



DOSSIER · THERAPY

Streptokokkinum (Nosode Nach Tilch)

Streptokokkinum is a homeopathic nosode prepared from group A streptococci (*Streptococcus pyogenes*). Classically it is used in cases of susceptibility to streptococcal infections, for example in tonsillitis or pharyngitis.

How to Read This Dossier

ESTABLISHED

measured in humans, with a comparison group

PLAUSIBLE

supported by mechanism, animal studies or observation

HYPOTHESIS

a likely connection that still needs to be tested

Streptococcinum (Nosode according to Tilch) at a Glance

ORIGIN:

Streptococcinum is a homeopathic nosode prepared from group A streptococci (*Streptococcus pyogenes*).

EVIDENCE BASE:

0 evaluated studies · 0 controlled human trials · 0 observational studies · 0 review articles · 0 animal studies · 0 cell-culture studies

STRONGEST EVIDENCE:

- Complementary care: In a systematic review [1] homeopathy appears among 33 randomised trials in chronic kidney disease as an investigated modality; further reviews [8, 10] classify it as adjunctive.
- Placebo effects: Narrative review [3]: placebo effects are measurable psychobiological processes driven by expectation, conditioning and contextual cues via endogenous opioid, dopaminergic and CCK pathways.
- Homeopathy for anxiety: Randomised, double-blind pilot trial in 62 patients with generalised anxiety disorder [7]: significant between-group difference on the Hamilton Anxiety Scale ($p = 0.018$), not on the GAD-7 ($p = 0.122$).

LIMITATIONS:

- No studies in humans exist for the nosode itself, of which 0 are controlled; controlled testing therefore remains to be done. The first open question is which design can measure the described effect.
- Independently collected case series are unavailable: 0 reports from forums and blogs; the sole experiential basis consists of the founder's case observations, which are not study results.
- Related studies yield mixed findings: one scale difference favouring homeopathy in anxiety, no difference in PTSD symptom burden after trauma intervention; neither finding transfers to a bacterial nosode preparation.

CLASSIFICATION:

Streptococcinum is a homeopathic nosode derived from group A streptococci; controlled human testing remains to be done.

1. What Streptococcinum (Nosode According to Tilch) Is

It has become known in recent years through Dr Andreas Tilch, who uses a proprietary, especially intensively triturated starting material (C5) and unusual potencies such as C10, C40, C220 and C1300.

According to his description the remedy acts on a state he calls the “primal-fear mode”: an unconscious feeling of separateness and inner survival struggle. He lists as applications anxieties, traumas transmitted across generations and before birth, and susceptibility to infection. Tilch bases his claims on observations from, by his own account, more than a thousand cases and has presented his approach in two books (“Von der Urangst zur Verbundenheit” and a practical therapy manual).

2. Direct Evidence Base

Direct evidence for Streptococcinum: 0 human studies, of which 0 controlled, total 0. Controlled human testing therefore remains to be done; the present foundation consists solely of the founder's case observations and the two books. This is a statement about the state of research, not about the modality: with a young approach the first step is to determine which design can measure the described effect at all.

3. Related Evidence: What Studies in the Same Direction Show

When few or no studies exist for a modality, this says nothing about its effect—only about the research situation. We therefore examine what is known about the building blocks of the modality: 35 studies on related modalities and mechanisms, of which 18 controlled in humans. The references lead to the source list at the end of the page.

PROVEN In a randomised, double-blind pilot trial in 62 patients with generalised anxiety disorder [7] participants received either individualised homeopathic medicines plus psychological counselling or an identically appearing placebo plus counselling. After three months the reduction in GAD-7 was not significantly greater in the homeopathy group than under placebo ($p = 0.122$); on the Hamilton Anxiety Scale a significant between-group difference favoured homeopathy ($p = 0.018$) with small-to-medium effect sizes, and no serious adverse events occurred. The authors themselves classify the work as a pilot study for the feasibility of a larger trial.

HYPOTHESIS The related evidence contains no study that examines nosodes as a distinct medicinal group or the link to infection susceptibility. The closest approach to a clinical test of a single homeopathic medicine is an open, multicentre observational study on *Acorus calamus* [12] that matches a hitherto little-tested remedy to the symptom profiles of the participants; this cannot be transferred to a bacterial nosode preparation, and the question of its clinical testing remains open.

PROVEN Placebo effects, according to a narrative review [3], are measurable psychobiological processes driven by expectation, conditioning and contextual cues, mediated via endogenous opioid, dopaminergic and cholecystokinin (CCK) pathways and accompanied by altered connectivity patterns. The authors simultaneously emphasise that observed improvements cannot be attributed to placebo alone, because spontaneous course, regression to

the mean and concomitant treatment also contribute; for a modality without its own controlled testing the therapeutic relationship is therefore a factor that must be included in any later measurement.

PROVEN Homeopathy appears in several reviews as part of complementary care: a systematic review [1] listed homeopathy alongside Traditional Chinese Medicine and Ayurveda among 33 randomised trials in chronic kidney disease, and reviews of integrative oncology in France [10] and of complementary modalities in cancer therapy [8] classify homeopathy as an adjunctive, low-risk method. These studies assess homeopathy for specific clinical pictures and symptoms, not for Streptococcinum and not for the described "primal-fear mode". How research classifies homeopathy overall is summarised on the page Homeopathy.

4. Mechanism of Action

PLAUSIBLE The nosode follows the classical assumption that a potentised preparation derived from the pathogen acts on complaints directed against the same pathogen. For group A streptococci this assumption has not been tested in the present evidence; the related studies address other medicines and other clinical pictures.

HYPOTHESIS The second step in the proposed action—the linking of a bacterial preparation with a state Tilch calls "primal-fear mode"—rests on none of the available studies. The nearest related test concerns a single link in this chain: a homeopathic treatment for anxiety [7] showed a difference from placebo on one scale but not on the other. Whether a potentised streptococcal preparation acts on anxiety or trauma sequelae is therefore undecided, not tested.

HYPOTHESIS The intensively triturated starting material (C5) and the sequence of potencies C10, C40, C220 and C1300 constitute the third building block. None of the available studies compare different dilution or trituration stages against one another, so the related evidence supplies no decision on whether potency choice influences the outcome. The next question to clarify would be whether a trial should first measure the overall effect of the preparation or first the contribution of the individual potency stages.

5. Experiences of Treated Patients (Forums and Blogs)

Experiential base: Public experiential reports on this modality have not yet been captured. Once reports from forums and blogs become available they will be evaluated here by indication, outcome, duration and adverse events.

An experiential base from forums or blogs does not exist for Streptococcinum: 0 reports. The only experiential basis mentioned in the description consists of the founder's case observations from, by his own account, more than a thousand cases, which he has presented in two books. Such observations are experiences and not study results; they say nothing about the share of spontaneous course, concomitant treatment or expectation in the reported course.

As examples, the description mentions anxieties, traumas passed on over generations and before birth, and susceptibility to infections; duration, side effects and contradictions cannot be read from the available information. Without independently collected courses, it remains open how frequently improvements occur and how they differ from untreated courses.

6. Plausibility Profile (FAIR)

Plausibility: low — 4 out of 15 points

The profile is not proof of efficacy. It answers a different question:
IS IT POSSIBLE THAT THE PROCEDURE ACHIEVES SOMETHING, EVEN IF STUDIES ON IT ARE LACKING?

Five dimensions, each 0 to 3 points, each with justification. It is recalculated as soon as new studies or reports are added.

Status: 24.09.2026 · direct studies in humans: 0 · related studies: 35 · experience reports: 0

DIMENSION	POINTS	JUSTIFICATION
Direct studies on the procedure	○○○ 0/3	Zur direkten Studienlage von Streptokokkinum liegen 0 Arbeiten am Menschen vor, davon 0 kontrolliert.
Related evidence	●○○ 2/3	Controlled studies on homeopathy for anxiety and on placebo effects are available, but they do not concern this substance and not this condition.
Mechanism of action against known studies	●○○ 1/3	The connection between a potentiated streptococcal preparation and the described condition is not based on any of the available studies, and the cc

DIMENSION	POINTS	JUSTIFICATION
Experience base of those treated	●○○ 1/3	There are no independently collected courses; the only basis are the case observations of the founder.
Safety and tolerability	○○○ 0/3	The available evidence contains no information on side effects and tolerability of this preparation.

7. Call: Who Examines This?

The open question would be decided by a randomised, double-blind, placebo-controlled study in humans that tests Streptokokkinum in the described C5 base substance and one of the mentioned potencies against an identically appearing placebo. Suitable would be participants with recurrent streptococcal infections of the throat or tonsils and with pronounced anxiety symptoms, whereby anxiety and infection measures are collected separately. As measurement variables, a validated anxiety scale such as the GAD-7 and the Hamilton Anxiety Scale [7] as well as the number of infection episodes over a defined period would be suitable; the observation period should be at least three months, as in the pilot study on anxiety [7], and the evaluation should be independent of manufacturer and practitioner.

Innovation rarely has studies — the prevailing opinion then says 'that is not possible'. We say: This is an open question, and here it states how to answer it. Universities, training institutes and practices that are investigating or have investigated this procedure can submit their work via info@ih-research.com; we include it in the study situation and update the profile.

8. Summary

Direct studies in humans on Streptokokkinum do not exist: 0 studies, of which 0 controlled. The basis consists of the case observations by Dr. Andreas Tilch from, according to his own statements, over a thousand cases and his two books; these are experiences, not study results. 35 studies on related procedures and mechanisms are available, 18 controlled in humans. A randomised, double-blind pilot study on 62 patients with generalised anxiety disorder [7] showed a difference in favour of homeopathy on the Hamilton Anxiety Scale, but not in the GAD-7.

PLAUSIBLE The nosode follows the classical assumption that a potentised preparation obtained from the pathogen acts on the complaints triggered by the same pathogen; for group A streptococci this has not been tested. **Hypothesis:** The step of connecting a bacterial preparation with the state called by Tilch the 'Urangst-Modus' rests on none of the available studies. Individual links in this chain have been tested: homeopathy for anxiety [7] showed a difference to placebo on one scale, but not on the other. **Hypothesis:** The potency levels C10, C40, C220 and C1300 have not been compared against each other in any available study.

9. What Remains Open

- Does Streptokokkinum in one of the mentioned potencies differ from placebo under double-blind conditions in anxiety symptoms?
- Does the preparation change the frequency of recurrent streptococcal infections of the throat or tonsils?
- Do the intensively triturated C5 base substance and the potency levels C10, C40, C220 and C1300 contribute differently to the result?
- Can the case observations of the founder be reproduced in independently collected, prospective courses?
- How does the course differ from untreated courses when expectation and treatment relationship are controlled?

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Research, put in context. Every statement leads to the original paper; the decision in the individual case rests with the treating professional.
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