

CLINICAL MIASMATIC PRESCRIBING

Fundamental Principles and Practical Application

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Foreword

I write this foreword with a feeling of joy and gratitude. The long-term cooperation and friendship with the Pareek family allowed me to get to know Dr Aditya Pareek as an intelligent, modest and honest person. Moreover, he comes from a family with a long tradition of homoeopathy.

His grandfather, Dr R S Pareek, in 1956, worked together with Sir John Weir and Donald Foubister, who carried out the first experiments with **Carcinosin** at the Royal Homoeopathic Hospital in London.

Together with his grandfather and father, Dr Aditya Pareek has been working on the frontline with seriously ill cancer patients for several years. It will be very interesting to read the clinical part of the book, which shows the experience from their hospital in Agra.

Allow me, in all modesty, to briefly describe my view of miasms, as I was taught by my dear teacher Dr Künzli and as I have used them in my practice for more than 40 years now. It is intended as a little clinical supplement to the book.

The Genesis of Infection

According to Hahnemann's writings, miasms are considered as chronic infections. This can be clearly seen with syphilis and its contagion, its primary affect and the further course of disease to the point of serious clinical consequences.

During the Napoleonic wars, Hahnemann described sycosis, a disease contracted by soldiers through sexual contact. He observed cases in which condylomas appeared. These condylomas were and are still inhibited with methods like excision, cauterization or cryotherapy. Due to these methods of treatment, for example a Dupuytren's contracture, an acanthosis nigricans or a leucoplakia could subsequently develop. These diseases (the latter two are also considered as precancerous) were described as sycosis by Hahnemann.

It is obvious that in these cases infections with gonococci as well as papilloma viruses exist.

Later on, further pathogens like chlamydia, trichomonas etc. were discovered. If you study the clinical pictures of these pathogens in academic medicine books you will be surprised by the fact that they cause the same symptoms as already described by J. H. Allen in his book "psora, Pseudo-psora and pycosis". Allen was a dermatologist and at that time, an estimated 80% of the men living in Chicago suffered from gonorrhoea. This enabled him to gather extensive information on this subject.

Dr Künzli made an exegesis of the scientific works of S. Hahnemann, J. T. Kent and J. H. Allen and developed a clinical picture of sycosis similar to Hahnemann's picture of psora. First there is a phase of infection, followed by a phase of latency and finally, stage II and III follow. This paper was published in "Deutsches Journal für Homöopathie" in 1982 and is of extraordinary clinical importance. This exegesis is as important as the list of symptoms of latent psora by Hahnemann. It is even more important since the miasm of sycosis is predominant in our days.

The clinical picture of syphilis with its variety of symptoms and its course of disease can be found in academic medicine books. In November 2015 I held a Seminar at our clinic in Orselina in which I tried to describe the clinical picture of syphilis as seen from the perspective of homoeopathy.

Psora remains something mysterious, but here also, Hahnemann uses the terms infection, incubation period, latency and onset of the manifest illness.

Fittingly Künzli said in the “Züricher Vorlesungen”: “But in my opinion modern bacteriology is coming closer and closer to the problem. Let us think of retroviruses, for example. These viruses sit and wait all their lives in order to attack a weakened organism instantly. A further example is the herpes virus.”

This clinical approach is very important since it enables us to get into contact with our colleagues of conventional medicine, using their modern language.

This clinical approach can be confirmed in everyday practice.

A further clinical confirmation can be found in Hahnemann’s list of symptoms of latent psora and sycosis (cp exegesis of Dr Künzli). Every clinician can observe that a disease first starts with mild symptoms which in further course become more significant, frequent and serious and finally lead to a manifest disease.

Examples: nosebleed for several years or recurrent cold feet as indications of tuberculosis or genital condylomas which can, if treated badly or if inhibited, lead to kidney insufficiency.

Prophylactic Medicine

The clinical symptoms of latent miasms have an extraordinarily important sociomedical significance since they point to an illness before it breaks out. If you know these symptoms, real prophylactic medicine can be applied.

Examples: Nosebleed with children – according to Hahnemann a symptom of latent psora – shows that this child is carrying a latent disease. In this case you should not simply use vascular obliteration but apply a suitable homoeopathic remedy to stop the bleeding.

The symptoms of latent miasms have a threefold meaning:

1. They have to be taken into consideration if you want to strike the very heart of the chronic disease, otherwise you are in danger of doing palliative homoeopathy.
2. They must disappear if the correct homoeopathic remedy is applied. This would be evidence that the patient has been cured of the chronic disease.
3. These symptoms help to check the homoeopathic cure: if a symptom, after it has disappeared, returns again, the remedy can be repeated.

Teachers and parents should be informed about the symptoms of latent psora so that a real prophylaxis can take place. This would mean a revolution in medicine. For the homoeopath the knowledge of these symptoms should be a matter of fact.

Suppression

A further observation made by Hahnemann was suppression, which plays an important role in modern medicine. The suppression of psoric skin rashes can, as a consequence, lead to internal diseases.

A classic example is neurodermatitis, which, after being treated with cortisone, changes to asthma. If you treat the asthma homoeopathically, difficulty in breathing will disappear, neurodermatitis will temporarily return and finally the patient will be cured of the disease (Hering's rule).

A further example: There have been many cases of chronic leucorrhoea with trichomonas that have been suppressed (this is equivalent to suppressing sycosis) and as a result uterine cancer, ovarian cancer or breast cancer emerged!

Considering the fact that today's medicine is mainly a suppressive medicine, you can easily imagine the importance of Hahnemann's

discovery. Unfortunately, modern medicine is ignorant of Hahnemann's findings.

The Psyche

According to modern psychosomatic medicine, miasms are strongly influenced by emotions. Anger, for example, can cause stomach ulcers and anxiety may lead to difficulty in breathing. In his Volume I "Chronic Diseases", Hahnemann writes that psora is mainly activated by "anger".

One can imagine that chronic infections can change the psyche in a very specific way. Once I treated a patient suffering from an acute psychosis. He had been unsuccessfully treated with antipsychotics until a doctor diagnosed an acute hepatitis. Only after having treated the hepatitis the patient could be cured from his psychosis.

In his "Materia medica" J. T. Kent speaks about a shift between tuberculosis and schizophrenia. This means that if tuberculosis is in a kind of sleep mode, schizophrenia can become active and vice versa. He adds that such cases are almost incurable. There is obviously an interaction between a chronic infection, the mental condition and our emotions.

In this context the works of Ortega and other homoeopaths have to be mentioned as well, since they examined these relationships in greater detail.

Of course, observations from the side of the psychologist are less accurate compared to clinical observations of signs of miasms. This could lead to false, subjective interpretations. For example, "is a "boaster" psoric, sycotic or syphilitic?" In this rubric we find remedies from all miasms like Sulphur, Lycopodium, Mercurius as well as Medorrhinum. When you read different authors, you will find out that some authors allocate certain symptoms more to one miasm, whereas others choose a different one. Some authors say that "boaster" is a sycotic symptom but, nevertheless, also

mercurius can come into question as an important antisyphilitic remedy. But in the end only the totality of symptoms will make a decision possible.

The Epigenetic Perspective

One can easily imagine that chronic infections can, by epigenetic means, have an impact on the genetic material of the descendants. This is why Hahnemann also points at the fact that psora can be inherited from the parents.

(Ref: Volume I “Chronic Diseases”)

The Totality of Symptoms

In order not to overestimate the miasms, I want to refer to paragraphs 6 and 7 of “Organon of Medicine”, 6th edition, and go through them in detail again:

Aphorism: Paragraph 6

“The unprejudiced observer realizes the futility of metaphysical speculations that cannot be verified by experiment, and no matter how clever he is, he sees in any given case of disease only the disturbances of body and soul which are perceptible to the senses: subjective symptoms, incidental symptoms, objective symptoms, i.e. deviations from the former healthy condition of the individual now sick which the patient personally feels, which people around him notice, which the physicians sees in him.

The totality of these perceptible signs represents the entire extent of the sickness; together they constitute its true and only conceivable form”.

Aphorism: Paragraph 7

“Since one may know a disease only by its symptoms, when there is no obvious exciting or sustaining cause (*causa occasionalis*) to

be removed; it is evident that only the symptoms, together with any possible miasm and additional circumstances, must guide the choice of the appropriate, curative medicine (Par.5).

So it is the totality of symptoms, *the outer image expressing the inner essence of the disease, i.e., of the disturbed vital force*, that must be the main, even the only, means by which the disease allow us to find the necessary remedy, the only one that can decide the appropriate choice.

Briefly, in every individual case of disease the totality of the symptoms must be the physician's principal concern, the only object of his attention, the only thing to be *removed* by his intervention in order to cure, i.e., to transform the disease into health."

The old homoeopaths postulated "If the well-chosen remedies do not have an effect, think of prescribing a nosode." This means:

- You have to prescribe for the totality of symptoms and not for a small group of symptoms (this requires a very accurate and long anamnesis.)
- The remedy prescribed must be taken in a high potency. The patient must take the remedy long enough and repetition must only occur at suitable intervals, eg 1M, 1M, 10M, 10M, CM Sometimes neither the first dose of 1M nor the second dose of 1M is clear enough, and only the 10M may lead to a satisfactory result.

Example: Due to a migraine a patient receives one dose of Natrum muriaticum 1M but the headache does not subside. After thorough studies one is still convinced that Natrum muriaticum 1M is the right remedy and the patient receives a second dose of 1M. After about 35 to 40 days there is still no effect. It is possible that in this case a recovery will only take place after an administration of Natrum muriaticum 10M, or, if it is a seriously chronic case, after an administration of CM.

There is also the fact that all polycrests are trimiasmatic, which means that for example Lycopodium contains sycotic, syphilitic and psoric parts. Sepia has a sycotic predominance whereas Natrum muriaticum shows mainly a psoric predominance. But each remedy represents the three miasms to a varying extent. Only the Law of Similia allows a differentiation.

Otherwise you risk prescribing nosodes too often and this may disturb the homoeopathic cure. Here I am of course talking about the treatment of patients with chronic diseases, which constitute about 80% of the patients in a general practitioner's clinic. Dr Künzli often prescribed the same remedy for years according to Kent's scale without changing it. That means he prescribed Natrum muriaticum, Sulphur or Lycopodium over a period of 10 to 20 years in suitable intervals. Nosodes were not very often found in these cures. This is how Dr Künzli treated the majority of his chronic cases. However, he had many patients who lived in the country and led a regular life.

Today, in a world of speed, instability and frequent change of partners, etc., the knowledge of miasms plays an important role.

At the time of Hahnemann, syphilis was the major chronic disease and so he could develop the model of his miasmatic theory based on his studies on this disease.

Today the predominant miasm is sycosis, which is also very closely related to sexually transmittable diseases. Think about the fact that 30% of all clinically healthy men are carriers of chlamydia, which is closely related to sycosis.

Infections caused by trichomonas, are also frequently found. The same is also true for herpes genitalis, the most frequently transmitted venereal disease and for the infection with papillomaviruses with 16 subtypes being carcinogenic.

These facts make Hahnemann's discoveries highly important.

I am not talking about patients suffering from cancer in an advanced stage or other serious diseases, because here, we are talking about

“one-sided diseases”, where you have to treat medical conditions like the consequences of radiation and chemotherapy, pains, side-effects of drugs, etc. Afterwards you may prescribe an organotropic remedy, perhaps a nosode and, later on, a constitutional remedy to stabilize the cure.

These few remarks go back to the many years of experience of my teacher Dr Künzli and to my 40 years of experience and so I have taken the liberty of adding them as a further building stone in the precious cooperation between Orselina and Agra.

My statements do not in the least contradict Dr Aditya Pareek’s statement in his introduction, where he says: “like the basic concept of health and disease in homoeopathy, the concept of chronic miasm is also dynamic. It does not mean an infection or bacterium; it means the soil over which the chronic disease is flourishing”.

So to say, we are speaking about the same model, but we are looking at it from different angles. Dr Aditya Pareek uses the term “dynamis”, which is, according to paragraph 9 of *Organon*, 6th edition, responsible for the order within the body. I speak about the “organic substrate”, which is of clinical importance and plays a decisive role in pathogenesis. For syphilis these are the spirochetes, for sycosis the gonococci, papillomaviruses, trichomonas, etc., for psora there is the endless number of viral and bacterial diseases, many of which are still unknown today.

As soon as the organism dies and the “vital energy” is lost, bacteria and viruses in the body (the intestines alone contain 700 grams of them) lead to the decay of our body within a short time.

The dynamic view opens a new horizon within medical science. The microbiological approach enables us to talk to and exchange information with our allopathic colleagues and allows us to objectively realize the clinical signs of miasms on our patients. – Two examples:

Example 1: I once treated a patient with a yellowish skin colour because of the totality of symptoms with *Lycopodium*. But it did

not help, even after prescribing it in higher potencies. In a further consultation the patient told me that he suffered from a condyloma. I asked him to show it to me: it was a condyloma on the frenulum of his penis (that means a papillomavirus with an affinity to this location). I looked up the following rubric in the “Repertorium”:

MALE; CONDYLOMATA; PENIS; prepuce; frenum (3): 3Cinnb., eucal., thuj.

With this information I went to Dr Künzli. He advised me to prescribe the patient Cinnabaris XM immediately. After two doses of Cinnabaris XM the yellow skin colour, the condyloma as well as other symptoms disappeared. Afterwards symptoms of Lycopodium appeared again which is still his constitutional remedy.

This example shows the importance of the clinical view of miasms.

Example 2: One day a young man with a bone tumor came to my office for consultation. Because of lovesickness he planned to commit suicide. His mother, who secretly read her son’s diary, found out that he wanted to drive his car into the path of an oncoming train. This violent way of committing suicide made me think of the syphilitic miasm. In further course the patient developed a mastoiditis with a high fever. A single dose of Aurum 1M cured this problem and also the tumor was decreasing.

As we can see, the miasm (syphilis = destruction) has an influence on the way in which someone intends to commit suicide. In this case the “miasmatic” power manifests itself more on the mental level of feelings and moods.

Finally, I want to express my deep gratitude to the Pareek family who have done invaluable work in treating thousands of seriously ill patients.

Only God owns the truth, man only understands parts of it.

If we try to add the single parts, we may get an idea of the whole.

This can only happen through love and never by conflict, since the plan of creation is based on love.

Orselina, August 15, 2020

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Preface

For the same person to be able to establish the law of nature as a medical science, to understand the being through the vitality, to discover how medicines can be dynamized and to decode the relapsing nature of chronic diseases is quite unfathomable. It only adds to our awe of Hahnemann when we learn that he not only did all of the above but also continually strived to evolve and refine them.

“The difficulty lies not so much in developing new ideas as in escaping from old ones.”

The above quote by the father of modern economics John Maynard Keynes aptly sums up the reactions received by Hahnemann’s “Theory of Chronic Diseases”. The concept was too radical even for Hahnemann’s staunch supporters. Few appreciated it, many criticised it, and most simply ignored it. However, the fact that most of the important homeopaths who had initially been indifferent to this theory eventually became its supporters; is an ode to the importance, practicality and authenticity of this theory.

For example: Hahnemann’s contemporary Griesselich wrote to Hahnemann in 1836:

“I have enquired from all homoeopaths, if they recognised psora as the original evil, and I must confess, that I do not remember one who agreed with it.”

However, 12 years later in 1848, he wrote a book dealing exclusively with the doctrine of psora and he says:

“The doctrine of psora with its truths is a complement to the various deficiencies in Hahnemann’s homoeopathy”¹

It is still common that at first glance, the theory of chronic diseases by Hahnemann may not appeal to a lot of physicians. But, those who give it a genuine study and apply it would confess that beyond a certain point of your practice, the understanding and application of this theory is essential. The more one studies it and sees it practically, the more one realises its indispensability.

This book is divided into 3 sections.

1. The first section deals with the Principles of Miasmatic prescribing
2. The second section deals with a comparative study of the symptomatology of the three chronic miasms and remedy discussions.
3. The third part includes selected cases.

The first section aims to put across the fundamentals of the theory, its utility and brief history. It also deals with the applied aspects of theory i.e. anti-miasmatic prescribing. Authentic sources such as Hahnemann, Boenninghausen, Kent, J H Allen, Clarke, Hughes, Herbert Roberts and Ortega have been drawn from.

In the second section, considering the importance of clear clinical differentiation, comparative tabulations have been provided aiming at clinical utility. Remedy discussion has been attempted for most of the symptoms mentioned. The information about symptoms of psora is originally from “chronic diseases” of Hahnemann. For the other

1 Haehl R, Samuel Hahnemann, his life and work, Chapter XIII, Hahnemann’s Contemporaries, Page 167

miasms, sources such as J H Allen, Roberts, Kent and Ortega have been relied upon.

The third section which includes cases is not an extensive case collection of chronic cases, rather it just aims to show the applicability and practical utility of the theory in common clinical situations for better understanding of the principles discussed in part one.

In latent psora, Hahnemann has included the symptom – “Appearance of pains at rest and disappearance during motion”, which is otherwise a classical sycotic symptom. Such symptoms, in fact tell us about the honesty and meticulousness with which Hahnemann has compiled the symptoms. In Richard Haehl’s “Samuel Hahnemann – his life and works”, one finds a letter wherein Hahnemann has replied to a query.² In this letter, he has said that “when a prover gives you a symptom and you are reframing it using different words, do not do that on your own, call the prover again and ask him, ‘you wrote this sentence, may I use this word in place of it’ if the prover agrees then you change the words else don’t change it”. Such is the honesty of Hahnemann’s work.

Busy practitioners seeing many patients in a day may find it difficult in every patient to go back to the literature and then decide the remedy. Thus, it is indispensable for them to remember certain basics which cannot be compromised. Just as in *Materia Medica*, one has to remember that *Phosphorus* desires cold to drink, *Lycopodium* desires warm to drink and so on, similarly, one has to remember that psora typically has morning aggravation, sycosis has aggravation from sunrise to sunset and syphilis has aggravation from sunset to sunrise.

My father tells me that when he started his practice forty years ago, he used to repertorise each and every case, and once he got a case of an abscess and upon repertorising it to the full following history taking of one and a half hour, the remedy which he came to was *Aurum metallicum*. He gave it but it didn’t help. So, he went to his

2 Haehl R, Samuel Hahnemann, his life and work, Volume 2, B Jain, How Hahnemann carried out his provings of medicines, Page 102

father (my grandfather) and said “look at my chart of repertory, I took the history, I prescribed *Aurum metallicum* for a patient who is having a boil on his abdomen and is under a great amount of pain”. My grandfather got angry and said “You don’t know your Materia Medica, give *Hepar sulphuricum* to him”. When he gave *Hepar sulphuricum* C 200, the patient was perfectly fine in a week and then he realised that the knowledge of Materia Medica is very important. So, one has to work practically with Materia Medica and the basics of Homeopathy. One’s Materia Medica has to be strong and particularly of common remedies like *Rhus toxicodendron*, *Apis mellifica*, *Hepar sulphuricum*, *Silicea* etc.

It is in the above spirit, that I have taken great liberty in incorporating discussions of materia medica at various places in the second section of the book which hopefully, clinician’s would find useful. The sources are Hahnemann, Hering, Boericke, Kent, Allen, Carrol Dunham and Boger.

If we don’t understand Miasms, we face the same problem that Hahnemann initially faced – frustration at not getting complete results. And in one’s practice after ten or fifteen years, one may be disappointed and that’s also one of the factors that brings out opponents of homeopathy, people who used to practice homeopathy and who are now deeply disappointed but only because they don’t understand this basic knowledge and could not integrate it.

This book is in no way an extensive or complete text on Miasmatic prescribing. Rather, it’s a modest submission to the fraternity from a clinician’s desk. Any practical utility however small for students and practitioners would fructify this endeavour.

AUTHOR

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There are some people whom I cannot thank enough –

Dr R S Pareek (my grandfather) and Dr Alok Pareek (my father) who are the inspiration behind this work. Not just as doyens of homeopathy but as the most hardworking academicians and clinicians I know.

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My teacher Dr Chaturbuj Nayak for teaching us the importance of meticulousness.

My teacher, Brig. A K Hukkoo for not just his academic teaching but imbining in us the importance of hard work, discipline and values in life without which this work would never have seen the light of day.

All my teachers, who's contribution is so immense that it can find no words.

My publisher Mr Manish Jain and the very competent and professional team at B Jain Publishers.

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Publisher's Note

It is said that, 'Experience is the best teacher', as denoted in this book, "Clinical Miasmatic Prescribing: Fundamental Principles and Practical Application", wherein the author, Dr Aditya Pareek, a dynamic and learned homoeopath, has shared his experience on miasms and how to clinically apply the different miasms in practice. This book is an attempt by B.Jain to bring forth millions of pearls of wisdom on miasmatic prescribing making it easier for the homoeopaths to utilise miasmatic theory without much hassle. The author has shared his experiences from his own hospital in Agra.

The project could not have been completed without the support and guidance of the editorial team at B Jain. We would like to acknowledge our gratitude towards Dr Isha Gupta for her guidance during the project to bring out the book in its best form.

Many works have certainly come on miasms. However, this presentation is a work on miasms from authentic sources such as of Master Hahnemann, Dr Boenninghausen, Dr Kent, Dr J H Allen, Dr Clarke, Dr Hughes, Dr Herbert Roberts , Dr Ortega and clinical experience at one place, which will certainly facilitate easy and ready reference. Suggestions are always welcome to improve this book.

Manish Jain

Director, B Jain Publishers (P) Ltd.

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Contents

<i>Foreword</i>	<i>iii</i>
<i>Preface</i>	<i>xv</i>
<i>Acknowledgements</i>	<i>xix</i>
<i>Publisher's Note</i>	<i>xxi</i>

Section I: Theory

1. Introduction	1
2. Principles of Anti-Miasmatic Treatment.....	21
3. Psora	41
4. Latent Psora.....	47
5. Pseudo Psora.....	61
6. Sycosis.....	65
7. Syphilis	69

Section II: Practice - Symptomatology and Remedies

8. The Mind	73
9. Generalities.....	83
10. Head.....	97
11. Digestive System.....	105

12.	Female Genitalia.....	113
13.	Urinary System.....	123
14.	Respiratory System.....	127
15.	Cardiovascular System.....	133
16.	Extremities.....	139
17.	Skin.....	147

Section III: Practice - Clinical Cases

18.	Prologue to Clinical Cases.....	153
19.	A Case of Hailey–Hailey Disease.....	157
20.	A Case of Acute Myeloid Leukaemia.....	177
21.	A Case of Bilateral Fallopian Tube Blockage in a Female with Depression.....	197
22.	A Case of Chronic Non-Healing Foot Ulcer.....	213
	<i>Potency Abbreviations</i>	229

Introduction

The theory of “Chronic Miasms” is one of the cardinal principles of homoeopathy. Thus, a thorough knowledge of chronic miasms is an essential requisite to be a true physician. Hahnemann established the theory of chronic miasms. It is thus essential to understand the Hahnemannian views on the subject before taking up the views/commentaries of the other stalwarts.

There is a common misconception that Hahnemann has not clearly described or defined what he means by ‘Miasm’. However, in the very beginning of the *Organon of Medicine*, in Aphorism 5 itself, it has been mentioned that Chronic miasms are “fundamental cause of the chronic disease”. ‘Fundamental’ does not mean the recent cause (the triggering factor), the fundamental cause is the “original cause” which is in the patient’s very interior. Chronic miasms are the source of chronic diseases. If there is no chronic miasm there can be no chronic disease.

The fundamental cause of a protracted wasting sickness mostly rests upon a chronic miasm.

§5'

Like the basic concept of health and disease in homoeopathy, the concept of chronic miasm is also dynamic. It does not mean an

1. Hahnemann S., *Organon of the Medical Art*, 6th Ed Reprint, O'Reilly WB, Decker S, New Delhi, B Jain Publishers, Page 61

infection or a bacterium, it means the soil over which the chronic disease is flourishing.

The dynamic influences which are the fundamental cause of natural chronic diseases are known as chronic miasms.

However, once the age of the microscope began, the discovery of the microbes took place and the antibiotic era started, many homeopaths incorrectly related Miasms with the germ theory. They felt that perhaps, Hahnemann meant bacteria when he spoke about Miasm. This led to confusion and development of various definitions of miasms. This situation can be best understood through the words of the great philosopher Bertrand Russel.

“A given form of words will usually be interpreted by competent hearers in such a way as to be true for all of them or false for all of them, but in spite of this, it will not have the same meaning for all of them. Differences which do not affect the truth or falsehood of a statement are usually of little practical importance and are usually ignored.”²

Most stalwarts believed in the concept of Miasms but still several of them understood and applied it in a different way.

While some may argue that Hahnemann defined Miasms very broadly, but the fact is that the true understanding of the miasmatic concept is not possible through a verbal definition but an ostensive one. An ostensive definition can only be devised by frequently hearing the word that is being defined when the object/phenomena it denotes is present.

It is obvious that an ostensive definition is alone possible in the beginning, since verbal definition presupposes a knowledge of the words used in the definiens.³

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2. Russel B., Human Knowledge: Its scope and limitations, ROUTLEDGE, 2005, Page 18
 3. Russel B., Human Knowledge: Its scope and limitations, ROUTLEDGE, 2005, Page 20

Thus, the Hahnemannian definition still, best reflects the concept and several subsequent definitions tend to narrow down to a ‘germ’ or ‘particle’ creating a materialistic notion which is against the principles of disease in homoeopathy.

Yes, a verbal definition is important but it comes after an ostensive understanding.

What led Hahnemann to the Miasms?

Why did Hahnemann feel the need to think about this? Homoeopathy had just established itself; he had many followers and homoeopathy was becoming reasonably popular. He had a good practice. But he was not satisfied, in the *Chronic diseases*, in the first twenty pages, you understand the state of Hahnemann’s mind - what led him to think about Miasms. He felt that although homeopaths were very successful in treating acute diseases and even had reasonable success in chronic diseases, but when one follows up the case, eventually the success that we get in the chronic diseases is not as per his “ideal of cure”, it is not a permanent success. And, if it is not as per his ideal of cure then it is no cure at all. “When there is success in acute diseases, why is there no success in chronic diseases?”, was the question in his mind. He was asking himself, **“Why do chronic disease recur after an initial good response?”**

Why, then cannot this vital force, efficiently affected through homeopathic medicines produce any true and lasting recovery in these chronic maladies even with the aid of homeopathic remedies which best cover their present symptoms.⁴

When treating a case, if one does not get the result as per Hahnemann’s ideal of cure, what are the reasons one can think of? Either the remedy selected was not correct or even before that, the totality of symptoms

4. Hahnemann S., *The Chronic Diseases Their Peculiar nature and Homeopathic Cure (Theoretical Part)*, New Delhi, IBPP, Page 9

which was acquired, perhaps, it was not complete. Remedy selection comes after acquiring the totality. So, the second point was – **“What is it, that is not clearly visible through the symptomatology?”**

Hahnemann felt there had to be something which he was not able to get in his symptomatology. So where was it that the totality was incomplete, and if it was so that the totality was incomplete without something, then why was it so only in chronic diseases, why was he still getting success in acute diseases?

Hahnemann was also intrigued to know, **why do certain types of diseases flourish in families?**

So, there was something which was missing. It was clear that there is definitely a pattern. Because this recurrence, this relapse, was taking place only with chronic diseases and so this ‘cause’ which was creating this difference between the chronic disease and the acute disease, was the incomplete part of the totality. This fundamental cause of the chronic disease is what Hahnemann called the *Chronic Miasm*.

Homeopathic treatment yielded great results in Sporadic, Epidemic and other acute diseases.

However, the follow-up after an initial good response in chronic diseases was disappointing due to relapse

Although it was still better than the allopathic treatment of the time.

Hahnemann's belief in Homeopathy as the “Pillar of Truth” was firm

Concluded through a 12 year study that the presenting symptoms of the chronic disease were only a fragment of a more deep-seated original disease.

Understanding Chronic Miasms

The tree illustration below is very useful in understanding Miasms. While an acute disease is a small herb or a shrub which one can simply uproot, the chronic disease is a huge tree with deep roots. All those people who believe that by only considering the visible picture, cure is possible in chronic diseases, must remember, it will grow back again, as a large part is invisible (the roots below the surface).

The Chronic Miasm

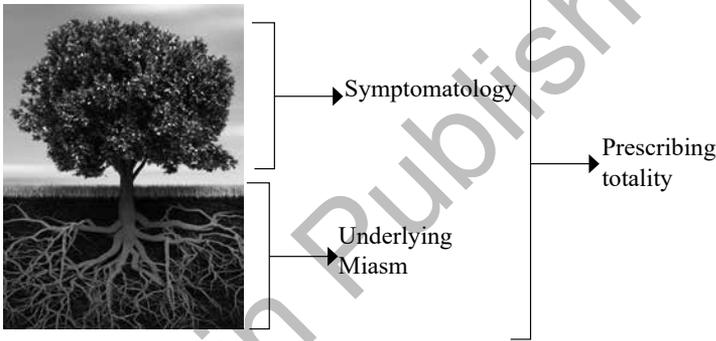


Figure 1: Understanding Chronic Miasms

“The presenting totality is incomplete without the underlying Miasm” - this was the answer to Hahnemann’s question about the missing factor. The presenting totality was until the trunk. To know the roots one needs to rely upon the knowledge provided in the books. A eucalyptus tree has a particular kind of roots; a banyan tree would have a different type of roots. One can compare this with the idea of chronic miasms. Each case of chronic disease has deep roots (miasm), our knowledge of the kind of roots it has can only come from our pre-acquired knowledge of such kind of trees i.e. cases of that particular miasm. A lot of work has already been done by Hahnemann which can be used by the physicians in their practice.

Hahnemann's Method of Study

Hahnemann had a good practice and for twelve years he studied all the chronic cases he had, and tried to analyse the difference in the chronic cases. Now the question would be, "What was his method of study?"

In order to understand his concept it is important to know how he arrived at it.

The concept of Genus Epidemicus, the method of finding the remedy of epidemic diseases is well known. In aphorisms 100-102 of the *Organon of Medicine*, Hahnemann explained that a physician must try to collect maximum number of cases possible when dealing with an epidemic. Suppose you get twenty cases, take up the symptomatology of all the cases in detail and take out all the symptoms which are common to a majority of the twenty cases and find a remedy based on these common symptoms. This remedy will be the remedy for that particular outbreak of the epidemic disease. It will be the therapeutic and also the prophylactic.

For example, there is an outbreak of acute conjunctivitis. One takes up twenty cases and gets some symptoms common to most of the cases like redness of the eye, itching of the eye, profuse lachrymation, pain in the orbits etc. Based on this group of symptoms, a remedy is found and then it is used for all the cases as a prophylactic as well as a therapeutic. We can give that remedy only in that particular outbreak. So, this was the method of finding a Genus Epidemicus that was followed for epidemic diseases.

What Hahnemann did in his study of chronic diseases was that he applied this concept of Genus Epidemicus on a very large scale. When one does it for an epidemic it is only for one outbreak. For twelve years, he collected all the chronic cases he had, specifically, the cases he was sure are natural chronic diseases and took out the common symptoms from all of them and that was his "Eureka moment", that's when everything was clear to him. He could figure out the pattern

in all of them. This collected symptomatology is considered as the psoric symptoms.

All the basic concepts of Homeopathy are very much applicable in case of miasmatic diagnosis and management of chronic diseases. The disease still expresses itself through the symptoms. The only difference is, when one is treating an acute disease one has to primarily rely on the symptomatology of the present scenario or some past few years. But in a chronic disease, one needs to go a long time back so one needs to rely on these collected symptoms as it may be impractical to go on asking about the patient's father, his/her grandparents and about his/her great grandparents. The patient may not know everything. So, we have this collection of common symptoms of the particular miasm which Hahnemann has already collected for us. In Aphorism 103, he has also explained the method to find the miasmatic symptoms.

§ 103

.....the whole array of the symptoms belonging to such a miasmatic, chronic disease, and especially to the psora, can only be ascertained from the observation of *very many* single patients affected with such a chronic disease, and without a complete survey and collective picture of these symptoms the medicines capable of curing the whole malady homoeopathically (to wit, the antipsorics) cannot be discovered; and these medicines are, at the same time, the true remedies of the several patients suffering from such chronic affections.⁵

The Three Chronic Miasms

According to Hahnemann there are three chronic miasms and all chronic diseases are caused by either of the three miasms independently or in combinations.

5. Hahnemann S., Organon of Medicine, 6th Ed Reprint, Boericke. W, New Delhi, B Jain Publishers, Page 138

1. Psora,
2. Syphilis, and
3. Sycosis

Out of these three, there is only one non-venereal miasm and that is, psora. The miasm is always a combination of a lot of factors. One may acquire it in one's life time through a dynamic infection but mostly one has already inherited it.

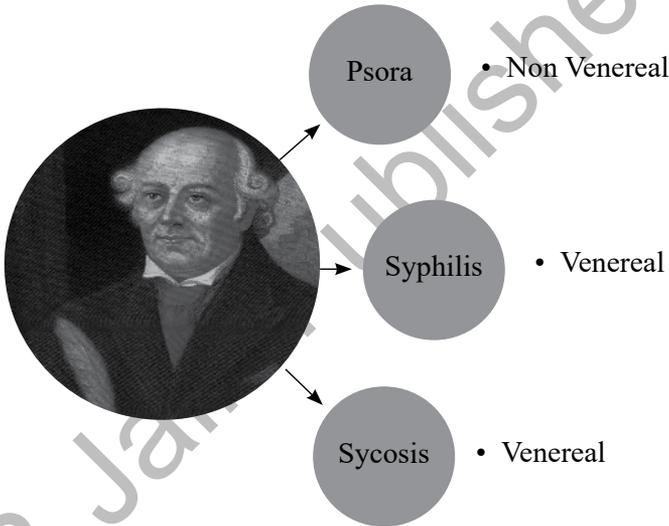
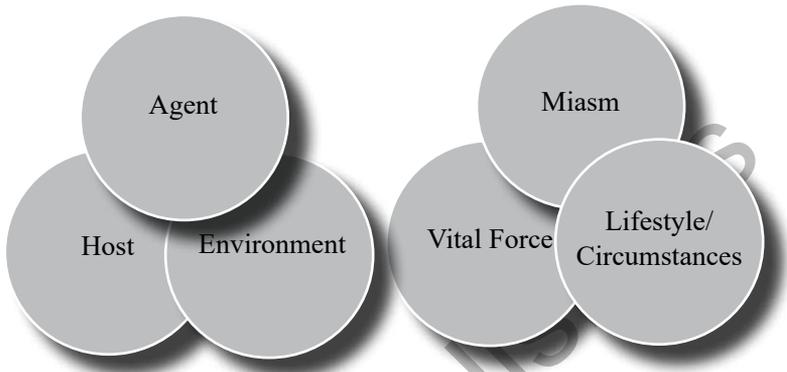


Figure 2: The Three Chronic Miasms

Like all diseases, even for the Miasmatic disease to flourish, the factors needed are the host (soil), environment and the disease-causing agent (dynamic influence) and then the disease is formed. The modern concept of pathogen, host and environment is valid here. Once this triangle is completed, the disease flourishes. So, it has to be the host (our vital force), environment (the life situation) and the causative agent (Miasm).

If you have the miasm and you have the vital force affected by it, you will still not get the symptoms without the life situation. It will

be latent. That is when one needs to understand about latent psora, which is one of our subsequent subjects.



The flourishing of the Miasm includes the mental sphere, relations, personality, environment and lifestyle as suggested in aphorism 5 of *Organon of Medicine*.

The pathology is born when the Miasmatic load we are born with (congenital) combines with all the lifespan factors, the same as the modern concept.

The Birth of a pathology

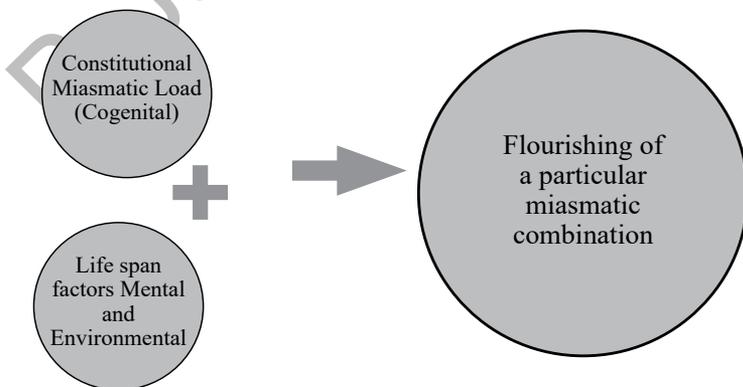


Figure 3: The birth of a pathology

Utility of Miasmatic Diagnosis

What is the use of miasmatic diagnosis? Some doctors feel that there is no need to know the Miasm, it is the symptomatology that is supreme and one can cure everything by simply matching the remedy with the symptoms. However, this is not true. Miasmatic understanding is essential because of the following reasons:

1. To complete the totality.
2. To know where to end the treatment.
3. To choose between close running remedies.
4. To select the intercurrent nosode if needed.
5. To understand the prognosis
6. For clues about possible missed points in the history.
7. To give the anti-miasmatic remedy before surgery.

To Complete the Totality

This can be well understood by remembering the illustration of the tree with the big roots. Without knowing the Miasm one deals with only a fraction of the problem and this cannot yield results. Understanding of the Miasm is necessary to complete the totality and nobody can reach the Similimum without the complete totality.

Homeopathic physician.....in all cases of (non-venereal) chronic diseases, has always to encounter only some separate fragment of a more deep-seated original disease.

The great extent of this disease is shown in the new symptoms appearing from time to time.⁶

6. Hahnemann S., The Chronic Diseases Their Peculiar nature and Homeopathic Cure (Theoretical Part), New Delhi, IBPP, Page 10-11

We can very well have a remedy which will give some temporary relief, suppress the disease for some time; but not the Similimum.

Hahnemann has clearly described the method of drawing an appropriate totality of symptoms to be able to achieve ideal cure in Aphorism 7 of the *Organon of Medicine*. In this aphorism he mentioned that, 'due regard needs to be paid to the possibility of a chronic miasm in the totality'.

Hahnemann has said, "The physician is likewise the guardian of health, when he knows what are the objects that disturb it, what produces and keeps up the disease, and what will remove it", etc. Sec. 4, *Organon of medicine*. The reverse of this would read like this, he who does not know what objects disturb the vital force or keep up the disease, is not a true guardian of health.⁷

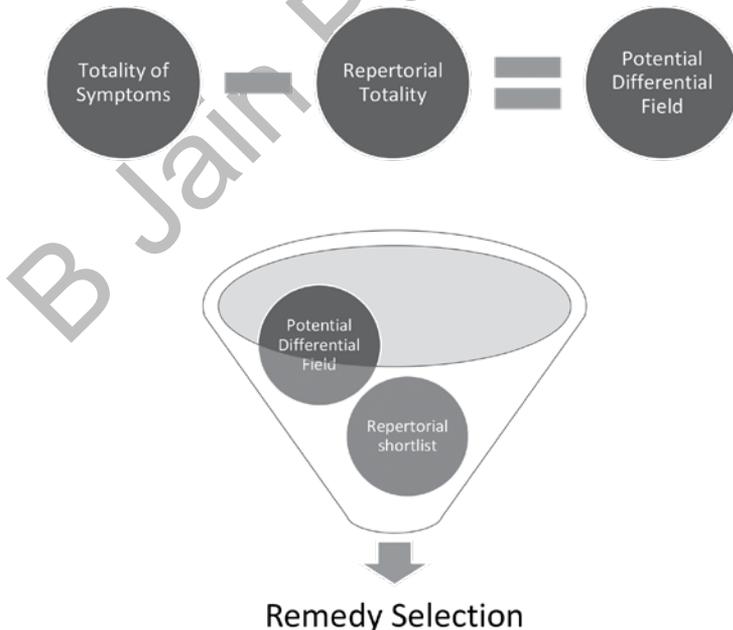
To Know Where to End the Treatment

Miasmatic knowledge is essential to know whether we have reached the cure or not. When to stop the treatment? One cannot know the answer unless the miasmatic diagnoses of a particular case has been made. For example, a given case has been thoroughly diagnosed to have a predominance of psora and syphilis; but the previous prescriptions might have been only anti-syphilitic and not anti-psoric enough. This would indicate that the treatment is not complete and the patient needs to be followed-up for appearance of more symptoms. In a chronic case, one needs to assess whether a clear constitutional symptomatology has evolved and a corresponding prescription has been made. If not, the superficially acting remedies may just be palliatives. This point can be better understood with the help of some flowcharts from Hahnemann's guidelines in the next chapter.

7. Allen J H, The Chronic Miasms -sycosis, psora and pseudo-psora, Volume 2, New Delhi: B Jain Publishers

To Choose Between Close Running Remedies

Suppose two remedies have been shortlisted according to the symptomatology, say *Thuja occidentalis* and *Lycopodium clavatum*. Both the remedies are running close through the repertorisation as well as the Materia Medica. If one remedy is very clear then there is no problem but very often, in chronic cases, two or three remedies run close and need to be differentiated. So, the Miasmatic knowledge helps to analyse the case and in the above-mentioned example, if the case is predominantly psoric, then it would become easier to choose the remedy *Lycopodium clavatum*. The Miasmatic diagnosis helps to choose between close running remedies. In this way, it is part of the **potential differential field**. The potential differential field is the important part of the totality which is not contained in the repertorial totality. However, subsequent to repertorisation, the potential differential field plays a very important role in selecting/differentiating between the few indicated remedies.



To Select the Intercurrent Nosode If Needed

Miasmatic diagnosis helps us in selecting the correct Intercurrent Nosode, when and if required. With the knowledge of the Miasm in the particular case you are always one step ahead - you can anticipate.

In this context, a very interesting chapter to read is the chapter on sycosis in *Kent's lesser writings*. Kent was lecturing about sycosis and he was telling the students about the suppression of gonorrhoea and some student just asked him that why can't we simply take the gonorrhoeal pathogen and potentise it to simply end the sycosis problem. So, Kent told him, well this has already been done by doctor Swan and we have *Medorrhinum*, the Nosode, it only removes the block, brings up the symptoms of sycosis to the surface, it is not the curative remedy for sycosis.⁸ So when you feel the case is not responding any more, there is a paucity of symptoms, the vital force is not manifesting enough in the form of symptoms you can use the intercurrent Nosode to open up the case.

Here it is important to make a clear distinction between the two uses of Nosodes:

1. A nosode as a constitutional remedy, and
2. A nosode as an intercurrent remedy.

One may get a complete picture of *Medorrhinum* or *Carcinosin* as a constitution and then these nosodes (and all other nosodes) are magnificent constitutional remedies and may be put to use as any other remedy. But another very important use of these Nosodes is as an Intercurrent remedy; and to use them as an Intercurrent remedy one needs to be sure about the miasmatic predominance of the case, only then can one choose the correct Nosode. When being put to use as an intercurrent remedy, they perform the task of opening up the

8. Kent JT, Lesser Writings, Reprint 2007, New Delhi, B Jain, Chapter: sycosis, Page 364

case by removing any miasmatic blockage and enrich the totality to facilitate a clearer picture for the subsequent remedy.

To Understand the Prognosis of The Case

Miasmatic diagnosis gives us important clues about the prognosis. Suppose one gets a patient with food poisoning - with complaints of dysentery or diarrhoea, one will treat the acute condition with acute remedies but then after a thorough case taking, one may realise that there is a predominance of psora in the case and the patient is in a latent psoric state and his acute condition was only a transient outbreak of that psora, so in order to thoroughly treat him, one will need to constitutionally give him his anti-miasmatic remedy for the latent psora. This way, one would know the prognosis of that case so that the patient can be told that he needs to be treated for another six odd months. The case cannot be left after managing the acute condition. Unless the Miasms are known and unless one is able to diagnose them in that case, one would not know about the prognosis of the case. Suppose there is a chronic case and one takes a very detailed history and finds out that all the three Miasms are present in a very high grade, one can then understand that such a case would take a long time as it is not an easy situation. So, one can know about the prognosis of the case by evaluating the Miasms of that case thoroughly.

Hahnemann has written two hundred years ago that psora has passed through thousands of generations to millions of people and that is why its symptoms have become very diverse and syphilis and sycosis have also passed since a few centuries and they have also become diverse, now since the time of Hahnemann, you can imagine, how many more people have these Miasms passed through? How many more ratios of their combination are now present, so now the cases are almost always multi-miasmatic. The case needs to be analysed through the miasmatic analysis to see which miasm is more predominant and in order to assess the prognosis of the case.

Clues About Possible Missed Points in The Case History

Miasmatic diagnosis also gives clues about the missed points in the history because the causative factors of the Miasms are known. For example, if it is a sycotic case, the patient may have a particular kind of childhood or a particular kind of a background. Elaborating the example further, suppose the mental picture appears to be sycotic, the physician can eventually ask specific questions about guilt complexes and feelings such as jealousy. So, through the knowledge of Miasms, some missed points can be gathered. Also, in case of a typically psoric skin condition, the physician may enquire about a history of use of perspiration suppressing deodorants; as suppression of natural discharges is one of the causations of psora.

The essential truth of Hahnemann's doctrine may be seen by taking a glance at the history of individuals and families.⁹

Essentially, anamnesis is the bedrock of any miasmatic diagnosis and prescription. Similarly, all knowledge of miasms is an outcome of thorough anamnesis of numerous cases and their subsequent assessment and study by Hahnemann. Thus, one needs to be well versed with such features of each miasm which help in analysis of the case-history.

To Give the Anti-Miasmatic Remedy Before Surgery

This is in aphorism 205, in the footnote Hahnemann has criticised the surgery of different cancers at that time. He mentioned that simply removing the cancer of the lip or face is a very horrible way to treat and the disease subsequently becomes worse. But, in the second paragraph of the same footnote he wrote that surgery of cancer of the breast is very deplorable except when the anti-miasmatic remedy has been given. He suggested that when surgery is unavoidable, one

9. Clarke J, Homeopathy Explained, New Delhi, B Jain Publishers Chapter: Hahnemann's Doctrine of Chronic Miasms

must give the anti-miasmatic remedy before the surgery. This is of great clinical importance. As physicians we often get cases where surgery is inevitable and it is wise to refer such cases for surgery but administration of the constitutional/anti-miasmatic remedy is recommended in such cases. This is supposed to yield better surgical results and prevent recurrence and complications.

How to diagnose the Miasm?

Basic principles of homoeopathy always stand. Whatever we need to know will be through the symptoms. So, we need to understand the symptoms of different Miasms to be able to diagnose the predominant Miasm of a case.

According to Hahnemann, the chronic disease is not manifested merely through the presenting symptoms of the patient. The miasmatic disease is shown in the new symptoms appearing from time to time, so the physician must find out as much as possible and as far as possible through the entire history to cover the whole original disease. If a patient visits with certain complaints in 2018, then one only receives a symptom totality on that visit but the chronic miasm may have manifested itself in different phases of his life.

This is primarily for treating chronic miasmatic diseases. The chronic miasms can only be understood when all/most of the happenings are known; and then the chronic disease can be treated. This very long statement can be easily understood through a very simple aphorism in the *Organon of Medicine*.

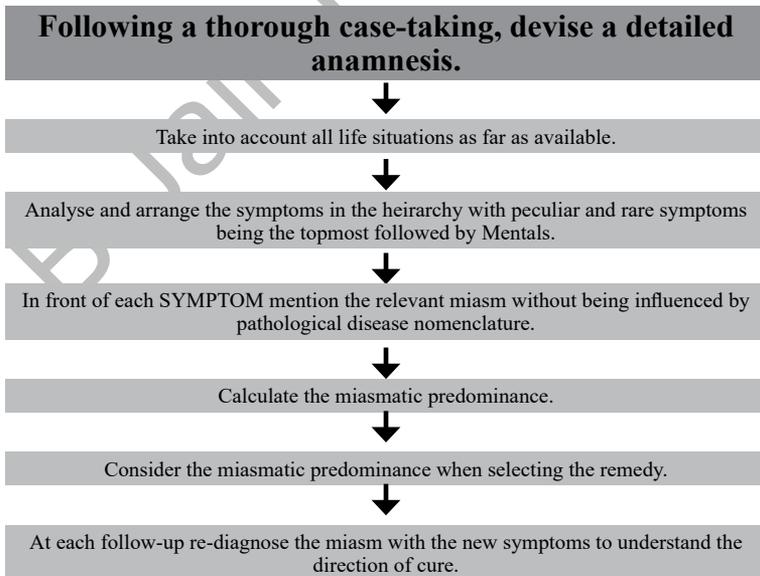
In aphorism 5, points necessary to diagnose the Miasm of a case, are mentioned as the following:

- his physical constitution,
- his mind,
- about his occupation,
- social relations,

- sexual functions.
- Etc.

The anamnesis should be complete in all these respects. The “etc.” mentioned in this aphorism signifies that it is not these points ALONE that are necessary, rather, these are just some of the points. A detailed description is mentioned by Hahnemann in Aphorisms 83-104 on case taking.

Is diabetes sycotic or psoric? This question, although very common, is not a valid one. It is important to see each case individually and thus diagnose the predominant Miasm of that case? It is possible that diabetes may be commonly sycotic, but a syphilitic case is even more important because of the peculiarity. Peculiarity is always the topmost in the hierarchy of symptoms. We must remember that the disease nomenclature should not influence our judgement. Every case needs to be analysed through its symptom totality which lends it an individuality.



Concepts of Ortega

In order to diagnose the Miasm, it is important to know the symptomatology of each of the miasms. Various tools for its diagnosis have been offered over the period since Hahnemannian era.

Proceso Sanchez Ortega, the great Mexican doctor was able to explain the three different Miasms in a very practical way.

Dr Ortega has written that there can be only three different abnormalities in a cell function, biologically. Either it can be an excess or it can be a lack or it can be a total chaos or perversion; there can be no fourth situation. It has to be one of these three and according to the studies, these possibilities can be related to the three Miasms.

Psora is the deficiency or insufficiency; it is basically a sense of less. He is active but drained easily. He is slow to decide. What Ortega has said, it is the same as the chronic diseases.

Sycosis is a condition of excess, escape, hyperplasia and tumour formation arising from the unnatural suppression of abnormal secretions. This Miasm is the product of selfishness and covetousness - the desire for pleasure without thinking about the consequences combined with selfishness.

Syphilis is characterised by the words, *destruction and degeneration*, which in the physical plane is symbolised by an ulceration. The mind is prepared for violence, cruelty and jealousy to the point of destruction.

- Psora as lack or deficiency.
- Sycosis as excess or overgrowth.
- Syphilis as a disturbance or perversion.

This simple theory was given by Dr Ortega, but he also warned that it is important to remember that there is no meaning to this without symptoms. If there is a tumour, do not simply think it is sycotic as

it is an overgrowth, the symptoms of that tumor need to be analysed whether it is a psoric, sycotic or a syphilitic tumor. If there is an ulceration it is not necessarily a syphilitic ulceration.

He says, “a bradycardia is psoric, a tachycardia is sycotic and an arrhythmia is syphilitic but this in no way means that an isolated symptom corresponds to some given Miasm.” It should always be referred to in totality.

The symptom would be complete when the modalities or the causations are known and so the Miasm cannot be concluded and then the totality is to be made to see which is the dominant Miasm.

When dealing with an organic pathology, all the three miasms come into the picture.

Let us take for an example the case of a cancerous tumour: Such tumours are triggered due to deficiency of the health maintaining host factors. The conversion of proto-oncogenes into oncogenes, is a psoric tendency from the lack of the host response and then there is the sycotic tumour. Subsequently, the tumour grows very fast and there is a lack of blood supply to it. So, after the sycotic element, again a psoric element comes i.e. lack of blood supply and this leads to the ulceration/opening of the tumours. Hence, psora-sycosis, psora-syphilis combination is there.

So, at every level psora comes into the picture.

Kent

He has talked about the seat of action of all the three Miasms. Kent says when syphilis is suppressed, it attacks the nerves, bones and the periosteum. Psora is more general. It attacks the skin and all parts of the body. Sycosis disorganises the blood and it causes catarrh in all mucous membranes and causes smooth warts and emaciation.