John Saxton
Bowel Nosodes in Homeopathic Practice

Leseprobe

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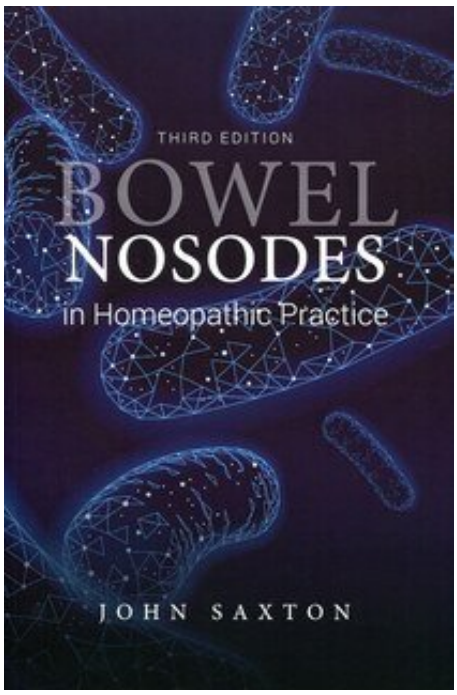

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CHAPTER 4

The Morgan Group

Morgan Bach, Morgan Pure and Morgan Gaertner

General Considerations

Morgan Bach represents the group of NLFB that were isolated initially by Dr Bach, and the whole group form the basis of the nosode Morgan Bach that is still widely used today, especially in the veterinary field where obtaining the full symptom picture can be more difficult than in the human field. Subsequent work by Dr Paterson resulted in two distinct groups of bacteria being identified within that whole. The technique of culturing for eighteen hours had produced the sugar reactions that distinguished the group as a whole. However, but it was found that by continuing the incubation for the full seventy-two hours more generally used in laboratory investigations, differences in the fermentation reactions of some of the bacteria began to appear. Some retained their fermentation reactions unchanged after the longer incubation, and these were designated as the Morgan Pure group, since they remained true to their original form. Others, however, had produced reactions in the sugar dulcitol that had not been present after only eighteen hours, and those reactions had become similar to those seen at eighteen hours by the Gaertner Bach group of NLFB (Paterson 1949). This group was accordingly called the Morgan Gaertner group.

Both these groups of NLFB have given rise to bowel nosodes, named Morgan Pure and Morgan Gaertner respectively, in addition to Morgan Bach which is the nosode prepared from the combined groups of NLFB. The Morgan group as a whole is the one most commonly identified in the clinical situation. John Paterson found that sixty percent of his positive results yielded the whole Morgan Bach group, whilst Elizabeth

occurs on the left side, although the calculi are often found in both kidneys. The leading remedy of the Morgan Gaertner group is Lycopodium and the other remedies often indicated in liver conditions, such as Chelidonium and Taraxacum, are represented also. Lycopodium has the strong modality of < 4-8pm, which is also a modality of the nosode Morgan Gaertner. Similarly the 11am 'sinking empty feeling > eating' seen in Sulphur is also found in the Morgan Pure picture.

Although not quite a specific, the use of Morgan Bach in tracheobronchitis (kennel cough in the dog) is strongly indicated. It use in broncho-pneumonia may be indicated, and most cases of eczema in children will benefit from the nosode at some stage of their treatment (Paterson 1949). Skin conditions that will benefit are generally < heat. Morgan Bach has also been recommended for use in malignant states in the elderly (Paterson 1953). It is relevant also for conditions where there is a history of repeated inflammatory attacks.

The main miasmatic influences running through the nosode are those of psora and sycosis. Because of the connection with the skin, psora tends to be emphasised at the expense of sycosis, and this is a mistake. Although psora is undoubtedly the major of the two influences - and John Paterson considered that the nosode epitomised the psoric miasm (1953) - in fact sycosis in makes a significant contribution to the symptom picture, and specific sycotic features, such as an aggravation from storms, will be seen. Of the two individual nosodes, Morgan Pure has the stronger connection to the psoric miasm.

Materia Medica of Morgan Bach

On the general level the nosode is ameliorated by movement but aggravated by heat, especially that of the bed. There is also an aggravation at night.

The mental picture is one of general anxiety, introspection and depression extending to a desire to commit suicide by jumping (this is characteristic of the syphilitic miasm, emphasising the fact that all three miasms are always represented in every remedy. Saxton 2006). Concern for his/her general health is a feature; also fear of crowds and company, together with a dislike of being left alone. Nervous tension gives a restlessness and desire to be active. There is restless sleep or insomnia, but with a desire to sleep after eating.

The congestive theme is shown in the headaches that are accompanied by flushing of the face. They are generally worse for heat and thunder. It is a remedy for migraines, especially if occurring at regular intervals and accompanied by nausea. Excitement of any kind, but particularly travelling, may precipitate an attack. However, Agrawal (1995) does not consider it a major remedy in this regard. Vertigo caused by hypertension is seen. Non-purulent conjunctivitis is seen plus other inflammatory and cystic conditions of the eye and surrounding tissues, such as keratitis, iritis and blepharitis. Catarrhal conditions of the ear are found and the nosode has been mentioned as a major remedy in Meniere's disease.

Mention has been made of tracheobronchitis and bronchopneumonia as indications for the nosode, which is a reflection of the inflammatory and congestive processes that occur in the respiratory system. This may ultimately result in emphysema. Repetitive attacks of any respiratory condition, including asthma, may call for the remedy, especially those that occur in children and/or are manifest in the winter or spring. Copious nasal catarrh with thin clear or white discharge is seen. Inflammatory

conditions of the throat can lead to choking, and burning sensations in the mouth are reported by patients, especially in the morning.

Congestion of the alimentary system leads to abdominal pain, especially in the upper or anterior abdomen. Gastric inflammation results in heartburn and a tendency to nausea, 'bilious attacks', recurrent indigestion with flatulence and a bitter taste in the mouth. The sense of taste may be lost. Ulceration of the anterior digestive system can finally occur, and idiopathic vomiting in cats may respond. Nausea linked to the menopause is a strong indication. There is a desire for butter and other fats, sweets and eggs, even though fats and eggs may aggravate any bowel conditions. There is a tendency towards constipation with dry stools although looseness may occur in the mornings, with urgency: the motion is foul smelling with some blood and mucus and is passed without straining. There is often a desire to pass a motion after food. Irritation around the anus without obvious cause is encountered, as are anal fistulae.

The cardiovascular system is involved with, at one extreme, hypertension and angina, whilst at the other extreme sluggish congestion leads to phlebitis, varicose veins, haemorrhoids and cyanosis of the extremities. The poor circulation in the extremities produces a predisposition to chilblains. There is discomfort around the heart, with nocturnal palpitations that are better for passing wind and movement.

The genital system is another major seat of action for Morgan Bach. Once more congestion features largely. Headaches linked to the function of the genital system, especially at the menopause, are often accompanied by ovarian pain and flushes. Other functional upsets produce both menorrhagia and metrorrhagia, whilst polyps and fibroids develop. Leucorrhoea may be either yellow to green or a definite brown, with a tendency to be corrosive. There is great irritation of the vagina and vulva.

The urinary system shows cystitis and frequency. During attacks the urine is strong-smelling and corrosive, giving burning pain on micturition. Enuresis is a feature.

The musculoskeletal system is involved with rheumatic and arthritic symptoms involving particularly the shoulders, arms, wrists, hands and knees. Pain may be experienced in the soles of the feet. Joints are swollen and painful, especially at night. General loss of power and stiffness in the limbs is accompanied by sensory nerve involvement giving tingling and numbness in the extremities. The grip of the hands is weakened and the sense of touch is reduced.

It is, however, with the skin that the nosode is most closely associated, and in this context it is Morgan Pure that contributes the majority of symptoms. All areas of the body may be affected, but behind the ears and the flexion aspect of the joints are worthy of special mention. Weeping eczema with crusts accompanied by great irritation and heat is seen. Two of the bacteria that form part of the nosode, Morganella Morganii and Proteus Mirabilis, are capable of synthesising histamine (Malcolm 2007) and this is reflected in the skin symptoms that arise. There is an almost irresistible urge to scratch, leading to bleeding in many instances. Animals will lick at their feet to the extent of producing swelling of the whole area. Equally, the skin may be dry and cracked with fissures but still irritant. In humans one pointer towards Morgan Bach is the presence of circinate lesions on the skin, although this is not seen to the same extent in animals. There is great thickening of the skin generally, and commonly of the heels, which are cracked and fissured. Warts are also present, often large and either flat or jagged. Skin conditions are usually worse for heat with sensitivity to the sun, washing and teething.

Morgan Pure

Associated remedies

Alumina, Baryta Carb., Calc Carb., Calc Fluor., Calc Sil., Calc Sulph., Carbo Veg., Carbo Sulph., Causticum, Digitalis, Ferrum Carb., *Graphites,* Hepar Sulph., Kali bich., Kali Carb., Kali Sulph., Lycopodium, Mag Carb., *Medorrhinum,* Nat Carb., Nat Sulph., Nux Vom., Petroleum, *Psorinum,* Pulsatilla, Rhus Tox., Sepia, Silica, **Sulphur**, Thuja, Tuberculinum.

Within the general framework of the 'Morgan' group described above, Morgan Pure has its own additional individual features. As mentioned, it is specifically linked to skin and/or liver conditions of a chronic nature. It is a major remedy for eczema in young children. As well as the aggravation from heat seen through the whole group, Morgan Pure is aggravated by washing. It is also generally better for eating. The headaches of Morgan Pure are congestive and may be accompanied by the vomiting of mucus and bile. Migraine is frequently triggered by the onset of menstruation. Mentally the type is introverted and unstable. Fears and anxieties, especially over health, may lead to thoughts of suicide. Nameless fears predominate and although there may be a great fear of particular diseases, such as cancer, there is often a general dread of just being ill. Inflammatory conditions of the mouth and throat produce dryness and redness of the mucosa. Ulcers and swelling of the tissues are seen, with salivation. Either dryness or catarrh may be found in the nasal region, together with sinusitis. and epistaxis. The respiratory system is particularly affected in the winter and spring, with bronchitis and bronchopneumonia tending to recur each year. There is a dry cough and shortness of breath and tightness in the chest, especially at night.

as ‘average’ but what food he had was always eaten very quickly, to the extent that he would occasionally vomit soon afterwards. When this happened he would immediately eat the vomited food again with no ill effects. The diet, in common with the other dogs, consisted of commercially prepared food. The quantity drunk was difficult to quantify as there was a communal supply in the outside run. However, he was the only one of the four who ever drank in the house, and when he did he would take a long drink. He was never offered milk. His bowels were usually normal.

He was happy to go outside, either on his own or with the others. He was not particular about keeping himself clean and would run through puddles, mud and wet grass without a second thought. He disliked rain, was impervious to wind, and had no objection to walking in snow. He had been shown and had performed ‘adequately’; he had no dislike of being bathed and groomed for show purposes and there had been no adverse effects on the skin from the process. When being taken to a show he travelled well, and that was the only occasion when he went in a car, except for visits to a vet.

He had suffered no previous major health problems, the only events being the occasional minor cut and strain. All had resolved either without treatment or with short courses of conventional treatment. He had been vaccinated as a puppy at ten and twelve weeks of age, receiving a booster at eighteen months and another at thirty months without any observed reaction to any of them. He was wormed routinely with the other dogs using a prescription preparation.

The present trouble had started some nine weeks prior to the consultation, when redness and irritation had appeared for no apparent reason on both front legs below the knees (wrists) and between the toes. This had been diagnosed as a contact allergy, although to what was never established. Treatment was with the steroid prednisolone by mouth, which quickly removed the irritation but had no effect on the redness. A

few days after the end of the course of prednisolone the irritation returned and the affected area began to spread up and round the legs. The owner administered a self-prescribed herbal shampoo that was ineffective and the condition continued to spread rapidly over the whole body and the hind legs. There was generalised irritation with deep red patches on all four feet, around the base of the tail and in the right axilla and groin.

Another visit to the conventional vet resulted in the administration of systemic as well as oral steroids, plus a course of antibiotic (Synulox) and a medicated shampoo (Malaseb). This again gave temporary relief from the pruritis but did not affect the appearance or distribution of the lesions. Skin scrapes were negative for all ectoparasites and mites. The pruritis returned after the end of the treatment and at this point homeopathic help was sought.

On examination the skin was dry and there were no discharges. The only breaks in the skin were self-inflicted and some had been bleeding. Nibbling and scratching were continuous, and even exercise did not take the dog's mind off the irritation. He would stop in mid-run to attack himself. The redness varied from a bright red to a deep almost purple hue in the longest standing areas. There was no heat in the skin at any point and no excessive or abnormal smell. In line with the previous examinations there was no sign of any ectoparasites. Although the picture was not one normally associated with ringworm infection, a culture test was carried out that proved negative. Neither the ears nor the anal glands were affected. The dog's appetite had not been affected in any way. His thirst had not changed even when he was receiving steroids.

Treatment was commenced with Morgan Bach in the 30c potency, to be given night and morning for four days. Re-examination three weeks later showed that the

irritation on the body had virtually ceased and had also considerably reduced on the legs. There had been no change in the discolouration of the skin. The owners felt that the improvement had been steady for about eight or nine days after starting the remedy, but it had then ceased and had subsequently regressed slightly. There had been no change in the dog's general demeanour. The Morgan Bach was repeated, but this time in the 200c potency, night and morning for two days. After a further three weeks the body was completely clear and the discolourations in the axilla and groin were fading. Those on the legs, however, were the same and there was still a moderate degree of irritation associated with them. The owner felt that the improvement had once more plateaued and hence a further prescription of Morgan Bach 200c morning, night and morning for three doses was administered. Progress was then resumed and after another ten days the axilla and groin were completely clear and although the discolouration on the legs was still there it was generally fading and there was no irritation. No further prescription was made and one month later everything had settled apart from some deep areas of discolouration between the front toes. Three doses of Morgan Bach 200c as above were repeated, following which everything settled down and there have been no further troubles.

Discussion

This was a case where, in a sense, the remedy was right for the wrong reason. The management of the dog, which is not uncommon in the veterinary world, introduced constraints on the amount of detailed information that could be obtained from the owners. The initial consultation had revealed some pointers towards a number of remedies, but with no strong indication for any one. Whilst there was an obvious link

to the skin, there was no previous history to suggest any underlying condition as a possible aetiology. The redness of the skin, the intense irritation and the disregard for weather conditions and dirt suggested Sulphur, although there was no smell, marked heat connection or adverse reaction to bathing. Similarly, the fact of continuing pruritis during exercise suggested possibly Graphites or Arsenicum Album, but nothing else in the case fitted either remedy. The only link to Psorinum was the liking for heat, but even this was ambivalent. It will never be known what the effect of giving Sulphur would have been, and it is likely that there would have been some positive effect. However, Morgan Bach was decided upon primarily on the basis of the skin connection of the symptoms. The subsequent progress of the case showed this to be the correct remedy from the simillimum point of view, with the steady progress of the case and no other remedy being required. If Sulphur had in fact been the correct remedy, the effect of the bowel nosode would have been to produce a changed symptom picture with stronger indications for Sulphur, whose administration as the second prescription would have taken the case forward. In view of the nature of the remedy as the correct choice rather than as a clearing remedy, the dosage regime became that of the simillimum rather than following the protocols for the other used of the bowel remedies.

Case 2: *An unexpected twist*

A fifty- six year-old lady was suffering from persistent migraines. She had experienced the occasional attack since she was a teenager, with a gradual worsening through her adult life. Over the past six years they had increased markedly in both frequency and intensity following a car accident whilst on holiday in Europe, in which

she sustained a whiplash injury. She had taken Arnica at the time of the accident and had received several courses of chiropractic treatment since. There had been at best a temporary beneficial effect and the situation now was that the attacks were occurring almost weekly, with sudden onset, and lasting for up to thirty-six hours. She was completely incapacitated by them and even when they had passed she felt completely 'washed out'. The headaches started on the right side and spread over the whole head: she described the feeling 'as if there is a brick inside my head', and at the worst times she was unable to lift her head from the pillow. There was a sensation of a tight band around the forehead accompanied by feelings of nausea. During a migraine there was a sensation of too much light entering the right eye, even when shut. Full investigations, including scans, had revealed no abnormalities.

The lady was married with an unmarried adult son and a married daughter, all in their thirties. Together with her husband all five worked in a successful family business, which involved a heavy workload with periods of very hectic activity.. Her main tasks involved the running of the office and general backup services for the staff. The husband, who was the same age as she was, wanted to ease out and leave the day-to-day running of the business to their children, a move that she supported, and wished to join him in. Both liked to take regular holidays. The children, however, whilst working hard and loyally, were unwilling to take on that ultimate responsibility. This she found both annoying and worrying as far as the long-term future was concerned. Neither she nor her husband wished to retire completely, and she, whilst enjoying what time she took away from the business, admitted to feeling guilty if she did not go in to work regularly. This, however, only applied if she took the odd day off and never if she went away on holiday. Her eldest son had suffered from respiratory problems for the previous ten years and there had been several major but unfounded

scares during that time. Her husband's father died of cancer, and she herself was fearful of the condition. As a consequence she constantly worried about the health of all the family. All, of necessity, lived locally to her and although she loved them all, including her son-in-law, she nevertheless enjoyed time away from them.

Her family medical history was unremarkable. Apart from the worsening migraines, since the accident she had experienced irregular tingling sensations in both arms, but especially the left. She had a longstanding tendency to colds and occasional sinus problems, but an ENT specialist had recommended no treatment. She had experienced some cardiac arrhythmia about fifteen years previously, but investigations had revealed nothing. No treatment had been given and the symptoms resolved with no further problems.

The consultation revealed that she enjoyed both company and being on her own. She liked open spaces and adored living on the side of a hill with long vistas across a valley. She was keen on her garden but found that she quickly became hot when working in it (not heavy digging). She tended to do everything quickly, always wanting to get on to the next job and needing to be active all the time. She had no significant fears. She loved colour, bright sunlight and dancing provided that the music was quick. Although not seeking great heat she liked to be warm, and her hands and feet would quickly become cold, even in summer. When alone she would always have music on the radio, and would sing and dance along to any lively tune. She did not sleep well and when she dreamt it was usually of either water or dead relatives. She preferred cold food, especially salads, honey and tomatoes, and was not keen on sweets. She loved vinegar to the extent of being willing to drink it. She was not enthusiastic about salt, never using it in cooking, but being willing to eat food

prepared with it in a social situation. There were no other food desires and her only real hate was for whisky, even disliking its smell.

The remedy selected was Sepia on the basis of her mental symptoms and reactions to her situation, and the general and local symptoms surrounding activity, food and circulation. It was given as a 30c night and morning for three days. Five days after the consultation the lady went on a two week holiday to Spain with her husband and there was a second homeopathic consultation two weeks after her return. Two days after the outward flight there had been another attack as bad as before, but after that there had been nothing until just before coming home. This latter, however, was milder and although it lasted nearly twenty-four hours she was able, as she described it, to 'live through it'.

Two days after her return she had attended for a routine health check under her health insurance scheme. At that check a heart irregularity was found of which she had been completely unaware. Following tests the consultant recommended treatment with betablockers, which she declined.

She admitted to being worried by the heart findings and had suffered from a nagging headache for about two days after the health check. However, there had been no more full migraine attacks and she described herself as feeling 'normal' in spite of having moderate headaches fairly frequently. It was decided to wait until after her next consultation with the heart consultant before considering any further homeopathic treatment. A week later she had what was classified as a 'moderate' migraine attack.

The follow-up heart consultation showed that her heart now appeared clinically normal and a further prescription of Sepia was given, this time at 200c, three doses over twenty-four hours. Another ECG after three months was again normal. At this time she was having headaches every three to four weeks but no migraines. The

flatulence and burning in the oesophagus if too much was eaten. The flatulence had at times been present, independent of fats, and appeared to be triggered by any abnormally large intake of food. Arsenicum Album had helped the problem to some extent whereas Lycopodium proved of no benefit. She enjoyed all travel and new experiences, and had a very definite sense of right and wrong. She had difficulty in delegating in her job, and demanded an orderly working environment. She enjoyed heat but disliked a stuffy atmosphere. Her appetite was of average size but she quickly felt full. There was a desire for spices and savoury tastes, fruit and vegetables. The only marked dislike was for milk and milk products. Thirst was unremarkable, and although she insisted on her food always being very hot she disliked hot liquids. At the time of the injury all her digestive symptoms were in abeyance.

Although the sensitivity of the foot to pressure continued at all times, the particular pain and the presence of the swelling had settled into a definite pattern. Irrespective of the degree of use during the day, the swelling always worsened in the early evening and the pain intensified on the sole of the foot. There was no undue heat associated with the symptoms. Icing eased the situation but elevating the foot did not. Invariably the swelling had disappeared by next morning.

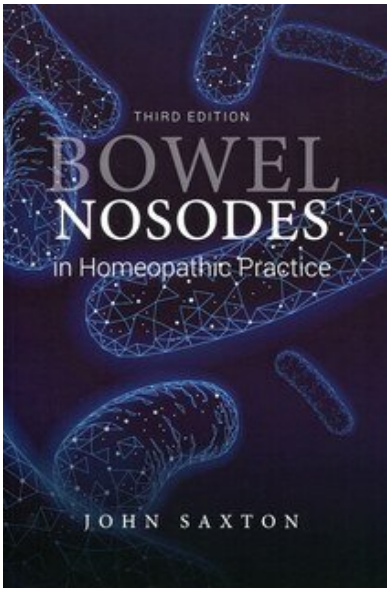
Morgan Gaertner 30c was prescribed, night and morning for three doses. Both the pain and the swelling resolved within one week, but the pain began to return after a further ten days. A single dose of Morgan Gaertner at 200c was administered, the pain regressed, and did not return. The foot returned to its normal size and the choice of shoes became unrestricted once more. After this there was a return of the flatulence and oesophageal burning. No treatment was given and the symptoms disappeared over two weeks. The foot remained normal except for some aching after extensive use. General health has remained good, with no recurrence of the eczema.

Discussion

This case emphasises the importance of taking the full medical history into account. The initial treatment of the injury had been concentrated very much at the local level, and had certainly helped to a considerable degree. The fracture may well have healed satisfactorily without Symphytum, but the success of the Phytolacca and Calc Fluor. would indicate that there had been some significant damage to the ligaments and/or tendons as well as the bone damage. The persistent swelling did not appear to be linked to any acute inflammatory process as there was never any heat in the area. Equally, at the end there did not seem to be any relationship between the degree of swelling and the amount of use of the foot. There was obviously some passive congestion remaining in the area, possibly as a result of local damage to the circulation, although there was never any temperature variation in the feet.

What was significant, however, was the time aggravation of the symptoms. The early evening aggravation was very marked and pointed towards Lycopodium, Chelidonium or Morgan Gaertner as possible remedies. The history of inflammatory involvement of both gall bladder and liver, together with the passive congestion and the time modality indicated the nosode.

It would appear that the use of the bowel nosode addressed the deeper ‘dis-ease’ that was present in this patient. Graphites is an associated remedy of Morgan Gaertner, although it is interesting to note that Lycopodium had produced no clinical benefit when given.



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