

Use of nosodes in homeopathic clinical practice: a survey

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Abstract

Nosodes are homeopathic preparations of organic materials derived from inactivated disease products, cultures of microorganisms (e.g., bacteria, fungi and viruses) or parasites, infected or pathologically changed material or decomposition products from humans or animals, rendered safe during the homeopathic manufacturing process. In homeopathic clinical practice, nosodes have an important and indispensable part. They are frequently indicated as common, intercurrent, anti-miasmatic, or acute remedies, etc., depending on the physician's perception. But there are variations in their clinical use, which might be influenced by the background knowledge, experience, expertise and preconceived notions of practitioners. The present survey sought to find the actual use made of nosodes in homeopathic clinical practice.

Keywords

Nosodes; Clinical practice; Homeopathy, Survey

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Introduction

Nosodes are homeopathic preparations of organic materials derived from inactivated disease products, cultures of microorganisms (e.g., bacteria, fungi and viruses) or parasites, infected or pathologically changed material or decomposition products from humans or animals, rendered safe during the homeopathic manufacturing process [1,2]. The Greek prefix "noso" means disease, thus indicating the pathological root of nosodes. This term is also connected with the Latin word "noxa", related to noxious or damaging, which implies the use of noxious materials as a basis for a homeopathic remedy.

Nosodes came into use since the earliest experiments by Constantine Hering while he was in South America between 1827 and 1833. Nosodes have been explored and experimented by many from time to time, but because of the nature of their starting materials, they have been frequently scrutinized for safety and efficacy. There are approximately 150 nosodes mentioned in the homeopathic literature, but very few are part of official homeopathic pharmacopoeias.

In homeopathic clinical practice, nosodes have an important and indispensable part. They are frequently indicated as common, intercurrent, anti-miasmatic, or acute remedies, etc., depending on the physician's perception. Nevertheless, there are variations in their clinical use, which might be influenced by the background knowledge, experience, expertise and preconceived notions of practitioners. For instance, few physicians support use of nosodes in potencies below 30 cH or frequent repetition for fear of undue aggravation. Others consider nosodes as intercurrent or anti-miasmatic remedies only. Such beliefs are strongly rooted in experience, and vary from physician to physician. There are few data on this subject. In the absence of a clear picture regarding their use, individual beliefs are supported by the personal experience of each practitioner. As a function of the aforementioned considerations, the present study sought to survey the actual use made of nosodes in homeopathic clinical practice.

Materials and methods

An *ad hoc* questionnaire was elaborated following a literature review. The final version of the questionnaire comprised 13 multiple-choice and 2 open-ended questions (Table 1). Five additional questions were designed to collect sociodemographic data (age, gender, profession, academic/professional degrees and country of residence).

The questionnaire was circulated among homeopathic practitioners in e-mail lists and posted online from January 2012 to December 2013. The random sampling technique was used, which is usually recommended for this type of surveys [3]. A cover letter was appended explaining the justification and aims of the survey and ensuring the confidentiality of the data. The questionnaires were responded anonymously.

Results

The questionnaire was responded by 204 individuals. Three duplicate entries were omitted and responses were coded for easier assessment. Therefore, 201 questionnaires were considered for analysis.

The sample comprised 105 females (52.24%) and 96 males (47.76%). As to the respondents' age, the largest proportion corresponded to age range 50-60 years old (n= 75, 37.31%) followed by 30-40 years old (n= 49, 24.38%), 40-50 years old (n= 45, 22.39%) and 20-30 years old (n= 28, 13.9%); only 4 respondents were older than 60 (1.99%). About 57.7% (n= 116) of the volunteers had attended graduate courses and 42.29% (n= 85) postgraduate education. The largest proportion was of clinical practitioners (n= 139; 69.15%), 28.86% (n= 58) were practitioners and researchers, and 4 (1.99%) researchers only.

Most of the respondents were from India (n= 106); 30 from the United States; 12 from Canada; 11 from the United Kingdom; 6 from Finland; 5 from Pakistan; 4 from the Netherlands; 3 from Australia, France, New Zealand and Turkey each; 2 from Belgium; and the remainder 1 from various countries (Austria, Bangladesh, Brazil, Croatia, Czech Republic, Ireland, Israel, Italy, México, Nepal, Norway, Russia, South Africa, Thailand).

The responses to the questionnaire are described in Table 1.

Table 1. Questionnaire responses

Questions	n (%)
1. Do you know the history of nosodes?	Yes 167 (83.08) No 34 (16.92)
2. Do you know the starting material from which nosodes are prepared?	Yes 198 (98.51) No 3 (1.49)
3. How frequently do you prescribe nosodes in routine practice?	Every prescription 5 (2.49) Mostly in acute cases 3 (1.49) Mostly in chronic cases 156 (77.61) Seldom 37 (18.41)
4. What are the most common potencies you use in your practice?	Any potency 31 (15.42) ≤ 30c 15 (7.46) 200, 1M 140 (69.65) 10M, CM 8 (3.98) LM 7 (3.48)
5. How frequently do you repeat nosodes?	Single dose only 130 (64.68) Repeated doses 71 (35.32)
5b. If repeated, what is the frequency?	Daily doses (1, 2, 3 or more times per day) 23 (11.44) Weekly 21 (10.45) Monthly 21 (10.45) Single dose and repeat if necessary 136 (67.66)
6. You prescribe nosodes as	Constitutional remedy (considering the totality of symptoms) 28 (13.93)

	Acute remedy	1 (0.50)
Intercurrent remedy (when case seems to stand still or there is no further improvement)		18 (8.96)
	Anti-miasmatic (considering family and past history)	13 (6.47)
	As per need of case (any of the above)	144 (71.64)
7. Which dispensing method suits best according to you while prescribing nosodes?		
	Milk sugar	49 (24.38)
	Globules	88 (43.78)
	In water	46 (22.89)
	Remedy direct over the tongue	21 (10.45)
8. Have you experienced any aggravation in symptoms after prescribing nosodes?		
	Yes, very severe aggravation	8 (3.98)
	Yes, occasional aggravation followed by amelioration	127 (63.18)
	No, not at all	69 (34.33)
9. If experienced aggravation, can you rate the severity on a scale 1 – 5?		
	1- Least	36 (17.91)
	2- Moderate	91 (45.27)
	4- Moderately severe	8 (3.98)
	5- Severe	4 (1.99)
	No answer	62 (30.85)
10. Do you support nosode prescription in repeated doses?		
	Yes, there is no harm	30 (14.93)
	No, it should not be done	45 (22.39)
	It may be, if there is a need	126 (62.69)
11. To which age group nosodes are best adapted (according to your experience)?		
	Infants	1 (0.50)
	Pediatric group	9 (4.48)
	Young and middle aged population	11 (5.47)
	Old age	1 (0.50)
	Every age group depending on the symptoms	179 (89.05)
12. How many nosodes do you use commonly?		
	< 5	62 (30.85)
	5 – 10	92 (45.77)
	10 – 15	24 (11.94)
	> 15	23 (11.44)
13. Have you ever had any difficulty in procuring nosodes from pharmacies		
	No	136 (67.66)
	Yes	65 (32.34)

Discussion

While surveys might be used in several manners, as a rule they involve the selection of a sample from a definite population, followed by data collection [4]. While surveys are commonly used in health research and services, it is worth to emphasize that they represent a research strategy rather than a research method [5].

Historically, nosodes have been used following various criteria, mostly according to the physicians' judgment. The present study was designed so as to provide a 'snapshot' of the ideas homeopathic practitioners have on nosodes and the use they make of them. The results of the present study corroborate that variability.

For instance, 69% of the respondents stated they use nosodes in dilutions 200c or 1M, while 15% in any potency. Then 64% of the respondents use nosodes in single dose versus 36% who

prescribe them repeatedly. Relative to the latter group, 12% indicate nosodes in daily doses, 10% once per week and 10% once per month, while 67% of the sample reported to prescribe nosodes in single dose to be eventually repeated as per need. About 22% of the participants judge that repetition of nosodes involves no harm, while 15% believe that they should not be repeated too often; for the largest proportion (63%), nosodes might be repeated as per need.

Against the common belief, 71% of the respondents think that it is fit to give nosode as a common remedy, while 28% use them as individualized (constitutional) remedies and only 6% as anti-miasmatic. In addition, 9% of the respondents use them as intercurrent remedies (i.e., when the case seems to stand still or the patient shows no further improvement).

Variability was also found in the pharmaceutical form: 44% of the respondents prescribe nosodes in globules, 24% in lactose, 23% in aqueous doses and 11% directly on the tongue. About 64% of the sample reported occasional occurrence of aggravation of symptoms following the prescription of nosodes, while 35% reported no such instance; only 4% reported cases of severe aggravation after use of nosodes. Interestingly, when inquired as to the intensity of homeopathic aggravation, 62 participants left that question unanswered; among the remainder of the respondents, the intensity of aggravation was moderate for 45%, mild for 18%, moderately severe for 4%, and severe for 2% only.

The single item that showed little variability was the adequacy of nosodes as a function of age, as 89% of the respondents consider that such variable is no limiting factor. Similarly, two-thirds of the sample reported that nosodes are easily available at pharmacies, while 32% reported some difficulty.

Conclusion

Nosodes very commonly used in clinical practice, however, based on beliefs supported by personal experience and preconceived notions, like, for instance, the ones on frequent repetition, use in decimal scale, etc. The present survey evidences that nosodes are used in frequent doses without inducing aggravation; that practitioners consider that there is no harm in using nosodes in low potencies; that nosodes may be used as a common homeopathic remedies; and that nosodes are clinically safe preparations. However, as the sample size was small, its results cannot be generalized to larger groups. This type of survey may be undertaken on a larger scale for the real scenario of nosode use to be evidenced and help us overcome biased usage in clinical practice.

Acknowledgements

We express our thankfulness to Dr. R. Valavan, Manager, Scientific Affairs, Willmar Schwabe India and Dr. Rahul Tewari, Homeopathic Consultant, Noida, for their support and cooperation in carrying out the survey. We are also grateful to the respondents who participated in the survey.

Conflicts of Interest: None declared.

Funding: The study received no funding from any agency.

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