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## SOME PRACTICAL DISCUSSION ON MIASMATIC THEORY

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The term miasm comes from the Greek word meaning 'pollution' or 'taint'. Hippocrates was the first person who gave an idea to the medical world that a disease could be transmitted through air, water and other sources. After few centuries, there came another terminology known as infectious disease, and we were informed that now air, water, food and other things that surround us could play an important role in the transmission of illness. When Hahnemann was practicing in Germany, the term miasm was already in use. The word miasm indicated **any disease with an unknown cause**. The understanding was that this particular miasm pollutes the whole system producing a permanent diseased state. It was chiefly used with reference to the disease syphilis since they had yet not discovered the bacteria that caused syphilis.

Hahnemann, was the first physician in the world who made an attempt to nosologically classify the disease. He began by separating true chronic diseases from diseases that were caused by mechanical or outside influence (which could be alleviated by modifying the environment or lifestyle of the patient) (refer aphorism no. 77). These conditions included traumas of all kinds, poisons, frostbites, sunstroke and dietary deficiencies and hence Hahnemann was able to clearly classify those illnesses that

depended entirely on external conditions. Removing these conditions was the first step to the cure.

In fact you may call Hahnemann a forerunner of the twentieth century medicine and a proponent of prevention and treatment to a healthy lifestyle and natural living.

Later, during his practice Hahnemann made an observation, that a healthy diet or proper lifestyle can make you remain healthy and remove certain chronic illnesses to a certain extent only.

**He observed that inspite of such strict control measures, the chronic diseases unfolded into new and worse symptoms, leading inevitably to further aggravation. The diet may appear to eliminate a particular expression of disease e.g. cancer of the colon, but it cannot eradicate the tendency to produce such a cancer which Hahnemann attributed to the underlying miasm.** In the treatment of his patient with chronic diseases Hahnemann was disappointed with his results and found that the well-chosen remedy typically would work for a while but then the disease would relapse with vengeance.

Hahnemann became quite restless and anxious, at that particular point (this was around 1816). He worked tirelessly day and night trying to study the case history of the patients and while studying those histories; he found a certain pattern of disease in patient's family history and past history, which he felt explained the true basis of chronic diseases.

He called these patterns as miasm and declared that unless the underlying miasm was completely uprooted from the origin, a chronic disease could not be permanently cured with

homoeopathy even if it is a well-chosen remedy. **In the year 1828, he expounded his theory of miasm for the very first time in his book 'chronic diseases'. He described to begin with, three-miasm Psora, Sycosis and Syphilis. Later in the course of history, Dr.Allen perceived the Tubercular miasm, which is nothing but the combination of Psoric and Syphilitic miasm. The Cancer miasm was first propounded by Dr. Roberts, which is based on a mixture of atleast two and often three of all the other four miasm.** Some homoeopaths have added other miasm such as Aids miasm, Vaccination miasm, Typhoid miasm, Leprosy miasm etc.

When Hahnemann began his research of unsolved chronic cases, he carefully recorded the chief complaints, the past history and the family history of the patient. One thing that attracted him the most was the past and the family history of gonorrhoea and syphilis respectively. Around 1/8<sup>th</sup> of the total cases that he studied, he could he could elicit a definite past history of venereal disease. He used the term sycosis miasm for gonorrhoea and syphilitic miasm for syphilis. Setting these sycotic and syphilitic cases aside, he was still left with large group of chronic conditions that he found difficult to classify.

**If one carefully studies chronic cases, there are sixty-nine pages describing the symptoms of his patients, which he found very difficult to classify.**

These symptoms included chiefly recurrent attacks of acute conditions, which although seemingly cured at that time would prick out again upon little provocations. E.g.

- Recurrent attacks of coryza.
- Recurrent bouts of sneezing.

- Recurrent bouts of sinusitis.
- Recurrent headaches.
- Recurrent tonsillitis.
- Recurrent attacks of adenoids.
- Recurrent attacks of fever.

In analyzing hundreds of such records, he found one definite history and that **is suppression of a skin eruption or an itch in any form.** He also found out on very careful scrutiny that the **patient had either forgotten or did not find it important to report to Hahnemann at that particular time.**

If one reads Chronic Disease carefully, Hahnemann used the remedy Sulphur left, right and front. This was not because Hahnemann was very fond of the remedy Sulphur but because in those days skin eruption was suppressed by Sulphur ointments or Sulphur baths, because the allopathic physician at that time was not aware of any connection between the suppression of skin eruption and the chronic symptoms that would follow later on.

**Hahnemann understood this very clearly, and that is why, after using Sulphur in such patients, he could bring the original skin eruption back. Later on after the eruption had cleared off the patients would once again live in perfect health.**

**He also tried to scrutinize his prescriptions in these patients with skin disease, where he confesses very honestly, that the prescriptions were very superficial, treating only the acute**

**superficial layer of symptoms, whereas the real conditions were very chronic and deep rooted.**

Initially, he says, he made a big mistake by not taking the past and family history into account, and treating the case very superficially. Later on he regretted that and decided that henceforth, if the patient has to be cured permanently then past anamnesis is a must. Now to eradicate this chronic root of illness, he felt would be easy with the help of Antipsoric remedies.

**This method of observing the cases in detail and analyzing them, took Hahnemann twelve full years of hard work and toil. This was the period in his life where Hahnemann wanted to always treat all the diseases from the miasmatic perspective. Initially when Hahnemann propounded his theory, many Homoeopaths did not believe in him.** His theory of miasms was the most controversial topic at that time, but gradually when people experimented with his theory and put it into practice, they found good results. Later on they became great proponents of this theory writing many articles advocating this theory. **The doctors who helped Dr. Hahnemann to pioneer this theory during and after his death were - Dr. Hering, Dr. Stapf, Dr. Gross and Dr. Kent.** Although many followers of Hahnemann considered his miasmatic theory farfetched, and many modern Homoeopaths considered it unnecessary, I believe that the proof lies in its clinical effectiveness. In my practice I have found prescribing on the miasm to be the most powerful and essential tool.

And I hope that my dear readers will start accepting this theory and apply it in their practice.....

(To be continued in next issue)

Now I shall discuss some of the terminologies and the important principles in miasmatic prescribing. Hahnemann clearly makes a distinction between a Dormant miasm, a Latent miasm and an Active miasm. Although in our day-to-day practice we do not see much difference between dormant and latent miasm, however, we do see a strong difference between the latent miasm and acute miasm. **A dormant miasm according to Dr. Hahnemann is one that shows no symptoms of the miasm at all. It is usually discovered when the physician is talking with the patient and discussing the family and the past history.** When the miasm is Dormant, the person practically leads a very healthy lifestyle physically and emotionally, giving a false impression to others in the family and the society that they are healthy and free of any disease. **However this dormant miasmatic stage can become active easily, by any suppressive measures or by vaccinations or by using antibiotics for minor ailments and going under suppressive surgeries or taking allopathic treatment.**

**A Latent miasm on the other hand will definitely show some minor, transitory symptoms, but these are unnoticed by the patient. Only if the Homoeopathic physician is very observant, may he observe those fine symptoms.**

Now what are those fine symptoms of the Latent miasm? If you refer any textbook on philosophy by Roberts, or many Indian authors, you will see there are chapters on Latent Psora, Latent Sycosis, and

Latent Syphilis. However, if you read Chronic Diseases, Hahnemann has described symptoms related to the Latent miasmatic state, for example the Latent Psoric miasm. **He talks about perspiration on the nape of the neck, perspiration on the scalp, swelling of the cervical gland, epistaxis, nose obstruction, tendency to catch cough and cold, twitching of the limb when going to sleep, constipation, irritation of the anus, sour taste in the mouth,** etc. In other words these symptoms are so minimum and so harmless that it would rarely make the patient realize that he should go and visit a physician. These symptoms have very little impact on the vital force, but as the person slowly tries to suppress these symptoms by the orthodox or allopathic treatment then suddenly this Latent miasm becomes active and then produces more serious symptoms. This will affect the vital force profoundly, and calls for an emergency to see a physician.

I would also like to mention to you, when not to treat the case miasmatically. This situation arises very frequently in my practice especially in those cases which are terminally ill - e.g. patients with coma due to massive Cerebro Vascular Accidents, acute Encephalitis, acute Meningitis, and cases of severe Congestive Cardiac Failure, Advanced Malignancies with distant metastasis, Diabetic coma, etc. In these cases if we prescribe on miasmatic basis, there are fair chances that you will produce very severe aggravation, which the patient may not be able to tolerate. Hence in these conditions it is always better to treat the patient in the most palliative way, either by using 3c, 3x, 6c, 6x potency or an LM potency.

Also I have seen in my practice that a homoeopathic physician wrongly gives a nosode solely based on the name of the disease, like Tuberculinum with history of tuberculosis, Carcinodin when there is history of cancer, Syphilinum for history of syphilis, Medorrhinum when there is history of gonorrhoea either in the past or in the family history, without any other indication of the nosode. **This is very very dangerous; please remember that a nosode should never be prescribed purely on the history without identifying at least two to three other symptoms of that particular nosode in the patient.** If you make this mistake, there are fair chances that you will stimulate the Latent Psora or the Latent Syphilis, or a Latent Sycosis and turn it into an acute full swing miasm. This will make the patient worse than the condition that he had come in.

Hahnemann gives a clear warning. Hahnemann says in Chronic Disease, that - 'in a mixed case, as one miasm is cured and disappears the Latent one suddenly become active. Wait until the Latent miasm becomes active before prescribing for it. The first active miasm may need several remedies before the next miasm reappears for e.g. a patient with active sycotic miasm may need Thuja, Medorrhinum, and Nitric acid before the psora appears.

Now let me tell you something about treating pregnant women using the miasmatic theory. In Chronic Disease - Hahnemann says as follows, **“pregnancy offers so little obstruction to the antipsoric and hence all miasmatic treatments, that this treatment is often most necessary and useful in that condition. It is most necessary because the chronic ailments are then more developed. In this**

**state of pregnancy the symptoms of internal miasms are often manifested more outspoken and plainly on account of the increased sensitivity of the female body”.**

If a woman is in a better health during pregnancy, as often happens because of the exteriorization just described, Hahnemann suggests treating the symptom manifested before the pregnancy. He linked miscarriages, congenital defects, and improper presentation of fetus (breech presentation, transverse presentation), to be syphilitic miasm that ideally should be treated before pregnancy or atleast during it. (From the book Dr.Luc De Shepard)

In chronic diseases Hahnemann discusses the value of giving antipsoric remedies to pregnant women. He says homoeopathic treatment is indispensable in order to destroy Psora, the producer of most chronic diseases, which is given to them hereditarily, destroying the psora both within the mother and in the fetus. Women who got themselves treated during pregnancy, Hahnemann says, have given birth to children who are much more healthier, much more stronger and are almost free of major illnesses. One has to be very careful in treating a pregnant woman who has lot of suppressions in the past history or is in a habit of using drugs (either allopathic or narcotic). These women should be treated with care because when you give an antipsoric remedy to such a mother there are fair chances that whatever is suppressed will come out on the surface and it will become very difficult for the mother and the unborn child to bear the aggravation.