

Treating the elderly with bowel nosodes

Part one

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Anthony Bickley was an early member of the Society of Homeopaths, and was responsible for their first two conferences. He has also been Chair of the SoH and Professional Conduct officer. Until recently he was Principal of the British School of Homeopathy, a role he held for more than 20 years. He has been researching the bowel nosodes for many years and his book detailing repertory, materia medica, therapeutics and cases will be available later in 2013.

Bowel nosodes are defined as non-lactose fermenting bacilli or cocci that have been found in stool samples of patients already under treatment in hospital.

Although bowel nosodes have an idiosyncratic origin, in effect they are simply available to homeopaths as remedies, each with their own materia medica and therapeutic focus. In addition, because of their direct connection with the important alimentary canal, they are especially useful in problems relating to the gut. Also, because of the importance of the intestines in absorption and distribution of nutrients, they can have a wide range of effects throughout the whole of the body.

Naturally where we are aware of their individual symptom pictures then we may simply prescribe bowel nosodes as we would any other homeopathic remedy but, if this is not possible, then their broad range of effects means that we can use them to produce significant improvement in cases to allow for more specific applications of remedies as the case improves.

Initially, of course, we start from the premise that, since the elderly are not that different from the rest of us, we always look for individualising symptoms whatever the disease symptoms. Unfortunately elderly people often have a weakened vital force, aggravated by age or

infirmity, that makes it difficult for them to produce individualising symptoms, and they may also have been subjected to the debilitating effects of frequent drug interventions. Thus classical prescribing techniques are not especially useful or easy to manage by the practitioner, owing to weakness of the vital force, and a lack of good quality symptoms makes it necessary to use broader brush techniques to help elderly patients. Here are some of those 'broad brush' techniques which will get you started in difficult cases, and clear some of the more unpleasant symptoms for your patients so that you may find the

individualising symptoms that you need for success.

Many diseases can afflict the elderly but rather than focus on these in detail here, I have chosen to look at some symptoms and situations that will be familiar to all who practise homeopathy, and look at how bowel nosodes can help in these situations.

The principal topics covered are:

- infections and their aftermath
- bowel incontinence, urgency or stasis
- respiratory congestion, stasis and heart symptoms
- memory failure, senile dementia
- insomnia
- slow recovery.

Readers are probably familiar with the received wisdom that bowel nosodes do not bear repeating frequently, but in the following situations I may suggest repetition. This is not perverse. When prescribing bowel nosodes in patients who have a reasonably active vital force and are capable of responding to a classically prescribed single dose then that is the best course to follow but, where we use bowel nosodes therapeutically in relatively infirm patients, repetition is needed.



Infections

Elderly patients can suffer many infections. These are usually treated by the conventional practitioner with various antibiotics and varying degrees of success. Often, in saving the patient from more serious or life-threatening illness, the antibiotics change the situation to produce a lower level of symptoms that are debilitating and discomforting without being conventionally 'serious'. These may either be treated with more drugs by the medical practitioner or ignored.

Homeopathy can help here by clearing the system of the debilitating effects of the antibiotic and thus the symptoms caused by that treatment, enabling the patient's released vital force to work better.

Three principal bowel nosodes are helpful in these cases: *Morgan pure*, which is the preferred

treatment where a penicillin derivative antibiotic was given for the infection. A single dose normally clears the case for a young person but in the elderly, with their lower energies, it is usually best to repeat

John was an elderly smoker

one dose of 30c daily for four days. After this, wait for four days and observe the effects which are usually in the nature of a clearing process or change of symptoms which signify improvement. In some cases a repeat of the four-day course is necessary, but not often. *Gaertner* is indicated where other broad-spectrum antibiotics have been used. Dosage for this bowel nosode is the same as *Morgan pure* above although, owing to the more psoric nature of the symptoms of *Gaertner*, a repeat after the four-day wait is required in about a third of cases where, although improvement is clear, more progress is needed. *Sycotic co*, where high toxicity narrow-spectrum antibiotics have been used for more threatening conditions. Some authors consider *Sycotic co* as a 'catch-all' >

Elderly patients often have a weakened vital force aggravated by age or infirmity

➤ prescription for the ill effects of antibiotic treatment but I have found it works best when targeted at the most serious cases. Where the patient is fit enough to take the stimulus I usually start with a higher potency in a single dose and reduce the stimulus as improvement takes place; a typical prescription is 1M, 200c, 30c over a period of two weeks.

Bowel incontinence, urgency or stasis

These three complaints are common in the elderly. Incontinence and urgency may be the result of medical intervention, anxiety or disease process, whereas stasis may be the result of tumour, poor muscle tone, inefficient diet or disease process.

When treating urgency, where the patient is often afraid to stray far from his bathroom, there are two possibilities. If the apparent reason is anxiety then *Dysentery co* 200c single dose followed by 30c single dose 24 hours later, makes a huge difference to both confidence and ability. If the reason is physical then *Morgan gaertner* 30c daily for three days will undo the physical

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Example case 1: John, aged 81, smoker

After being caught in the rain, John got a chest infection which was treated ‘successfully’ with antibiotics. Nevertheless, ever since the infection he has wheezing and rattling respiration and regularly coughs up pale green, thick mucus. His GP offered further antibiotics on a regular basis but John believes (possibly correctly) that they made him worse, and he now wants no further drugs. I prescribed *Morgan pure* 30c – one a day for up to four days – and asked him to stop if expectoration eases. John took three doses; the mucus changed to clear after two days, so he stopped on day three. He took no further doses and has been well since with no wheezing, rattling or infected mucus.

Sleep comes less easily to the elderly



damage and bring the patient back to better bowel habit.

Incontinence of stool from injury to the rectum or after a severe bout of constipation is best treated by *Proteus* 30c daily for three days which usually relaxes the spasm of the anal sphincter unless the damage is the result of surgical error from dealing with fissures or piles.

Stasis of the intestines and lack of stool, as long as not the result of rectal tumour, responds to *Morgan pure* 30c every three days for three doses. Repeat the course again if a relapse occurs. If the stasis follows an acute abdominal injury or a disease producing extreme debility then *Bacillus No.10* or *E.coli* may be used in the same manner.

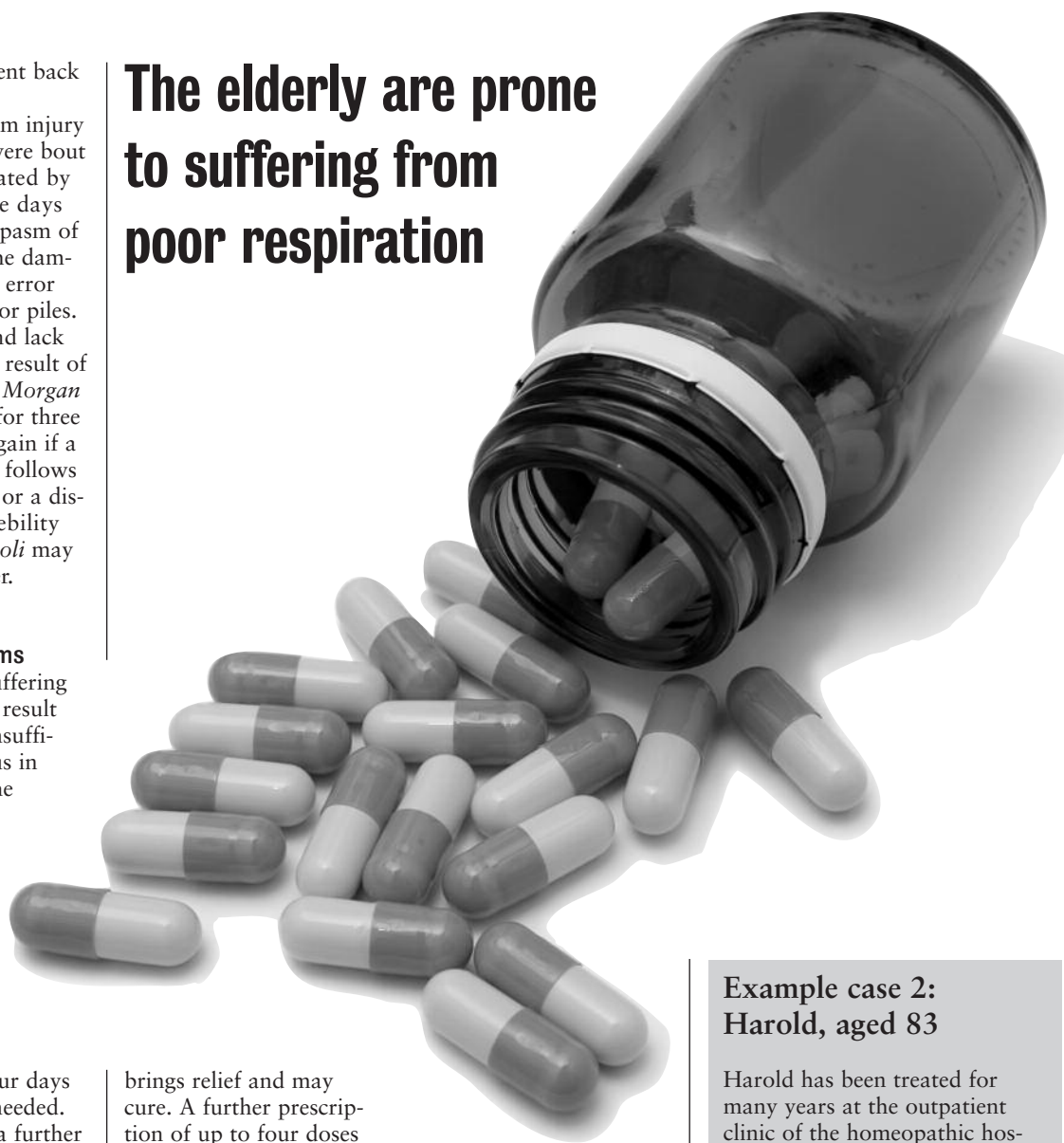
Respiratory congestion, stasis and heart symptoms

The elderly are prone to suffering from poor respiration as a result of chest infections, heart insufficiency, inactivity and mucus in the lungs. Depending on the causation several bowel nosodes are applicable. If the complaints result from an old chest infection then *Morgan pure* usually clears the infection, even where it is old. I usually prescribe 30c one a day for four days, then wait four days to see if further dosage is needed. The likelihood of needing a further prescription usually depends on the strength of the reaction. If the reaction has been strong (and uncomfortable) then a further prescription is seldom necessary. If the vital force is low then a further four doses may be needed.

If the poor respiration is due to physical debility, lack of exercise and general sluggishness of the system, then the patient needs *Bacillus No.7*. This usually stimulates the activity of the patient's processes sufficiently either to produce a significant improvement or to make it clear what other remedy they need. The frequency of repetition here is significant; because of the general sluggishness of the patient they probably need a single dose of 200c followed by up to seven daily doses of 30c, stopping as improvement shows.

If the patient is catarrhal and the mucus affects the lungs then the remedy is *Sycotic co*. One dose of 30c daily for four days usually

The elderly are prone to suffering from poor respiration



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brings relief and may cure. A further prescription of up to four doses may be made if the complaint relapses or the cure is not complete. *Pulsatilla*, *Medorrhinum* or *Kali bich* may be needed to complete the cure.

Homeopathy can help with the ill effects of antibiotics

Incontinence and urgency may be the result of medical intervention, anxiety or disease process

Example case 2: Harold, aged 83

Harold has been treated for many years at the outpatient clinic of the homeopathic hospital. He has recently suffered complications after the insertion of a coronary stent. He now dare not leave the house without vital reason for fear of involuntary bowel movements. He has at least seven motions a day with virtually no warning. His homeopathic doctor has prescribed *Arsenicum album*, *Podophyllum* and *Sulphur*, to no avail.

Normally this level of bowel anxiety and involuntary stooling suggests *Dysentery co* but, because it followed surgical procedure, I gave *Morgan gaertner* 30c to be taken one a day for up to four days and report back thereafter. On the second day he phoned to say no stools by 2pm and on the third day he had one normal stool in the morning only, and stopped the dosage. His problem did not recur.

➤ **Example case 3:
Fiona, aged 69**

Fiona has always loved the open air but ever since a bout of pleurisy she constantly wheezes when outdoors and has a severe mucus cough which is bad on waking but much worse in damp weather. If she gets a chill it always settles on her chest and makes her cough from catarrh and she has a constant runny nose in the fresh air. Although this looked like several possible remedies I could not be certain initially which to choose, so I gave *Sycotic co 30c*, four doses. After seven days the runny nose had dried up and after two weeks the cough had completely gone. She went for a long walk on the beach to celebrate!

Where associated heart problems from valvular insufficiency lead to changes in the oxygenation of the lungs then there are several choices of bowel nosode. Palpitations, arrhythmia and spasm usually require *Proteus 30c* repeated alternate days for up to seven doses. Ventricular failure responds better to *Proteus 200c* although in some situations the body may not be able to use that potency in which case, for the sake of caution, I usually use 30c daily for seven days. Circulatory stasis, cardiac oedema with intermittent palpitations where the whole picture is one of randomness and changes, is more likely to need *Dysentery co 30c* repeated for four days, then wait four days to decide on the degree of improvement, and repeat the course if needed.

Where cardiac symptoms are associated with abdominal pains, bloating and digestive discomforts, the best indicated remedy is *Morgan gaertner 30c* repeated for four days, wait four days to decide on the degree of improvement, and repeat the course if needed.

Memory failure, senile dementia

To some extent all of us suffer memory failures as we age. This is often treatable but rarely totally curable. I have found, however, that significant improvements in cognitive performance can be achieved with the help of bowel

nosode therapeutics. Where the memory failure or deterioration is subsequent to a physical trauma or infective disease we can look to significant improvements.

Kidney or bladder infections and gastro-enteritis can so deplete a patient's vital resources that brain and memory function may be severely affected, especially in vulnerable patients. In these cases *E.coli* is the best remedy. Where I consider it a safe prescription, I give *E.coli 200c* single dose followed by *E.coli 6c* for 7 to 14 days, stopping as improvements become noticeable. If a patient's infirmity suggests this is unwise, I prescribe ongoing *E.coli 6c*, carefully monitored until substantial improvement has occurred. If a patient's cognitive performance has diminished since a physical trauma such as a fall or since any form of food poisoning then the indicated remedy is *Bacillus No.10* in 30c potency for up to seven days, stopping as complaints ease. This is also the prescription where there has been severe cognitive deterioration after aggravation from drug therapy. Using bowel nosodes for ongoing senile dementia for no apparent cause other than age may slow the process of deterioration, in which case I use *Proteus 30c* weekly, monitoring the effects over 4-6 weeks to ascertain changes.

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Insomnia

Sleep comes less easily to the elderly, compounded by a reduction in energy expenditure for many. Whilst this is a natural change there is no doubt that it causes much anxiety for many elderly patients as well as exaggerating the loneliness and isolation they often feel. Whilst the bowel nosodes can

**Example case 4:
Michael, aged 74**

Michael experienced a rapid onset of memory loss and want of confidence in his own brain with a sudden loss of information that had been at his fingertips for many years. This started after a holiday in Morocco when he did not drink enough because he didn't trust the water. Even so he got a kidney infection with blood in his urine which was yellow and smelly. Antibiotics cured the infection but left the memory weakness. I prescribed *E.coli 200c* followed by four doses only of *E.coli 6c*. Michael had a brief return of low-grade urinary discomfort for three days then nothing more, but his mental acuity and memory facility returned very quickly.

help we – like any therapist – should, of course, make all the expected dietary and practical suggestions. Sleeplessness with anxiety or fear of being unable to sleep usually responds to *Dysentery co*. There is no easy prescription here though and the patient needs careful and relatively frequent monitoring. My usual process is to give *Dysentery co*. 30c daily for four days and then as needed after a wait of four days to allow the effects to work through. Over a period of time one would expect to reduce the need for repetition to one a week, or even less often, unless of course we find the exact remedy in the meanwhile!

Sleeplessness with passive depression, and associated with a withdrawal from normal activities claiming lack of energy, can be treated with *Bacillus No.7* 200c single dose. As soon as some change is seen then *Proteus* 30c daily for four days should complete the process and release the depression. An active depression, where the elderly patient seems to set out to ensnare everyone they meet into their own misery, is best treated with *Sycotic co* 200c although you may need three or four doses over two weeks to see the full effects.

Slow recovery

As many elderly people have a diminished vital force we should expect them to recover more slowly than their younger counterparts from whatever the morbid interference. Nevertheless we should not allow this recovery to be too slow if it can be avoided, as they are then open to further health traumas whilst still in recovery. The best remedies to speed the recovery are:

Bacillus No.7, where everything is slowly better but the patient feels too tired and still unwell. Prescribe 30c for four doses; repeat if needed after waiting a few days.

E.coli, where one element of the patient remains stubbornly underperforming although the whole condition has improved. Prescribe 30c for four doses; repeat after waiting a few days, if needed. On the rare occasions this does not produce improvement then use *Morgan gaertner* in the same way.

Proteus can be used where the body has recovered well but the patient remains vague or confused or otherwise mentally below par.

Example case 5: Rosina, aged 82

Rosina has always had good quality dreamless sleep until noisy neighbours moved in next door last year. Although the neighbours have now been evicted and a less troublesome couple have arrived Rosina is always listening for the slightest noise that may indicate the new neighbours are going to keep her awake like the old ones did. This fear of being unable to sleep was a clear indicator for *Dysentery co* and I prescribed one dose of 30c a day for four days. Although this produced a worthwhile improvement Rosina was still too anxious and after a delay of two weeks I prescribed another four doses. This made much more of an improvement and Rosina sleeps well on most nights. If she has two successive nights when she feels anxious she takes a single dose of *Dysentery co* 30c and the fear of sleeplessness abates.

Bowel nosodes are powerful remedies in their own right

This is also the remedy if the patient has lost control of their temper though otherwise improved.

Bowel nosodes are powerful remedies in their own right, with their own materia medica and, despite the success you can have with them as therapeutic agents, they have many individual uses. I urge you to add them to your armoury as therapeutic agents and as remedies in their own right.

Part two of this article will examine the relationship between bowel nosodes and standard remedies.

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