

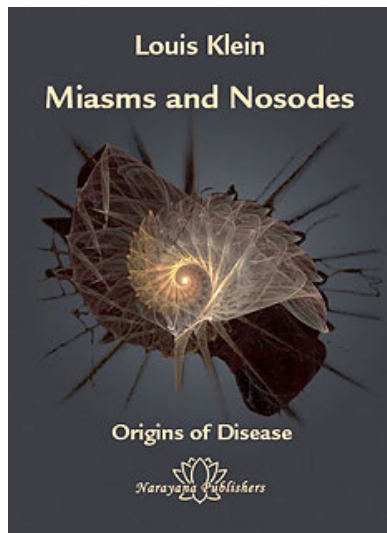


Louis Klein Miasms and Nosodes

Leseprobe

[Miasms and Nosodes](#)

von [Louis Klein](#)



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FOREWORD BY JAN SCHOLTEN

I have known Lou Klein for many years and I have always admired his insights on homeopathy and remedies. Besides being a friend of mine, he is a very good therapist and teacher.

This new book “MIASMS AND NOSODES, ORIGINS OF DISEASE” discusses the use of nosodes in homeopathy. The homeopathic nosodes are a very special group for several reasons. First of all they include the earliest living organisms on earth. For about a billion years there were only primitive organisms such as bacteria on our planet. The higher organisms like plants and animals evolved only later, and they probably came into existence through symbiosis or cooperation with bacteria, as Shafica Karagulla has explained. The mitochondria in our cells may have descended from bacteria and share many features with them.

A second point is that it is often difficult to ascertain the exact composition of our nosode prescriptions. Bacteria cannot be taken in isolation, as they are too small. Nosodes are made from sputum, tissues like lungs, discharges, cultures in laboratories and so on. So they are mostly not pure but for the most part can be mixed with the material they are living in. That is the reason we have many different Tuberculinum nosodes, for example. So nosodes have the aspect of being vague, not precisely defined.

Lou Klein has the capacity to work with this vagueness very effectively. He knows how to extract the essence of the remedy from provings, from natural history and especially from patients. He is able to make the vague more exact. This book is the first to do this successfully in homeopathy.

Nosodes are strongly connected with Miasms, as the title of the book indicates. But the concept of miasms is also quite vaguely defined. The term is used in many different ways in homeopathy and thus it is much disputed. One aspect of miasms is their infectious nature, as diseases that can be transmitted from one person to another. And bacteria and viruses have that characteristic. Miasms can also be inherited and as such can be seen as more general qualities. They can be viewed as the state behind all symptoms and syndromes. In that sense all remedies are miasms, but nosodes are particularly closely linked to them. Historically, Hahnemann started with three miasms, Psora, Sycosis and Syphilis, two of which are connected with bacteria, Neisseria and Treponema.

Clostridiales

Clostridium Perfringens Nosode

Clostridium perfringens

Homeopathic abbreviation

Clost-we.

Synonyms

Clostridium welchii

Bacillus aerogenes capsulatus

Description

Clostridium perfringens is the cause of much food poisoning, and also of gas gangrene (myocrenosis). In some animals it is also the cause of 'overeating disease' or 'pulpy kidney disease' (enterotoxemia).

Scientific Name

Clostridium perfringens

Commentary

My first experience in prescribing the homeopathic nosode *Clostridium perfringens* illustrates very well my approach to pioneering the use of a virtually unknown remedy- particularly a nosode with hardly any clinical or proving information.

It was a case of a six year-old girl who had severe Epidermolysis bullosa. Epidermolysis bullosa (Weber-Cockayne syndrome) is a group of inherited disorders in which massive blistering of the skin develops in response to minor trauma. The mother was very protective of the child, and of her younger three year old sister, since both had suffered from this inherited disorder all of their young lives. Both children would get large blisters on their feet, after walking a short distance, and also on their hands and waist from slight friction. The mother would curtail their activities and could be seen in my local community pushing them around in a carriage or cart.

My patient, the six year-old, also presented in a peculiar way. She entered wearing a hooded jacket and kept it on for the whole duration of the interview, even though the temperature outside was mild and the room

warm. She did not make any eye contact with me and for the most part played quietly by herself facing the wall, away from me. When she did turn to talk with the mother, I could see that she was very pale and had a rather strained and morbid expression on her face.

Prior to seeing me for this first consultation, she had had her case taken by a good homeopath who was a student of mine. I had consulted on her case at that time and suggested *Mancinella*, as the sap from this tree can cause severe blistering on the skin. The *Mancinella* helped significantly but only for a period of about six months and repetition failed to garner any further positive response.

She had suffered from diarrhea from a very young age. The mother said “when she was a baby she would always have her knees up and diarrhea shooting out onto her legs”. She was also getting continuous stomachaches and had been treated for “parasites” by a naturopath. As a baby she had an abdominal hernia surgically repaired.

The mother also said that she was very attached to her as well as to her sister. When I asked the child about this, she said, “I know why but I’m not going to tell you.”

She was home-schooled. She was a very intense, moody child, “not very cheery” but could focus on one project for long periods. She could slip into states of helplessness where she then became whiny or argumentative, especially with her sister.

The mother said that the child “has a connection with people who are dying”. She insisted on frequently visiting her dying grandmother at the hospital and was there when she died. The mother thought she supported her well during this and that the girl was OK afterwards. The grandmother’s cancer was diagnosed during the pregnancy of this child. The mother had been in a state of “horror” when told that news.

I knew from my experience that the child was not going to fit into well-known homeopathic remedies or even into many of the groups of unusual remedies with which I was familiar. I also knew that homeopathy had as yet only an imperfect response to this disease and so I set out to understand some of the roots of this crippling hereditary condition. I studied this case - no, more accurately, I contemplated the whole child, as well as the nature of the disease, for a time. During this time I would see the mother either carrying the child or wheeling her around. My heart was continually moved, and yet I was having difficulty choosing a remedy for the child. I decided to give this even deeper contemplation and also to try and think in a more creative way. I wanted to find something in nature that could cause the problem and which would also encapsulate something of the child’s general state. When I focus more on what underlies the

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case, I always keep in my mind's eye a picture of how the patient presented in the interview, thereby maintaining in a visceral way a real sense of the patient.

Since I had some response from a first remedy made from a plant, I was now also looking for an underlying causative or miasmatic agent and for a reflection of this chronic disease in an acute state. After considering them, I ruled out *modern* underlying causative agents such as radiations, toxic metals and other chemicals and looked in the direction of a nosode.

I wanted to find something that would cause, in an acute disease, a great blister-like swelling as well as diarrhea. I looked, searching through various options. What finally came to me was gangrene – an anaerobic bacterium that, in gas gangrene, creates a huge blister and which can also cause a food-borne illness with severe diarrhea. I felt that if we could see how this same type of acute pathology was translated into a chronic condition then we would see its similarity to diseases where there is chronic blistering. Not only that, when I thought of the child covering herself, and her rather dark personality, these seemed to match what I would conceive of as the general mental and emotional state of a homeopathic remedy made from an anaerobe like *Clostridium perfringens*, (which was prepared but not homeopathically proven). Lastly, *Clostridium perfringens* is a food poisoning agent and therefore covered the 'chronic diarrhea' aspect.

I am pleased to say that the child responded beautifully to just two doses of *Clostridium perfringens* 30c. She has been virtually blister-free, and hood free, for over five years and her personality is now cheery and well-balanced.

There is a similarity between this remedy and known homeopathic remedies which have blistering as a key aspect - particularly remedies like *Mancinella* and *Cantharis*. I now know that *Clostridium perfringens* follows these two remedies. In the Mind section of the Repertory, what dispositional symptoms do these better-known remedies share? The main symptom is "Mind, delusions possessed" or "Mind, possessed of the devil". In the *Clostridium perfringens* patient there is a feeling as if they are possessed by something dark - they appear "gothic" and horror-filled, similar to the chronic *Cantharis* patient who, I have found, likes to wear black clothing and is rather dark in their demeanor. In distinction, *Mancinella* still retains a degree of innocence to their being but they also have this same tendency to be attracted to black magic and dark forces. As I wrote in the first Focus Guide, my experience of *Mancinella* and of other Euphorbiaceae is that the mind is elastic and easily "blistered," thus reflecting what can happen on the physical level.

I have also found that the patient who needs *Clostridium perfringens* likes to wear a hat, a hood, or something else that covers the head. They can also

wear dark clothing. They are reluctant to reveal anything of themselves and would rather remain enigmatic. It is a state where we see a “gothic” type of personality, where the person is attracted to horror and also to death, in a way that is similar to many of the homeopathic remedies made from fungi. In fact, all the Clostridiales are good miasmatic remedies related to, or following on from, homeopathic remedies prepared from fungi.

Clostridium perfringens has a dispositional state that we witness in a patient who follows an ascetic and penitential religious practice. In this, we see the underlying theme of “mortification” which is present in all the nosodes made from potentially gangrenous bacteria. As described in the introduction to the Clostridiales order, mortification has a number of primary meanings (Random House Unabridged Dictionary 2006) and I will describe how each of these applies to this nosode.

One of the meanings of “mortification” that applies to the religious state just discussed, is “the practice of asceticism by penitential discipline to overcome desire for sin and to strengthen the will”. The patient can suffer from deep shame and sees the religious and penitential lifestyle or vocation as a way out of this shame. Of course we can also see the black religious garb itself as part of the ‘look’ of this miasm.

This penitential aspect of the theme can manifest in differing degrees and situations. I had a male patient in his sixties who had done well from *Cadmium sulphuratum* for many years. In the initial visit, his chief complaints were allergies and depression. After a number of years of doing well, at a follow-up appointment, he suddenly showed up wearing a black cap (toque) pulled tightly over his head and other dark-coloured warm clothing. He kept the clothing and cap on throughout the interview, even though the room was quite warm. At this appointment he was again moderately depressed but not as bad as the first appointment.

He described how he and his wife lived a frugal, vegan lifestyle - even though he craved meat and luxury to a certain extent. He and his wife were very critical of any divergence on such matters. In this case, the ‘mortification’ (you could say) has to do with a lifestyle choice.

On top of this, his current depressive state had been triggered by being falsely accused of abusive behavior by a previous student. The alleged event had taken place over twenty years ago. Currently, he was having gruesome dreams of people being held hostage and being sliced up by the person holding them hostage. I asked him if he had had any episodes of food poisoning and he replied affirmatively- when he was younger, and he described the episode as being very serious. With the characteristic dark clothing and cap, ‘mortification’, false accusation, dreams and a history of food poisoning, I prescribed *Clostridium perfringens* nosode. In the follow-up, his clothing had changed and was cap-free. He presented

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with a dramatically sunnier and consistently happier mood which has continued in subsequent follow ups.

The meaning of the word mortification also extends to pathology and we see this in gangrenous states: “the death of one part of the body while the rest is alive; gangrene; necrosis.” And, of course, this may be an important remedy for the treatment of gangrenous states, although I have had no experience yet with this pathology using this particular nosode.

In addition to the case mentioned, I have had other successes treating individuals with Epidermolysis bullosa using homeopathically-prepared *Clostridium perfringens*. However, I do not have enough patient experience with this disease to say whether other types of Clostridiales nosode made into homeopathic remedies might achieve a similar result or, whether other nosodes may be indicated. The challenge for homeopathy is also that many such patients will need a range of different first prescriptions *before* the *Clostridium perfringens* can work in such a wonderfully deep way.

Names and Meanings

Clostrid-, from Greek, *kloster*, spindle.

‘Food service germ.’ ‘Cafeteria cramps.’ Conditions are favourable for *C. perfringens* in food that has been prepared hours before it is to be served and then kept warm or at room temperature.

Tissue gas: the name given by mortuary workers to the action of *C. perfringens* on dead bodies.

Family

Of the Clostridiaceae family, in the Clostridiales order.

Source Notes

‘*Clostridium perfringens* is an anaerobic, Gram-positive spore-forming rod (anaerobic means ‘unable to grow in the presence of free oxygen’). It is widely distributed in the environment and frequently occurs in the intestines of humans and many domestic and feral animals. Spores of the organism persist in soil, sediments, and areas subject to human or animal fecal pollution.

Perfringens food poisoning is the term used to describe the common foodborne illness caused by *C. perfringens*. A more serious but rare illness

is also caused by ingesting food contaminated with Type C strains. The latter illness is known as enteritis necroticans or pig-bel disease.

The common form of perfringens poisoning is characterized by intense abdominal cramps and diarrhea which begin 8–22 hours after consumption of foods containing large numbers of those *C. perfringens* bacteria capable of producing the food-poisoning toxin. The illness is usually over within 24 hours but less severe symptoms may persist in some individuals for 1 or 2 weeks. A few deaths have been reported as a result of dehydration and other complications.

Necrotic enteritis (pig-bel) caused by *C. perfringens* is often fatal. This disease also begins as a result of ingesting large numbers of the causative bacteria in contaminated foods. Deaths from necrotic enteritis (pig-bel syndrome) are caused by infection and necrosis of the intestines and from resulting septicemia. This disease is very rare in the U.S.

In most instances, the actual cause of poisoning by *C. perfringens* is temperature abuse of prepared foods. Small numbers of the organisms are often present after cooking and multiply to food poisoning levels during cool down and storage of prepared foods. Meats, meat products, and gravy are the foods most frequently implicated.

Institutional feeding (such as school cafeterias, hospitals, nursing homes, prisons, etc.) where large quantities of food are prepared several hours before serving is the most common circumstance in which perfringens poisoning occurs. The young and elderly are the most frequent victims of perfringens poisoning. Except in the case of pig-bel syndrome, complications are few in persons under 30 years of age. Elderly persons are more likely to experience prolonged or severe symptoms.'

The bacterium can also cause tissue necrosis, bacteremia, emphysematous cholecystitis and clostridial myonecrosis (gas gangrene). The last named is a deadly form of gangrene; it progresses rapidly, expanding within internal tissues, leading to toxemia and shock.

(Adapted from the US FDA website, <http://www.cfsan.fda.gov/~mow/chap11.html>)

Clinical Focus Guide for *Clostridium perfringens* nosode

Appearance of Patient

Gothic, dark quality (not always)

Wearing a head-covering