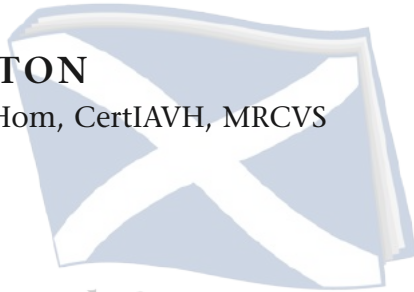


Bowel Nosodes in Homeopathic Practice

Third Edition

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Traditionally associated remedies

Calc Fluor, Calc Hypophos, Calc Phos, Calc Sil, Kali Phos, **Merc Viv**, Natrum Phos, Natrum Silicofluor, **Phosphorus**, Phytolacca Dec, Pulsatilla Nig, **Silicea**, Syphilinum, Zinc Phos.

General considerations

Gaertner Bach has the closest link to the syphilitic miasm of all of the bowel nosodes, and there is also a connection to the cancer miasm. Although Syphilinum is not listed as a leading remedy of its associated remedy group, nevertheless John Paterson (1936) stressed its usefulness in cases where the appropriate NLFB are found in the stool. Wheeler (1924) stressed a psoric side to the picture, citing Sulphur, Lycopodium and Psorinum as having connections. John Paterson found the NLFB in 1.27% of his samples whilst Elizabeth Paterson identified them in 3.33% of her clinical cases. No positive findings were recorded among the dog and cat samples (see Chapter 2), although the small size of the samples may account for that. Certainly Gaertner Bach is as useful in animals as any of the other bowel nosodes.

The Gaertner NLFB have been found particularly in cases of malignancy (Roppe, quoted by Agrawal 1995) and the changing patterns of disease, particularly the increase in the incidence of malignancies in modern times, may well be leading to an increase in the indications for this nosode. It must not be thought, however, that its usefulness is limited to such conditions.

The theme of the remedy is generally regarded as 'malnutrition', which may arise from a number of causes, and emaciation is a common accompaniment to that condition. However, 'emaciation' should be considered as another theme in its own right, and marked emaciation is itself a strong indication for the use of the nosode, whatever the cause. Nor should its

use be forgotten in cases where weight and general health have been lost due to an acute condition that has been resolved, but where there is an ongoing failure to thrive in spite of good nutrition and other management/lifestyle factors. The nosode has a strong connection with nutrition in general and its greatest action is seen in the alimentary system, and anything that interferes with the normal digestive and absorption functions of the bowel may produce the remedy state. Such conditions are frequently found at the extremes of life. The nosode is sometimes called the 'children's nosode', and problems at the time of weaning, with the change over from mother's milk to a more solid diet may call for it – indeed any disturbance of the alimentary tract in children may be helped. Elizabeth Paterson recommended its use for teething in cases where other remedies, especially Chamomilla, failed to act. Its use is particularly recommended in cases where teething is linked to recurrent ear problems (Agrawal 1995). In these cases a dose of Gaertner Bach 30c and a dose of Silica 30c the next day is recommended. Fast-growing children on a poor diet can also benefit – indeed any child or young animal that is failing to thrive may be helped.

An aetiology of infection may be present, especially if upsets subsequently occur from the overuse of antibiotics, and the nosode is one of the remedies of use in clearing a case that has been abused in this way. The nosode should be considered in cases of coeliac disease. Digestive allergies, particularly those affecting the colon may also be an indication. It is also of use in cases of worm infestations although, of course, additional appropriate treatment to remove the worms will be necessary. The nosode is claimed to clear threadworms from the body, but in the author's experience it is unwise to rely completely on homeopathy for the elimination of any type of worm.

Malignancy of the bowel, especially in the elderly, is another major indication, where the accompanying emaciation may be the initial sign that is recognised.

Any case of intractable diarrhoea with the almost inevitable loss of condition, whatever the cause, may be helped by the nosode.

Two features that often, but not invariably, accompany these conditions are, firstly that the malnutrition and emaciation occur in spite of a good appetite, and secondly that they are often accompanied by much mental activity, sometimes tipping over into physical hyperactivity.

Materia medica

There is no marked laterality to the nosode. Nervousness, apprehension and cold will aggravate all symptoms. There is an amelioration in company and also from heat, although a stuffy atmosphere will aggravate.

The mental state is marked by much nervous activity and very great sensitivity to stimuli at all levels. Wheeler considered it to be the supreme remedy for neurasthenia (1924). Problems with communication and feelings of vulnerability are seen. High intelligence is seen and children can appear precocious, although depression, irrational guilt and lack of confidence are also found. There may be pessimism and a generally negative attitude to life. Patients can be 'talked out' of these latter but quickly revert if the encouragement is removed. Fears are intense, particularly about the dark and being alone, which may be a reflection of the general lack of confidence that is often seen in the type. There is much brooding and worrying about all aspects of life, sometimes leading to resentment about particular things. Sleep can be restless and accompanied by unpleasant dreams. Children will often need a nightlight on or the company of another person, preferably the mother; although once they are asleep they will sleep for a long time. This insecurity is also seen in anticipatory anxiety when faced with new situations, and these will be avoided wherever possible. When faced with new situations and people, the coping mechanism includes conforming to the group and a desire to please its members. The associated mental unease and insecurity leads to a need to know exactly what is happening, and why, at all times. The sensitivity to noise can be so great that it spills over into fear, and storms are particularly distressing. There are also nameless fears and a tendency to claustrophobia. There is a restlessness about the type, primarily involving the limbs; also an inability to concentrate, and general excitability. Trifling matters upset and irritate them very easily. Children will bite their nails and animals may similarly nibble their feet or lick other local areas of the body.

A range of subjective eye symptoms are a feature, with flashes of light and dark specks being commonly recorded, without corresponding pathology of the eye. Ear discharges, especially in children, are found and idiopathic deafness has been helped on occasion (Wheeler 1924).

The cardiovascular system is similarly affected with either purely subjective symptoms such as palpitations, or, if a lesion is present, symptoms out of all proportion to its severity. Arterial degeneration is also seen.

The mouth has dry eruptions around the lips and fissures on the tongue together with much salivation. The teeth are of poor quality and may be blackened. Gastroenteritis is commonly seen with pain in the stomach, and

both mucus and blood in the motions. Excess acidity leads to dilation and discomfort of the stomach. Vomiting occurs easily, especially after sweets, for which there is a strong desire. The vomiting will often induce a headache. There is also a desire for oats, cheese, sugar, eggs and milk puddings, although eggs and milk may upset. Aversion to bread, butter and animal and fish protein is found. The appetite may be faddy, and it is one of the remedies to consider when patients require constant dietary stimulation and changes of food to keep them eating. The most marked feature is an inability to digest fats. Constipation is seen but the more common feature is an offensive diarrhoea with a cyclical pattern accompanied by irritation around the anus.

Colds with a cough that is worse at night are seen, with some involvement of the bronchi. Nasal catarrh accompanies this, and nasal polyps are also found.

The genital system is not a major site of activity for the nosode, the only symptoms being a copious offensive leucorrhoea with pruritis of the genitalia in the female and hydrocele in the male. The urinary system is affected, with blood and mucus in the urine and burning in the urethra.

Rheumatism and fibrositis are seen in the shoulders, hands and feet. Irritant blisters occur on the soles of the feet. Sciatica and great pain in the lower back and hips is described. All the symptoms are worse at night.

Pustular skin eruptions are found on the head, neck and back, together with urticarial eruptions. There is a susceptibility to chilblains, and boils on arms and legs feature in the picture.

GAERTNER BACH

Mind	Nervous activity. Overactive mind. Great sensitivity to stimuli. Intelligent, precocious children. Pessimism > encouragement. Marked nameless fears. Easily upset. Excitability.
Head	Vomiting induces headache.
Face	Functional disturbances of eyes. Mouth ulcers. Eruptions around lips and tongue. Poor quality teeth. Ear discharges and idiopathic deafness.
Abdomen	Acidity with dilation and pain in stomach. Vomiting especially after sweats. Blood and mucus in motions. Offensive diarrhoea. Inability to digest fats. Allergies.
Appetite	Desires oats, cheese, sugar, eggs and milk puddings. Aversion to bread, butter, animal protein. Capricious and faddy appetite.

 GAERTNER BACH (continued)

Cardiovascular	Palpitations. Arterial degeneration. Severe symptoms.
Urogenital	Copious offensive leucorrhoea. Irritant genitalia. Blood and mucus in urine. Urethral burning. Enuresis.
Respiratory	Nasal catarrh and polyps. Cough < night. Bronchitis.
Musculoskeletal	Sciatica and pain in lower back and hips. Rheumatism and arthritis in shoulder hands and feet.
Sleep	Restless. Unpleasant dreams.
Skin	Eruptions on back, head and neck.
Modalities & Generalities	< cold, nervousness, stuffy atmosphere, night > company, heat. An aetiology of use/overuse of antibiotics. Scratching/biting nails from nervousness.

CASE 9.1 A frustrating dog

An apparently healthy dog is affected by appetite problems and inability to gain or retain body weight. The use of the indicated bowel nosode and some of its associated remedies produces the desired effect.

The frustration in this case was felt by the owner of a fifteen-month-old neutered female boxer dog with an eating and weight problem. The dog had been acquired at eight weeks of age and had appeared normal in all respects. Although she had been the smallest of a litter of six she had been within the acceptable size range for a litter. Whilst still with the breeder she had gained weight steadily in proportion to her size but had not caught up with her litter mates to any significant degree. The first part of the standard vaccination course had been given when she was eight weeks old, immediately after leaving the breeder, and this was followed by the second injection at twelve weeks. A booster vaccination had been given three weeks before the first homeopathic consultation. There had been no observed reactions to these procedures. Routine worming had been carried out by the breeder using a product freely available on general sale, and following that a broad spectrum prescription-only anthelmintic had been

administered after the second part of the primary vaccination. Subsequently routine broad spectrum worming had been carried out at approximately four month intervals using prescription products.

The owner was a single lady and there were two other dogs in the household, a Border Collie and a Cocker Spaniel. Although both were older than the patient, neither was an old dog, and as the owner had a large garden with access to woodland, all three got much exercise. They were friendly together and the owner was unable to identify a top dog between them. The only hint of possible trouble came from the patient, who was vocally territorial. Any visitors would set her off into a paroxysm of barking, although once it became clear that they were acceptable and were admitted she ceased, gave them a brief examination and then retired. The other expression of this trait was that if she was in her bed and anyone, either owner or one of the other dogs, came too near she would growl. She had never done more than that and the owner was not worried as she did 'not think that she meant it', since if she was ever shown any aggression by another dog she would immediately run off.

The dog was described as being extremely lively and interested in everything. She liked attention, but would rarely stay still long enough to receive much fussing, although she appeared to like it one the few occasions when it had happened. She was basically obedient and was described as being sensitive to all impressions and moods. She had no great fears, but was worried by noise if she did not know where it was coming from. She was keen on heat and would lie in the sun and near a fire if possible. Continuous exposure to heat did not cause her to pant excessively or become in any way distressed. She was happy to go out in cold weather provided it was to do something active.

Although her skeleton had grown normally, she had always been on the thin side. She was living an extremely active life and had a poor appetite. This combination had been thought to be the cause of the thinness and no action had been taken. She had been neutered at six months of age, before her first oestrus (menses), without any complications. At the physical examination prior to surgery, and also at the check over prior to vaccination, all had appeared normal.

When she was ten months old there had been some weight loss, with no illness or other upset to account for it, and no change in temperament or activity. The owner had tried several changes of diet

to correct this but with no great success. There had been some temporary weight gain on a raw meat diet, but this had subsequently been lost again. One of the problems throughout this time had been the dog's unwillingness to eat either well or consistently.

Investigations revealed a slight elevation of the liver enzymes, but these were not considered to be clinically significant. Bile acid and foliate tests were normal, as was enzyme estimation for exocrine pancreatic function. All other blood and urine parameters were within normal values. Physical examination revealed no abnormalities. Motions were normal in appearance and frequency. There was no undue flatulence or signs of abdominal pain after eating.

At the time of the homeopathic consultation her weight was 18.7kg and all her ribs and major bony outlines of the body were clearly visible. Thirst was unremarkable. The dog had always been a poor eater, requiring frequent changes of diet. She would appear keen on one particular food for a few days, eating with apparent enthusiasm, although never in large amounts. Then she would lose interest in that food and stop eating completely until something new was introduced, and the pattern would repeat itself. There was no food for which she showed any marked enthusiasm. Even if the owner managed to keep her eating there was never any significant weight gain. At no time had there been any change in her activity and she appeared as a happy and contented dog.

The initial treatment was with *Tuberculinum Bovinum* 30c night and morning for four days, the remedy being chosen on its clinical picture. This produced an almost immediate improvement in the dog's appetite, with regard to both the willingness to eat and the quantity taken. However, the improvement had only taken the appetite into the adequate range and although the owner had felt after one week that there had been some weight gain (a subjective assessment based on the visibility of the ribs), after a month the situation was essentially unchanged. The weight on re-examination was 19.1kg. It was felt that some additional stimulus to the system was required at this point and hence *Gaertner Bach* 30c was added to the treatment, night and morning for three days, followed by a repeat of the *Tuberculinum* 30c once daily for seven days.

After a further five weeks there had been a slow but steady gain with the weight increasing to 22.5kg. The appetite had not changed. The only other change had been an increased sensitivity to noise and

sudden movements. Three weeks later the situation was stable but unchanged. Gaertner Bach 30c was repeated as above and the slow weight gain recommenced. The nosode was repeated after one month, a dose night and morning for one day, and again after a second month. After that time the weight had increased to 26.2kg which was considered adequate in view of the dog's size. No further treatment was given and all continued to be well. There was no significant further gain and the appetite continued to be steady although still only adequate.

Discussion

The root of this problem would appear to lie in a deep-seated congenital imbalance in the function integrity of the metabolism. Although there was not the classic Tuberculinum picture of weight loss in spite of a good appetite in this case, the initial treatment was given on the basis of the activity and curiosity of the dog, plus the feeding characteristic which is a well recognised tubercular pattern in animals. There was obviously some resonance with the remedy in view of the improvement in the appetite, but the failure to gain weight accordingly indicated the need for an additional approach. Tuberculinum is an associated remedy of Gaertner Bach and the nosode was given as a means of enhancing the action of the Tuberculinum, hence the close proximity of the two courses. The change in the dosage regime of the Tuberculinum was made in the hope of the combined effect producing a sustained benefit to the appetite. The subsequent course of the case, with no further increase in the appetite, indicated that it was the Gaertner Bach rather than the Tuberculinum that was addressing the underlying problem. The dosage pattern for this was chosen in view of the slow progress being made. Whilst the vitality of the patient appeared to be high, for some reason this was not being utilised as expected. On general principles, repetition of the same potency was indicated, as some progress was being made and maintained, and it is the author's policy never to increase the potency of an associated remedy when a bowel nosode is introduced. Without the introduction of the Gaertner Bach, an increase of the Tuberculinum to 200c could have been considered. An additional course of Tuberculinum could also have been considered at the end of the treatment, but it was thought unlikely that it would have helped further, and the owner was happy with the outcome.

CASE 9.2 Vital support for a failing system

A geriatric patient is helped in the closing years of his life by the periodic prescription of the relevant bowel nosode.

An eighty-nine-year-old man had lived on his own following the death of his wife some five years previously. Although age had been taking its toll steadily, he had an independent nature, and had fiercely rejected any suggestions of alternative accommodation.

He had been a fit, healthy and active man all his life, with a passion for walking, golf and travel. He distrusted the activities of doctors, based on a conviction, which grew as he became older, that he had only to enter a surgery to be admitted to a hospital, of which places he had a morbid fear. At the same time, paradoxically, he had a blind faith in his doctor's advice on those occasions when he did consult him. Both these attitudes were accentuated by his complete inability to understand medical matters, no matter how much he read or how often things were explained to him. His did, however, attend regularly for his annual 'flu' injection. He had suffered a stroke when eighty-two and following this and routine blood testing in relation to cholesterol, he had been prescribed a statin drug (Simvastatin) prophylactically. In addition he took a range of commercial supplements covering vitamins A, D, E and selenium, which habit had been established by his wife, and to which he still broadly adhered. He had recovered well from the stroke, the only permanent effects being a tendency to fall to the left and a loss of the appreciation of time. His medical history was otherwise sparse. There had been two attacks of cystitis in the six months after his wife died. The first had apparently resolved itself, but the second a few weeks later had been so severe that he was compelled to seek help. The problem had responded to oral antibiotics and not recurred. The loss of his wife had accelerated his general mental decline, particularly with regard to his short-term memory. One consequence of that was that the taking of his routine medication became somewhat erratic.

As his family lived nearby it was possible to keep a close eye on him, and the situation had been manageable until events took a more acute turn.

It had become clear that he was losing a worrying amount of weight. He refused to visit his doctor, maintaining that he 'felt fine'. There was no vomiting, and bowels and bladder were functioning

normally. His appetite, as assessed during family meals, was initially good (as it had always been) and his thirst had not increased. He was sleeping more than in the past, but not excessively, and was reasonably bright when awake. His only complaint about his health concerned his failing eyesight. There had been a general deterioration and in addition his optician, who had done all he could with spectacles, had diagnosed mild cataracts in both eyes, although surgery had not been discussed.

It was finally established by the family that he was basically just not eating enough. The food he bought for himself consisted almost entirely of a narrow range of ready-made fish meals from the supermarket, which he admitted to being bored with. Added to that was the increasing difficulty he experienced seeing the controls on his cooker. The result of all this was that, as he admitted, he 'couldn't be bothered' to eat and his appetite had decreased. Meals left for him by his family were not being eaten, partly because of the difficulty of heating them up, and partly because on occasion he just forgot about them. The result had been that he was essentially living on a bowel of cereal every morning, two lunches cooked for him by his cleaning lady during the week and Sunday lunch with his family.

He was encouraged to give more attention to his diet, and a closer general monitoring of him was instigated. Homeopathic treatment was introduced and three doses of *Tuberculinum Bovinum* 6c were given over twenty-four hours as a constitutional prescription. This was felt to be the remedy of choice given his love of travel and activity in the open air, His purchase of only fish dishes fitted in with his life-long preference for fish as opposed to meat, with mackerel being his favourite. He had great caution, if not outright fear, towards dogs generally and large dogs in particular – he had been bitten on several occasions without offering any provocation (a case of animals 'smelling' fear?) Possibly his complaint that he had become 'bored' with fish could be considered as another reflection of his Tubercular trait.

There was a general brightening of his demeanour, his food intake improved, and the weight loss stopped. However, he was now receiving closer support and supervision and this may have been the main source of the improvement. Although, with encouragement he was now eating better, his appetite had reduced in size, and there was no weight gain.

Five months later he had suffered a fall, which had severely bruised his chest and pelvic region on the left side. There had been a skin wound on his scalp and he had become more confused mentally, leading to the suspicion that he had hit his head in the fall, possibly on the edge of a small table. There had been no nystagmus or headache. He had been unable to stand as a result of the fall, although medical examination revealed the only bony damage to be two cracked ribs.

He had been admitted to hospital for observation, and it had quickly become clear that the incident had produced a profound effect on his whole body. Both liver and kidney function had been put under stress, although he had not gone into organ failure. Treatment had been conservative, and because of being in the hospital, no homeopathic aid had been given. The pain and bruising had subsided slowly but he had remained mentally depressed and confused as to his whereabouts.

He had been discharged from hospital after one week. Arrangements had been made for him to enter a care home, initially on a convalescent basis. Homeopathic treatment was given, mainly in view of the mental state, and the home was happy for this to be used. Arnica 30c night and morning was administered for three days. This was a pathological prescription based on the bruising and the aetiology of a fall. As the bruising was resolving anyway, it had been difficult to assess the effect of this, but there had been no dramatic change in his mental state. Accordingly, the remedy had been changed to Opium 30c night and morning for three doses, based on the drowsiness and stupor seen in that remedy's picture. Following this his confusion had cleared, although he had been still somewhat slow and non-reactive. The Opium 30c had been repeated at the same dose after three weeks, resulting in him becoming able to be stimulated more easily, although still remaining mentally slow.

At this point the occupancy of the home had been changed from convalescent to permanent, and he had been content with this. Six weeks later he had settled in well but some more homeopathic help was felt to be needed.

The difficulty at this point was that, in spite of eating regularly and adequately, he was still losing weight, and had developed a tendency towards looseness of the bowels, slipping occasionally into frank diarrhoea. There was complete control of the bowels at all times. No blood

or mucus had been observed in the motion and the doctor ruled out the possibility of cancer on clinical grounds. Gaertner Bach 30c night and morning for three days was given. This produced a rapid benefit. The motions returned to normal within four days and after ten days no more weight had been lost. After a further ten days there had been a weight gain of 2.8kg. This remained the situation for about four months when the weight loss started again, although the bowels remained normal. Gaertner Bach 30c was given again, this time night and morning for three doses and the situation resolved, with the lost weight being regained. This became the pattern for the remaining two years of his life. Gaertner Bach 30c as above was required on three occasions and was successful each time. Death was due to cardiac failure.

Discussion

There is little doubt that Tuberculinum was the correct constitutional remedy for this patient. The low potency was selected because of his age and his perceived weakness at that time. Both the Arnica and the Opium were used as required for their specific indications in the acute situation. The major change and imbalance that was induced in the body's metabolism following the fall obviously manifested itself via the bowels and the weight loss, and the appropriate nosode was able to address this. Part of the picture of Gaertner Bach exactly matches the symptoms found here and this is an example of using a bowel nosode as a remedy in its own right. The fact that control rather than cure was all that was obtained was probably due to the age and inherent weakness of the patient. There are also the interesting connections of Tuberculinum being an associated remedy of Gaertner Bach, and the whole pattern of events having been initiated following weight loss, albeit not overtly pathological in origin.

CASE 9.3 Limping through life

The young dog's mobility is curtailed by chronic foot problems over several years. Conventional treatment provides only temporary relief and it is not until homeopathic treatment including a bowel nosode is employed that a permanent solution is found

A four year old entire male Labrador was obtained by his owners at six weeks old and received his first vaccination at eight weeks of age and

his second at twelve weeks with both injections containing the full range of antigens. There were no apparent ill effects from these and routine worming was carried out as well using a prescription product. At five months old he developed a mildly irritant rash on his posterior abdomen. This was diagnosed as demodectic mange although no mites were found on skin scrapings. Treatment consisted of one injection of a long acting steroid (Depo-medrone, with a clinical action over three weeks) and application of an anti mange shampoo (Aludex) on three occasions at weekly intervals and the condition resolved. At one year old the dog developed a front leg lameness involving both legs with no clear indication of any laterality. A diagnosis of Osteocondritis Dissecans affecting the right shoulder joint and left elbow was made via x-ray and treatment with non steroidal anti-inflammatory drugs was instigated, several being tried with limited beneficial effect. At this stage the owner self prescribed a regime of Rhus Tox 6c once daily for the dog, which appeared to give some relief although the dog's exercise tolerance was reduced due to an ongoing degree of lameness. However, this was deemed to be a considerable improvement on the conventional drugs and hence the homeopathic remedy was continued on a regular basis. At around two years old the dog developed interdigital cysts on both front legs. The owner could not remember which foot was affected first but by the time homeopathic treatment was sought the outer digits of both legs were chronically affected with no significant difference in intensity between the two. One or other of the feet were flaring constantly resulting in the dog being acutely and virtually continuously lame. At no time were the hind legs affected. Treatment with antibiotics and steroids had been given on various occasions with only temporary relief of the most acute symptoms. The owner had ceased seeking such help and for the eight months prior to the consultation the only treatment had been by the bathing of the cysts in plain water as appropriate.

Physical examination posed no problems and revealed a patch of slightly moist eczema of approximately one inch diameter in the mid line near the base of the tail. Such discharge as there was appeared clear and the lesion was only mildly irritant. Anal glands were clear and although the dog had had much wax production from his ears all his life this had never caused him any problems. The only other skin involvement was a flat wart on the head adjacent to the left ear. All four feet were described as being 'constantly sweaty'. No other

physical abnormalities were detected although the dog, in spite of being within the normal size for a Labrador, was considered to be very definitely at the lower end of the normal weight range. He was described as being a 'laid back, lazy dog, placid but timid', liking other dogs more than people. There was no overt fear of noise but he preferred a quiet life generally and would move away from too much hectic activity around him. Physical contact was sought and cuddles were enjoyed. In the consulting room he settled easily and went to sleep after the examination. He appeared to be keen to go for a walk in spite of being described as 'lazy' but the lameness made any assessment of that difficult. Heat was disliked and cool was sought actively. He enjoyed swimming and the owner felt that sea bathing gave a definite but temporary benefit. His appetite was very good (as with most Labradors!) but he would not eat raw meat or tomatoes. His normal diet was a tinned commercial food augmented by vegetables and other 'extras' as available. Eggs produced marked flatulence and carrots caused an aggravation of the feet. He loved milk and would not drink water unless it was flavoured with milk, when he would drink in large quantities. There was a marked desire for salty things.

Stopping the daily dose of Rhus Tox and an initial prescription of Silica 30c night and morning for three days produced no response of any kind. A re-examination of the case and a full repertorisation indicated Silica, Nat Mur, Calc Carb, Pulsatilla and Phosphorus as including the indicated remedy but it was considered that of those, Silica was still the remedy of choice. Accordingly, Gaertner Bach 30c night and morning for two days was prescribed, followed immediately by another three days of Silica 30c night and morning. After three weeks the owner reported that the cysts had started to dry up initially and to heal but had become moist again in the last week. However, the sore on the tail had healed and the dog was generally brighter and able to walk further. Silica 200c night and morning for three doses was given and the paws dried once more and proceeded to heal completely over the next two weeks. The lameness attributed to the osteocondritis decreased and after a month the dog was walking what were considered to be normal distances. There were no more cysts and a return of the general front leg lameness after three months was resolved with a further three doses of Silica 200c in twenty four hours. The wart remained and the ears continued to produce much wax but with no clinical problems.

Discussion

A theme of suppression runs through this case including the palliative use of a homeopathic remedy. The initial prescription of Silica was based partly on clinical experience of the condition, albeit as a local prescription, partly on the impression of the dog plus the likely aetiology of vaccination. As a result of the apparent failure of the remedy a repertorisation (Synthesis) was carried out using the rubrics:

MIND – Mildness

MIND – Affectionate

GENERALS – food and drink-salt-desires

GENERALS – food and drink-milk-desires

GENERALS – food and drink-meat-aversion

GENERALS – cold-ameliorates

GENERALS – heated becoming aggravated

EAR – wax-increased

EXTREMATIES – perspiration-foot

EXTREMATIES – swelling-foot

It could be argued that the mental symptoms are too similar and that the general symptoms selected rely too heavily on the food and drink section of the 'Generalities' chapter but these were among the most clear cut symptoms available. Also 'ailments from vaccination' could have been included. Be that as it may, the outcome, depending on the method of analysis employed (excluding small remedies and rubrics), produced the two remedies Nat Mur and Silica as alternating at the top of the analyses, with Calc Carb, Pulsatilla and Phosphorus also to be considered. Further consideration of the case confirmed the initial impression of Silica as the remedy of choice. The use of the associated bowel nosode was on the accepted indication of 'where a well indicated remedy fails to act or acts only for a short time', and Silica is a leading remedy of the Gaertner Bach group. The complete lack of response to the initial prescription was not felt to be due to too low a potency and hence merely moving up to a 200c did not appear to be indicated. The technique of following the nosode immediately with the remedy is based on the clinical experience that the closer the two remedies are given, the greater will be the synergistic effect. The unblocking of the remedy's action and the subsequent progress of the case confirmed the approach and comparison of the case with the remedy picture of Gaertner Bach shows that there was in fact a deep seated connection to the nosode.

It should be noted that Phosphorus is another leading remedy of the Gaertner Bach group and that Pulsatilla is listed as well, although Calc Carb

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and Nat Mur are not included. Perhaps a better repertorisation would have produced only associated remedies (although the Calcaria and Natrum salts are represented well in the group)!



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