

Chlamydia Trachomatis: Clinical Observations

C. Trachomatis is an interstitial parasite, meaning that it lives and thrives between the cells of the human body, in interstitial fluid. It is generally transmitted during sexual contact, most often infecting the urinary tract. It is important to note that it is also possible in human infection to enter via anal and/or oral cavities and thus can also lead to long-term infections of the bowels and bronchial passages and ultimately into the lungs (not to be confused with C. Pneumoniae). It can be transmitted from mother to baby during pregnancy and delivery, and can result in blindness if the eyes of the baby are infected. Chlamydia generally has only slight or no symptoms upon initial infection and it may not be until years later when chronic conditions have developed as a result of long-term infection that you will find this client in your office. It is the most commonly transmitted STI and my sense is that its long-term effects can be quite devastating to health.

Conventional treatment is by antibiotic; treatment assumes that every organism has been killed by the antibiotic. If just one parasite survives the course of antibiotic treatment, the infection may continue as the bacteria replicate – perhaps even more resistant to antibiotic treatment. In conventional treatment, follow-up is generally not done, so the client goes on unaware that he or she is still infected. If the client's partner(s) are not also treated, a continuing infection seems certain.

I consider a Chlamydia infection to be an acute situation, even though it generally has no symptoms when first acquired and can often go on for many years without symptoms, until one begins to experience chronic problems.

I first began to consider the remedy when I attended my sister during the last few weeks of her life. Her pathology report indicated Chlamydia Trachomatis in her lungs. I wondered about that and realized that an interstitial organism, even though most often sexually transmitted, could realistically end up anywhere in the body. I feel we should recognize also that an STI can occur in any tissue near those exposed, which would have to include pretty much every orifice – and every place to which that orifice leads. Compound this with the idea that in a sexual relationship, one truly has sex with everybody one's partner has had sex with (particularly if we can acknowledge that antibiotics are *NOT* effective in treatment), and it seems a wonder that we can ever rid ourselves of such diseases. This view certainly does support Hahnemann's understanding of the gonorrheal and syphilitic taints.

Below are the symptoms I've noted:

- Sensation of disappearing. The client may actually say they feel they do not exist or that they are disappearing. In one long-standing chronic case in which my client was in a highly anxious state (almost a panic), there was a sensation of being eaten alive or being consumed which resolved after the remedy.
- Sensation of Ticks. Client may actually state that they feel like a tick, or that they fear ticks or fear Lyme disease (this is also somewhat common to Staphisagria in my experience). There may also be expressions of blood-sucking or leeching.
- Sensation of a membrane. This may be expressed as a feeling that they are on the outside looking in, or that they are separated by something, as though they are trying to look through or get through some sort of a shell or membrane.
- Not knowing what to say or how to say it. Being at a loss for words. The client may say to you, "I don't know how else to say it." "I can't describe it."
- Pain in the lower back which may or may not be accompanied by pelvic symptoms in females and a sense of 'pulling' at the spermatic cord or testicles in males. Truthfully, I would give this remedy without hesitation in cases of PID or cancer of the reproductive organs.

- Swelling of the meninges, particularly at the base of the back of the neck and near the top of the gluteal cleft, and sometimes on top of the head, particularly during times of increased stress. There may be a sense of an aching headache at the base of the skull.
- Vague or obscure symptoms of the case. The remedy is noted for difficulty in communicating and I believe this also translates to unclear symptoms of the chronic state of the client. In three cases (including my own), well chosen remedies failed to act, but acted quite well after administering this nosode.

When I note combinations of these symptoms, I give the remedy. Because I consider the state acute, I have sometimes followed the remedy right away with a constitutional remedy, depending on what I observe in the client's state.

I use the energy level and anxiety state of the client as a guide to potency selection. I have given the nosode in 30C, 200C, and have given it in 1M in four cases demonstrating extremely acute states of anxiety and expressing hyper-vigilance with a strong sense of disappearing. In one case, I suspected the need for it just after speaking on the phone, so I took it with me to the consult. I gave it then, and within one or two minutes, the client responded with a deep breath and manifested a state of calm he had not experienced in several years.

The following cases are from 2009.

Case 1: 47yo male, personal history of gonorrhea (1986), high anxiety w/conspiracy-theory ideations (government only wants what it can suck out of you), complaining of unbearable pains in lower back and pelvic region. Unable to move back and neck, difficulty bending, with feeling of pulling on spermatic cord when attempting to twist or turn. Fits of anger and rage, with spinning thoughts. Runs out of energy. Cannot tolerate the heat. Likes to fight, says he is very competitive. Weeping when telling symptoms, says head is always spinning with thoughts. High intensity of PT symptoms indicate 1M potency. Med 1M given resulting in relief of 'crazy-head' symptoms but no change in body pains or stiffness. No one hears him. PT had difficulty sitting still, needed to get up and attempt to stretch back. (Truthfully, I've never seen anyone in so much pain). Chlamydia 1M given. PT phoned two weeks later, stating: "You've saved my life. I was disappearing." At four weeks, PT more calm and in less pain. PT able to sit for extended periods of time without feeling driven from the chair.

Case 2: 42yo female, personal history of gonorrhea (1996), history of childhood sexual abuse w/forced intercourse. Quite outwardly calm during intake. Complaint of Lyme disease; being treated allopathically for "chronic" Lyme (with negative labs). Brief amelioration in symptoms with allopathic meds, but must continue increasing meds to get relief. Beginning to experience side effects of meds. No energy. Slight swelling at back of neck. Weakness in extremities, joint pains, history of difficult menses/PID ending in hysterectomy. 200C Chlam followed by 200C Med (Rationale: Based upon previous case, when a need for Chlamydia nosode is apparent to me, I now give it first to eliminate 'communication' problems with other remedies.). PT reported three weeks later she left her married partner and is re-evaluating how she lives her life and involves herself in relationship.

Case 3: 50yo female, personal history of Chlamydia infection (1981); allopathically treated with antibiotics. Promiscuous history. Meningeal headaches, swelling at back of neck. Presenting with acute pains in lower back, joint stiffness, difficulty walking. Low energy. Sensations of ticks and feelings of disappearing. Does not know what else to say and cannot describe symptoms. Feeling of trying to see through something, like a membrane. Chlamydia 30C based upon low energy level. Warmth in chest upon taking remedy, breathing much easier, less pain in hips, pelvic area, and lower back.

Case 4: 73yo female, long chronic history. PID, low energy, dull headaches. Husband cheated on her 30 years ago. Worries that she has Lyme disease. Does not know what else to say. People don't communicate well. (My observation was a lot of anger in this client, but unable to express it. Much intensity in her body language.). Opened case with Chlamydia Trachomatis 200C. After four weeks, PT indicates feeling less anxious, realizing she has not engaged in her life, that she was not participating, as

though she had been isolated behind something or had been disappearing and didn't know it. PT more able to communicate. Reported warmth in chest upon taking remedy, followed by easier breathing. Not as difficult to communicate with husband.

Case 5: 51yo female, difficulty communicating, does not know what to say or how to describe what she is feeling. Obese, symptoms of PID, swelling at back of head and neck, joint stiffness, problems with knee injury. Tires easily and gets winded. 200C Chlamydia to open case. PT reports taking the remedy before driving to work. In the car, noticed warmth in her chest and a feeling as though she didn't have to try so hard to breath. Had been worrying about a meeting she had at work, wondering what to say and how she would phrase it, but suddenly felt it would not be a problem, much less anxiety by the time she arrived at work.

Case 6: 38yo female, highly anxious and in extreme pain, states she is certain she has Lyme disease. History of childhood rape and other abuses. Not able to speak without touching or coming very close. Skin flushes on speaking of history. "I'm disappearing." 1M given during consult. Within less than a minute, client became visibly much calmer, less agitated, less clinging. Said, "Wow. My, that's nice. I feel so calm now, not consumed with anxiety."

Each of these cases went on for treatment with other remedies. This nosode is quite effective in cases where the client expresses an inability to communicate and a sense of disappearing or being consumed *with associated physical symptoms indicating a Chlamydia infection*. I have not been successful with more than one dose – it seems to act quite quickly and acutely, often providing immediate relief of symptoms and clearing the way for the client's underlying state to arise with more clarity.