

# Nosodes in Homeopathy Practice

An ECCH Survey

July 2008



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## Summary

In order to obtain data on the use of 'nosodes'<sup>1</sup> in homeopathy practice in Europe, the European Council for Classical Homeopathy (ECCH) carried out a survey using a structured questionnaire where individual homeopaths were asked about their experience with the availability and use of such homeopathic medicinal products (HMPs).

Results show that homeopaths consider nosodes to be of vital importance for the effective treatment of a large majority of their patients. Homeopaths consider nosodes indispensable for 38 to 41 % of patients suffering from chronic complaints. Homeopaths stated that nosodes of human and animal pathological origin are either very or highly significant in their practice. Nosodes derived from microbiological cultures and vaccines are considered significant or very significant.

It is therefore particularly concerning that 26 % of practitioners reported difficulties in obtaining these products and 39 % were forced to order such HMPs from other European countries. The nosodes most practitioners reported difficulties in obtaining were Carcinosinum, Tuberculinum and Medorrhinum, but a wide variety of other nosodes were reported as being unavailable.

The large majority of homeopaths (88.5 %) prescribe nosodes in remedies diluted above Avogadro's number ( $6 \times 10^{23}$ , as found in HMPs at the 30C/60X or 12C/24x/LM4 potencies or above). It would therefore seem that, for the large majority of practitioners, safety of nosodes produced by dilution alone would be a viable alternative to manufacturing procedures involving denaturing sterilisation of the source substances. This seems to be an important alternative to consider, as over 70 % said not sterilising nosodes is essential to ensure their quality.

For ECCH's policy recommendations on the availability and quality of HMPs, including the availability of nosodes, please refer to ECCH's policy document (ECCH 2005).

## Background

Over recent years a number of European member states have introduced national regulations for HMPs. This process partially followed the introduction of European Union directives for HMPs in 1992 (EU 1992), a process which has been accelerated since the introduction of the revised European Union medicine directives (EU 2004) which integrated the regulations for HMPs.

In the same period the Council of Europe (1999) established that homeopathy is one of the four best established forms of complementary and alternative medicine (CAM) in Europe. According to a Norwegian Government report homeopathy is the most frequently used CAM therapy in 5 out of 14 countries in Europe and among the three most frequently used in 11 out of 14 countries (NOU 1998). According to a report published by the European Council for Classical Homeopathy (ECCH 2006) homeopathy is practised in all countries in Europe.

ECCH has previously pointed out that in order to ensure that patients have access to high quality homeopathic treatment, they should be able to receive any HMP necessary for their treatment and these products should be of high quality (ECCH 2005). Moreover, ECCH specifically pointed out the importance of the availability of HMPs categorised as 'nosodes'.

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<sup>1</sup> Nosodes (definition): Homeopathic remedies of biological origin that are derived from pathologically modified organs or parts of organs that are of human or animal origin, or from cultured micro-organisms that have been killed, or from products of the decomposition of animal organs, or from body liquids containing pathogens or pathological products.

In order to obtain factual data on the availability of nosodes, as well as the use and importance of these medicines, the following survey was carried out by ECCH in the first half of 2008. The intention was to provide an overview of individual homeopaths' experience with the use of nosodes in the homeopathic treatment of their patients, the perceived importance of nosodes in their practices as well as their experience of the availability of such products in their particular country.

## Method

A structured survey questionnaire was created in order to obtain information on individual homeopaths' experiences with the availability and use of nosodes in homeopathy practice (appendix A). The questionnaire was sent to all 25 ECCH member associations, who were asked to pass on the questionnaire to their individual members. ECCH member associations represent a total of 5298 individual members. There was no control of how many had received the questionnaires, but each association was asked to send one e-mail message to its members and a reminder about one month later. The individuals were all asked to respond by e-mail to a central collecting address in Europe. A total of 489 individual homeopaths responded.

## Results

Results of this survey are based on responses from 489 individual homeopaths, who all filled in the questionnaires.

### Availability of nosodes

Over 26 % of homeopaths reported that over the past two years some nosodes had not been available to them, 3.9 % said all nosodes were difficult to obtain. Almost 39 % of the respondents reported that nosodes had to be ordered from other European countries, 7.6 % said all nosodes had to be ordered from abroad.

The difference in the percentage of nosodes that were unavailable and nosodes ordered abroad could be partially explained by nosodes being available within a country, but national distribution systems being too slow. Another possible explanation is that homeopaths may prefer to prescribe nosodes produced by manufacturers in other countries e.g. due to manufacturers using different starting materials or manufacturing procedures (e.g. denaturing sterilisation is compulsory in some countries and not in others).

The nosodes homeopaths most often had difficulties obtaining were Carcinosinum (30.4 % of all nosodes), followed by Tuberculinum (13.7 %) and Medorrhinum (10.1 %). The nosodes most often ordered from abroad were Carcinosinum (27.2 %), Medorrhinum (13.0 %) and Tuberculinum (12.3 %). The frequency of problems in obtaining specific nosodes may partially be related to the frequency of prescription of these particular HMPs. Complete overviews of the availability of HMPs and purchase from abroad may be found in tables 1 and 2.

**Table 1. Availability of nosodes**

	<b>Yes</b>	<b>No</b>	<b>No response</b>
<b>Nosodes available past 2 years</b>	<b>68.1 (333)</b>	<b>26.0 % (127)</b>	<b>5.9 % (29)</b>
<b>Nosodes that were <u>not</u> available:</b>			
<b>Carcinosinum</b> <sup>1</sup>	<b>30.5 %</b>		
<b>Tuberculinum</b> <sup>2</sup>	<b>13.7 %</b>		
<b>Medorrhinum</b>	<b>10.2 %</b>		
<b>Syphilinum</b> <sup>3</sup>	<b>8.8 %</b>		
<b>Bacillinum</b>	<b>8.4 %</b>		
<b>Borrelia</b>	<b>8.0 %</b>		
<b>Vaccine nosodes</b> <sup>4</sup>	<b>7.1 %</b>		
<b>Psorinum</b>	<b>6.6 %</b>		
<b>Lyssinum</b>	<b>4.4 %</b>		
<b>Other</b> <sup>5</sup>	<b>2.2 %</b>		

<sup>1</sup> Includes all forms of Carc, most respondents listed "Carc".  
<sup>2</sup> Includes all forms of Tub except Bac, most respondents listed "Tub".  
<sup>3</sup> Also referred to as Luesinum.  
<sup>4</sup> Includes all forms of vaccine nosodes, most respondents listed "Vaccine nosodes".  
<sup>5</sup> Includes Hepatite, Pneumococcinum, Ringworm and Streptococcinum.

**Table 2. Nosodes ordered abroad**

	<b>Yes</b>	<b>No</b>	<b>No response</b>
<b>Had to order nosodes abroad</b>	<b>38.9 % (190)</b>	<b>52.8 % (258)</b>	<b>8.4 % (41)</b>
<b>Nosodes ordered abroad:</b>			
<b>Carcinosinum</b> <sup>1</sup>	<b>27.2 %</b>		
<b>Medorrhinum</b> <sup>2</sup>	<b>13.0 %</b>		
<b>Tuberculinum</b> <sup>3</sup>	<b>12.3 %</b>		
<b>Syphilinum</b> <sup>4</sup>	<b>9.3 %</b>		
<b>Borrelia</b>	<b>9.0 %</b>		
<b>Vaccine nosodes</b> <sup>5</sup>	<b>7.3 %</b>		
<b>Psorinum</b>	<b>6.6 %</b>		
<b>Bacillinum</b>	<b>5.3 %</b>		
<b>Lyssinum</b>	<b>5.0 %</b>		
<b>Other</b> <sup>6</sup>	<b>4.7 %</b>		

<sup>1</sup> Includes all forms of Carc, most respondents listed "Carc".  
<sup>2</sup> Includes all forms of Med, most respondents listed "Med".  
<sup>3</sup> Includes all forms of Tub except Bac, most respondents listed "Tub".  
<sup>4</sup> Also referred to as Luesinum.  
<sup>5</sup> Includes all forms of vaccine nosodes, most respondents listed "Vaccine nosodes".  
<sup>6</sup> Includes Bowel nosodes (Bach), Candida albicans, coxsackie-virus, Epstein-Barr-virus, Hepatite, Influenzinum, Meningococcinum, Pediculus, Pneumococcinum, Ringworm, Streptococcinum and Variolinum.

## Significance of nosodes in homeopathy practice

### Importance for different age groups and in acute conditions

Practitioners were asked to rate the importance of nosodes in their homeopathy practice. Respondents were asked to indicate estimated figures for the frequency of cases where nosodes contributed to resolution or considerable improvement of patients' complaints.

Patients were divided into three age groups: On average homeopaths estimated that for 38.2 % of patients aged 0 to 4 years, nosodes had been indispensable to the improvement of chronic complaints. Identical results were found for the age group from 5 to 11 years. For patients from 12 years and above, nosodes were considered indispensable in chronic complaints for an average of 41.4 % of cases. In the treatment of acute problems the average percentage of cases where nosodes were considered indispensable was 17 %.

### Importance of different types of nosodes

Homeopaths were asked to rate<sup>1</sup> the significance of three groups of nosodes from not significant (0) to highly significant (5). For nosodes of human pathological origin (e.g. Med, Psor and Syph) and for nosodes of animal pathological origin (e.g. Tub) the average rate of importance was determined to be between very and highly significant (4.7 and 4.5 respectively for each of the two groups of nosodes). Homeopaths rated the importance of nosodes developed from microbiological culture and vaccines between significant and very significant (3.2).

<sup>1</sup> Categories: 0 = no significance; 1 = little significance; 2 = some significance; 3 = significant; 4 = very significant; 5 = highly significant.

## Most frequently prescribed nosodes

Respondents were asked to list the five most frequently prescribed nosodes in their practice. The five most frequently prescribed nosodes were Tuberculinum (22.6 %), Carcinosinum (20.5 %), Medorrhinum (15.0 %), Psorinum (14.9 %) and Syphilinum (10.9 %). The complete list of remedies mentioned is presented in table 3.

**Table 3. Nosodes most frequently prescribed**

<b>Tuberculinum</b> <sup>1</sup>	<b>22.6 %</b>
<b>Carcinosinum</b> <sup>2</sup>	<b>20.5 %</b>
<b>Medorrhinum</b>	<b>15.0 %</b>
<b>Psorinum</b>	<b>14.9 %</b>
<b>Syphilinum</b> <sup>3</sup>	<b>10.9 %</b>
<b>Bacillinum</b>	<b>4.2 %</b>
<b>Vaccine nosodes</b> <sup>5</sup>	<b>4.2 %</b>
<b>Other</b> <sup>6</sup>	<b>3.7 %</b>
<b>Borrelia</b>	<b>1.7 %</b>
<b>Lyssinum</b>	<b>1.2 %</b>
<b>Bowel nosodes</b> <sup>7</sup>	<b>1.0 %</b>

<sup>1</sup> Includes all forms of Tub (except Bac), most respondents listed "Tub".

<sup>2</sup> Includes all forms of Carc, most respondents listed "Carc".

<sup>3</sup> Also referred to as Luesinum.

<sup>5</sup> Includes all forms of vaccine nosodes, most respondents listed "Vaccine nosodes".

<sup>6</sup> Includes AIDS, Anthracinum, Candida albicans, Herpes simplex, Hippomanes, Influenzinum, Malaria officinalis, Meningitis, Morbillinum, MS nosode, Oscillocoquinum, Pertussinum, Pfeiffer nosode (mononucleosis), Polio, Pyrogenium, Scarlatinum, Staphylococinum, Streptococinum, Thyriodinum and Variolinum.

<sup>7</sup> Includes Bacillus sycoccus by Paterson, Coccidia, Gaertner by Bach, Morgan pure by Paterson, Morgan Gaertner.

## **Most frequently prescribed potencies**

Respondents were asked in which range of potencies they predominantly prescribe nosodes. A majority of 80 % predominantly prescribe nosodes in 30C or 60X (D60) or higher potencies. The 12C, 24X, LM4 or higher potencies are prescribed by 8.5 %, and 9.1 % prescribe 6C, 12X, LM1 or higher. Another 2.4 % prescribe all potencies including those below 6C or 12X.

## **Homeopaths' views on sterilisation of nosodes**

In some countries the source material used for the preparation of nosodes must undergo denaturing sterilisation. This is done e.g. by the use of heat or radiation, even for dilutions beyond Avogadro's number ( $6 \times 10^{23}$ ). For HMPs this includes remedies in the 12C or 23X potency or above. ECCH (2005) has previously argued that HMPs could be made safe by dilution alone when well manufactured. Non-sterilised nosodes were thought to be essential for the quality of nosodes by 70.4 % of the responding homeopathy professionals, 4 % did not think it is important and the remaining were unsure.

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# Appendix A - Questionnaire

**Questionnaire: Nosodes in homeopathic practice**  
**ECCH Pharmacy Group Nosodes Questionnaire**  
**PLEASE RETURN BY 15 APRIL TO [homeopat@email.com](mailto:homeopat@email.com)**

## Your personal data

Professional organisation: \_\_\_\_\_  
 Country of residence: \_\_\_\_\_

**For the purpose of this questionnaire the following list comprises the nosodes that we are specifically asking about:**

Carcinosinum (all kinds)	Tuberculinum bovinum	Bacillinum and other Tuberculines
Medorrhinum	Psorinum	Luesinum / Syphilinum
Lyssinum	Borrelia nosode	All vaccination nosodes

## Section 1 - Availability of nosodes

i. In the past two years have any of the above nosodes NOT been available to you?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

ii. Which are these nosodes? \_\_\_\_\_

iii. Are there nosodes which you or your patient had to order from other European countries?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

iv. Which are these nosodes? \_\_\_\_\_

## Section 2 - Significance of nosodes in our practice

i. Chronic cases

Please provide us with your estimated figures for the frequency of use of nosodes in your practice where in your opinion healing or a considerable improvement has resulted directly from the use of nosodes. This includes the use of a nosode as the main or only remedy as well as use as an intercurrent. For definitions of "chronic" and "healed / considerably improved" see glossary at end of questionnaire.

Age of patients (years)	Your estimated percentage of chronic cases where a nosode has been indispensable to improvement %
0 – 4	%
5 – 11	%
12 and above	%

ii. Acute cases

Your estimated percentage of acute cases where a nosode has been indispensable to improvement (all ages)	%
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### Section 3 - Need for different kinds of nosodes

i. Please rate your opinion about the significance of the following groups of nosodes in your practice by giving each a score from 0 – 5 where:

0 = No significance; 1 = Little significance; 2 = Some significance; 3 = Significant; 4 = Very significant; 5 = Highly significant

Nosodes from human pathological origin like Med, Psor, Syph \_\_\_\_\_

Nosodes from animal pathological origin like Tub, Tub.bov \_\_\_\_\_

Nosodes from microbiological culture and vaccines \_\_\_\_\_

ii Which are the five most frequently prescribed nosodes in your practice?

iii. In which range of potencies do you **predominantly** prescribe nosodes? (Please choose 1 category only)

30C/60X and above \_\_\_\_\_

12C/ 24X / LM4 and above \_\_\_\_\_

6C /12X / LM1 and above \_\_\_\_\_

All potencies including those below 6C/12X \_\_\_\_\_

### Section 4 - Quality of nosodes

In some countries the source material used for the preparation of nosodes, even those at dilutions beyond Avogadro's number  $6 \times 10^{23}$  (i.e. 12C or 23X and above), must undergo denaturing sterilisation (via heat, radiation etc).

Do you consider the production of high potencies WITHOUT any denaturing treatment essential for the quality of a nosode remedy?

Yes \_\_\_\_\_

No \_\_\_\_\_

Don't know \_\_\_\_\_

### Glossary

Chronic disease: a disease where the diagnosis clearly points out that a chronic course is to be expected, or a disease of at least one year (babies: three months) duration previous to the beginning of treatment. For recurrent infections, we refer to the latter definition.

Healing or considerable improvement: the improvement should have been observed for at least one year.

Nosodes, full definition: Homeopathic remedies of biological origin that are derived from pathologically modified organs or parts of organs that are of human or animal origin, or from cultured micro-organisms that have been killed, or from products of the decomposition of animal organs, or from body liquids containing pathogens or pathological products.