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FEATURE ARTICLE

Therapy with Nosode Preparations: An Assessment of their Effectiveness

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Introduction

Therapy with nosode preparations represents a special field of homeopathic medicine. The application of nosodes involves the use of medications which have been manufactured in accordance with exactly defined specifications [1].

The German Homeopathic Pharmacopoeia stipulates the following as possible source material for nosodes:

- *Pathologically altered organs or parts of organs, as obtained from man or animals*
- *Killed cultures of microorganisms*
- *Products of decomposition from animal organs*
- *Bodily fluids which contain pathological agents or products of pathological processes.*

See Metelmann et al. for detailed information on the manner of production and the quality of nosode preparations [2].

As a rule, nosode preparations are causally applied, rather than being administered according to specific indications. For example, a tonsillitis nosode may prove highly effective in treating tonsillitis which is basically responsible for initiating an illness, e.g., sciatic pain of tonsillar origin. In most cases, nosodes are prescribed according to symptomatic as well as etiological similarity, the latter primarily on the basis of the patient's case history. Electro-acupuncture has revealed that nosodes can be employed with good success also in cases of momentary etiological similarity, i.e., for acute infections as well.

There is at present relatively little exact or detailed empirical material on the application of nosodes. In the following, the attempt will be made to obtain more substantiated assessment on the basis of post-marketing surveillance data.

Methods used in surveillance

As part of a project to document therapy data, 202 questionnaires on the use of nosode preparations were submitted by practicing physicians to the company Biologische Heilmittel Heel, of Baden-Baden, Germany, during the period between December of 1987 and March of 1990. Of this total, 14 of the questionnaires were discarded because they were improperly filled out or because they contained data on preparations which had mistakenly been assumed by the physicians to be nosode (e.g., organ preparations and other products not defined by the German Pharmacopoeia as nosodes). A total of 188 questionnaires was therefore included for evaluation, although a small number of these also contained incomplete personal data on the individual patients. Seventeen physicians took part in the post-marketing surveillance (see Table 1).

Table 1: Breakdown of physicians according to specialist fields

General practitioners	11
Internists	2
Ear, nose, and throat specialists	1
Naturopaths	2
Pediatricians	1

All physicians received the same questionnaire. The relevant personal and therapy data collected included the following: age and sex of the patient, diagnosis, type of nosode preparation used, mode of application, term of therapy, adjuvant therapy, results of nosode application, undesirable side effects, and dosage.

No criteria were established which might exclude a patient

from the study, in order that assessment of a comprehensive survey of therapy with nosodes would be possible.

The survey included a great variety of nosode preparations, with data received on the following Heel products:

Injeel preparations:

- Adenoma mammae
- Appendicitis-Nosode
- Arthritis urica-Nosode
- Asthma-Nosode
- Bacterium coli
- Bacterium lactis aerogenes
- Calculi bili
- Calculi renalis
- Carcinoma bronchium
- Carcinoma hepatis
- Carcinoma mammae
- Colibacillinum
- Coxsackie Virus A₉/B₄
- Echinococcinum
- Gastritis-Nosode
- Grippe-Nosode
- Hepatitis-Nosode
- Influenzinum-Nosode
- Luesinum-Nosode
- Mastoiditis-Nosode
- Mastopathia cystica-Nosode
- Medorrhinum
- Morbillinum
- Nagelmykose-Nosode (onychomycosis)
- Nageltrichophytie-Nosode (onychomycosis from trichophyton)
- Osteomyelitis-Nosode
- Otitis media-Nosode
- Pertussis-Nosode
- Polypus nasalis
- Polypus recti
- Psorinum
- Pyrogenium
- Salmonella paratyphi
- Salmonella typhi
- Scarlatinum
- Schweinepest-Serum
- Sinusitis-Nosode
- Staphylococcus
- Streptococcus haemolyticus
- Sutoxol
- Tonsillitis-Nosode
- Trichomonaden-Fluor
- Tuberculinum
- Varicellen-Nosode
- Variolinum

Complex preparations containing nosodes

In addition to other constituents, these preparations contain the nosodes listed below:

- Carcinoma compositum:
 - Carcinoma bronchium ferment (12x)
 - Carcinoma coli ferment (12x)
 - Carcinoma hepatis ferment (12x)
 - Carcinoma laryngis ferment (12x)
 - Carcinoma uteri ferment (12x)
 - Fibroma pendulum ferment (12x)
- Echinacea compositum S:
 - Grippe-Nosode (13x)
 - Streptococcinum (18x)
 - Staphylococcinum (18x)
 - Pyrogenium (198x)
- Solidago compositum S:
 - Pyrogenium (198x)
 - Colibacillinum (13x)
 - Coxsackie Virus A₉ (8x)

The above nosodes are administered in the form of Injeel preparations (15 / 30 / 200 x), as Injeel forte preparations (6 / 15 / 30 / 200 x), or as combination preparations which contain further constituents in addition to nosodes.

The patient population for the survey was 52.1% female and 45.7% male. The population was broken down into the following two main groups: children and other minors, and adults. Since no principal differences were determined between these two groups with respect to indications and application, the two sub-groups may for assessment be treated as one total population. The age breakdown among the population was as follows:

- up to 20 years old = 32.4%
- 21 to 50 years old = 38.8%
- over 50 years old = 28.6%

The ages ranged from several months to 77 years. See Figure 1 for a more detailed breakdown of ages.

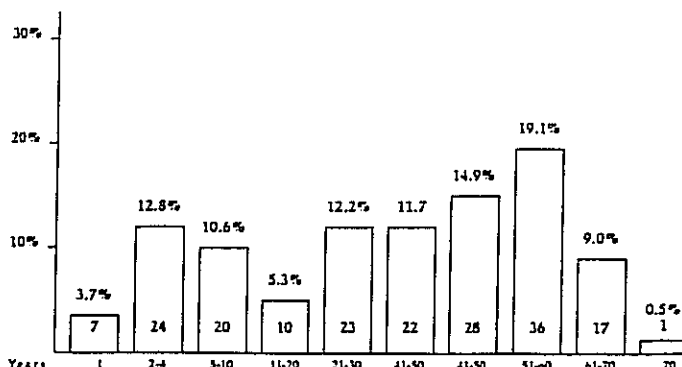


Figure 1: Breakdown of patients into age groups (n = 188)

Diagnosis and preparations employed

Table 2 provides an overview of the diagnoses and preparations prescribed. Data acquisition allowed recording of several preparations for one or more diagnoses, if such was actually the case.

Table 2: Diagnoses and preparations prescribed

Diagnosis group:	Frequency (including multiple occurrence):
1. Common cold Tonsillitis Rhinitis Sinusitis Infection of respiratory passages	56
The following nosodes were prescribed for the above group of illnesses (I. = Injeel preparation):	
<ul style="list-style-type: none"> • Coxsackie-Virus A₉/B₄-I. • Colibacillinum-I. • Echinacea comp., also containing the following nosodes: <ul style="list-style-type: none"> • Grippe-Nosode (13x) • Streptococcinum (18x) • Staphylococcinum (18x) • Pyrogenium (198x) • Euphorbium comp. (also containing Sinusitis-Nosode) • Grippe-Nosode-I. • Influenzinum-I. • Pertussis-Nosode-I. • Psorinum-I. • Pyrogenium-I. • Sinusitis-Nosode-I. • Solidago comp., also containing the following nosodes: <ul style="list-style-type: none"> • Pyrogenium (198x) • Colibacillinum (13x) • Coxsackie-Virus A₉ (8x) • Staphylococcus-I. • Streptococcus-I. • Tonsillitis-Nosode-I. 	
2. Lymphadenitis	3
The following nosodes were prescribed for the above illness (I. = Injeel preparation):	
<ul style="list-style-type: none"> • Tonsillitis-Nosode-I. • Sinusitis-Nosode-I. • Echinacea comp., also containing the following nosodes: <ul style="list-style-type: none"> • Grippe-Nosode (13x) • Streptococcinum (18x) • Staphylococcinum (18x) • Pyrogenium (198x) 	
3. Asthma Bronchitis	24
The following nosodes were prescribed for the above group of illnesses (I. = Injeel preparation):	
<ul style="list-style-type: none"> • Asthma-Nosode-I. • Carcinoma laryngis-I. • Echinococcinum-I. 	
4. Illnesses of the teeth and jaws	29
The following nosodes were prescribed for the above group of illnesses (I. = Injeel preparation):	
<ul style="list-style-type: none"> • Osteomyelitis-Nosode-I. • Polypus nasalis-I. 	
5. Otitis	11
The following nosodes were prescribed for the above illness (I. = Injeel preparation):	
<ul style="list-style-type: none"> • Coxsackie-Virus A₉-I. • Echinacea comp., also containing the following nosodes: <ul style="list-style-type: none"> • Grippe-Nosode (13x) • Streptococcinum (18x) • Staphylococcinum (18x) • Pyrogenium (198x) • Mastoiditis-Nosode-I. • Otitis-media-Nosode-I. • Sinusitis-Nosode-I. • Streptococcus haemolyticus-I. • Tonsillitis-Nosode-I. 	
6. Warts	2
The following nosode was prescribed for the above illness (I. = Injeel preparation):	
<ul style="list-style-type: none"> • Polypus nasalis-I. 	
7. Eczema	3
The following nosodes were prescribed for the above illness (I. = Injeel preparation):	
<ul style="list-style-type: none"> • Solidago comp., also containing the following nosodes: <ul style="list-style-type: none"> • Pyrogenium (198x) • Colibacillinum (13x) • Coxsackie-Virus A₉ (8x) • Sutoxol-I. • Tuberculinum-I. 	
8. Mycosis of the nails (onychomycosis) Vaginal mycosis	2
The following nosodes were prescribed for the above group of illnesses (I. = Injeel preparation):	
<ul style="list-style-type: none"> • Nagelmykose-Nosode-I. • Nageltrichophytie-Nosode-I. • Psorinum-I. • Trichomonaden-Fluor-I. 	

9.	12
Herpes disorders	
The following nosodes were prescribed for the above group of illnesses (I. = Injeel preparation):	
<ul style="list-style-type: none"> • Solidago comp., also containing the following nosodes: <ul style="list-style-type: none"> • Pyrogenium (198x) • Colibacillinum (13x) • Coxsackie-Virus A₉ (8x) • Varicellen-Nosode-I. • Variolinum-Nosode-I. 	

10.	13
Cardiocirculatory disorders	
The following nosodes were prescribed for the above group of illnesses (I. = Injeel preparation):	
<ul style="list-style-type: none"> • Coxsackie-Virus A₉/B₄-I. • Schweinepest-Serum-I. • Tonsillitis-Nosode-I. 	

11.	13
Gastrointestinal disorders	
The following nosodes were prescribed for the above group of illnesses (I. = Injeel preparation):	
<ul style="list-style-type: none"> • Asthma-Nosode-I. • Bacterium coli-I. • Bacterium lactis-I. • Bacterium lactis aerogenes-I. • Carcinominum comp. • Coxsackie-Virus A₉/B₄-I. • Gastritis-Nosode-I. • Luesinum-I. • Osteomyelitis-Nosode-I. • Polyarthritits-Nosode-I. • Psorinum-I. • Salmonella paratyphi-I. • Streptococcus-I. • Tonsillitis-Nosode-I. • Tuberculinum-Nosode-I. • Ulcus ventriculi-I. 	

12.	4
Liver and gallbladder disorders	
The following nosodes were prescribed for the above group of illnesses (I. = Injeel preparation):	
<ul style="list-style-type: none"> • Calculi bili-I. • Calculi renalis-I. • Carcinoma hepatis-I. • Hepatitis-Nosode-I. • Influenzinum-I. 	

13.	2
Kidney and bladder disorders	
The following nosode was prescribed for the above group of illnesses (I. = Injeel preparation):	
<ul style="list-style-type: none"> • Bacterium coli-I. 	

14.	11
Miscellaneous diagnoses	
The following nosodes were prescribed for the above group of illnesses (I. = Injeel preparation):	
<ul style="list-style-type: none"> • Arthritis-Nosode-I. • Carcinoma hepatis-I. • Carcinoma mammae-I. • Carcinominum comp. • Colibacillinum-I. • Coxsackie-Virus A₉/B₄-I. • Luesinum-I. • Mastopathia cystica-Nosode-I. • Medorrhinum-I. • Morbillinum-I. • Polypus nasalis-I. • Polypus recti-I. • Streptococcus haemolyticus-I. 	

Duration of complaints and of therapy

Analysis of the duration of complaints and of the therapy reveals that more than half of the patients had suffered from their symptoms for extremely long periods of time (see Figure 2). A closer study of the questionnaire data shows — when only the adults are considered — that around one third had suffered for more than 5 years, and that an additional third had experienced their respective illnesses longer than one year.

For the therapy as well, a relatively long period was required; more than 4 weeks for 55.9% of all cases covered.

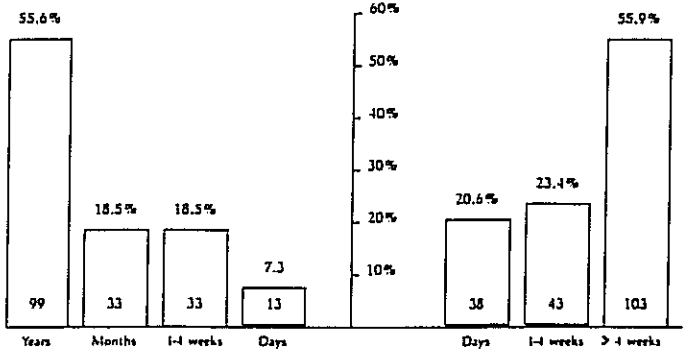


Figure 2: Overview of the term of illness (n = 178 questionnaires) and the length of therapy (n = 184 questionnaires)

Form of application

The physicians participating in this survey administered the nosodes in the form of subcutaneous, intracutaneous, intramuscular, intravenous, and preperitoneal injection

Although the manufacturer had not expressly recommended the preperitoneal mode). Administration is also possible by emptying the ampules into a glass of water and drinking the liquid. Combinations of several forms of application were employed by some physicians, and were included in the evaluation of data. Subcutaneous injection was the most frequent form (49.7% of all cases), followed by intravenous application (21.5%). The next most widespread mode was intramuscular injection, with 18.8%. Oral administration was represented in 5.7% of cases, with intracutaneous injection being performed twice. The latter form was most probably used as part of neural therapy. The preperitoneal form, with 14.1% of all cases, represents a rather infrequent and unconventional mode. Since I myself frequently administer nosodes in this manner, a short elaboration will follow on this possibility.

Preperitoneal application takes place at the 25th point of the stomach meridian and has several objectives. This point is effective as an alarm point for the large intestine, for purposes of therapeutically influencing intolerance or enteric complaints, in the sense of reflex therapy. Such administration ensures rapid assimilation into the body's metabolic processes, as well as fast onset of therapeutic action. Preperitoneal administration at this acupuncture point is particularly advisable in cases of symbiosis modulation.

Preperitoneal injection is not painful and, according to my experience after having administered several thousand injections, can be considered absolutely safe and effective for a great variety of nosodes. It is especially recommended in all cases for nosodes which are also capable of being administered intravenously. Patients receive such injections while lying on their backs and after abdominal palpation, with avoidance of the usual precautions for application of intramuscular injections. The patient recognizes that the needle level has been reached — the point of deposition of medication — upon experiencing an extremely slight, minute pain. If, on occasion, intraperitoneal injection of medication might occur, the results are not disadvantages for the patient. Caution: It is absolutely necessary in giving these injections that the plug of skin punched with the cannula be deposited (ejected) on a subcutaneous level and not deeper. Otherwise, the risk of infection is considerable. If these precautions are observed, no infection, and no injury to the intestine are possible, especially since the pain in any case shifts in a dorsal direction when the patient lies down. I have never observed any kind of undesirable effects with this technique; no reddening of the skin, no necrosis, and no kind of consecutive pain. Within the conventional following up on the patient's experience within one or two weeks after injection, I have never learned of any kind of significant side effects.

Dosage and potencies

On the basis of their own previous experience and success, the physicians included in this survey followed a number of different dosages with respect to dosage and potency. In general, injections take place once to twice a week (See Figure 3).

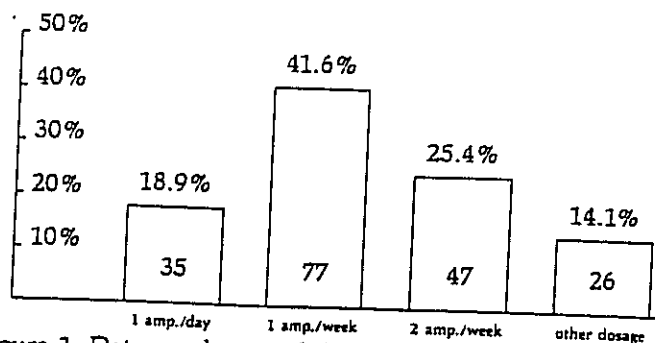


Figure 3: Data on dosage of the nosodes (n = 185)

As revealed by the survey, dosage will significantly vary according to the main age groups: infants and small children on the one hand, and older children and adults on the other. It was especially observed that physicians departed from conventional dosages for children. As a supplement to the data obtained in the survey, I would like in the following to provide a number of insights gained from my own practice.

Table 3: Therapy recommendations for nosode potencies and dosage

Children	Adults
Dosage	
<u>Up to 2 years:</u> 1/4 ampule	2 to 3 times weekly; with good response: 1 to 2 times weekly; administer 2 to 3 weeks
<u>Up to 5 years:</u> 1/2 ampule	
Potency	
<u>At the beginning:</u> low potencies: 4x (forte version)	<u>Chronic symptoms:</u> 15/30x at the beginning, also possibly 200x <u>Acute symptoms:</u> relatively low potencies: 6 to 15x, later 30x
<u>Later:</u> medium to high potencies (after 2 to 3 injections, the potencies 8 to 15/30x)	

Acute and chronic illnesses

In administration of nosodes, the difference between an acute and a chronic disorder is an especially important distinction to make. The more chronic the disease, the higher the potency. This rule of thumb also applied to the adult group in our survey.

In acute cases, 1 to 2 nosode injections will generally suffice to initiate the healing process. This can especially be observed in pediatric therapy. Healing effects usually appear 7 to 9 hours after the injection, and become most apparent through alterations of autonomous symptoms: perspiration following previously dry skin, diminishing of fever, dark urine, diarrhea, and the like.

The whole range of chronic diseases that a physician may encounter demands more detailed elaboration here. A chronic illness in a child generally progresses somewhat more "spontaneously" than in an adult. With an adult, the overall

terioration which accompanies aging, and the possible influence of a focal disorder, retard the rate of reaction. As a result, it is easily possible for a chronically ill child — for example, one with pronounced susceptibility to infection, chronic polyarthritis juvenilis, colitis syndrome, sinubronchitis astica, or the like — to show good progress toward convalescence after only 2 - 3 preperitoneal nosode injections. Adjuvant therapy which would support such recovery here might include diet without chicken's eggs and without products from cow's milk, as well as symbiosis assistance.

An adult, on the other hand, will generally need more injections and the physician should take care to vary the point which they are administered.

In any case, the therapeutic effects of the nosode injections will be enhanced by measures taken for symbiosis assistance.

In our survey, chronically ill patients received nosodes once a week in approximately 60% of the cases. An additional 30% were given the injections twice a week. The rest of the population received dosage according to other plans, some of them with daily injections, etc.

Evaluation of therapeutic effectiveness

In assessment of therapy success with nosodes, it is of course helpful to consider data which physicians provide on criteria such as previous therapy of other kinds, repeated nosode therapy, adjuvant medication, other accompanying therapeutic measures, as well as continued therapy of all kinds. The data submitted to us revealed that approximately 64% of the patients began the therapy without immediately previous treatment of other kinds. The remaining 54 patients were experiencing a repetition of the nosode therapy. For around 63% of the population, their physicians had administered adjuvant medication which, in 87% of these cases, took the form of neopathic medicinal products. For about one-fifth of the patients, forms of physical therapy were recorded. Acupuncture played a major role in accompanying forms of therapy, followed by reflex therapy and segment therapy.

The survey provided the doctors with a scale of five assessment choices to evaluate therapy. See Table 4 for the grading scheme and the results of the physicians' evaluation.

Table 4: Evaluation of therapeutic results (n = 182)

	Number	Percent
Very good	75	41.2%
Good	78	42.9%
Satisfactory	21	11.4%
Not successful	8	4.3%
Worsening	0	0.0%

Good to very good results were achieved in 84.1% of the cases. Therapy took place without success for only 4.3%.

Interpretation of results

Most strategies of therapy employed nowadays by orthodox physicians, with the means provided them by conventional medicine, cannot successfully treat the chronic illnesses con-

fronting us today. The primary reasons for such failure are the lack of etiological insights, concentration strictly on the symptoms of disease, and failure to determine the actual cause of illness. Products primarily employed by orthodox doctors include prostaglandin inhibitors, antihistamines, corticosteroids, and antibiotics. As a result of the severe side effects accompanying these medicines, which, in many cases, become subjectively noticeable only after considerable time has lapsed, the originally treated disease becomes chronic in nature.

Flow-cytometric and immunological measuring techniques, as well as methods for the determination of final immunopathological products, allow modern medicine to arrive at new insights on chronic diseases. It has accordingly been determined that over 95% of our chronic patients demonstrate acquired immunological disorders (see V. Dostal, [4]). According to current knowledge of immunology, these include the following:

- Disorders in cellular and humoral resistance processes
- Disorders in regulative and functional functions
- Disorders in pathophysiological processes, in association with immune complexes, histamine, serotonin, kinin, complements, and the like.

The above disorders are definitely associated with the body's defense mechanisms, and are over a broad range of cases initiated by focal disorders.

Nosodes as used in medicamentous therapy represent agents used to initiate movement of pathogenic substances from the interior of cells into extracellular circulation systems. In many cases, this will involve the elimination of pathogenic, circulating immune complexes, with subsequent functional reactivation of previously blocked macrophages and with ensuing transfer of antigen impulses onto the T- and B-cell system. Other cases will concern modulation of the helper/suppressor cells, with activation of the natural killer cells and macrophages. In all cases, however, the critical factor is success in overcoming the causal disorders in the body's defense mechanisms. If the physician and his therapy are effective in achieving this end, then symptoms of chronic diseases will disappear within 8 days to 6 months (see Dostal and Schleicher). This viewpoint is fully in accordance with the therapeutic experience gained by the physicians who took part in this survey, as confirmed by the following data obtained:

- In more than 55% of the cases, the doctors treated patients, with success, as verified by the grading scheme above, who had suffered from diseases for years on end.
- In almost half of the cases treated, therapy of only 4 weeks sufficed to achieve either good or very good results.
- N.B.: if the assessment "satisfactory" is also included, then the highly impressive success rate of 95% of cases is achieved, in which not only positive therapeutic results were obtained, but in which the quality of life of the patients was significantly enhanced.

Therapeutic success with nosodes in this survey was highly impressive, despite the chronic nature of the symptoms,

Nosode Therapy

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or the following diagnosis group:

- Common cold
- Tonsillitis
- Infections of the respiratory organs
- Sinusitis.

Good success was achieved after an average of 10 days of therapy for these illnesses. If the group of patients with asthma is also included in our evaluation, then the overall assessment of therapeutic success turns out to be even more positive.

As evident from analysis of the questionnaires, causality-related similarity (i.e., anamnestic-etiological similarity) is not absolutely necessary for treatment of all diseases with nosodes. In cases of complex illnesses, as applies to asthma, for example, the therapeutic application of symptomatic similarity is perhaps not only easier, but also probably more effective for the course of nosode therapy. In any event, the selection of nosodes according to symptomatic similarity enabled impressive success in our survey in treatment of the multifaceted illness represented by asthma. Of the 24 asthma patients covered in this study, 20 enjoyed good to very good results from nosode therapy with the Heel product Asthma-Nosode Heel. Similarly satisfying success is also documented in the survey for the groups of patients suffering from mycosis and herpes diseases. For the herpes patients, the herpes nosode yielded good to very good therapeutic results after only four weeks of therapy.

Insofar as such can be inferred from the data on the questionnaires, individual reports of apparent failures of nosode therapy cannot necessarily be interpreted as being caused by ineffectiveness of the nosodes themselves. It appears, rather, that the lack of success here was due to incorrect conclusions drawn by the physicians, or to poor selection of nosodes on the basis of similarity.

In cases of acute disorders, it is absolutely necessary for the physician to make his or her nosode selection and plan the therapy in accordance with the following distinction:

Whether the symptom picture represents a reaction phase (in terms of Hans-Heinrich Reckeweg's Six-Phase Table of Intoxication), in which the organism is attempting to eliminate a pathogen via an "... itis" phase, or whether the symptom picture represents an infection.

If the patient is actually undergoing a metabolically related reaction phase, the nosode will amplify the reaction. In other words, it will accelerate and channel the elimination of toxins from the body. Even if the wrong nosode is selected, no harmful applications of any kind will occur, since such an incorrect choice would only activate other immune mechanisms which would not significantly affect the actual pathological processes of healing taking place.

On the other hand, the patient is in fact experiencing an infection, this process involves acute, feverish diseases for which pathogenic agents not only penetrate into the organism, but also multiply there. The body's ability to withstand the large number of pathogens will depend on its powers of

resistance. Since nosodes are not antibiotics, i.e., they possess no bactericidal or bacteriostatic properties, they are not capable of killing pathogens or inhibiting their increase.

Instead, a nosode functions by freeing intracellular toxins – according to Reckeweg, this involves the deposition and impregnation phases – and by rendering them capable of being transported out of the organism. These functions are illustrated very well by the excellent action of nosodes in the therapy of viral infections, which are well known to cause very rapid intracellular damage. It is, after all, no mere coincidence that holistic physicians are so thankful for the great effectiveness of nosodes in treatment of Coxsackie A₂/B₄ virus and of various forms of herpes virus. In our survey, therefore, it is no surprise that nosodes consistently enabled good to very good therapeutic results, in conjunction with very short duration of treatment.

One of the mistakes made by the physicians in the survey, as discovered by analyzing the questionnaires, was the prescription of Pertussis-Nosode in the incubation stage of a pertussis infection (whooping cough). During the incubation period, the pathogens will multiply considerably, but the toxin will develop and exert its full effects only later. The same mistake was analogously made in prescription of a degeneration-phase nosode (Carcinoma bronchi) for chronic laryngitis.

For the same reason, doctors should take care not to employ Granuloma dentis Nosode in an attempt to eliminate a dental granuloma, since it should, in any case, be removed by other means. This nosode is, however, well suited for healing of remote disturbances originally caused by a dental granuloma, including sinusitis, nasal polyps, and sciatic pain. Nosode therapy based on this standpoint can indeed be highly successful; in our study, one-third of the patients treated showed good results under such conditions, and two-thirds of the results were graded very good. Similar evaluation was obtained for a greater number of additional nosodes which require only one-time administration.

If a patient indicates that he or she has suffered under certain symptoms for years at a time, this is a sure sign that the illness is in the deposition or impregnation phase. This indicates, in other words, that intracellular deposition is involved, or it points to a focal disorder with lymph stasis. Tonsillar hypertrophy, chronic appendicitis, and the respective excision scars are evidence of a latent, dysbiotic, enteric cell milieu system which has existed since childhood. And it is precisely a disturbed intestinal environment, from which around seventy percent of the population of Western societies suffer, which allows initially minimal focal disturbance factors to develop (at least from a subjective standpoint) into overpowering symptom complexes. The symbiosis control measures required here properly involve both regeneration of the afflicted mucosae (through an antigen-free diet after Werthmann, and abstention from cow's milk and chicken's eggs), as well as a healthy bacterial terrain. Such measures will considerably speed recovery.

nosodes in combination preparations

In the Heel combination preparations which contain nosodes, the action of the nosodes is amplified by the effects of various homeopathic constituents. The detoxification of the connective tissue and the enhancement of elimination functions made possible through therapy with such preparations contribute to the overall therapeutic result.

In the following, I would like to go into slightly further detail on two combination preparations from Heel which were included in the context of this survey: *Solidago compositum* and *Echinacea compositum*.

Echinacea compositum

This remedy contains the nosodes *Influenzinum*, *Streptococum*, and *Staphylococcinum*, in medium potencies. Its composition makes it particularly effective for catarrhal infections.

As a result of its immune-modulating effects with T-lymphocytes (see Wagner in source [8]), *Echinacea* reinforces nosode processes. In pediatric therapy, this preparation can be easily administered orally for 7 to 10 days, for very active arrest of pharyngeal catarrh. Dosage in such cases could be 1/2 – 1 ampule, taken once a day in one tablespoon of fruit juice.

Solidago compositum

The therapeutic spectrum of this preparation is determined chiefly by two nosodes: *Coxsackie A₉-Nosode* can be effectively administered for chronic disorders of the cardiocirculatory organs, the intestinal system, and the genitourinary tract, as they occur in association with influenzal and common-cold-type infections. The therapeutic results for this preparation were accordingly judged as quite effective in our survey. The nosode *Colibacillinum* should also be mentioned in this connection, as an ideal supplementary constituent for therapy of urinary tract infections.

Conclusion

In order to enhance even further the therapeutic results obtainable with nosodes, especially for chronic disorders, holistic medicine presently requires effective immunological monitoring.

This need is brought home again and again, especially in such doctors encounter patients with long standing complaints, mostly from unknown focal disturbances. Dental

granuloma, osteitis of the jaw, impacted wisdom teeth, and chronic appendicitis are examples here. The activation of these foci during the progress of an illness can represent a severe burden for the overall organism. The result is a rapid worsening of the patient's immunological situation, which can trigger a serious crisis or cause the particular disorder to become chronic in nature. The attempt to restore the cellular defense capability of the patient will optimally succeed only through elimination of the focal disturbance, in conjunction with administration of the respective nosodes. If therapy is not performed in this manner, the probability is indeed great that diseases of the type included in the survey questionnaire will develop.

In accordance with currently available insights into the interrelationships between immunological weaknesses and the excellent therapeutic effects of nosodes, it can only be hoped that they will experience much broader use in the future.

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