

Notes on Miasms, Heredity and Nosodes

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Filip Degroote

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Filip Degroote, MD



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PREFACE

When a homeopathic physician fails in the treatment of some of his patients, it is very instructive to get more insight the reason of this failure. Since years, I'm intrigued by this problem and I'm convinced that by obtaining a deeper insight, we can put a step forward in our therapeutic method. Hahnemann was also very concerned about this, and it finally moved him to formulate his ideas in connection with the chronic diseases. In my opinion there are two main reasons for the failure, apart from the low knowledge of the physician himself.

Firstly, there is an insight in disease from energetic-miasmatic point of view. By this means we have to recognize the hereditary and miasmatic load in our patient, from which we get a clear indication towards therapeutic approach. Moreover, the knowledge of the interactions between various homeopathic remedies is of vital importance. This book is dealing with that subject!

Secondly, the placing of our homeopathic treatment in a holistic approach is indispensable. Certain miasmatic (deep energetic disturbance) diseases can force the body in such an adapted condition, that this adaptation has to be corrected before the homeopathic remedy can unfold its action. This can be seen for instance where there are cranio-vertebral blockages.

Sometimes, a supplementary disturbing external factor can be present next to the actual miasmatic disease and attach itself as a layer upon the disease, so that first, it has to be distinguished and treated. This can be an electromagnetic disorder, an emotional fixation, an energetic disturbed area. Also, minimal nutritional imbalances can cause an energetic disturbance.

To perceive those problems, we can use 'kinesiology' which is a kind of body language, a method originating from chiropractors. To familiarize oneself with this method, it is necessary to study my book 'Physical Examination and Observations in Homoeopathy'. In this book you can find the description of the muscle tests cited with the chapters dealing with the nosodes, sarcodes and Bach flower remedies. By using this quoted control and affirmation technique, there is almost 100 percent certainty that our homeopathic remedy is correct.

INTRODUCTION

It is high time, in the world of classical homeopathy, that we can omit the 'trial and error' approach when prescribing a homeopathic remedy which we have been applying since the last two hundred years out of necessity.

We need a homeopathic prescription which is nearly 100 percent sure in regards to its correctness and efficacy. This certainty can only be obtained on the basis of a supplementary verifying method, which relies on a reproducible technique with a scientific basis.

Throughout the years that I have been in homeopathic practice, I have searched eagerly for such a technique and found it finally. I published those findings of that technique fifteen years ago in my first publication 'Physical Examination and Observations in Homoeopathy'. Because of the nearly 100 percent certainty concerning the correctness of the remedy to prescribe, this method has helped me over the course of years to collect more clinical material from my patients through daily practice.

There were three important steps in my development as a homeopathic practitioner, which can be compared with three successive insights:

First insight: In 1985, I set out and judged separately the nosodal symptoms, the hereditary energy rubrics in the repertory which contain Carcinosinum, Medorrhinum, Syphilinum and Tuberculinum and prescribed the individual remedy for the patient only on the non-nosodal symptoms.

Second insight: In 1989, I performed energetic examination by kinesiological principles. This results in the fact that the remedy which is to be prescribed can be verified to be correct even before being taken by the patient. Consequently, it accelerates the homeopath to get a deeper insight into the broad materia medica.

Third insight: In 1992, by administering the appropriate nosode¹ in connection with or shortly after the correct individual remedy, the case gains the momentum. The patient recovers more quickly from his acute or chronic problem, there is no homeopathic aggravation and there is a quick evolution towards a stable health.

The explanation therefore is that by administering the matching nosode, an energetic shield around the negative hereditary information in the chromosomes is formed, so that this information cannot be activated with the result that the energetic and physical expression of those bad genes will be kept dormant.

I am fully conscious that the content of this last proposition is actually so far rather revolutionary and will perhaps provoke a lot of reactions (or protest) in the present homeopathic world. Although already a large number of (especially Belgian) homeopaths have been trained in energetic examination and have come to the same conclusions. Only when the ordinary classical homeopaths make themselves familiar with the energetic examination, then they will also be able to come to the same conclusions.

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1. A nosode is mostly administered on a complementary basis, when the simillimum is prescribed in a dose which has to be taken once only. Depending on the miasmatic background this can be, especially at the outset of the treatment, a classic nosode such as Carcininum, Medorrhinum, Syphilinum or Tuberculinum, or also a Bowel nosode. Sometimes this nosode is even followed by a (second) nosode, namely Psorinum.

In the further course of the treatment it is a widespread classic experience that the nosode which follows the simillimum seems to be Psorinum. (cf. Hahnemann who compares psora with a thousand-headed monster).

Thus, every time you prescribe a simillimum in the further course of the treatment, this will mostly be completed by the Psorinum. It is as if you can release every time the handbrake of the lethargic effect of the psora (as when you want to start your parked car and have to release your handbrake first).

[NB: The administer of a trauma remedy, whether the trauma was physical or emotional, never requires to be succeeded by a nosode, because the disharmonious energy is not coming from within.]

CONTENTS

<i>Dedication</i>	<i>iii</i>
<i>Foreword</i>	<i>v</i>
<i>Preface</i>	<i>vii</i>
<i>Publisher's Note</i>	<i>ix</i>
<i>Introduction</i>	<i>xi</i>
<i>Prologue</i>	<i>xix</i>
<i>Abbreviations</i>	<i>xxi</i>

Chapters

1. Miasms	1
• Introduction	1
• Classic Miasms	5
• Bowel Nosodes and Miasms	25
• Work Procedure Skeleton	30
• Cases (Illustrations)	32
• Conclusion	38
2. Miasms and their Psychological Background	41
• Miasms seen from Psychological Perspective	41
3. Heredity	53
• Ancestral Energy	53
• Diagnosis	57
• Treatment	61
4. Heredity and Classic Nosodes	71
• What Happens from Conception until the Development to a Grown Human Being	74
• Conclusion	77
• Cases	80
5. Nosodes	89
• Definition	89

• History	89
• Indications to Prescribe a Nosode	90
6. Classic Nosodes	91
• Screening of the Classic Nosodes by Energetic Points	96
• Peculiar Features of Classic Nosodes	100
• Common Features of Ancestral Energy out of Balance	114
7. Bowel Nosodes	131
• Judgement of the Action of a Bowel Nosode	134
• Bowel nosodes and their Related Remedies	136
8. Psora and Nosodes	163
• Energetic Screening of the Psoric Nosodes by their Energetic Points	165
• Work Skeleton to Identify the Specific Nosode ...	167
9. What Happens when the Interaction between the Individual Remedy and the Nosode Starts	171
10. Isopathic Nosodes	175
• Monera and Yeasts	175
• Energetic Examination, Muscle Tests and Energetic Features of Isopathic Nosodes	179
• Relationship between Muscle Tests and some Homoeopathic Remedies of Bacterial, Viral and Mycotic Origin	207
• Conclusion	215
Appendix	
• Handmode Figures	217
Bibliography	219
Index of Cases	223

Nosodes

DEFINITION

Nosodes are the remedies which are made of bacteria and viruses, diseased tissue, excretions or mixtures of these. Some of them have been proved and others have not. They are supposed to contain the signature of the disease.

HISTORY

Hahnemann did not know the concept of 'nosode' but he had an acquaintance with isopathic agents. He did a proving of the sero-purulent matter of a scabies vesicle, 'wet psora'. This experiment was published by Stapf in 1833. Then, the first nosode 'Psorinum' was known.

The product 'dry psora' taken from the epidermoid efflorescence of pityriasis was used by Gross to make another proving of Psorinum.

In the year 1833, Hering introduced the nosode 'Lyssinum'. In 1854, a Brazilian homeopath had the first proving with the sputum of T.B. patient, which led to the full proving of Tuberculinum. In 1880, Swan published the provings of Medorrhinum and Syphilinum. Shortly after, Burnett published the proving of

Bacillinum in 1885. Kent introduced the nosode Carcinosinum. The Bowel nosodes were introduced by Edward Bach in 1920. Deeper research about Carcinosinum was done by Foubister and Templeton in 1952.

INDICATIONS TO PRESCRIBE A NOSODE

1. The classic indications to prescribe nosodes are mainly based on the family and personal anamnesis:
 - i. The family anamnesis especially indicates to classic nosodes (cf. page 54 Indications for the prescription of a classic or other nosode).
 - ii. The personal anamnesis indicates more towards isopathic nosodes (cf. page 55 Medorrhinum, case 2, comment).
2. Nosodes are indicated in chronic cases when well selected remedies fail to relieve or permanently cure (cf. Allen, H.C., The Materia Medica of the Nosodes, in the introduction of Psorinum).
3. A classic nosode can be prescribed as the ‘fundamental’ homeopathic remedy of a patient on the basis of its indications. This possibility is very rare.
4. A nosode, especially Psorinum, can be used to finish a constitutional treatment. This is the way I mostly use classic nosodes.
5. A nosode can also be used:
 - i. To clarify an unclear remedy picture: This is the indication to prescribe a Bowel nosode.
 - ii. To remove a blockage: This is the indication to prescribe an isopathic agent. Sometimes there is also a notion of ‘Never well since’.
 - iii. As a prophylactic remedy, for example during a severe flu epidemic.

Classic Nosodes

The classic nosodes, as I already had mentioned, have a specific **relation with heredity**. It means that their energy acts especially upon some extra-channels (vessels or meridians), which transport inheritable forces, the ancestral energy. These forces are bounded with the chromosomes and they come from our ancestors. So, it is not something particular of the individual but common to a large number of his relatives (cf. epigenetic: see chapter: Heredity, introduction). This explains why the **family anamnesis** is so important for selecting a nosode.

Pierre Schmidt proposed a hierarchy to administer in preference of our homeopathic remedies. Namely, first the remedy of vegetable kingdom, then of the minerals, then those of the animal kingdom and at last those coming from the mankind. To understand this, one can say that as closer one comes to the human being, more closer one comes to the identical and consequently to the similar.

The ancestral energy determines a great part our immune system and life force and explains the tendencies to illnesses in the form of so-called congenital weakness. This energy is especially transported by the Conception and Governing Vessel.

So, we can prove that each one of the classic nosodes, **by exception of Psorinum**, has a disturbance of this energy system.

This can be verified by the energetic examination by making use of muscle-tests.

Every muscle of our body gets an energy from a specific acupuncture meridian. Thus, a specific meridian-function can be tested indirectly by its related muscle.

All of them, by exception of Psorinum, have a **TL on Conception Vessel 24**, which is especially related to the hereditary ancestral energy of the Conception Vessel. Psorinum also has a disturbance of the ancestral energy, but in another way (see chapter: Psora and nosodes).

Abbreviations of the different Carcinosinums:

- CARC.: All carcinosinums
- Carc.: Carcinosinum of Kent (from the United States of an unknown origin, probably prepared from an epithelioma of the breast)
- Carc-bl-adp.: Carcinosinum bladder adeno papillar
- Carc-col-ad.: Carcinosinum colon adeno
- Carc-col-adp.: Carcinosinum colon adeno papillar
- Carc-f.: Carcinosinum foubister
- Carc-in.: Carcinosinum intestines co
- Carc-lu-ads.: Carcinosinum lung adeno squamous
- Carc-mamm.: Carcinosin mammae
- Carc-rec-ad.: Carcinosinum rectum adeno
- Carc-st-ad.: Carcinosinum stomach adeno
- Carc-st-sc.: Carcinosinum stomach scirrhus
- Carc-ut-ad.: Carcinosinum uterus adeno
- Scir.: Scirrhinum (the nosode of the scirrhus cancer of the liver)
- () : Bilaterally possible, yet only at one side in the patient