Paterson also asserted that *Argentum nitricum, Kalmia latifolia,* and *Arsenicum album* were the three main associated homoeopathic remedies for *Dysentery Co (Bach)* (Paterson 1950; Complete Repertory 2017).

Argentum nitricum was the second highest associated homoeopathic remedy, appearing in the highest number of rubrics. The researcher was astounded at the extraordinary similitude existing between *Argentum nitricum* and *Dysentery Co. (Bach)* when comparing their nature and symptomatology. Dr John Paterson asserted that *Argentum nitricum* was one of the three main associated remedies, and Dr Elizabeth Paterson asserted that it was the top associated homoeopathic remedy for *Dysentery Co. (Bach).* Thus, this study confirmed *Argentum nitricum's* strong association with this nosode and should therefore always be considered when faced with a case presenting with the shared symptomatologies (Paterson 1988; Complete Repertory 2017).

Lachesis muta very closely preceded *Argentum nitricum* and *Ignatia amara* very closely followed *Argentum nitricum* as per the results of this study. However, neither *Lachesis muta* nor *Ignatia amara* appear in the associated remedy lists published by the pioneers even though they both shared the majority of prominent rubrics pertaining to *Dysentery Co. (Bach)'s* keynote mental and physical symptoms, with the majority being strongly graded (Complete Repertory 2017).

These results are certainly thought-provoking and may reflect the effect and consequences of our fast paced, highly demanding, highly competitive and challenging modern day lives. Such lives lead to a disconnectedness within the individual, to nature, and to the deeper more meaningful aspects of life ultimately leading to the overwrought and emotionally vulnerable state presented by the keynote symptoms present in *Dysentery Co. (Bach)*, *Lachesis muta, Argentum nitricum* and *Ignatia amara* Some of the keynote mental symptoms include chronic nervous tension, anticipatory nervous tension, marked anxiety, nervousness, restlessness, weeping, feelings of insecurity/timidity, claustrophobia and the fear that something unfortunate will happen. The physical keynote symptoms arising from the overwrought

nervous system include functional disturbances of the heart, circulatory and digestive systems (Complete Repertory 2017).

Lachesis muta has also been observed through clinical experience by more recent homoeopathic practitioners to have a strong association to *Dysentery Co. (Bach),* leading to its addition to the expanded associated remedy list in the appendix of John Saxton's book (Saxton 2012).

Dysentery Co. (Bach) will now be compared in more depth to *Lachesis muta, Argentum nitricum* and *Ignatia amara* under the sections mentioned at the beginning of this chapter.

5.3.1 Aetiological Factors Contributing to the Development of Symptomatology

One of the main aetiological factors contributing to the development of both the mental and physical symptomatology in *Dysentery Co. (Bach)* is the presence of chronic nervous tension. The chronic nervous tension referred to arises from internal stresses often related to psychological or emotional problems which are mostly self-inflicted. This may be due to unreasonable standards placed on the individual by themselves which is often seen in personality types who tend to be overly concerned about doing things close to perfection and where fears and insecurities develop in relation to the high standards or self-imposed expectations. *Dysentery Co. (Bach)* is indicated where the patient is in a constant state of underlying tension and where there is an inability to relax. The nervous state is particularly set off by any situation or event that may cause the patient to become apprehensive or be in anticipation. Anticipatory nervous tension is one of the chief causative or aggravating factors seen throughout the symptomatology of *Dysentery Co. (Bach)* particularly affecting the nervous, circulatory and digestive systems. Infection may also be a possible aetiological factor however it is important to note that *Dysentery Co. (Bach)* is not associated to the clinical conditions related to dysentery (Paterson 1950; Saxton 2012).

Lachesis muta develops symptoms following periods of sleep deprivation due to night watching, after studying excessively and from being overly fatigued resulting in great

disturbances and excitability of the nervous system with mania and delirium. Emotional causative factors include grief, fright, anger, vexation, disappointed love and jealously. Injuries, bites, infected or punctured wounds may also result in the development of symptomatology. *Lachesis muta* develops symptoms from the suppression of discharges which often also occurs during menopause due to the absence of menses and the loss of vital fluids is another causative factor. It is an important remedy where severe alcoholism results in delirium tremens. The main systems affected include the heart and circulatory system often presenting with disturbances in blood composition. The nervous system and female reproductive system is also greatly affected (Clarke 1991c; Phatak 1999). One of the chief causative factors responsible for the development of both mental and physical symptomatology in *Argentum nitricum* is that of anticipatory nervous tension or apprehension as is seen in *Dysentery Co. (Bach)*. Any situation causing *Argentum nitricum* to be in anticipation will either aggravate existing symptoms or produce symptoms especially on the mental sphere. Excessive worrying, mental overexertion, fears and fright forms part of *Argentum nitricum's* causative factors. Sexual excesses, tobacco smoking and sugar consumption may contribute to the development of symptoms in *Argentum nitricum*. The mind is greatly affected with neurosis and *Argentum nitricum* has an affinity for the cerebro-spinal nerves and the nerves supplying the abdomen. The heart and circulatory system is greatly affected due to the extreme nervous excitement present in *Argentum nitricum* or due to nervous exhaustion. The skin and mucous membranes of the gastrointestinal tract, urethra, eyes and throat are also commonly affected (Vermeulen 1994; Phatak 1999; Murphy 2006). *Ignatia amara* is well known for suffering from mental, emotional and physical symptoms caused by emotional shock especially related to grief where the grief is deep or suppressed and where it may result in hysterical emotional states. Any unfortunate news or emotional disappointments leading to shock may cause the development of its symptomatology. Romantic disappointments, envy, excessive worrying, prolonged overwork and fright all form part of *Ignatia amara's* causative factors. Symptoms may also develop due to old injuries to the spine. *Ignatia amara* has a marked effect on the mind and on the central nervous system (Clarke 1991c; Vermeulen 1994; Murphy 2006).

5.3.2 Mental and Emotional Symptoms

Dysentery Co. (Bach) is in a constant state of mental dis-ease. They are very tense, highly strung, easily excitable and may become overburdened due to worrying about small or insignificant things as they tend to be overly conscientious, often stemming from the fear of possible failure leading to near perfectionistic tendencies. There is marked nervousness due to the nervous tension. *Dysentery Co. (Bach)* has many fears and phobias contributing to mental restlessness and naturally nervousness. The mental dis-ease and nervousness becomes physically visible as *Dysentery Co. (Bach)* becomes restless with fidgeting and there may be chorea like movements involving the facial muscles and of the extremities. The *Dysentery Co. (Bach)* patient may show their tension and nervousness through a tense facial expression and appear as if they are on high alert. They may also stutter in response to their nervousness or when excited in any way. The marked mental restlessness and nervousness is also seen in the *Dysentery Co. (Bach)* child (Julian 2004; Nayak 2015; Complete Repertory 2017).

Lachesis muta, *Argentum nitricum* and *Ignatia amara* all present with marked states of mental uneasiness, nervousness and restlessness, all of which are applicable to both the adult and the child. Involuntary muscular contraction involving the muscles of the face are seen in all three associated remedies and *Argentum nitricum* presents with chorea like movements of the extremities. *Ignatia amara* presents with emotional chorea from grief or following fright (Kent 1989; Complete Repertory 2017).

Lachesis muta suffers with profound mental and physical tension often noticeable through a distressed facial expression. The mind is greatly affected by strange delusions and many troublesome fears often evoked due to the negative influence of their imagination causing them much distress. They are nervous and easily excitable with tendencies to become overly excited, producing profound nervous irritability causing much physical restlessness. The mental excitability and restlessness may be expressed through excessive work or shopping during *Lachesis muta's* manic episodes. *Lachesis muta* has a disposition towards loquacity which is another way in which the mental restlessness and excitability is expressed. *Lachesis muta's* chorea does not appear to originate from nervous origin but may develop following ear piercing (Kent 1989; Phatak 1999; Murphy 2006). *Argentum nitricum* has such a

marked effect on the nervous system leading to states where there is a loss of control and balance, especially on the mental sphere. They suffer from many troublesome thoughts and emotions causing great mental dis-ease and restlessness. It is safe to say that *Argentum nitricum* suffers with the highest level of nervousness when comparing its symptoms to those presented in *Dysentery Co. (Bach)*, *Lachesis muta* and *Ignatia amara*. The nervousness is often accompanied by physical trembling and weakness and is most profound at night. Panic attacks occur around 11 a.m. and is ameliorated by stimulants. *Argentum nitricum* suffers from many fears arising out of the marked nervousness. The hands are mostly affected by restlessness and trembling during times of heightened nervousness, however, *Argentum nitricum* experiences periodic trembling throughout the body. Chorea like movements also occur in the legs accompanied by tearing pains. Weakness and light-headedness is often triggered by *Argentum nitricum's* nervousness (Clarke 1991a, 1991b; Phatak 1999; Murphy 2006). *Ignatia amara* is indicated in delicate and nervous constitutions, especially in gentle natured, sensitive to oversensitive women and in children. They are easily excited and suffer from marked nervous affections often leading to states where there is a loss of balance and of control mentally and emotionally. *Ignatia amara's* nervousness is secondary to emotional shocks and nervous excitement. Emotional shocks often relate to the loss of a loved one or to the loss of something they loved. Nervous excitement may occur from fright, excessive worrying or after periods of prolonged overwork. *Ignatia amara* becomes unreasonable and irrational due to the nervous excitability and may fall in love with someone that is unavailable to them, causing them much distress as they almost morn over them. These states are often accompanied by trembling, crying and sleeplessness. Mental restlessness takes place in the form of involuntary and continual thoughts revisiting the events causing their distress or pain. In addition to the emotional chorea *Ignatia amara* may suffer from spasms, convulsions, epilepsy or hysterical paralysis following grief, fright or emotional conflicts. Nervous muscular twitching affects the face, eyelids and lips. Emotional trismus may also occur (Kent 1989; Phatak 1999; Murphy 2006).

The *Dysentery Co. (Bach)* patient tends towards being sensitive to hypersensitive and this is often expressed as being very shy and/or timid, especially in children with easy blushing when any attention is being given to them. The attention causes sympathetic nervous stimulation under which the capillary circulation becomes disturbed producing

flushing. They suffer from a marked lack of confidence in their abilities and have many insecurities. There is the anticipation of possible failure before attempting to do what they set out to do or apprehensions about what could go wrong. *Dysentery Co. (Bach)* may also become very apprehensive and insecure when having to appear in public (Murphy 2006; Saxton 2012; Complete Repertory 2017; Bickley 2017).

Timidity forms part of the mental symptomatology of all three associated remedies. *Argentum nitricum* and *Ignatia amara* presents with shyness coupled with their timidity and all three remedies are apprehensive and insecure about appearing in public. There is a lack off and want of self-confidence in all three associated remedies (Complete Repertory 2017).

Lachesis muta may start lacking their usual self-assurance and self-confidence in a situation where they are in competition with another women, for example a younger more attractive women fancied by their husband. The lack of confidence due to the perceived loss of beauty or attractiveness may also occur during the later years of life. These situations may bring out the extreme envy and hatred covering their feelings of insecurity and lack of confidence. *Lachesis muta's* timidity often manifests as being fickle or indecisive (Clarke 1991a; Sankaran 2004). *Argentum nitricum* presents with the certainty that whatever they attempt will result in failure, possibly illustrating the degree at which they lack confidence in themselves compared to *Dysentery Co. (Bach)* who is more in anticipation of failure or of what could go wrong. *Argentum nitricum* is prone to fainting or to having epileptic, panic or anxiety attacks which they fear will occur while they are out in public, leaving them with a sense of loss of control (Clarke 1991b; Murphy 2006). *Ignatia amara's* timidity is expressed by their fearful nature and by their tendency to be easily influenced by others. *Ignatia amara* is indicated where there is a lack of self-worth when it comes to one's physical appearance. They may have an unrealistic idea of what they should look like physically and may develop anorexia or bulimia nervosa in their attempt to meet the unrealistic ideal (Clarke 1991a; Murphy 2006).

Dysentery Co. (Bach) is very sensitive to criticism and often avoids engaging with other people because of this. They fear what others will say or think about them or fear that they might do something wrong or stupid in front of others. *Dysentery Co.*

(Bach) can develop symptoms from embarrassment or from being reproached, giving them more reason to remain in the security of their own company or home. They have a marked fear of meeting strangers and *Dysentery Co. (Bach)* may become extremely uncomfortable in the presence of strangers which often causes an aggravation of existing nervous symptoms. There is a profound fear of going to the doctor which they might refuse to do (Vermeulen 1998; Complete Repertory 2017; Bickley 2017).

Lachesis muta and *Ignatia amara* both share the fear of strangers with *Dysentery Co. (Bach)* and suffer with aggravations when in the presence of strangers. *Argentum nitricum* and *Ignatia amara* share the fear of going to the doctor which they may also refuse to do (Complete Repertory 2017).

Lachesis muta does not seem to directly fear or care what others think or say about them, however, they do have tendencies to be suspicious and mistrustful of the people close to them, relating to them possibly conspiring against them behind their back. *Lachesis muta's* mistrust and suspiciousness may be the underlying cause for their fear of strangers and for the aggravations suffered in the presence of strangers (Kent 1989; Complete Repertory 2017). *Argentum nitricum* does not appear to fear the doctor but suffers with general anticipatory nervous tension before any engagement or appointment, possibly escalating to being in a state of fear (Murphy 2006). *Ignatia amara* is generally fearful and the fear of strangers seems to be just that a fear of strangers and might be more pronounced during childhood as the *Ignatia amara* child fears doctors. Naturally one would expect a possible aggravation from being in a situation causing fear such as when *Ignatia amara* is in the presence of the feared stranger. *Ignatia amara* prefers to be in solitude during times of grieving or while going through emotional difficulties during which they may feel especially vulnerable if in the presence of strangers (Kent 1989; Clarke 1991a; Master 2006).

The chronic nervous tension eventually results in nervous tension of an anticipatory nature and is said to be the keynote for *Dysentery Co. (Bach)*. They suffer from great anticipation before having to perform in whatever way, be it on stage or before an examination. Thoughts and scenarios of what could go wrong or of failing, play out in their mind causing great restlessness, often keeping them awake the night before the event. *Dysentery Co. (Bach)* often develops physical symptoms in response to the

anticipatory nervous tension such as diarrhoea or nausea (Paterson 1950; Nayak 2015; Complete Repertory 2017; Bickley 2017).

Lachesis muta, *Argentum nitricum* and *Ignatia amara* present with anticipatory nervous tension. All three associated remedies also suffer from ill effects due to the anticipation which may be on the physical, mental or emotional level. Stage fright forms part of the symptomatology of all three remedies and *Argentum nitricum* suffers from anticipation before examinations (Complete Repertory 2017).

Lachesis muta suffers from apprehensiveness due to their tendency to think negatively or to only see the negative side of things especially when they are already feeling depressed and is often related to their health. They may anticipate getting heart disease or of becoming mentally disturbed/ill and of being put into a mental hospital by their family or friends. They may anticipate being pursued, hated or of being despised. *Lachesis muta* suffers from religious delusions during which they anticipate being rejected or punished by God by being sent to hell even though they are focussed on living and doing all that is good and pure (Kent 1989; Clarke 1991a). *Argentum nitricum* experiences marked anticipation before any prior arrangement, appointment or event such as before medical appointments, exams, tests and before having to perform, often producing diarrhoea. Anticipation also occurs prior to enjoyable events such as going to the opera or to church, however, it is unclear if the anticipation is always related to the fear of crowds or whether it forms part of the general anticipation experienced by *Argentum nitricum*. *Argentum nitricum* is in a state of anticipation up until the actual meeting, event or test and ameliorated by the commencement of it (Murphy 2006). *Ignatia amara* may find themselves in a state where they anticipate something unfortunate happening due to the chronic nervousness and fearfulness they suffer from following grief, fright or any nervous excitement. *Ignatia amara* may also become apprehensive regarding starting new romantic relationships after experiencing disappointments in previous relationships. The *Ignatia amara* women may become cold, hard and masculine in an attempt to protect herself from further emotional pain by being unattractive or unavailable (Kent 1989; Murphy 2006).

The anticipatory nervous tension often progresses into marked anxiety and may be the underlying cause for the many fears *Dysentery Co. (Bach)* struggles with. Anxiety

is experienced in the epigastric region/pit of the stomach and is often accompanied by nervous palpitations of the heart or with headaches. There is a great tendency to become anxious over insignificant matters, illustrating the level of nervous tension *Dysentery Co. (Bach)* suffers with. Naturally anxiety acts as one of the strongest aggravating emotional states, causing a variety of physical symptoms (Murphy 2006; Complete Repertory 2017).

Lachesis muta, *Argentum nitricum* and *Ignatia amara* suffers from marked anxiety and experience aggravations in relation to the anxiety. All three associated remedies experience palpitations during periods of anxiety. *Ignatia amara* is the only remedy which becomes anxious in relation to insignificant matters. Both *Argentum nitricum* and *Ignatia amara* experiences their anxiety in the pit of their stomach (Complete Repertory 2017).

Lachesis muta suffers from profound angst and their level of anxiety is unjustifiable. There is no specific reference as to the reasons for this level of anxiety, however, it is mostly likely in response to the many troublesome delusions they experience. *Lachesis muta* may feel as if they are under the control of a greater unseen power or spirit, often occurring in a semi-dream state telling them to commit acts of violence or to steal resulting in great angst of authorities. They may be "told" to confess that they have committed these awful things which they have not and are tormented until they do. *Lachesis muta* have delusions involving fire, particularly at night, or of intruders being inside their house causing them to want to jump out of their window. *Lachesis muta* have many troublesome fears forming part of their symptomatology which may be the cause of their profound anxiety. They may develop delirium and convulsions from the anxiety (Kent 1989; Clarke 1991a; Murphy 2006). The anticipatory nervous tension experienced by *Argentum nitricum* often leads to many troubling thoughts and worries resulting in actual anxiety, however, troubling thoughts or imaginations may occur alone standing causing marked anxiety, especially at night, driving the patient to walk in a great hurry in an attempt to rid themselves of the torment. The anxiety is profound causing gastrointestinal symptoms and vertigo in addition to the heart palpitations and disturbances in circulation. Sugar consumption is one of the triggers to *Argentum nitricum's* anxiety, most likely related to the rapid elevation and then the rapid fall in blood glucose. The mental symptomatology of *Argentum nitricum* is rich

as far as fears are concerned naturally causing marked anxiety. Anxiety with regards to health is also present (Kent 1989; Murphy 2006). *Ignatia amara's* anxiety seems to occur mainly as a result of the overly stimulated nervous system during which they experience profound angst as if something horrible has happened or as if they had done something immoral. The anxiety is not specific to anything although the literatures mention that *Ignatia amara* is unable to fall asleep due to anxious thoughts. These anxious thoughts are most likely related to the many fears *Ignatia amara* presents with or it might be in relation to the grief, fright or romantic disappointments suffered as they have a tendency to revisit painful events. *Ignatia amara* also experiences feelings of not fulfilling their commitments or responsibilities, possibly adding to their anxiety (Kent 1989; Allen 1992; Murphy 2006).

Dysentery Co. (Bach) suffers from many fears however they have a marked fear that something terrible or unfortunate is about to happen adding to their anticipatory anxiety. *Dysentery Co. (Bach)* has a strange desire to be alone while having a marked fear of being alone. This is most likely due to the fact that they are somewhat more in control when alone or that they are able to avoid any other fears such as the fear of criticism when in solitude. Agoraphobia forms part of *Dysentery Co. (Bach)'s* fears. There is a tendency to plan or to gain as much information as possible about a certain place or event before leaving the safety of their home in an attempt to avoid any undesirable surprises. *Dysentery Co. (Bach)* has a general fear of going out and of public places and experience profound fear especially before going to church, the opera or any big event or big hall, possibly due to the fear of crowds. Nature is another catalyst for provoking fear in *Dysentery Co. (Bach)* specifically thunderstorms and storms involving high velocity winds (Murphy 2006; Saxton 2012; Complete Repertory 2017; Bickley 2017).

Lachesis muta, *Argentum nitricum* and *Ignatia amara* share the fear of something terrible or unfortunate happening. *Argentum nitricum* shares the most fears with *Dysentery Co. (Bach)* including the fear of public places, agoraphobia and the fear before going to church, the opera or any big event or big hall due to their fear of crowds. *Lachesis muta* shares the fear of thunderstorms and *Ignatia amara,* the fear of going out (Complete Repertory 2017).

In addition, *Lachesis muta* has a fear of snakes, death, suffocation, cardiac arrest, insanity, of being poisoned and of being possessed by evil spirits. They also have a fear of going to sleep and this may be due to the fact that *Lachesis muta* often sleeps into an aggravation or experiences aggravations either during their sleep or upon awaking from sleep (Murphy 2006). *Argentum nitricum* have many fears forming part of its symptomatology including the fear of death, heights, flying in aeroplanes and of falling. They have a fear of losing self-control mostly linked to having fits of fainting, epilepsy, anxiety or of having a panic attack especially in public. There are fears around being affected by something evil and of being poisoned. *Argentum nitricum* has a peculiar fear of passing a specific corner or point of a building often attended with a feeling as if they cannot go past that particular point. *Argentum nitricum* experiences a sense of suffocation when they find themselves in a room full of people and may avoid public events because of this (Kent 1989; Murphy 2006). *Ignatia amara* fears not being able to sleep again due to their insomnia suffered resulting from grief. There are fears regarding getting emotionally hurt or of being disappointed. Other fears include being possessed, trapped, ridiculed or of being changed. There is a fear of losing control and females may avoid coition as a result. *Ignatia amara* might wake up at night with the fear of an intruder being inside their home (Murphy 2006).

It is not surprising that claustrophobia forms part of *Dysentery Co. (Bach)'s* mental picture. Travelling in a bus, on a train or having to be in any closed or small spaces such as in an elevator causes great fear and distress (Vermeulen 1998; Julian 2004; Complete Repertory 2017).

Lachesis muta, *Argentum nitricum* and *Ignatia amara* experience claustrophobia in narrow places. Only *Argentum nitricum* experiences feelings of claustrophobia in closed places such as in trains and share the fear of elevators with *Dysentery Co. (Bach)*.

Dysentery Co. (Bach)'s fear of failure and/or the fear of not being able to do their duty causes them to become fastidious, always busy, hurried and impatient (Murphy 2006; Complete Repertory 2017).

Lachesis muta, *Argentum nitricum* and *Ignatia amara* appeared under the rubrics "mind; HURRY, haste" and "mind; IMPATIENCE". *Argentum nitricum* and *Ignatia amara* both have tendencies towards fastidiousness. *Argentum nitricum* shares the fear of failure with *Dysentery Co. (Bach)* (Complete Repertory 2017).

Lachesis muta's manic states presents with excessive and continuous talking during which they may also become very hurried with the need to do everything in a haste. Impatience often accompanies this state due to their desire for everyone else to hurry with whatever they are doing (Kent 1989; Murphy 2006). *Argentum nitricum's* extreme anxiety causes a state of restlessness with fidgeting and hurriedness where they are compelled to walk fast. The hasty walk is said to be a keynote symptom of *Argentum nitricum* during which the upper half of the body is flexed forward and where the head enters a room before the rest of the body. They seem to be busy and, on the move, constantly without getting much done. *Argentum nitricum* fears arriving late for appointments or events and rushes in a great haste to get there on time even though they are early. One can imagine that *Argentum nitricum* can become very impatient due to their hastiness. The fear of failure is marked and is more than a fear, it is almost as if they believe they are going to fail (Kent 1989; Clarke 1991b; Murphy 2006). *Ignatia amara* suffers from many physical and mental symptoms related to nervous excitement or grief around the time of her menses, during which she becomes confused with lapses in memory regarding skills or tasks she does on a daily basis. Her mind is in a state of excitement during which she becomes hurried and impatient. Intellectual work is approached in a great haste during her menses (Kent 1989; Murphy 2006).

Dysentery Co. (Bach)'s chronic nervous tension, anticipations, anxieties and fears eventually takes its toll resulting in marked prostration and sadness, during which there is much crying which ameliorates the patient. Gestures showing comfort or sympathy causes *Dysentery Co. (Bach)* to cry more or more intensely and they may even become ill-tempered in response to these kind gestures (Murphy 2006; Complete Repertory 2017).

Argentum nitricum and *Ignatia amara* suffers with marked sadness coupled with prostration. *Lachesis muta*, *Argentum nitricum* and *Ignatia amara* presents with much

crying and the crying ameliorates *Lachesis muta* and *Ignatia amara*. *Argentum nitricum* and *Ignatia amara* are aggravated by gestures of comfort or sympathy (Complete Repertory 2017).

Lachesis muta's manic states are often followed by episodes of profound sadness. The sadness is worse upon waking in the morning where there are feelings of being forsaken and where they are averse to the outside world. Chronic depressive states are seen due to suppressed grief or from prolonged despair. Periods of sadness or depression may also occur before puberty, before menses or during menopause and is relieved by the start of the menstrual flow in menstruating women. *Lachesis muta* may grow tired of life with suicidal depression (Clarke 1991a; Phatak 1999; Murphy 2006). *Argentum nitricum* suffers with profound depression during which they feel disheartened and left with feelings of hopelessness, isolation and of being deserted. They cry from the deep feeling of hopelessness and may even feel as if they are going to die if they are left on their own. The depression is often concerning their health with marked fears of becoming ill with and untreatable disease, particularly involving the brain. *Argentum nitricum* does have a suicidal disposition where they act on their impulse to jump off a bridge or out of a window (Kent 1989; Clarke 1991b; Phatak 1999; Murphy 2006). *Ignatia amara* suffers from great sorrow following the loss of a loved one with much sobbing accompanied by long drawn-out sighs. The profound state of grief triggers headaches and the patient quivers due to the emotional excitement. *Ignatia amara* is unable to sleep due to the profound nervous disturbance and from being consumed in their grief. They may develop sudden physical weakness with faintness. This state may also develop following a romantic disappointment. Any form of sympathy or comfort aggravates *Ignatia amara's* state. They desire to be left alone as they have a tendency to hold onto their grief with much crying which ameliorates (Kent 1989; Murphy 2006).

5.3.3 Physical Signs and Symptoms

Dysentery Co. (Bach) is prone to developing headaches following excitement. Violent headaches often accompany the diarrhoea suffered by *Dysentery Co. (Bach)* during or after anticipation or worry. Migraine headaches forms part of the symptomatology

of *Dysentery Co. (Bach)* often presenting with visual disturbances occurring prior or during the migraine. The chief symptom is pain and vomiting does not commonly accompany the migraine (Paterson 1950; Murphy 2006).

Lachesis muta, Argentum nitricum and *Ignatia amara* presents with headaches of a violent nature. Migraine headaches forms part of the symptomatology of all three associated remedies. *Lachesis muta* and *Ignatia amara* both present with visual disturbances either preceding or accompanying migraines (Complete Repertory 2017).

Lachesis muta's pain radiates to the neck and to the shoulders during the migraine and flickering or dim vision may accompany it. *Lachesis muta's* migraines commonly occur on the left side and are aggravated following movement. The migraines may be accompanied by nausea and vomiting and may occur before menses and during menopause. *Argentum nitricum's* migraines are accompanied by a sensation of profound enlargement of the head. Throbbing of the head and of the carotid arteries are present. The pains may be sharp and digging in nature and often occur in the left frontal eminence. Vertigo, nausea and vomiting may be present and exhaustion often follows the migraine episode. *Ignatia amara's* migraines are accompanied by a sensation of pressure and fullness and throbbing with each arterial pulsation. Pains are often sharp in nature pressing from within outward as if a nail or sharp object was being pushed out from the side of the head. Visual disturbances often include images resembling zigzags or the patient may see star-like images in their vision. Vomiting may also accompany the migraine (Kent 1989; Clarke 1991a, 1991b; Murphy 2006).

In addition to the migraine headaches, *Dysentery Co. (Bach)* presents with headaches of a periodical nature either occurring every seven or every fourteen days. These headaches include frontal headaches with or without pain radiating over the eyes or the headache may be located in the vertex. All headaches are triggered by emotional excitement (Paterson 1950; Complete Repertory 2017).

Lachesis muta, *Argentum nitricum* and *Ignatia amara* presents with frontal headaches and headaches affecting the vertex. All three associated remedies may develop headaches due to being aggravated by emotional excitement. *Ignatia amara's*

headaches are also periodic and may occur every week, every fourteen days or monthly (Murphy 2006; Complete Repertory 2017).

Lachesis muta's headaches are congestive and accompanied by a sensation as if the head would burst. Pain often occurs in surges with throbbing of the affected part. Headaches commonly occur upon waking and may occur every morning. Headaches affecting the vertex may present with a bruised sensation or sensations of heat, burning and pressure may be present. Burning pain affecting the vertex commonly occur during menopause. Boring pains often occur in the vertex during menses accompanied by nausea and vomiting. Pains may also be felt deep in the eye socket or above the eyes. *Argentum nitricum's* headaches are also congestive and accompanied by a sensation as if the head had been placed in a vice. Headaches are often accompanied by trembling and coldness and is of nervous origin. Mental exertion worsens headaches and tight bandaging brings relief. *Ignatia amara's* headaches are often of nervous origin especially in sensitive women or girls. Congestive headaches often occur during or after intense grief or anger. Marked throbbing pains occur in the forehead and over the eyes which is aggravated by light. Headaches may be caused by excessive consumption of coffee or alcohol. Smoking or smelling tobacco or snuff may bring on or worsen headaches. Headaches are ameliorated by warmth and by lying on the painful side. Stooping may ameliorate or aggravate the pain (Kent 1989; Clarke 1991a, 1991b; Murphy 2006).

Dysentery Co. (Bach) presents with functional disturbances of the heart mainly in relation to nervous excitement/tension, particularly of an anticipatory nature during which the patient starts to perspire becomes breathless and experiences heart palpitations and a restlessness in the cardiac region. The heart rate becomes rapid and may be irregular and/or progress to tachycardia. There may also be a sensation of constriction and/or pain in the cardiac region. Premature ventricular contraction and valvular complaints particularly affecting the mitral valve also forms part of *Dysentery Co. (Bach)'s* symptomatology (Paterson 1950; Julian 2004; Murphy 2006; Complete Repertory 2017).

Lachesis muta, *Argentum nitricum* and *Ignatia amara* all present with heart palpitations in relation to nervous excitement, however, did not appear under the rubric "heart;

PALPITATIONS heart; anticipation, from". *Argentum nitricum* and *Ignatia amara* presents with a rapid heartbeat and/or tachycardia due to nervous excitement. *Argentum nitricum* and *Lachesis muta* presents with restlessness in the cardiac region and *Lachesis muta* also presents with valvular complaints (Complete Repertory 2017).

Lachesis muta presents with sensations of constriction and anxiety in the cardiac region. Heart palpitations may be visible and accompanied by pain. Palpitations commonly occur upon waking and are aggravated by a warm room. Weakness of the heart produces a weak and slow pulse that may be irregular or intermittent. Hypertension and arteriosclerosis also forms part of the symptomatology of *Lachesis muta*. *Argentum nitricum* may experience a burning sensation or a sensation of fullness in the cardiac region. There may also be a sensation as if the heart would stop beating while at rest. Anxiety is accompanied by palpitations causing pulsations throughout the whole body. Palpitations are aggravated by lying on the right side and often ameliorated by hard pressure or by open/fresh air. The pulse is irregular intermittent. Angina pectoris forms part of *Argentum nitricum's* symptomatology. *Ignatia amara* presents with sensations of constriction, oppression and anxiety in the cardiac region and may experience sharp pains during nightly palpitations. Palpitations commonly occur at night, in the morning and during menses. Revisiting unpleasant or painful situations in thought often causes palpitations especially during times of grief. The pulse may be rapid and forceful accompanied by pulsations in the blood vessels or it may be slow. Sticking may occur upon expiration (Murphy 2006).

Dysentery Co. (Bach) suffers from many gastrointestinal symptoms caused by anticipatory nervous tension or any emotional excitement particularly affecting the stomach and the large and small intestine. *Dysentery Co. (Bach)* may develop nausea or diarrhoea from excitement (Murphy 2006).

Lachesis muta, *Argentum nitricum* and *Ignatia amara* all develop gastric symptoms due to emotional excitement (Complete Repertory 2017).

Dysentery Co. (Bach) presents with acute stomach pain usually waking them around midnight to 1 a.m. The pain is relieved by vomiting significant amounts of mucous. There is a general modality of amelioration while eating particularly involving the

stomach, however, eating does aggravate the stomach pain. Eating ameliorates nausea suffered due to emotional excitement. *Dysentery Co. (Bach)* is worse for having an empty stomach and is therefore ameliorated by eating (Paterson 1950; Saxton 2012; Complete Repertory 2017).

Argentum nitricum is the only associated remedy relieved by vomiting. The general modality of amelioration while or from eating particularly involving the stomach is present in all three associated remedies (Complete Repertory 2017).

Lachesis muta suffers from violent spasmodic pains affecting the stomach which is often accompanied by vomiting mucous possibly mixed with food as it occurs every evening. It is however uncertain whether the pain is relieved by the vomiting. The region of the stomach is extremely sensitive and very painful to touch. Eating may relieve stomach pain and the pain returns when the stomach is empty. Stomach pains may radiate to the chest. *Argentum nitricum* suffers with gnawing burning pain in the stomach accompanied by great distension in the epigastric region. Pains affecting a small spot on the stomach may radiate across the abdomen and is aggravated by the least amount of pressure and by deep inspiration. *Argentum nitricum* may also be awakened around midnight with a sensation of heaviness and oppression in the stomach causing them to vomit. Vomiting of stringy mucous occurs in the morning. *Argentum nitricum* shares the modality of eating in relation to nausea and to stomach pain with *Dysentery Co. (Bach)*. Eating ameliorates nausea and aggravates stomach pain. Trembling and pulsations also occur in the stomach. Alcoholic gastritis and gastroenteritis forms part of *Argentum nitricum's* symptomatology. *Ignatia amara* presents with sharp tearing pains in the stomach or may experience periodical spasmodic pain which is aggravated by the least amount of touch. *Ignatia amara* may experience an empty sinking sensation in the stomach which is not relieved by eating but by deep inspiration. The same modalities may apply to the spasmodic stomach pain. *Ignatia amara's* nausea and vomiting is aggravated by eating easily digestible foods and ameliorated by eating raw cabbage or onion. The stomach may be affected by catarrh following grief or worry. Vomiting of mucous is also present (Kent 1989; Clarke 1991a, 1991b; Phatak 1999; Murphy 2006).

Dysentery Co. (Bach) is indicated where spasms affect the pylorus both in the adult and in the infant. Dr John Paterson successfully treated infants suffering with what was said to be congenital pyloric stenosis, indicating that it was merely spasms affecting the pylorus. Delayed gastric emptying also forms part of *Dysentery Co. (Bach)'s* symptomatology, yet it is unclear if it is related to the pyloric spasms. *Dysentery Co. (Bach)* also presents with delayed digestion which may or may not be related to either the delayed gastric emptying or the pyloric spasms. Pain accompanies the delayed digestion which is relieved by eating (Paterson 1950; Murphy 2006; Complete Repertory 2017).

None of the associated remedies present with spasms affecting the pylorus (Complete Repertory 2017).

Dysentery Co. (Bach) presents with indigestion and is especially indicated when the indigestion is chronic and related to nervous tension of any kind. Indigestion may occur after eating sweets or fats and is often accompanied by headaches. Eating aggravates the indigestion and the stomach becomes distended a few hours after eating. Belching and heartburn may also occur a few hours after eating. Heartburn is aggravated by eating sweets (Murphy 2006; Saxton 2012; Complete Repertory 2017).

Lachesis muta, *Argentum nitricum* and *Ignatia amara* presents with indigestion and suffers with distention of the stomach after eating. *Argentum nitricum* and *Ignatia amara* experiences indigestion due to nervous tension (Complete Repertory 2017).

Lachesis muta suffers with a sensation of severe pressure in the stomach after eating. Indigestion causes violent belching, regurgitation, much flatulence and profound acid reflux affecting the entire oesophagus and throat. Other symptoms accompanying the indigestion may include headaches, difficulty breathing, mental fatigue, heaviness felt in the body and weakness of the knees. Vomiting may also occur and there may be a general aggravation of existing symptoms. *Argentum nitricum* is closely related to *Dysentery Co. (Bach)* as they both suffer with profound indigestion due to nervous tension. *Argentum nitricum* is unable to digest anything ingested during states of extreme nervous tension. Everything turns into flatulence and the stomach becomes severely distended causing pain. Belching and the violent passing of flatus provides

little amelioration. There is a sensation of pressure and heaviness in the stomach after eating and nausea may occur after every meal. Nausea is marked after the evening meal. *Ignatia amara* may develop indigestion due to depression and is often accompanied by profound nervous exhaustion. There is much flatulence and hiccoughs accompany belching after eating. Belching may be empty, bitter or sour. *Ignatia amara* also presents with acid reflux and may have bitter regurgitations. Food is commonly regurgitated (Kent 1989; Clarke 1991a, 1991b; Phatak 1999; Murphy 2006).

Dysentery Co. (Bach) presents with duodenal ulcers where symptoms of nervous tension are felt in the epigastric and cardiac region over a period of time. This is important to note as there are many similarities between Proteus (Bach) and *Dysentery Co. (Bach)* both presenting with duodenal ulcers, however Proteus (Bach) shows no symptoms prior to the sudden and unexpected onset of the duodenal or gastric ulcers (Paterson 1950; Complete Repertory 2017).

Only *Argentum nitricum* presents with duodenal ulcers, which is most likely due to nervous tension. They also present with gastric ulcers (Murphy 2006; Complete Repertory 2017).

Colitis forms part of *Dysentery Co. (Bach)'s* symptomatology. The inflammatory processes specifically affects the transverse and descending colon (Murphy 2006; Complete Repertory 2017).

Lachesis muta, *Argentum nitricum* and *Ignatia amara* presents with inflammation of the bowels/colitis. None of the associated remedies appeared under the rubrics specifically indicating inflammation affecting the transverse and descending colon (Complete Repertory 2017).

Lachesis muta experiences severe sensitivity of the abdomen during any inflammatory processes, during which they are unable to tolerate even a light sheet. Inflammation of the cecum produces pain that is ameliorated by drawing the knees to the chest while lying supine. There may also be haemorrhaging from the bowels with black particles. Appendicitis and incarcerated flatus forms part of the symptomatology and spasmodic

colic is ameliorated by bending double. *Argentum nitricum* presents with sharp ulcerative pain in the left lumbar region which is most likely related to the descending colon. *Argentum nitricum* experiences irregular bouts of violent abdominal pain causing the patient to squirm with pain and is accompanied by great sensitivity to touch, especially around the area of the descending colon. Ribbon like stools may be passed during these bouts of violent pain. There is a sensation of constriction in the bowels and pains may be of a cutting nature. Colic causes abdominal swelling with copious gas. *Ignatia amara* suffers from profound abdominal cramps and colic which is particularly aggravated by sweet food/drinks, coffee and brandy. The colic produces much flatulence especially at night. The abdomen becomes greatly distended, feels full and there is a sensation as if the intestines would rupture. Pains are sharp, spasmodic and violent. The fullness and distention of the abdomen may affect breathing making it more difficult. Spasmodic pressure occurs in the inguinal region and borborygmi is present in the intestines (Kent 1989; Clarke 1991a, 1991b; Phatak 1999; Murphy 2006).

Dysentery Co. (Bach) presents with diarrhoea occurring in the morning during which the stools are expelled forcefully and may contain mucous or it may be acidic and corrosive in nature. *Dysentery Co. (Bach)* may also have loose stools occurring throughout the day. Emotional excitement may bring on or aggravate diarrhoea. *Dysentery Co. (Bach)* develops diarrhoea from fear and from anticipation (Murphy 2006; Saxton 2012).

Lachesis muta and *Argentum nitricum* presents with diarrhoea in the morning. All three associated remedies presents with frequent stools and with stools that are acidic and corrosive in nature. Mucous may be present in all three associated remedies. Emotional excitement may bring on or aggravate diarrhoea in all three associated remedies and *Argentum nitricum* develops diarrhoea from both fear and from anticipation. *Ignatia amara* also develop diarrhoea from fear (Complete Repertory 2017).

In addition, *Lachesis muta's* diarrhoea often occurs at night and may come on suddenly with frequent watery motions around midnight. Warm and damp weather conditions can bring on diarrhoea or diarrhoea may occur after eating fruits or acidic

foods. The motions are very offensive and may smell like ammonia or have a cadaverous smell. Diarrhoea may be accompanied by mucous, pus, blood or may include undigested food. Painful passage of diarrhoeal stools may occur during violent colic with nausea, vomiting and burning of the anus. *Argentum nitricum* compares really well with *Dysentery Co. (Bach)* under this section as they both suffer from nervous diarrhoea triggered by emotions and by anticipation. Emotional diarrhoea occurs straight after eating and liquids also pass straight through the digestive tract. Diarrhoea from eating candy commonly occurs. Flatulence often accompanies the watery diarrhoea. Stools often contain stringy mucous and turns green, resembling chopped spinach. Distention of the abdomen almost always accompanies the flatulent diarrhoea which may also be offensive. *Ignatia amara* may develop diarrhoea after fright or from grief. Diarrhoea may also occur after eating fruit and is accompanied by gaseous grumbling during which stools are passed without any discomfort. Sharp stinging pains may occur in the rectum while passing loose stools. Bloody mucous may accompany the diarrhoea (Clarke 1991a, 1991b; Phatak 1999; Murphy 2006).

5.3.4 Clinical Indications

The Synergy Mac Repertory program listed the following rubrics under the Clinical section for *Dysentery Co. (Bach)*; “Allergy”, “Allergy, food, for”, Auto-immune diseases”, “Fungous growths” and “Thyrotoxicosis” (Complete Repertory 2017).

Only the “Allergy” and “Allergy, for, food” rubrics were included in this repertory due to the dramatic change that occurred to the repertorisation result after adding the other Clinical rubrics.

The discussion and comparison for this section is focussed on the Clinical rubrics of *Dysentery Co. (Bach)* only due to the vast number of Clinical rubrics that exist for each individual associated remedy.

Allergic rhinitis is the only allergy mentioned in the literatures for *Dysentery Co. (Bach)*. No specific food allergies are mentioned. Conditions relating to auto-immune diseases include Rheumatoid arthritis and possibly hyperthyroidism/thyrotoxicosis. Possible

fungal growths may include tinea corporis, tinea pedis and tinea cruris (Murphy 2006; Nayak 2015).

Lachesis muta, *Argentum nitricum* and *Ignatia amara* appeared under the Clinical rubrics “Allergy”, “Auto-immune diseases”. *Lachesis muta* and *Argentum nitricum* appears under the rubric “Fungous growths” (Complete Repertory 2017).

Lachesis muta suffers with allergic responses to pollen, producing allergic rhinitis and asthma may also be triggered by pollen. The only conditions mentioned in relation to auto-immune diseases are diabetes mellitus, systemic lupus erythematosus and possibly hyperthyroidism if related to immune malfunction. *Lachesis muta* presents with fungal (cauliflower) warts (Kent 1989; Phatak 1999; Murphy 2006; Schroyens 2014; Complete Repertory 2017).

Argentum nitricum presents with a few symptoms which may be related to allergies although no specific allergies are mentioned in the literatures. They present with asthma which may or may not be related to allergies and other possible allergic related symptoms include itching of the nose, urticarial eruptions and different types of conjunctivitis which may possibly include allergic conjunctivitis. *Argentum nitricum* is said to be useful in the treatment of multiple sclerosis should the totality of symptoms fit. Other auto-immune related diseases include diabetes mellitus and Addison’s disease. No specific mention is made with regards to fungal growths (Kent 1989; Murphy 2006; Schroyens 2014; Complete Repertory 2017).
Ignatia amara has an allergy to dust and appears under the clinical rubric “Hyperthyroidism”, however it is unclear whether it is auto-immune related. There is no mention of any other auto-immune disorders or diseases in the literatures (Complete Repertory 2017).

5.3.5 Food and Drink Aversions and Desires

Dysentery Co. (Bach) has a strong desire for sweets and desires milk, salt and fat (Julian 2004). *Argentum nitricum* shares the desire for sweets, salt and fat. *Ignatia amara* also desires sweets (Murphy 2006).

5.3.6 Modalities

Dysentery Co. (Bach) is aggravated by eating sweets, fats and consuming milk or milk products (Saxton 2012; Complete Repertory 2017). *Argentum nitricum* and *Ignatia amara* are aggravated by eating sweets (Murphy 2006).

Dysentery Co. (Bach)'s aggravating times include between midnight and one a.m., around three a.m., around four a.m. or between three a.m. and six a.m. *Ignatia amara* shares the aggravation around three a.m. and all three associated remedies may be aggravated around four a.m. (Complete Repertory 2017).

Dysentery Co. (Bach), *Lachesis muta*, *Argentum nitricum* and *Ignatia amara* share the amelioration from eating (Complete Repertory 2017).

5.4 *Sycotic Co. (Paterson)*

The results obtained for *Sycotic Co. (Paterson)* via repertorisation revealed that *Causticum, Nitricum acidum* and *Thuja occidentalis* were the top three associated homoeopathic remedies. *Causticum* was the first associated remedy sharing the majority of prominent rubrics pertaining to *Sycotic Co. (Paterson)'s* keynote symptoms with the majority being strongly graded. However, *Causticum* does not appear in the associated remedy lists published by the pioneers. This is an interesting result as *Sycotic Co. (Paterson)* was said to be associated mainly to the sycotic miasm and *Causticum* is also classified as a sycotic remedy. This result may reflect the effect of the many variations of suppressive factors contributing to the development of chronic diseases during recent years and during our present time (Complete Repertory 2017).

The majority of these suppressive factors may be largely attributed to the nature in which diseases and symptoms of disease are viewed by the allopathic community. Medicines are often researched with the mindset that symptoms are stand-alone and not part of a larger disease picture resulting in the treatment of single symptoms therefore suppressing and forcing the "unseen" disease deeper resulting in yet another

expression of symptom(s), and the cycle continues until the disease is chronic and in some cases impossible to cure. Some of these suppressive therapies include the use of synthetic sex hormones (oral contraceptive pill, hormone replacement therapy), corticosteroids, antibiotics, antimycotics and vaccines. Medical treatments such as the surgical or "freezing" removal of warts is an example of suppressive medical procedures contributing to an increase in symptoms and diseases related to the sycotic miasm.

Other suppressive factors commonly seen in our modern-day include lifestyle choices such as overeating, excessive alcohol consumption, excessive stimulant use (caffeine, energy drinks, recreational drugs, tobacco smoking) all of which are often consumed in an attempt to suppress and/or remedy emotional stress, low levels of energy/vitality and low emotional states.

Furthermore, the results of this study revealed two previously published associated remedies for *Sycotic Co. (Paterson),* namely, *Nitricum acidum* and *Thuja occidentalis*. Dr John Paterson asserted that *Thuja occidentalis* was *Sycotic Co. (Paterson)'s* keynote associated remedy. *Thuja occidentalis* was also found to be the second most commonly appearing associated remedy by Dr Elizabeth Paterson as a result of her research. We know that *Nitricum acidum* and *Thuja occidentalis* are both very closely related to the sycotic miasm and the researcher was pleased to find that the results of this study verified or confirmed their relevance and strong association with *Sycotic Co. (Paterson).* Hopefully these results will provide homoeopathic practitioners with the confidence to use this essential nosode as its indications are extremely relevant in the present time due to the many variations of suppressive factors currently causing chronic diseases (Paterson 1950; Paterson 1988; Complete Repertory 2017).

Sycotic Co. (Paterson) will now be compared in more depth to *Causticum, Nitricum acidum* and *Thuja occidentalis* under the sections mentioned at the beginning of this chapter.

5.4.1 Aetiological Factors Contributing to the Development of Symptomatology

One of the main aetiological factors contributing to the development of both the mental and physical symptomatology found in *Sycotic Co. (Paterson)* is infection. Dr John Paterson came to the conclusion that *Sycotic Co. (Paterson)* is very closely related to the sycotic miasm and may share the development of some of its symptomatology through suppression, either on an emotional or physical level. In saying that *Sycotic Co. (Paterson)* develops skin conditions, particularly of a warty kind, following vaccination therapy. The central theme running through *Sycotic Co. (Paterson)* is "irritability" and it was said to be the keynote for this bowel nosode. "Irritability" pertains to both the mental and physical symptomatology found in *Sycotic Co. (Paterson)* (Paterson 1950; Saxton 2012).

Infection and suppression are also found as causative factors in *Causticum* as they may suffer from paralysis of the pharynx and oesophagus following diphtheria and the suppression of eruptions forms part of the causative factors often leading to mental symptoms such as exhaustion, dejection and despair. Suppression of eruptions involving any part of the head may lead to chorea in children and the suppression of facial eruptions may lead to facial paralysis in the adult. *Causticum* also suffers with prolonged grief, indicating that emotions may be unprocessed and therefore suppressed. *Causticum* is indicated where the patient is mentally worn out following chronic stress or chronic anxiety. This state may result due to suffering from a chronic disease or due to a long-term battle of some kind. *Causticum* is particularly well indicated when a patient has become worn out from night watching or suffer from ill effects following burns. Fright is another causative factor (Kent 1989; Clarke 1991b). *Nitricum acidum* also develops symptoms following the loss of sleep with deterioration of the constitution as a result of night watching. Suppressive causative factors include penicillin treatment and the treatment of non-penicillin type antibiotics. The physical removal of warts may also be a causative factor in *Nitricum acidum* which again is suppressive (Kent 1989; Murphy 2006). *Thuja occidentalis* is said to be the chief remedy where symptoms develop following the removal of warts. Another well-known aetiological factor is vaccination therapy. Other causative factors include poorly treated or suppressed gonorrhoea and sexual excess. Dietary factors such drinking

tea, coffee or beer or eating sweets, onion or animal fat may also cause symptoms to develop. Symptoms may also develop from tobacco smoking (Clarke 1991a).

5.4.2 Mental and Emotional Symptoms

The *Sycotic Co. (Paterson)* patient is of a shy, timid, sensitive to hypersensitive type who is prone to become tearful and depressed and share many fears with Gaertner (Bach), particularly the fear of the dark and of being alone in the dark. There is also a general fear of being alone. They too suffer with nightmares where they specifically have dreams about death and of dead people. Another fear of *Sycotic Co. (Paterson)* is the fear of animals and of dogs in particular (Julian 2004; Complete Repertory 2017).

Causticum, *Nitricum acidum* and *Thuja occidentalis* compares well as far as the timidity and of being mentally and emotionally sensitive to hypersensitive (Complete Repertory 2017).

Causticum is almost pathologically sympathetic and the *Causticum* child worries excessively about others. *Causticum* is sensitive to noise and light. *Nitricum acidum* is also sensitive towards other people and sympathetic. They are sensitive to pain, jarring, touch and noise. *Thuja occidentalis* is generally sensitive emotionally and music can make them cry and shake involuntary. They answer with tears or weeps when someone speaks to them (Murphy 2006; Complete Repertory 2017).

Causticum, *Nitricum acidum* and *Thuja occidentalis* are also all prone to weeping with tearful moods as seen in *Sycotic Co. (Paterson)*. Tearful moods are mostly due to depressive states in both *Causticum* and in *Thuja occidentalis,* however, *Nitricum acidum* weeps because of self-discontent. *Causticum* may also cry out of sympathy for others. *Causticum* and *Thuja occidentalis* share the marked fear of the dark with *Sycotic Co. (Paterson)*. All three associated remedies share the fear of being alone but only *Thuja occidentalis* share the fear of being alone in the dark. The fear of animals is seen in all three associated remedies but the fear of dogs is seen only in *Causticum* and in *Nitricum acidum*. *Causticum* has many fears filled imaginations which is worse around sunset and they fear misfortune specifically related to their

family or about their health. *Nitricum acidum* has a fear of death which is associated with their anxiety about the deterioration of their health. *Thuja occidentalis* has a fear of becoming sick either through an infection or by developing a disease with a subsequent fear of death. *Thuja occidentalis* also has a fear that others will discover whatever dark plan or secret they may have (Kent 1989; Phatak 1999; Sankaran 2004; Murphy 2006; Complete Repertory 2017).

The most prominent theme running through the mental sphere of *Sycotic Co. (Paterson)* is that of "irritability". Nerve irritability causes the patient to suffer from mental restlessness and nervousness. They are very tense and very nervous and naturally suffer from ailments related to anticipation as a result of the nerve irritability. Physically there are nerve related manifestations such as excessive blinking of the eyelids and nervous facial tics. They may also develop habitual nervous habits such as nail biting (Paterson 1950; Julian 2004; Murphy 2006; Complete Repertory 2017).

Causticum, *Nitricum acidum* and *Thuja occidentalis* compares well with *Sycotic Co. (Paterson)* under this section as they all suffer with mental restlessness and nervousness and all suffer from ailments following anticipations or aggravated by anticipation. Nail biting features in all of the associated remedies and nervous facial tics are found as part of the symptomatology of both *Causticum* and *Thuja occidentalis* (Complete Repertory 2017).

Causticum's nervousness seems to be related mainly due to nervous exhaustion resulting from the lack of sleep from taking care of others and from worrying about the well-being of others. Nervous depletion may also occur as a result of the difficulties experienced during chronic physical sufferings. Anxiety appears to be secondary to nervous depletion/nervousness and with this comes the aggravation from anticipation. One could say they suffer with anticipatory anxiety as they experience a persistent and marked fear that something bad is going to happen. Chorea forms part of *Causticum's* symptomatology affecting the face, particularly involving single parts or single muscles and may involve the tongue. The chorea is directly related to some negative influence on the nervous system which is most likely to be emotional as it occurs due to nervousness in some instances (Kent 1989; Murphy 2006). *Nitricum acidum* suffers from excessive nervousness and severe anxiety regarding their health

and this too seems to be due to nervous exhaustion resulting from the loss of sleep related to taking care of others throughout the night. *Nitricum acidum* also suffers with marked restlessness after midnight (Clarke 1991c; Murphy 2006). *Thuja occidentalis's* mental restlessness occurs due to an internal conflict between their fixed ideas regarding religion or morality and their actual desires often considered as being evil or bad by them, often related to sexuality. With this comes nervousness and anxiety about being exposed and about their religious/spiritual redemption. *Thuja occidentalis* has a peculiar fear of strangers possibly due to being very private, secretive and introverted causing marked nervousness often accompanied by muscular twitching or twitching of the lower lip when approached by someone they do not know (Sankaran 2004; Murphy 2006).

The marked nervous irritability seen in *Sycotic Co. (Paterson)* causes actual irritability in both the adult and in the child and this often leads to an outburst of anger, which may escalate to a temper tantrum after which *Sycotic Co. (Paterson)* are generally aggravated. Anger may also be incited due to resentments around perceived criticisms (Saxton 2012; Nayak 2015; Complete Repertory 2017; Bickley 2017).

Causticum, *Nitricum acidum* and *Thuja occidentalis* all have marked irritability in their symptomatology. *Causticum* seem to be the only remedy who suffers from irritability due to actual nervous irritability. *Causticum* and *Thuja occidentalis* are both indicated for irritability occurring during childhood (Complete Repertory 2017).

Causticum's irritability is not further reflected upon in the materia medicas. The irritability of *Nitricum acidum* seems to be part of their disposition as they can become very angry, vindictive and hateful. The irritability is provoked when someone speaks to them. *Thuja occidentalis* experiences extreme irritability often as a result of suffering with chronic ovarian problems and this is mostly expressed towards family members, specifically towards the husband or mother or towards those living with them. They are able to control their irritability when engaging with strangers or during a medical consultation therefore hiding their true emotions (Kent 1989; Murphy 2006).

Marked anger forms part of the symptomatology of all three associated remedies and ailments following anger or an aggravation after an outburst of anger is also found in

all three remedies. The level of anger may escalate to temper tantrums in both *Causticum* and *Thuja occidentalis* (Complete Repertory 2017).

Causticum is easily disappointed and may become angry in response to distressing news. They suffer from chronic anger relating to work or business stresses. *Causticum* is always fighting for the greater good no matter what the cause and are opposed to authority which can lead to anger if the authority is in opposition to the cause they are fighting for. *Nitricum acidum* presents with violent anger, so angry that they shake. They may become enraged with swearing and cursing. They are often in a long-term battle, either holding a grudge against someone who has harmed them in the past or a situation like a long drawn out painful court case. The anger seem to be internalised compared to *Causticum's* anger which is expressed with passion. *Nitricum acidum* holds onto their anger with a hard and unforgiving heart towards the person who has harmed them. They may also be angry with themselves over mistakes made in the past. *Thuja occidentalis* becomes argumentative and easily angered over little or unimportant things when in an overly excited state. The *Thuja occidentalis* child may suffer from chronic and extreme anger with violent blow outs over trivialities (Clarke 1991a, 1991b, 1991c; Sankaran 2004; Master 2006; Murphy 2006).

5.4.3 Physical Signs and Symptoms

Physically, the keynote theme "irritability" of *Sycotic Co. (Paterson)* is illustrated by inflammatory affections involving both the mucous and synovial membranes. Mucous membranes of the genitourinary and respiratory system and of the gastrointestinal tract are affected in *Sycotic Co. (Paterson)*. Another important characteristic feature of *Sycotic Co. (Paterson)* is the production of catarrh accompanying inflammatory processes involving the mucous membranes (Paterson 1950; Saxton 2012).

A general theme of inflammation of the mucous membranes and catarrhal affections is present in all three associated homoeopathic remedies, however, focus will be given to the systems affected in *Sycotic Co. (Paterson)* and details thereof for the discussion and comparison due to the magnitude of the symptomatology found in *Sycotic Co.*

(Paterson) and due to other important symptoms and conditions needing to be discussed (Complete Repertory 2017).

Sycotic manifestations are plentiful pertaining to the symptomatology involving the female reproductive system of *Sycotic Co. (Paterson)*. *Sycotic Co. (Paterson)* presents with uterine polyps and ovarian cysts. *Causticum* , *Nitricum acidum* and *Thuja occidentalis* has uterine polyps forming part of their symptomatology and ovarian cysts occurs in both *Nitricum acidum* and *Thuja occidentalis* (Complete Repertory 2017).

Out of all three associated remedies, *Thuja occidentalis* had the strongest representation regarding uterine polyps and ovarian cysts. The uterine polyps are said to be fleshy and ovarian cysts are very common and seem to predominantly affect the left ovary. *Thuja occidentalis* may also suffer from chronic ovarian inflammation following gonorrhoea or may suffer with salpingitis. Salpingitis and inflammation of the ovaries also forms part of the symptomatology of *Sycotic Co. (Paterson)*. Erosion of the cervix and prolapses of the uterus also form part of *Thuja occidentalis's* symptomatology. The uterine polyps presented in *Nitricum acidum* affect the lower segment of the uterus and is said to resemble the size of a lentil. *Nitricum acidum* may also present with ovarian inflammation possibly linked to the ovarian cysts (Kent 1989; Clarke 1991a, 1991c; Murphy 2006).

Sycotic Co. (Paterson) presents with amenorrhoea which can present as primary or secondary amenorrhoea. Menses tend to be either abnormally heavy or abnormally long and dysmenorrhea is almost always present, often presenting with pain affecting the left ovary during menses. Abnormal uterine bleeding is also found in the symptomatology of *Sycotic Co. (Paterson)* (Saxton 2012; Nayak 2015; Bickley 2017).

Causticum, *Nitricum acidum* and *Thuja occidentalis* present with dysmenorrhoea although only *Thuja occidentalis* present with pain affecting the left ovary during menses. Metrorrhagia forms part of the symptomatology of all three associated remedies and amenorrhoea is found in *Causticum* and in *Thuja occidentalis* (Complete Repertory 2017).

Causticum suffers with pain affecting the sacrum, colic and depression prior to menses. There is a tendency for menses to start late and the flow is profuse, often presenting with clotting. Blood only flows during the day and stops at night. Dysmenorrhoea affects the back and the thighs with tearing like pains and the patient may appear anaemic with paleness or may have a yellow complexion during menses. *Nitricum acidum's* menses have a tendency to start too early in the menstrual cycle. The flow may be heavy with viscid blood which is dark in colour or it may appear in small quantities with a semi-liquid brown appearance. Dysmenorrhoea presents as spasmodic pains in the abdomen and in the back and pain resembling the sensation of bruising affects the legs by descending down the thighs. There is also palpitations of the heart, anxiety and shaking of the body. *Nitricum acidum* has a peculiar indication and that is of marked pain occurring after menses with the sudden expulsion of brown or thick leucorrhoea. Menses can also reappear soon after they have stopped with pale red blood. *Nitricum acidum* is especially indicated where uterine haemorrhages occur after the patient has overexerted themselves. *Thuja occidentalis* often presents with menses that are too sort and of little quantity. Burning and excruciating pain related to the left ovary most likely due to ovarian cysts descends from the left iliac region into the groin and down the left leg. Shooting, tearing and constrictive pains are felt around the left ovary. *Thuja occidentalis* also presents with fatigue, crying, abdominal pain and distention and pain in the back during menses. They may also feel nauseous and have restlessness of the legs during menses and are often left exhausted after menses (Kent 1989; Clarke 1991a, 1991b, 1991c; Murphy 2006).

Sycotic Co. (Paterson) presents with vulvo-vaginitis accompanied with vulvar pruritus and has many presentations of leucorrhoea one of which is most characteristic and that is of profuse foul fishy smelling leucorrhoea. Leucorrhoea is almost always profuse and may also present as mild or bland smelling leucorrhoea. *Sycotic Co. (Paterson)* is indicated where little girls suffer with leucorrhoea regardless of its presentation. Leucorrhoea may be dark or yellow in colour. Gonorrhoeal leucorrhoea is also part of *Sycotic Co. (Paterson)'s* symptomatology. The leucorrhoea may be acidic and burning in nature (Nayak 2015; Complete Repertory 2017; Bickley 2017).

Profuseness of leucorrhoea is found in all three associated remedies as well as the yellow presentation and leucorrhoea of an acidic and burning nature. *Thuja occidentalis* is the only remedy presenting with the foul fishy smelling leucorrhoea and *Causticum* is the only remedy indicated in treating leucorrhoea presenting in little girls. Leucorrhoea related to gonorrhoea is found in *Nitricum acidum* and in *Thuja occidentalis*. *Thuja occidentalis* is the only remedy presenting with mild or bland leucorrhoea (Complete Repertory 2017).

Causticum is indicated where the leucorrhoea smells like menses and where leucorrhoea only flows at night and is accompanied by profound weakness. *Nitricum acidum* suffers with vaginitis and vulvar pruritus accompanied by burning pain and excoriation in the vulva. They present with foul smelling and coffee-ground like discharges during menopause or after giving birth. Viscid leucorrhoea often follow menses where after it may change to a more liquid watery consistency which may be malodourous and acidic. The leucorrhoea may also be green in colour, reddish brown or may contain mucous. *Nitricum acidum* is indicated when there is thin and bloody discharges due to gonorrhoea followed by greenish-yellow discharges with inflammation and pain of the urethra. Yellow discoloration of affected materials may result from the leucorrhoea or there may be small blotches encircled by black lines. *Thuja occidentalis* also suffers with vaginitis and vulvar pruritus with great sensitivity of the vagina. Leucorrhoea may be mucoid, viscid and green in colour and may be present throughout the cycle between menses (Kent 1989; Clarke 1991a, 1991b, 1991c; Murphy 2006).

Sycotic Co. (Paterson) has a special affinity for the urinary tract, causing irritation/inflammation of the mucous membranes throughout affecting the kidneys, bladder and the urethral tract. Naturally it presents with cystitis, which can be acute or chronic, presenting with pain in the bladder on passing strong smelling, acid and corrosive urine accompanied by urinary frequency and urgency. Albuminuria is characteristic of *Sycotic Co. (Paterson)* and occurs in both the adult and in the child. Another indication for *Sycotic Co. (Paterson)* in children is nocturnal enuresis (Paterson 1950; Nayak 2015; Complete Repertory 2017; Bickley 2017).

Causticum, *Nitricum acidum* and *Thuja occidentalis* compares well to all of the above mentioned symptoms except for the albuminuria presenting in the adult only and only in *Nitricum acidum* and in *Thuja occidentalis* (Complete Repertory 2017).

Causticum may suffer with thirst while only passing very small quantities of urine. Paralysis of the bladder may develop following chronic retention of urine with subsequent urinary incontinence. Characteristic to *Causticum* is the involuntary passing of urine elicited by a cough, a sneeze or while walking or by blowing the nose. Involuntary passing of urine may also occur while the patient falls off to sleep. Urine may be watery, dark brown or reddish in colour and haematuria forms part of the symptomatology. Urethral burning may also occur during urination. The urinary frequency of *Nitricum acidum* is accompanied by the passage of small quantities of urine, which is extremely offensive and may be dark, brown or red in colour. Red sedimentation, mucous combined with blood or pus may be present upon urinalysis. Dysuria affects the urethra while passing urine and the urine may feel cold during micturition. *Thuja occidentalis* suffers with strong burning urine causing smarting during and after micturition, affecting the urethra and vagina. Excruciating burning pain is experienced in the fundus of the bladder. Tearing pains in the urethra is also experienced with the sensation as if the urine is flowing along the urethra continuously. *Thuja occidentalis* may suffer from paralysis of the bladder and subsequent retention of urine. Urinary incontinence occurs at night and may be elicited by coughing or follow urination with drippling. Another symptom is the passing of pus from the bladder having a viscid yellow green appearance. Urinary frequency with polyuria occurs throughout the day and at night and may be related to diabetes mellitus. Cloudy sedimentation or sedimentation containing brown mucous may appear upon urinalysis. Other findings may include haematuria, glycosuria or foaming which tend to remain long after urine has been passed. A forked stream with the passage of small quantities of urine is a characteristic indication of *Thuja occidentalis* (Kent 1989; Clarke 1991a, 1991b, 1991c; Murphy 2006).

Other than the bladder affections *Sycotic Co. (Paterson)* also has marked kidney involvement and presents with nephritis, pyelonephritis, nephrosis and pyelitis (Murphy 2006; Saxton 2012).

Causticum, *Nitricum acidum* and *Thuja occidentalis* has nephritis forming part of their symptomatology and pyelonephritis is seen in *Nitricum acidum* and *Thuja occidentalis* (Complete Repertory 2017).

Nitricum acidum suffers from spasmodic pain involving the kidneys which ascends to the bladder. *Thuja occidentalis* suffers from fluid retention accumulating in the feet as a result of nephritis. Possible kidney damage or reduced kidney function may also be present as a result of diabetes mellitus. Pain extends from the left kidney to the epigastrium and is aggravated by motion (Clarke 1991a; Phatak 1999; Murphy 2006).

Sycotic Co. (Paterson) has marked action in the respiratory system with inflammatory and bronchial catarrhal affections that may be acute, sub-acute or chronic in nature. Asthma forms part of its symptomatology and the asthma is almost always brought on due to changes in weather presenting with recurrent bouts of spasmodic or convulsive breathing and is accompanied by bronchial catarrh. Wheezing and coughing wakes the patient around 2 to 3 a.m. and this may also occur on waking with severe breathlessness. Asthma is aggravated by cold, damp, frost or humidity and often ameliorated by being near the ocean (Paterson 1950; Saxton 2012; Complete Repertory 2017).

Causticum, *Nitricum acidum* and *Thuja occidentalis* are all indicated for symptoms relating to asthma, each of which presenting in their individual way and with their individual aggravating and ameliorating modalities (Complete Repertory 2017).

Causticum suffers with spasmodic attacks of asthma which may occur while sitting or while lying down. The asthma may be triggered from the least exertion or from suppressed emotions. A feeling of suffocation may be experienced while talking or walking. There may be a feeling of pressure or constriction in the chest which is relieved by loosening clothing. Rattling in the chest with breathlessness when coughing is also experienced. Children may present with asthma alternating with skin eruptions, possibly due to the suppression of eruptions (Clarke 1991a; Master 2006). *Nitricum acidum* only appeared in the rubric “respiration; asthmatic; recurrent”. This may relate to the intermittent breathing or dyspnoeic breathing *Nitricum acidum* presents with. There is also a sensation of constriction in the chest which may relate

to asthma. *Nitricum acidum* is generally aggravated at night and from cold air or from dampness which may relate to the asthmatic breathing (Kent 1989; Clarke 1991b, 1991c; Phatak 1999). *Thuja occidentalis* is indicated for asthma occurring during childhood especially if the asthma developed after vaccination or where asthma occurs due to cold, damp or wet weather. The normal bronchial catarrh associated with asthma is present, however, mucous also seems to be at the level of the trachea which causes difficulty breathing with short breaths aggravated by talking or taking deep breaths. Asthmatic symptoms such as wheezing are worse at night (Phatak 1999; Murphy 2006).

Sycotic Co. (Paterson) also suffers with recurrent bronchial colds and the common cold often descend into the chest. All complaints are accompanied by copious bronchial catarrh. Bronchitis commonly occurs during winter and is made worse by cold, frost and damp conditions. Symptoms are worse at night waking the patient with violent spasmodic unremitting coughing. Expectoration is generally easy but can be difficult with thick yellow to greenish catarrh. Pneumonia and pleurisy also forms part of *Sycotic Co. (Paterson)'s* symptomatology (Paterson 1950; Murphy 2006; Complete Repertory 2017).

Causticum, *Nitricum acidum* and *Thuja occidentalis* are all indicated in bronchitis and pneumonia and *Causticum* and *Nitricum acidum* are indicated in pleurisy (Complete Repertory 2017).

Causticum suffers from tightness in the chest, shortness of breath, oppressive breathing and chest pains, which tends to move from place to place. The cough is hard, hollow and mostly dry with a sensation of rawness of the affected area. Mucous may be present in the larynx, bronchia or deep in the lungs in the case of pneumonia.

Expectoration of thin or viscid mucous is almost always difficult and prolonged coughing is fruitless leaving the patient exhausted and feeling as if they just cannot cough deep enough to expel the mucous. There is also a tendency for the mucous to slip back down forcing the patient to swallow it as they cannot expel it. Coughing is worse from the evening until midnight and in the morning and generally made worse from exposure to cold or cold dry air and from getting warm in bed. Relief comes from

expelling mucous, however, when that fails drinking ice cold water finally brings relief (Kent 1989; Clarke 1991b; Phatak 1999; Murphy 2006). *Nitricum acidum* is generally indicated whenever a fever is present, especially when there is marked perspiration occurring at night and when there is a lack of thirst making it a suitable remedy for any infection involving the respiratory tract. *Nitricum acidum* presents with a sensation of roughness in the bronchia during bronchitis and is indicated in pneumonia in the aged or in persons who are constitutionally weakened. *Nitricum acidum* presents with loose coughs during the day accompanied by rattling and dry coughs at night. Expectoration is almost always difficult even after prolonged coughing and may be purulent, yellow or bitter and malodourous. Generally coughing is aggravated in winter, however, also aggravated by becoming warm or being in a warm room. *Nitricum acidum* may also cough during sleep without waking up. Shooting pains occur in the chest on coughing and there is catching on inspiration, both of which may be related to pleurisy (Kent 1989; Clarke 1991c; Murphy 2006). *Thuja occidentalis* presents with dry, hacking and spasmodic coughing occurring mostly during the day, in the morning or when lying down at night. Coughing may also be elicited by eating or drinking anything cold. Expectoration is generally easy and made easier as it is loosened when the patient turns onto their right side while lying in bed at night. The expectoration is often ball-shaped, green in colour and tastes like old cheese. Chest pains radiate in all directions across the chest and stitches are made worse by drinking cold water. *Thuja occidentalis* is indicated in stubborn cases of pneumonia, where pneumonia has not been treated successfully or in patients who are immunocompromised. It may also be useful in cases where pneumonia has been neglected (Kent 1989; Clarke 1991a; Master 2006; Murphy 2006).

The keynote “irritation” is also seen in the musculoskeletal system illustrated by the inflammatory processes existing within the synovial membranes and in fibro-connective tissues. *Sycotic Co. (Paterson)* presents with rheumatism affecting the joints and general non-articular rheumatism also known as fibrositis. Rheumatic pain affects the knee, shoulder, elbow and wrist joints. Fibrositis severely affects the back and other areas affected include the neck and the shoulders. Muscular rheumatism is found to affect the arms causing pain particularly at night and rheumatism of the thoracic muscles forms part of *Sycotic Co. (Paterson)’s* symptomatology. All rheumatic affections are made worse from dampness, after prolonged rest or sitting

and by first movement. Rheumatic pains are generally worse at night and ameliorated by heat and by continuous or prolonged movement. General stiffness accompanies all complaints (Paterson 1950; Bennett 1981; Julian 2004; Murphy 2006; Complete Repertory 2017).

Rheumatic pain or affections forms part of the symptomatology of *Causticum*, *Nitricum acidum* and *Thuja occidentalis* (Complete Repertory 2017).

Causticum is well known for its chronic rheumatic affections leading to joint deformities and tendon contractures. It is indicated for its characteristic tearing, drawing and burning pains affecting both muscular and fibrous tissues. *Causticum's* rheumatic pain affects the upper and lower limbs causing profound restlessness at night. Rheumatic pains are ameliorated by warmth, in particular, the warmth of a bed. Carpal tunnel syndrome and rheumatism of the temporomandibular joint also forms part of *Causticum's* symptomatology (Phatak 1999; Murphy 2006). *Nitricum acidum's* rheumatic pains are of a drawing and tearing nature mainly affecting the shoulders, arms, forearms and the hands. Pains affecting the forearms and hands may be accompanied by shaking and great lassitude. The legs and feet may also be affected by drawing rheumatic pains. Rheumatic pains are aggravated from exposure to cold air (Clarke 1991c; Phatak 1999; Murphy 2006). *Thuja occidentalis's* rheumatic pains are often experienced with a numb sensation and is generally aggravated by warmth and by movement of the affected part. Rheumatic pains are ameliorated by cold/cold application or after perspiration. It is possible that *Thuja occidentalis* also presents with non-articular rheumatism as seen in *Sycotic Co. (Paterson)* as the arms are particularly affected with pains that are tearing, digging or drawing in nature, especially on the right hand side forcing the patient to keep the arm flexed. Rheumatism may also affect the shoulder joint (Clarke 1991a).

Arthritis also forms part of *Sycotic Co. (Paterson)'s* symptomatology and is found to affect both the large and small joints. The hands, fingers and wrists are particularly affected by arthritic inflammation. The metacarpophalangeal joints are mostly affected especially of the middle finger. There are deformities of the fingers and of the finger joints. The formation of nodules on the fingers are also found. Pain is ameliorated by dry weather during the day and by submerging the affected parts in hot water. Arthritis

may also affect the knee and shoulder joints (Julian 2004; Murphy 2006; Complete Repertory 2017; Bickley 2017).

Causticum, *Nitricum acidum* and *Thuja occidentalis* presents with arthritic inflammation affecting the extremities. *Causticum* and *Nitricum acidum* presents with inflammatory processes in both large and small joints and *Thuja occidentalis* mainly in small joints (Complete Repertory 2017).

Causticum suffers with arthritic affections of both the upper and lower limbs. Tearing pains are experienced in the right wrist joint and drawing pains affects the hands and the finger joints. There are also difficulties with flexion of the fingers at the joints due to joint stiffness. Deformities of the fingers and dipyrrin's contractures are commonly found in *Causticum's* arthritic/rheumatic presentations. Arthritis seems to mainly affect the knees in the lower limbs presenting with burning joint pain and posterior joint stiffness which is aggravated by sitting and alleviated by continuous motion (Clarke 1991b; Phatak 1999). Arthritic inflammation mainly seems to affect the finger joints in *Nitricum acidum* with severe swelling and oppressive constricting or sharp sticking pains in the finger joints. Deformities involving both the fingers and finger joints forms part of *Nitricum acidum's* symptomatology. *Nitricum acidum* experiences stiffness and sharp darting pains in the knees which may be an indication of arthritis. The knees are also said to be weak and there is dysfunction as far as stability in the knee joint and in the joints of the feet. Arthritic pain may be triggered by changes in weather and are generally worse in the evening or at night (Clarke 1991c; Phatak 1999). *Thuja occidentalis* mainly presents with arthritic inflammation affecting the fingers specifically the fingertips. Fingertips become swollen, red and very painful. *Thuja occidentalis* also presents with distortion of the fingers (Clarke 1991a).

Sycotic Co. (Paterson) presents with marked pain affecting both the lumbosacral and sacroiliac joints. General stiffness of the hips is experienced. The pain is aggravated by prolonged sitting and on first movement and always worse at night. Interestingly, the back pain is made worse by warmth and ameliorated from continuous movement (Julian 2004; Murphy 2006; Complete Repertory 2017).

Causticum and *Nitricum acidum* are both indicated for pain affecting the lumbosacral joint. *Causticum's* back pain is also made worse by warmth (Complete Repertory 2017).

Causticum suffers from painful stiffness in the back assuming around the lumbosacral articulation and in the neck when standing up after sitting on a chair. The back pain may radiate anteriorly or descend to the thighs. *Causticum* suffers from pain affecting the hips which is aggravated by coughing and pains affecting the spine is aggravated by swallowing. They may also experience sharp pains with a sensation of bruising in the region of the coccyx (Clarke 1991b; Phatak 1999; Murphy 2006). *Nitricum acidum* experiences back pain and pain in the loins after cold exposure or getting chilled. A sensation of constriction or contraction is felt in the lumbosacral region, almost as if the patient is extremely stiff. Sharp pains may also occur in the sacrum. Back pain may radiate downwards towards the thighs and is generally worse at night and relieved by lying in a prone position. *Nitricum acidum* suffers with violent pain in the hips especially on the right where the pain is constrictive and causes great weakness. The pain may also resemble that of a sprain (Clarke 1991c; Murphy 2006).

Sycotic Co. (Paterson) presents with sycotic affections involving the skin particularly involving the anus and the genitalia in both male and female patients where anal and genital warts are present. Anogenital warts have a tendency to bleed. Genital herpes is also found in both sexes. Warty growths may appear on other areas of the body such as on the tongue, hands and feet, however, have a special affinity for muco-cutaneous surfaces. These warts tend to be flat, large in size and irregularly shaped (Julian 2004; Complete Repertory 2017).

Causticum, *Nitricum acidum* and *Thuja occidentalis* all present with genital and anal warts and they too have a tendency towards bleeding. *Causticum* is the only remedy where genital warts only appear in the male patient and not in the female patient (Complete Repertory 2017).

Other than the anogenital warts *Causticum* also presents with facial warts which may appear anywhere on the face but is also found to grow on the tip of the nose and on the eyelids. Warts may grow on the arms, hands and periungual warts may also be

present. *Causticum's* warts tend to be horny, dry and hard in nature. Warts may be inflamed and painful (Clarke 1991b; Phatak 1999; Murphy 2006). *Nitricum acidum* also has an affinity for bodily orifices with a tendency to grow warts at the margins. One example of this is the presence of warts in and around the nares. Small warts grow on the upper eyelids and warts may also be found on the forehead. Warts grow on the arms and appear in large numbers on the dorsal surface of the hands. All warts, including condylomata, may present with *Nitricum acidum's* "splinter" sensation. Anogenital warts are hard, moist, cauliflower like or may present as thin tubular projections, both of which are very sensitive to touch (Kent 1989; Clarke 1991c). *Thuja occidentalis's* warts are large, cauliflower like, moist, soft and spongy or seedy and pedunculated. Warts may be brown or red. Offensive, sweet smelling fluid may ooze from the warts or the warts may smell like old cheese. Black filiform warts also form part of *Thuja occidentalis's* symptomatology. Warts are generally sensitive and may burn or itch. Horny warts may appear on the face, nose, eyebrow/lid, back or on the external throat/cervical region. *Thuja occidentalis* may develop warts following vaccination and is indicated where ailments develop due to the suppression of warts. Venereal warts grow on the vulva and perineum. Warts may also appear at the opening of the uterus presenting with shooting pain and a sensation of excoriation during micturition (Kent 1989; Clarke 1991a; Master 1993; Murphy 2006).

5.4.4 Clinical Indications

The Synergy Mac Repertory program listed the following rubrics under the clinical section for *Sycotic Co. (Paterson)*; "Allergy", "Allergy, food, for", Auto-immune diseases", "Cancerous affections", "Cancerous affections; pre-cancerous", "Down syndrome", "Fungous growths" and "Tuberculosis" (Complete Repertory 2017).

Only the "Fungous growths" rubric were included in this repertory due to the dramatic change that occurred to the repertorisation result after adding the other clinical rubrics.

Causticum, *Nitricum acidum* and *Thuja occidentalis* appeared under the rubric "Fungous growths" (Complete Repertory 2017).

The discussion and comparison for this section is focussed on the clinical rubrics of *Sycotic Co. (Paterson)* only due to the vast number of clinical rubrics that exist for each individual associated remedy.

No mention is made regarding any specific allergies for *Sycotic Co. (Paterson)*. *Sycotic Co. (Paterson)* is indicated for auto-immune diseases and this may be related to auto-immune rheumatic diseases as there are many rheumatic affections forming part of its symptomatology. Intertigo is the only fungal related condition mentioned for *Sycotic Co. (Paterson)* affecting the area below the breasts. No specific cancers are mentioned however *Sycotic Co. (Paterson)* presents with epithelioma occurring on the right cheek, possibly indicative of basal cell carcinoma. Cancerous affections may also be related to ovarian cancer as *Sycotic Co. (Paterson)* appeared under the rubrics "Female; tumours" and "Female; tumours; ovaries". Pre-cancerous affections may be related to pre-cancerous keratosis. Tuberculosis relates to the female reproductive system as *Sycotic Co. (Paterson)* appeared under the rubrics "Female; tuberculosis" and "Female; tuberculosis; ovaries" (Julian 2004; Complete Repertory 2017).

Causticum appeared under the rubric "allergy" however no specific allergies are mentioned in the literatures. Rheumatoid arthritis and phemigus are the only two auto-immune related conditions forming part of *Causticum's* symptomatology. *Causticum* is indicated in breast cancer, basal cell carcinoma, melanoma and appears under the rubrics "cancerous affections; lupus, carcinomatous" and "cancerous affections; glands". *Causticum* is also indicated where cachexia accompanies cancerous affections. Fungal affections include fungal warts and intertrigo. *Causticum* becomes susceptible to intertrigo during teething. Tuberculosis may occur during childhood and *Causticum* presents with lupus vulgaris (Kent 1989; Clarke 1991b; Murphy 2006; Schroyens 2014; Complete Repertory 2017).

Nitricum acidum strangely did not appear under the rubric "allergy" yet the literatures mention allergic rhinitis and the possible allergy to penicillin (Murphy 2006). *Nitricum acidum* appears under the rubric "auto-immune diseases" however no auto-immune diseases are mentioned in the literatures. *Nitricum acidum* appears under the rubric "auto-immune deficiency syndrome, aids". *Nitricum acidum* is indicated in cancer when accompanied by pain and when the affected area is hard to the touch or open

and exposed. *Nitricum acidum* is indicated in the following; breast cancer, basal cell carcinoma, fungus hematodes, carcinomatous lupus, lymphoma, melanotic cancer, medullary carcinomas and osteosarcoma. Other types of cancers may also affect the glands. Fungal growths include fungal warts and intertrigo. *Nitricum acidum* presents with lupus vulgaris and other areas affected by tuberculosis include the synovia, bones and glands. It is also indicated when stomach complaints accompany tuberculosis (Kent 1989; Clarke 1991c; Murphy 2006; Schroyens 2014; Complete Repertory 2017).

Thuja occidentalis presents with allergic rhinitis and appears under the rubric "allergy; food, for" however no specific food allergies are mentioned. Auto-immune diseases include diabetes mellitus, phemigus and possibly hyperthyroidism if related to the immune system. *Thuja occidentalis* appears under the rubric "auto-immune deficiency syndrome, aids". *Thuja occidentalis* is indicated in hereditary related cancers and where cachexia accompanies cancer. Areas affected by cancer are hard to the touch and may be open and exposed. *Thuja occidentalis* is indicated in the following; basal cell carcinoma, fungus hematodes, carcinomatous lupus, melanotic cancer, medullary carcinomas and osteosarcoma. Cancer may also affect the glands, uterus, ovaries, cervix and the breasts. *Thuja occidentalis* presents with ringworm and with fungal warts. *Thuja occidentalis* presents with lupus vulgaris and appears under the rubric "tuberculosis" yet it is unclear which other areas are affected by tuberculosis (Kent 1989; Clarke 1991a; Murphy 2006; Schroyens 2014; Complete Repertory 2017).

5.4.5 Food and Drink Aversions and Desires

Sycotic Co. (Paterson) specifically has a marked desire for butter and a lesser desire for sweets. They are averse to sugar, tea, potato, tomato and to vinegar.

Nitricum acidum shares the desire for butter, however to a lesser degree and all of the associated remedies share the desire for sweets with *Sycotic Co. (Paterson)*. *Causticum* shares the aversion to sugar with *Sycotic Co. (Paterson)* and *Thuja occidentalis* share the aversion to tea and to potatoes with *Sycotic Co. (Paterson)* (Complete Repertory 2017).

5.4.6 Modalities

General modalities for pain include the aggravation of pain upon the first movements after being at rest for some time and from rising after sitting. *Sycotic Co. (Paterson)'s* pain is ameliorated by continuous movement and also while at rest. Pain may be elicited by the exposure to damp wet weather or the pain may be worsened by it.

Causticum, Nitricum acidum and *Thuja occidentalis* share the aggravation due to first movements and the aggravation from rising after sitting with *Sycotic Co. (Paterson)*. All the associated remedies share the amelioration of pain from continuous movement with *Sycotic Co. (Paterson)* and only *Causticum* shares the amelioration from rest. All three associated remedies are aggravated by damp wet weather conditions (Complete Repertory 2017).

Sycotic Co. (Paterson) may experience aggravations from eating citrus fruits, specifically oranges. Other aggravating foods include eggs and onions.
Nitricum acidum and *Thuja occidentalis* shares the aggravation from eating onions with *Sycotic Co. (Paterson)*.

Other general factors that might be aggravating to *Sycotic Co. (Paterson)* include noise, strong odours and cold, wet/damp weather conditions. *Sycotic Co. (Paterson)* is ameliorated by dry weather conditions.

Thuja occidentalis shares the aggravation from strong odours. All three associated remedies are aggravated by noise and cold, wet/damp weather conditions. *Nitricum acidum* shares the amelioration from dry weather conditions with *Sycotic Co. (Paterson)* (Complete Repertory 2017).

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions of this Study

This study revealed the relevance and importance of the bowel nosodes as a group in relation to modern day times with respect to the multitude of factors negatively influencing the vital force with the subsequent development of dysbiosis contributing to the development of countless chronic illnesses. Some of these factors include the overuse of antibiotics, incorrect administration of vaccines, the use of synthetic sex hormones, chronic use of corticosteroids and the use of other chronic allopathic medications. Modern day lifestyle factors such as inadequate diet/nutrient deficient foods, processed and fast foods, long and prolonged working hours, excessive stress, excessive use of tobacco and alcohol, inadequate rest and sleep, just to name a few, all weaken the vital force over time and negatively affect our gastrointestinal microbiome leading to dysbiosis which has been linked to many chronic diseases such as inflammatory bowel disease, leaky gut syndrome, chronic fatigue syndrome, obesity, type 2 diabetes mellitus and many more autoimmune diseases. Dysbiosis has also been linked to the development and exacerbation of psychological disorders such as schizophrenia, depression and anxiety via the gut-brain axis. Dysbiosis has also been found to play a role in neurodevelopmental disorders such as autism and attention deficit hyperactivity disorder (Wu 2012; Rogers 2016).

The majority of the factors mentioned above have been found to be either aetiological or aggravating in nature with respect to the chosen four bowel nosodes, namely, *Proteus (Bach), Gaertner (Bach), Dysentery Co. (Bach)* and *Sycotic Co. (Paterson)* making this a very important study in the current era.

The methodology used in this study provided an opportunity for review of the clinical data and conclusions of the pioneers in the light of newer research such as that of Saxton (2012) and Bickley (2017) and the results of this research which used repertorisation to find relevant associations.

The results obtained via repertorisation for this study revealed significant correlations between the original listing by Dr John Paterson and additions by Dr Elizabeth Paterson regarding the chief associated homoeopathic remedies of individual bowel nosodes and those obtained in this study, therefore corroborating some of the original chief associated homoeopathic remedies. The results also revealed some newly found associated homoeopathic remedies for *Proteus (Bach), Gaertner (Bach), Dysentery Co. (Bach)* and *Sycotic Co. (Paterson)*.

The results for *Proteus (Bach)* revealed that *Natrium muriaticum, Nux vomica* and *Sepia officinalis* were the top three associated homoeopathic remedies. *Natrium muriaticum* was asserted to be the chief associated homoeopathic remedy by Dr John Paterson and by Dr Elizabeth Paterson. Although *Nux vomica* did not form part of the original listing by Dr John Paterson, its addition is supported by more recent clinical experience and forms part of the expanded list of associated remedies presented in "Bowel nosodes in homeopathic practice" by John Saxton. The clinical observations of Anthony Bickley also revealed a strong association between *Nux vomica* and *Proteus (Bach)*. *Sepia officinalis* was added to the list of associated remedies by Dr Elizabeth Paterson following her published research in 1960.

The results for *Gaertner (Bach)* revealed that *Silica terra, Mercurius vivus/solubilis* and *Nux vomica* were the top three associated homoeopathic remedies. *Silica terra* was asserted to be the chief associated homoeopathic remedy by Dr John Paterson. Dr John Paterson also asserted that the combined clinical picture of *Silica terra*, *Mercurius vivus/solubilis* and *Phosphorus* would provide a clear clinical picture for *Gaertner (Bach),* thus showing the significance of the appearance of two of the three associated homoeopathic remedies. *Silica terra* was also published as the top associated homoeopathic remedy for *Gaertner (Bach)* following Dr Elizabeth Paterson's research. *Nux vomica* was a newly found associated remedy for *Gaertner (Bach)* sharing the majority of prominent rubrics pertaining to *Gaertner (Bach)'s* keynote mental and physical symptoms with the majority being strongly graded.

The results for *Dysentery Co. (Bach)* revealed that *Lachesis muta, Argentum nitricum* and *Ignatia amara* were the top three associated homoeopathic remedies. *Argentum nitricum* was asserted to be one of the top three associated remedies by Dr John

Paterson, and Dr Elizabeth Paterson proclaimed *Argentum nitricum* to be the top associated remedy following her research. *Lachesis muta* very closely preceded *Argentum nitricum* and *Ignatia amara* followed very closely as per the results of this study. Although both remedies did not appear in the lists published by the pioneers, both shared the majority of prominent rubrics pertaining to *Dysentery Co. (Bach)'s* keynote mental and physical symptoms with the majority being strongly graded. *Lachesis muta* does however appear in the expanded associated remedy list in John Saxton's book.

The results for *Sycotic Co. (Paterson)* revealed that *Causticum, Nitricum acidum* and *Thuja occidentalis* were the top three associated homoeopathic remedies. *Causticum* was the first associated remedy sharing the majority of prominent rubrics pertaining to *Sycotic Co. (Paterson)'s* keynote mental and physical symptoms with the majority being strongly graded. However, *Causticum* does not appear in the associated remedy lists published by the pioneers. This is an interesting result as *Sycotic Co. (Paterson)* was said to be associated mainly to the sycotic miasm and *Causticum* is also classified as a sycotic remedy. *Nitricum acidum* and *Thuja occidentalis* were both previously published as associated remedies for *Sycotic Co. (Paterson)* by Dr John Paterson. Dr John Paterson asserted that *Thuja occidentalis* was *Sycotic Co. (Paterson)'s* keynote associated homoeopathic remedy. *Thuja occidentalis* was also found to be the second most commonly appearing associated remedy following Dr Elizabeth Paterson's research (Paterson 1950; Paterson 1988; Saxton 2012; Complete Repertory 2017; Bickley 2017).

The bowel nosodes are under-utilised by the homoeopathic community due to the lack of understanding, the lack of further research and possibly due to the vast number of associated homoeopathic remedies per bowel nosode listed by both the pioneers and John Saxton. The researcher hopes that the approach of identifying the top three associated remedies in relation to their respective bowel nosodes as per their symptomatology and clinical relevance would perhaps serve as a starting point, by providing a better understanding of fewer associated remedies for each bowel nosode, and therefore increase their utilisation. Results obtained in this study could perhaps serve as a verification or confirmation of previously obtained chief associated homoeopathic remedies and the newly found associated remedies could perhaps be

given more weight or be considered first during case analysis than those further down the lists.

Furthermore, the information and rubrics used in order to obtain the results together with the in-depth discussion of the most prominent mental and physical symptomatology and clinical indications (while keeping the totality of symptoms in mind) provides the homoeopathic practitioner with a detailed account which will hopefully contribute to a better understanding of the individual bowel nosode and of the interrelationships that exist between a given bowel nosode and its associated homoeopathic remedies, enabling the usage and prescription of the chosen four bowel nosodes in practice.

This study is therefore a contribution to improved understanding of the bowel nosodes as a group and particularly of the chosen four bowel nosodes and the researcher hopes that the results of this study will be considered during case analysis and discussed together with the originally published lists of associated homoeopathic remedies and the later additions as per John Saxton's book within the homoeopathic community.

It is important to note that the bowel nosodes can be used in the treatment of acute conditions where the totality of symptoms call for it, however their main function is in the treatment of chronic diseases which are so prevalent in our present time and should only be prescribed in acute conditions should no other homoeopathic remedy fit the totality of symptoms presented. The same rule applies when treating a new patient (Vermeulen 2005).

A bowel nosode should be considered where a well indicated associated homoeopathic remedy or remedies have either failed to act, provided only partial relief, or provided substantial relief but were followed by the reappearance of symptoms after some time, implying continuing or more permanent (miasmatic) obstacles to cure. The nosode then acts to remove or clear the underlying obstacle in order to allow for a well indicated remedy to perform its action bringing about homoeostasis in order for healing to take place. Some of the factors mentioned in the first paragraph of this conclusion are seen as possible obstacles to cure (Hahnemann 2006).

Considering the correlation of the bowel nosodes with groups of homeopathic remedies, practitioners are advised to study a patient's case through compiling a list of previously prescribed homoeopathic remedies followed by a comparison with the bowel nosodes to ascertain the most suitable bowel nosode to prescribe as a related, intercurrent, remedy (Vermeulen 2005; Saxton 2012).

6.2 Limitations of this Study

The researcher found this study to be a valuable beginning and contribution towards expanding the knowledge base regarding this fascinating group of homoeopathic nosode remedies. The researcher found that the methodology of using the Synergy Mac Repertory program was successful in obtaining the associated homoeopathic remedies for each bowel nosode as the program contains clinical data (resulting in rubrics) extending from the time of the pioneers together with research results and information obtained through clinical experience subsequent to their time. The Synergy Mac Repertory program contains a vast number of rubrics for each bowel nosode studied, however, the researcher found that in some instances (mainly in the mind section) there are very few sub-rubrics resulting in the selection of broad rubrics containing hundreds of remedies meaning that a bowel nosodes may not emerge in the results unless keynote mental symptom rubrics and/or detailed physical sub-rubrics are added into the repertorisation. In saying that, the keynote mental symptoms were generally well represented in smaller rubrics allowing for the successful results of this study. Another limitation that became apparent during the methodology was how poorly represented the bowel nosodes are across the materia medicas considering that the bowel nosodes were studied between 1920s-1960s with subsequent journal articles and talks that were presented by Dr John Paterson and his wife Dr Elizabeth Paterson following Dr Edward Bach's work. The Synergy Mac Repertory program contains many physical symptomatology rubrics along with many sub-rubrics however it was found that many of the physical symptoms presented in those rubrics, particularly the sub-rubrics, were not mentioned or not well described in the materia medicas. This is a potential problem as the homoeopathic practitioner relies heavily on confirming their prescription following repertorisation by reading the homoeopathic remedy or remedies in the materia medicas. Lastly, the researcher

found that their level of practical/clinical experience of being at the level of an intern impeded their ability to do a more in-depth critical analysis of the results of this study and therefore views this study as being ground work for further critical analysis by a more experienced homoeopathic practitioners.

6.3 Recommendations for Future Research

The bowel nosodes are an invaluable group of remedies particularly in modern-day times with the tremendous increase in chronic disease, yet they are still widely under-prescribed by many homoeopathic practitioners due to the lack of attention given to them and due to the lack of recent formal research. This group of remedies can be of tremendous benefit considering that so many chronic diseases are now being clinically linked to disturbances within the gastrointestinal tract as was hypothesised by Dr Edward Bach during his career as a bacteriologist (Bach 1925).

It would be of great value if further research can be conducted by means of Hahnemannian provings as the bowel nosode symptomatology was obtained through clinical and bacteriological observation and investigation. This fact was questioned by some in the earlier years and it was said that the bowel nosodes were not homoeopathic due to the absence of Hahnemannian provings. This might be the reason why they were not added to the materia medicas which led to the lack of their knowledge and the subsequent lack of their usage in practice (Saxton 2012).

Apart from conducting Hahnemannian provings the researcher would like to make the following recommendations regarding further research concerning the bowel nosodes.

1. A group analysis of the bowel nosodes.
2. Conduct a similar study by means of repertorisation of the remaining seven bowel nosodes.
3. Focus on a maximum of two bowel nosodes at a coursework level master's dissertation.
4. Conduct a study of the nosodes by means of a case study review in order to obtain practical clinical information.

5. Conduct a qualitative study of the nosodes by means of interviewing homoeopathic practitioners regarding their insights into the materia medica and clinical applications of nosodes arising from their practical experience of using the bowel nosodes.
6. Critical analysis and discussion of the results and data obtained in this study by an experienced homoeopathic practitioner.
7. The addition of the bowel nosodes to the current homoeopathic curriculum provided by the Durban University of Technology and the University of Johannesburg in order to encourage utilisation of these nosodes in their practice, and to consider as a research subject for their mini-dissertations..

The above conclusions and recommendations do not discount or reduce the existing knowledge and previous work done by the pioneers but are a contribution to provision of more detailed materia medicas of the bowel nosodes and to give them the recognition and awareness they well deserve.

6.4 Final Thoughts

The process of this study was unique, insightful and inspirational with much valuable knowledge gained which has inspired me to further study the rest of the bowel nosodes and further explore the literature written by the pioneers. This study also reminded me of the utmost importance of our digestive health in relation to our general health which will become a focal point in my future practice.

REFERENCES

Allen, T. F. 1992. *Handbook of materia medica and homoeopathic therapeutics*. New Delhi: B. Jain Publishers Pvt. Ltd.

Bach, E. 1920. *The relation of vaccine therapy to homoeopathy* Available: https://www.bachcentre.com/centre/download/index.htm (Accessed 2 September 2019).

Bach, E. 1927. *The problem with chronic disease* Available: https://www.bachcentre.com/centre/download/index.htm (Accessed 2 September 2019).

Bach, E. 1930. *An effective method of preparing vaccines for oral administration* Available: https://www.bachcentre.com/centre/download/index.htm (Accessed 2 September 2019).

Bach, E., Wheeler, C.E.,. 1925. *Chronic Disease. A Working Hypothesis* London: H.K. Lewis & Co. LTD.

Bennett, R. M. 1981. Fibrositis: Misnomer for a Common Rheumatic Disorder. *Western Journal of Medicine,* 5(134): 405–413. Available: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1272765/ (Accessed 10 August 2019).

Bickley, A. 2017. *Bowel Nosode Materia Medica*. 2nd ed. Somerset: Amazon Fulfillment.

Boericke, W. 2013. *Pocket Manual of Homeopathic Materia Medica*. Kandern: Narayana Publishers GmbH

Braden, C. R. 2006 Salmonella enterica Serotype Enteritidis and Eggs: A National Epidemic in the United States. *Clinical Infectious Diseases,* 43(4): 512-517. Available: https://academic.oup.com/cid/article/43/4/512/390631 (Accessed 31 July 2019).

Clarke, J. H. 1991a. *Dictionary of Practical Materia Medica*. 3rd ed. Kent: Homoeopathic Book Service.

Clarke, J. H. 1991b. *Dictionary of Practical Materia Medica*. 3rd ed. Kent: Homoeopathic Book Service.

Clarke, J. H. 1991c. *Dictionary of Practical Materia Medica*. 3rd ed. Kent: Homoeopathic Book Service.

Complete Repertory (computer. 2017. software).

Cummings, S. 1988. History and development of the bowel nosodes. *British Homoeopathic Journal,* 77(2): 72-77. Available: https://www.sciencedirect.com/science/article/pii/S0007078588801273 (Accessed 15 September 2019).

Digby, B. 1997. *The Homoeopathic Family guide*. 2nd ed. Johannesburg: Homoeoforce.

Dorsey, J., Buckley, D., Summer, S., Jandacek, R.J., Rider, T., Tso, P., Narkewicz, M.R., Heubi, J.E. 2010. Fat Malabsorption in Cystic Fibrosis: Comparison of Quantitative Fat Assay and a Novel Assay Using Fecal Lauric/Behenic Acid. *J Pediatr Gastroenterol Nutr.,* 50(4): 441-446. Available: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847657/ (Accessed 29 July 2019).

Drzewiecka, D. 2016. Significance and Roles of Proteus spp. Bacteria in Natural Environments. *Microb Ecology,* 72(4): 741–758. Available: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5080321/ (Accessed 1 June 2019).

Enders, G. 2015. *Gut- The inside story to our body's most underrated organ*. Vancouver: Greystone Books Ltd.

Felson, S. *What is Malabsorption Syndrome?* (online). 2019. WebMD. Available: https://www.webmd.com/digestive-disorders/malabsorption-syndrome#1 (Accessed 30 July 2019).

Gill, M. *Gluten-free for ADHD? Check the Research* (online). 2017. Available: https://chadd.org/adhd-weekly/gluten-free-for-adhd-check-the-research/ (Accessed 23 July 2019).

Hahnemann, S. 2006. *Organon of the medical art*. California: Publishers Group West.

Julian, O. A. 2004. *Intestinal Nosodes of Bach-Paterson*. New Delhi: B.Jain Publishers (P) Ltd.

Karo, W. *Clinical experiences with Nosodes* (online). 2012. Available: https://hpathy.com/homeopathy-papers/clinical-experiences-with-nosodes (Accessed 13 August 2017).

Kent, J. T. 1989. *Materia Medica of Homoeopathic Remedies* London: Shreeram Vidyarthi for Homoeopathic Book Service.

Klein, L. 2010. *Miasms and Nosodes*. 2nd ed. Kandern: Narayana Verlag GmbH.

Leonard, J. *What's to know about enterococcus faecalis?* (online). 2017. Medical News Today. Available: https://www.medicalnewstoday.com/articles/318337.php (Accessed 10 August 2019).

Makewell, D. *Bowel nosodes: A group of neglected remedies* (online). 2006. Available: http://www.interhomeopathy.org/fr-bowel-nosodes-a-group-of-neglected-remedies (Accessed 6 June 2017).

Master, F. J. 1993. *Diseases of the skin*. New Delhi: B. Jain Publishers (P) Ltd.

Master, F. J. 2006. *Clinical observations of children's remedies*. 3rd ed. Eindhoven: Lutra Services BV.

MayoClinic. *Hammertoe and mallet toe* (online). 2018. Mayo Clinic. Available: https://www.mayoclinic.org/diseases-conditions/hammertoe-and-mallet-toe/symptoms-causes/syc-20350839 (Accessed 14 July 2019).

Mersch, J. *Rickets (Calcium, Phosphate or Vitamin D Deficiency)* (online). 2017. Available: https://www.medicinenet.com/rickets/article.htm#rickets_facts (Accessed 29 July 2019).

Murphy, R. 2006. *Nature's Materia Medica*. 3rd ed. Virginia: Lotus Health Institute.

Nayak, C., Nayak, D., Roja, V. 2015. *An update on Bowel nosodes with comparisons*. New Delhi: B. Jain Publishers Pvt Ltd.

Nordqvist, C. *Everything you need to know about Salmonella* (online). 2017. Medical News Today. Available: https://www.medicalnewstoday.com/articles/160942.php (Accessed 31 July 2019).

Paterson, E. 1988. A Survey of the Nosodes. *The British Hmoeopathic Journal,* 77(2): 91-107. Available: https://www.sciencedirect.com/science/article/pii/S0007078588801303 (Accessed 6 September 2019).

Paterson, J. 1950. *The Bowel Nosodes*. 10th Impression ed. New Delhi: B.Jain Publishers Pvt Ltd.

Phatak, S. R. 1999. *Materia medica of homoeopathic medicines*. 2nd ed. New Delhi: B.Jain Publishers Pvt Ltd.

Rogers, G. B., Keating, D.J., Young, R.L., Wong, M-L., Licinio, J., Wesselingh, S. 2016. From gut dysbiosis to altered brain function and mental illness: mechanisms and pathways. *Molecular Psychiatry,* 6(21): 738-748. Available: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4879184/ (Accessed 12 March 2020).

Sankaran, P. 1984. *The indications and use of bowel nosodes*. In. 4th edn. Bombay: The Homoeopathic Medical Publishers, 1.

Sankaran, R. 2004. *The Soul of Remedies*. Mumbai: Homoeopathic medical publishers.

Saxton, J. 2008. *Bowel Nosodes in Homoeopathic Practice*. Glasgow: Saltire Books Ltd.

Saxton, J. 2012. *Bowel Nosodes in Homoeopathic Practice*. 2nd ed. Glasgow: Saltire Books Ltd.

Schroyens, F. 2014. *Synthesis Repertorium Homeopathicum Syntheticum*. 9.1 ed. London: Homeopathic Book Publishers.

Sheperd, S. M., Cunnion, S.O., Shoff, W.H. 2016. Shigella dysenteriae (Shigellosis) Attack. In: Ciottone, G. R. ed. *Disaster Medicine (Second Edition).* Elsevier, 729-731. Available: https://www.sciencedirect.com/science/article/pii/B9780323286657001333#! (Accessed 19 August 2019).

Vermeulen, F. 1994. *Synoptic Materia medica*. 3rd ed. Haarlem: Merlijn Publishers.

Vermeulen, F. 1998. *Synoptic Materia medica 2*. 2nd ed. Haarlem: Merlijn Publishers.

Vermeulen, F. 2005. *Monera Kingdom bacteria & viruses*. Haarlem: Emryss bv Publishers.

Wu, H. a. W., E. 2012. The role of gut microbiota in immune homeostasis and autoimmunity *PubMed Central,* 3(1): 4-14. Available: https://www.ncbi.nlm.nih.gov/pubmed/22356853 (Accessed 2 April 2018).