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Need to revamp *Tuberculinum* and *Psorinum* nosodes

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FACTS ABOUT *TUBERCULINUM* AND *PSORINUM*

Tuberculinum, a well-known Homoeopathic nosode, has been in practice since 1879.^[1]

There are at least four major preparations in the literature, namely, (1) *Tuberculinum*^[2] from a tuberculosis-infected material, the sputum or pus (from the tubercular abscess) of a patient 'suspected' to have tuberculosis (Swan and Fincke before 1879, pre-Koch's preparation).^[3,4] (2) *Bacillinum* (had confirmed organisms, prepared by Heath and used by Burnett), (3) *Tuberculinum* (by Robert Koch, believed to be from a glycerine extract of a culture^[3] and (4) *Tuberculinum bovinum* (Kent, bovine type sourced from glands of slaughtered cattle suffering from Tuberculosis).^[1,5] There are no separate indications or symptoms for four varieties.

It is incredible that American Homoeopath Samuel Swan did a pioneering work in developing *Tuberculinum*.^[3,4] a few years before German physician Robert Koch^[5] discovered the organisms *Mycobacterium tuberculosis* in 1882. However, it must be noted that the preparation by Swan, most likely to have contained not only the *M. tuberculosis* organism but also possibly other organisms, lung tissues, other proteins and debris. In that case, the *Tuberculinum* thus prepared by Swan must have been a combination of many unknown biological substances.

FROM BACK-POTENCIES

On examining the genesis of the *Tuberculinum* nosode available in the market today (2016) in various pharmacies across India and other countries, one will find that all of the current preparations have been sourced from the successive back-potencies of previously prepared nosode, procured from some other pharmacies, originally the back-potencies from one of the above stated preparations. The author made a communication with several leading pharmacies and confirmed the above information. It was also confirmed that no one makes one's own *Tuberculinum* for obvious reasons, that is, lack of facility to handle such dangerous organisms.

The Homoeopathy Pharmacopeia of India (HPI)^[6] has defined clear instructions about the making of the nosodes. However, *Tuberculinum* and *Psorinum* available in the market are not found to be prepared as per the HPI but from the back-potencies.

In other words, the *Tuberculinum* in use today is supposed to be one which was presumably prepared by Swan in the last part of the 19th century; of which there is no information on its source material available or documented. Furthermore, it must be noted that there are no rules and regulations for the transfer of back-potencies from one country to another country, their form, reliability and their authenticity. There are no tracking records for such transfers over the past 135 years, which also witnessed two world wars.

MAJOR INDICATIONS NOT BASED ON DRUG PROVING

Let us look at another dimension of the therapeutic indications of *Tuberculinum*. This nosode did not undergo a full-fledged proving but a fragmentary proving by Swan^[3] on two provers.

On examining the write ups on *Tuberculinum* by Swan, Burnett, Clarke, Hering and Kent, it was observed that most of the indications were derived from the patients who responded to the treatment by some doses of *Tuberculinum* or related preparations. The study revealed that the majority of famous and popular symptoms of the mind (such as irritably, fretful, snappish, taciturn, complaining, fear of dogs, cosmopolitan, anticipatory anxiety and fastidious) were not derived from drug proving.^[3,7]

It seems logical that the common physical symptoms of *Tuberculinum* such as constitution (lean and thin), recurrent respiratory infections, headaches, skin rash, recurrent fevers, low appetite, weight loss, glandular affections, ringworm, diarrhoea soon on waking up, and tubercular diathesis were derived from the common symptoms of the disease. It is worthy

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of making a note that most of the above symptoms listed by Hering^[8] and Kent^[7] did not only emerge from drug proving but also from clinical observations.

NON-REPRODUCIBILITY

It must be noted that the *Tuberculinum* nosode (any of the above versions) is no more reproducible as its source material as well as the procedure were neither standardised nor documented, in terms of microbial and histopathological characterisation and quantity.

Psorinum was possibly the first and only nosode introduced by Samuel Hahnemann around 1835. The exact year of preparation is not available. There is no mention of *Psorinum* in *Materia Medica Pura* (1825) and *Chronic Diseases* (published in 1835) by Hahnemann,^[9] as well as in HPI.

There is an ambiguity about the source material used in *Psorinum*. As per Hering, Hahnemann had prepared it from seropurulent matter contained in the scabies vesicle.^[8] It may be noted that the seropurulent matter in scabies might have potentially contained the mite *Sarcoptes scabiei*, (discovered by Diacinto Cestoni in 1687); in addition to many more undocumented organisms, bacteria, debris and proteins. Yet, another preparation of *Psorinum* was made by G. W. Gross from epidermoid efflorescence of Pityriasis.^[10] Here, it is difficult to comprehend the meaning of epidermoid efflorescence of Pityriasis. Hering had prepared another *Psorinum* from 'a salt from the product of Psora'. It is not possible to fathom of the 'salt of the product of psora'.

It is clearly explicable that the currently available *Tuberculinum* and *Psorinum* nosodes are not reproducible.

THE SYMPTOMS

The symptoms in the *Materia Medica* suggested for prescribing *Psorinum* are also a mix of those derived from three separate preparations, as described by Hering^[8] and Allen.^[10] There is only one preparation available in the market. There is no clue as to which of the three preparations of *Psorinum* is available on the market, used by the profession across the world. Furthermore, the so-called 'personality type' or the constitution of *Psorinum* has been understood on the basis of the mixed symptoms of three different preparations!

POTENCY

The currently available potencies (30C, 200C, etc.) of *Psorinum* across the world are prepared from the back potencies purchased by the pharmaceutical companies, as no one manufactures it from the original source. In other words, the *Psorinum* 30C or 200C origin from 29C and 199C bought by the pharmacy from some old collections of 'very old' pharmacies. The 'very old' pharmacies are hardly two or five in the world, which are 'presumed' to have stored the back-potencies 27C or 28C in large quantity, enabling them to sell 29C to 'all' the local pharmacies across the world, for

last 185 (Hahnemann) to 140 (Hering) years, which seems practically impossible.

In such a scenario, it seems that the claimed 30C potency sold in the market may be anything between 31 to 40 or more.

DISCUSSION

The currently available nosodes are not based on a scientifically defined pharmaceutical status suitable for any therapeutic agent.

The findings from the review of the history of the making of *Tuberculinum* and *Psorinum* nosodes are illustrative and common to almost all the nosodes, which were introduced and prepared in the last part of the 19th century.

One of the most important questions raised is about the non-reproducibility of the nosodes in use. It is, of course, not judicious to have a system, in which the medicines are used which were sourced from the obscure material, over a century ago. Even if such medicines might be producing results in the practice of many practitioners, the approach cannot be continued for future practice.

Such an uncertainty about the source material, therapeutic indications (in terms of symptomatology) and the potencies of any therapeutic agent should be unacceptable by any standard. It is also painful to note that there is hardly any regulation defined in any country to check the tracking system for the source material, transfer and storage of the back-potencies.

Two to three different sources in cases of *Tuberculinum* and *Psorinum* should essentially be labelled as separate medicines. Surprisingly, the symptoms in drug-proving, especially in *Psorinum*, were combined; not allowing the user to know the exact indications for a respective preparation. Ironically, the followers of classical Homoeopathy develop certain personally or constitution types based on such 'combined' symptoms, which did not actually belong to any one preparation.

Since microbiology and histopathology were just evolving, it is acceptable that, in the older days, there was no well-evolved, standardised system and process for developing nosodes. It is high time that, now, a fundamental reconstruction of the category of nosodes is called for.

The author proposes an urgent need to review the entire category of nosodes and suggests to redevelop them using the modern scientific process of standardisation,^[1] making them available to the profession.

CONCLUSION

The nosodes *Tuberculinum*, *Carcinosinum*, *Medorrhinum*, *Psorinum* and *Syphilinum* have been sourced from the obscure pathological material over a century ago; of which

very few literature references^[10] are available. Almost all pharmacies use these nosodes (back-potencies) for preparations of subsequent potencies. Back potencies of original nosodes have been used by many companies and handled for such a long period that their authenticity becomes questionable.

There is hardly any documented information and almost negligible evidence about the original source materials. The old nosodes are not reproducible, were not standardised and were not necessarily prepared from the pure strains of organisms. The ill-defined nature of the source, non-reproducibility and doubtful antigenicity are some of the major drawbacks providing limited immunomodulatory efficacy anticipated of nosodes. Furthermore, the organisms have evolved over the time, making it imperative for the development of fresher preparations from the recent strains.^[11]

This illustrative review of nosodes and their poorly documented sources open opportunities for revamping of previously prepared (old) nosodes as well as for developing new nosodes. With the advancement in technology, the newer methods in microbiology, histopathology, immunology and medical science are available for standardisation and scientific documentation of the nosodes, which need to be incorporated in modern Homoeopathy pharmacopoeia.

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Conflicts of interest

None declared.

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