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CASE-REPORT

Title: Utility of Nosodes in Homoeopathy: A Case Series

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ABSTRACT

Introduction: Nosodes are the homoeopathic remedies prepared from the pathological substances or products which means using potentially dangerous noxious materials as a basis and converting to harmless, non-toxic therapeutic form after potentisation. These preparations are derived from inactivated pathological materials, encompassing cultures of microorganisms such as bacteria, fungi, and viruses, as well as parasites, diseased or pathologically altered tissues, and decomposition products originating from human or animal sources. In homoeopathy , nosodes have a significant importance, they can be prescribed as common, intercurrent, anti-miasmatic, or acute remedies, etc., depending on the individualisation of the case and physician's approach.

Case summary: 1. A 65 year old man presented with atopic dermatitis of left lateral side of neck, Bacillinum 200 was given as an inter-current medicine. 2. A 24 year old male came with the complaints of acne vulgaris, after case taking and repertorisation; Psorinum 200 was given as a simillium. 3. A 20 year old female presented with the complaints of abnormal uterine bleeding, after case taking and repertorisation; Tuberculinum 200 was given as a simillium. All the cases showed improvement in the symptoms of the patient, thereby emphasizing on the utility of nosodes in homeopathic practice.

Keywords: Homoeopathy, Individualisation, Nosodes

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INTRODUCTION

The term 'Nosode' is originated from the Greek word 'Nosos' meaning 'disease'. Nosodes comprise dilutions of pathogenic organs or tissues; causative agents such as bacteria, fungi, ova, parasites, virus particles and yeast; disease products; excretions or secretions.^[1,2] Constantine Hering pioneered the concept of nosodes and conducted the first proving of Psorinum on himself, thereby using a morbid agent as a basis for a remedy.[3] Since the advent Homoeopathy, homoeopathic physicians have employed more than sixty distinct nosodes, which continue to play a vital role in clinical practice.^[4] Due to diverse, pathological nature and origin of nosodes it is recommended that they require individual safety assessment and further special precautions. Nosodes derived from human gut microbiota are specifically termed bowel nosodes.^[5]

Depending on the nature of source material, the HPI has classified nosodes into the following four groups:^[6,7]

- N-I: Preparations made from bacterial endotoxins
- N-II: Preparations made from microorganisms capable of producing exotoxins
- N-III: Preparations made from purified toxins
- N-IV: Preparations made from microorganisms or diseased subjects.

Like other homoeopathic remedies, nosodes are simple to administer and are associated

with minimal adverse effects. They contribute in maintaining the normal physiological functions of the body's organs and promote holistic healing of the patient.^[7] Nosodes can be administered in various ways—both as therapeutic agents and homoeoprophylactic remedies during epidemics. While their application in routine clinical practice tends to be limited and less emphasized, their use during epidemics demands careful consideration, systematic planning, and coordination due to their administration on large a Therapeutically, nosodes are utilized in both infectious and non-infectious conditions, either as an initial prescription or as an intercurrent remedy when a case reaches a standstill.[8]

They can also be considered when symptoms are lacking in a case or as a miasmatic remedy in chronic cases.

Here, we report some cases to show the efficacy of nosodes in homoeopathy. They were given as a constitutional medicine in two cases while as an intercurrent medicine in other caseafter considering the totality.

CASE SUMMARY 1

A 65 year old man presented with the complaints of blackish eruptions and itching on right side of the neck (lateral side) since 6 months. The area also bleeds on scratching. Eruptions were earlier of reddish colour with mild itching, but with time eruptions have turned black with increase in intensity of

itching especially at night. Patient had earlier taken allopathic medicine with relief for some time and then the condition relapsed. He had stopped taking allopathic medicine 3 months back. After this he took homoeopathic medicine for 2 months but without any relief. He has history of recurrent cold and cough since childhood. He had suffered from pneumonia in childhood, tuberculosis at the age of 25 years, jaundice at the age of 40, dengue at the age of 54. His mother is a diabetic patient and has history tuberculosis, father is diabetic and hypertensive and had history a of tuberculosis. The patient is very irritable and melancholic. He has great desire for spicy food and perspiration more on forehead, he is a chilly patient. On examination he had enlarged lymph nodes of neck which were tender. Bleeding was seen on the right lateral side of neck.

DIAGNOSIS

Atopic Dermatitis

TREATMENT HISTORY

On the basis of repertorial totality Arsenic album 200 one dose was given followed by sac lac 30 for 1 week. After 2 weeks there was no improvement seen in the patient. Considering there was a strong history of tuberculosis in the family along with tendency to take cold he was prescribed Bacillinum 200/OD/1 day.

REPERTORIAL TOTALITY

- Head-perspiration of scalp-forehead
- Skin- eruptions-bleeding
- Skin- eruptions- itching- night
- Generals-foods and drinks-spices-desire

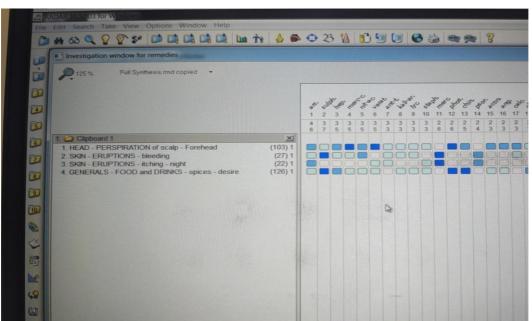


FIG 1.1- REPERTORIAL SHEET

Follow up table: Table-1

DATE	SYMPTOMS	PRESCRIPTION	
13/1/25	Eruptions on neck with	Arsenic 200/OD/1 day	
	itching and bleeding	Sac/Lac 30/4 pills two times	
		in a day/1 week	
29/1/25	Status quo, no relief in	Bacillinum 200/OD/1day	
	complaints	Sac/Lac 30/4 pills two times	
		in a day/1 week	
7/2/25	Eruptions better, itching	Sac/Lac 30/4 pills two times	

	better skin looks clear	in a day/1 week
17/2/25	Relief in all complaints	Sac/Lac 30/4 pills two times
		in a day/1 week



Figure 1.2: Picture showing lesions with bleeding (photo taken on 13/1/25)



Figure 1.3: no relief in the lesions (photo taken on 29/1/25)



Figure 1.4: Picture showing improvement with less bleeding (photo taken on 7/2/25)



Figure 1.5:Skin looking smoother (Photo 4 taken on 17/2/25)

CASE SUMMARY 2

A 24 year old male came with a complaint of pustular eruptions on his face mostly on forehead and bilateral cheeks since 1 year. They were painful and itching when touched and slight bleeding is observed on scratching. He took allopathic local steroid ointment and anti-inflammatory tablets prescribed by doctor but got temporary relief. Eruptions started with itching now they have become painful on touch and leave scars. He had a history of typhoid 8 years back, he took conventional treatment. His father had diabetes mellitus and his mother had hypertension. He had a huge business loss for which he blames destiny and himself since he started the business against his family's will. He lacks confidence, worries about future, thinks everyone makes fun of him. Thermally, he is chilly. He has increased thirst, always carries water bottle with him. Profuse perspiration all over body with offensive smell. According to his father, patient never obeys or does what he is told to do. He does everything according to him.

DIAGNOSIS

Acne vulgaris

TREATMENT HISTORY

In this case Psorinum 200c one dose along with sac lac for 15 days on (10.6.2024)was prescribed after considering the totality.

REPERTORIAL TOTALITY

MIND-MOOD- repulsive

MIND-DELUSIONS: laughed at and mocked at; being

SKIN- ERUPTIONS, pustules PERSPIRATION-ODOR- offensive

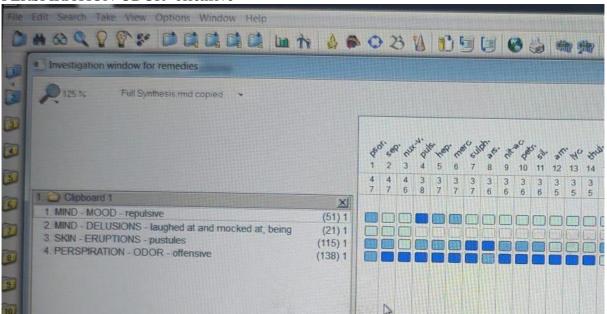


Fig: 2.1 Repertorial sheet

Follow up table: Table 2

Follow up date	Symptoms	Prescription	
10/06/2024	Itching and painful eruptions	Psorinum 200C 1dose + Sac	
	on his face which bleeds on lac 30, 4 pills BD for		
	scratching	days.	
26/06/2024	Itching and pain in eruptions	Sac lac 30, 4 pills BD for 15	
	reduced by 50%,	days	
	offensiveness in perspiration		
	is less		
13/07/2024	No pain and itching in	Sac lac 30, 4 pills BD for 15	
	eruptions, size of eruptions	days	
	reduced than before, no new		
	eruptions were seen.		
30/07/2024	Offensiveness of perspiration	Sac lac 30,4 pills BD for 15	
	is mild, no new eruptions	days	
	were seen, mentally feels		
	more calm.		



Figure 2.2: Image showing acne with pus and blood(taken on 10/6/24)



Figure 2.3: Image showing acne with pus and blood (taken on 10/6/24)



Figure 2.4: Image showing acne with pus and blood(taken on 10/6/24)



Figure 2.5: Image showing improvement in pus and blood in the acne(taken on 26/6/24)



Figure 2.6: Image showing improvement in pus and blood in the acne(taken on 26/6/24)

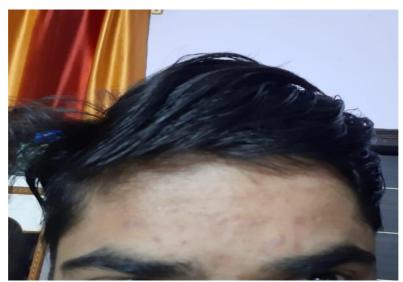


Figure 2.7: Image showing improvement in pus and blood in the acne(taken on 26/6/24)



Figure 2.8: Image showing improvement in pus and blood in the acne(taken on 30/7/25)



Figure 2.9: Image showing improvement in pus and blood in the acne(taken on 30/7/25)



Figure 2.10: Image showing improvement in pus and blood in the acne(taken on 30/7/25)

CASE SUMMARY 3

A 20 year old female came with a complaint of prolonged and painful menstrual flow since 7-8 months. The character of menses was long lasting (12-15 days), flow was normal sometimes few clots were observed, painful, and 10-15 days early from her last menstrual date. She took conventional treatment for 2 months but got no relief. She was advised for an ultrasonography which was normal. She had a history of tuberculosis of lung for which she took complete course of ATT at the age of 14 years. She is chilly and had a tendency to catch cold at every change of weather. She has low appetite. She likes to travel but finds difficult to do so because of her menstrual complaints. She is irritable and gets angry easily.

DIAGNOSIS

Abnormal uterine bleeding

TREATMENT HISTORY

In this case, after considering the reportorial totality and history of tuberculosis, one dose of Tuberculinum 200 and Sac lac 30 was prescribed for 15 days. Pictoral Blood Loss Assessment chart (PBAC) scale was used to assess the changes in the character of menses and visual analog scale (VAS) was used for changes in intensity of pain. The PBAC score was 118 and VAS score was 9 before the treatment. After the treatment, PBAC⁹ score decreased to 67 and VAS¹⁰ score decreased to 1.

Follow up table: Table-3

FOLLOW UP	SYMPTOMS	PRESCRIPTION	(PBAC)	VAS
DATE			SCORE	SCORE
4/09/2024	Prolonged,painful	Tuberculinum 200/	118	9
	menses	1 dose + Sac lac 30/		
		4 pills BD / 15 days		
23/09/2024	LMP- 12/09/2024,	Sac lac 30/4 pills	89	2
	Pain decreased by	BD/ 1 month		
	80%, lasted for 8-10			
	days, flow was			
	normal.			

22/10/2024	LMP-	Sac lac 30/4 pills	67	1
	15/10/2024,menses	BD/ 1 month		
	lasted for 6 days,			
	mild pain, flow was			
	normal.			

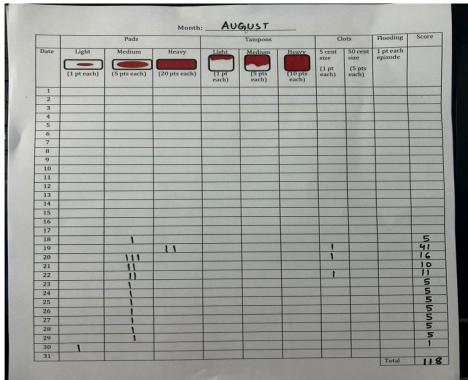


FIG: 3.1 PBAC SCORE⁹ ON 4/09/2024

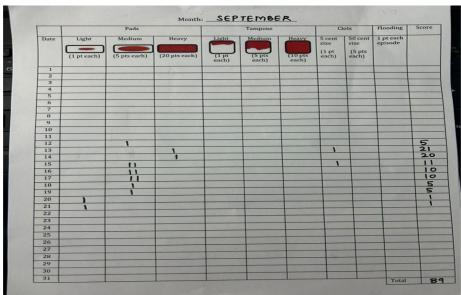


FIG: 3.2 PBAC SCORE⁹ ON 23/09/2024

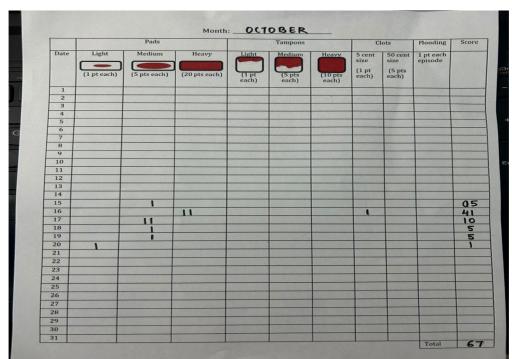


FIG 3.3- PBAC SCORE⁹ ON 22/10/2024

DISCUSSION

Nosodes, prepared from diseased products of plants, animals and humans were earlier looked as an anti-miasmatic remedy, given intercurrently. They remove the obstruction in the action of the medicine hence helping in getting the clear picture of the disease.Nosodes can also be used as prophylactics and are used in the epidemics. Diptherinum was used as a prophylaxis in the epidemic of diphtheria, no case of diphtheria was reported in the family which were given diptherinum as prophylactic8. Following the cases of this case series, the efficacy of homoeopathic nosodes as an individualised homeopathic medicine can be discerned. Nosodes are deep acting medicines therefore their frequent repetition is avoided. Before repeating any nosode, ample time should be given to observe the changes. Also, they should be given in high potencies to evade any aggravations in the patient. This case series highlights the deep action of nosodes on human body.

All the cases were repertorised using Synthesis Repertory from RADAR software. Single dose of each of the nosode (bacillinum, psorinum and tuberculinum) was given along with Sac lac. Improvement in the patients was seen since the administration of the medicine. Improvement in the condition was shown through photographs in two patients and one patient was assessed on the basis of Pictorial Blood Loss Assessment chart (PBAC)⁹ and VAS scale10.

The Pictorial Blood Loss Assessment chart (PBAC) score was introduced by Dr. A.J.S. O'Brien in 1988. The purpose of this scale is to quantify menstrual blood loss in women in the cases of menorrhagia. The score is based on the quantity of blood observed by sanitary products (pads or tampons) and the presence of clots during menstruation. It assess blood loss by assigning scores to the number of soaked sanitary products, such as pads or tampons, and the amount of clotting observed during menstruation.

Each sanitary item is assigned a score based on its saturation level, with higher scores reflecting greater blood loss. A score of 100 or more generally indicates HMB (heavy menstrual bleeding). [9]

The Visual Analog Scale (VAS) is a validated, subjective measure which is used in cases of acute and chronic pain. Scores are assessed by making a handwritten 10cm line which represents a range between "no pain" to "worst pain". 0 stands for no pain and 10 stands for worst pain10.

CONCLUSION

Nosodes are one of the most important part of homoeopathy. Nosodes should not only be looked as intercurrent medicines but also as individualised homoeopathic medicines in the cases where they are covering the complete totality of symptoms in the patient. Despite the fact that nosodes show impeccable results, there is some restrain among homoeopaths regarding the efficacy of nosodes as individualised homeopathic medicines. Potency selection and ample time for the action of medicines as they are deep acting, should be kept in mind while prescribing them. Nosodes are an added armour in the chest of homeopathic medicines using which the resistant cases have also shown wonderful progress.

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DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained the patient's consent for anonymously reporting

his clinical information and investigation report in the journal.

CONFLICT OF INTEREST (COI)None.

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NIL

ABBREVIATIONS

FIG- Figure

PBAC- Pictoral Blood Loss Assessment Chart

VAS- Visual Analog Scale

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