

## UNDERSTANDING PSORA HISTORICALLY & CLINICALLY

Hahnemann describes chronic disease under following aphorism 4, 74-80, 224-226.

I will not be discussing here *Indispositions* , *Medicinal diseases* , *True acute disease* but I will essentially focus on *True chronic disease* = chronic miasmatic disease (as opposed to "diseases improperly termed chronic", which include indispositions and medicinal diseases).

*The true, natural, chronic diseases are those that arise from a chronic miasm. When left to themselves (without the use of remedies that are specific against them) these diseases go on increasing. Even with the best mental and bodily dietetic conduct, they mount until the end of life, tormenting the person with greater and greater sufferings. ... these are the most numerous and greatest tormentors of human race, in that the most robust bodily anlage, the best regulated lifestyle, and the most vigorous energy of the life force are not in a position to eradicate them. (Organon, §78).*

Understanding chronic disease esp. psora is a big confusion for students ,practitioners as well as teachers not only of present generation but also from the past generation.

Hahnemann wrote the following letter to his colleague Stapf, in Sept. 1827, accompanying the manuscript of his *Chronic Diseases*, the text in which he set out his observations regarding the chronic miasmatic diseases:

*You and Gross are the only ones to whom I have revealed this matter. Just think what a start you will have in advance of all other physicians in the world! At least a year will elapse before the others get my book; they will then require more than six months to recover from the shock and astonishment at the monstrous and unheard things, perhaps another six months before they believe in it ... Hence three years from now will elapse before they can do anything useful with it.*

Kent (in1900) was not very helpful here - in his *Lectures on Homeopathic Philosophy*, he equated Psora with "original sin," and the venereal chronic miasms with sinful sexual misconduct; notions that arose out of Kent's Swedenborgian religious philosophy and his own issues with sexuality, and not out of Hahnemann's careful studies on the nature of chronic disease.

John Henry Allen, in his text *The Chronic Miasms* (1908), again injected the "original sin" notion into Psora, and veered rather far from Hahnemann's observations on numerous points.

Dr. Vithoulkas when he gave re-birth to North American Homoeopathy in 1980 also has never paid attention of teaching miasms or write a book from his vast experience ,this remains most neglected subject at International Academy where I took several courses.

I strongly feel that a sound knowledge of understanding of the chronic miasms - the true nature of chronic disease - can be of tremendous assistance in working with chronic cases, as well as with most of the apparently-acute manifestations of chronic disharmony that I see in daily practice.

### Let's Begin Our Journey of understanding Psora

Hahnemann's says in his book on chronic disease psora is a *contagium vivum* - a dynamic infection by a living pathogen.

If we now try to identify the agent responsible for causing psora this is what I understood that psora has often been attributed in our literature, to scabies infestation. A search through over 800 books and journals in my Encyclopedia Homeopathica library (Radar Software) brings up 54 instances of Psora and Scabies occurring in

the same sentence, demonstrating the prevalence of this notion. This has been a point upon which Hahnemann's attribution of chronic disease to psora has been ridiculed; and we find a number of our historical authors attempting, rather lamely, to defend him by nuancing the supposed psora (scabies) issue in various ways.

Hahnemann was intimately familiar with the nature of Scabies, despite assertions to the contrary which one might find in our literature (e.g., *"In Hahnemanns time the acarus of scabies was unknown" - Bellokossy, read before the International Hahnemannian Association July 1939, and published in the Hahnemannian Recorder, 1886 no.1*).

### *In Dudgeon, Lectures on the Theory and Practice of Homeopathy*

The scabies mite was mentioned by the Arabian physician Abu el Hasan Ahmed el Tabari, of Tabaristan, in 970 AD. Saint Hildegard (1091-1162), Abbess of Rupertsberg, described the "acarus scabiei" mite in her book *Physika*. Abenzoar (1091-1162), a Moorish physician practicing in Spain, referred to the mite as syrones, assoalat or assoab, and described "lice which creep under the skin of the hands, legs, and feet ... So small are the animalculae that they can hardly be distinctly seen.". This was described not as a discovery, but as a common

understanding of the day, attended by the folk tradition of the time of treating this infestation by physically removing the mites from their burrows with a sharp needle.

In Hahnemann's day, this tradition of extracting the mites with a needle persisted, known as Sauren-graden (probably derived from the term *Syrones* and the German *gerade* - "getting right to the point with scabies"). The scabies infestation itself was known as Krätze, a word distinct from "itch" ("Jucken").

Hahnemann himself described the scabies mite, and described the natural history and treatment of scabies infestation, well before his foray into homeopathy; in an annotation made in the translation of *Monro's Materia Medica* in 1791; and again in the journal *Anzeiger of Gotha*, in 1792, writing "The itch itself ... has its origin in small living insects or mites, which take up their abode in our bodies beneath the epidermis, grow there and increase largely and by their irritation or their creeping about cause an itching ... These exceedingly small animals are a kind of mite. Wichmann has given a drawing of them; Dover, Legazi, and others have observed them." (Hael, *Samuel Hahnemann, His Life and Work*, vol.2, chapter. 13)

Yet, in his description of Psora in *The Chronic Diseases*, written 36 years later, Hahnemann makes not a single mention of scabies (Krätze).

And a comparison of his description of primary psora, with his previous description of scabies infestation, reveals that these conditions were quite distinct from one another.

So ... *what is Psora?*

### **Primary Psora**

From Samuel Hahnemann, *the Chronic Diseases*; pp. 37-39

*... the miasma of the itch needs only touch the general skin, especially with tender children. The disposition for being affected with the miasma of itch is found with almost everyone and under almost all circumstances, which is not the case with the other two miasmata.*

No other chronic miasma infects more generally, more surely, more easily and more absolutely than the miasma of itch; as already stated, it is the most contagious of all. It is communicated so easily, that even the physician, hurrying from one patient to another, in feeling the pulse has unconsciously inoculated other patients with it; often a neonate, when being born, is infected while passing through the genital organs of the

mother, who may be infected (as is not infrequently the case) with this disease; or the neonate receives this unlucky infection through the hand of the midwife, which has been infected by another parturient woman (or previously); or, again, a suckling may be infected by its nurse, or, while on her arm, by her caresses or the caresses of a strange person with unclean hands; not to mention the thousands of other possible ways in which things polluted with this invisible miasma may touch a man in the course of his life, and which often can in no way be anticipated or guarded against, so that men who have never been infected by the psora are the exception. We need not to hunt for the causes of infection in crowded hospitals, factories, prisons, or in orphan houses, or boarding school; even in active life, in retirement, and in the rich classes, the itch creep in.

As soon as the miasma of itch, e. g., touches the hand, in the moment when it has taken effect, it no more remains local. Henceforth all washing and cleansing of the spot avail nothing. Nothing is seen on the skin during the first days; it remains unchanged, and, according to appearance, healthy. There is no eruption or itching to be noticed on the body during these days, not even on the spot infected. The nerve which was first affected by the miasma has already communicated it in an invisible dynamic

manner to the nerves of the rest of the body, and the living organism has at once, all unperceived, been so penetrated by this specific excitation, that it has been compelled to appropriate this miasma gradually to itself until the change of the whole being to a man thoroughly psoric, and thus the internal development of the psora, has reached completion.

Only when the whole organism feels itself transformed by this peculiar chronic-miasmatic disease, the diseased vital force endeavours to alleviate and to soothe the internal malady through the establishment of a suitable local symptom on the skin, the itch-vesicles. So long as this eruption continues in its normal form, the internal psora, with its secondary ailments, cannot break forth, but must remain covered, slumbering, latent and bound.

Usually it takes six, seven or ten, perhaps even fourteen days from the moment of infection before the transformation of the entire internal organism into psora has been effected. Then only, there follows after a slight or more severe chill in the evening and a general heat, followed by perspiration in the following night, (a little fever which by many persons is ascribed to a cold and therefore disregarded), the outbreak of the vesicles of itch, at first fine as if from miliary fever, but afterwards enlarging on the skin, first



in the region of the spot first infected, and, indeed, accompanied with a voluptuously tickling itching which may be called unbearably agreeable (Grimmen), which compels the patient so irresistibly to rub and to scratch the vesicles of itch, that, if a person restrains himself forcibly from rubbing or scratching, a shudder passes over the skin of the whole body. This rubbing and scratching indeed satisfies somewhat for a few moments, but there then follows immediately a long-continued burning of the part affected. Late in the evening and before midnight this itching is most frequent and most unbearable.

Far from being an independent, merely local, cutaneous disease the vesicles or pustules of itch are the reliable proof that the completion of the internal psora has already been effected, and the eruption is merely an integrating factor of the same; for this peculiar eruption and this peculiar itching make a part of the essence of the whole disease in its natural, least dangerous state.

The vesicles of itch contain in the first hours of their formation a lymph clear as water, but this quickly changes into pus, which fills the tip of the vesicle.

The itching not only compels the patient to rub, but on account of its violence, as before mentioned, to rub and scratch open the vesicles;

and the humor pressed out furnishes abundant material for infecting the surroundings of the patient and also other persons not yet infected. The extremities defilled even to an imperceptible degree with this lymph, so also the wash, the clothes and the utensils of all kinds, when touched, propagate the disease.

How do we identify psora clinically ????

What we see in our practice is usually the secondary symptoms of psora as for primary psora the person is too pre occupied to even notice the whole phenomena so that he can take a medical help.

According to me we can never completely eradicate psora, I can say that from my that's my 35 years of experience. The biggest difference between my patients and Hahnemann 's patients is that he could see many psoric cases but what I see is a complex picture of various miasm!! The reason is over the period of years, chemicals, vaccinations, artificial food, genetically altered food suppression of illnesses by allopathic drugs.)

One thing I want to be very clear about is that any manifestation of a particular miasm directly depends on the predisposition

Here are important indications:

- Unexplained weakness and low energy level or born tired.
- Person feels he is weak physically and mentally.
- Weakness from slightest mental and physical exertion.
- Multiple ideas in the brain. This may even lead to fantasy.
- Day dreamers and build castle in air.
- Psora is the anxiety about financial situation, they believe they have too little finance to support them and hence they try to become workaholic. But very soon lack of energy sets in and they are unable to do much work.
- Great collector of newspapers, old clothes, furniture's. They sit tightly on their possessions. They live with a feeling of not having enough to an extent of being greedy.
- Psoric patients, I have found are extremely good planners for they cannot

withstand insecurity, wants and problems at the last moment.

- Psoric patients swim in a big pool of fears and anxiety such as that poverty; something will happen, health, disease, robbers, evils, ghosts, spirits, strangers, animals, etc. <night as during day they are busy working and company of people. But in the night when they are all alone, fears spring up.
- Psoric people cannot cheat somebody; have great fear of doing something wrong. They have strong fear of punishment and fear of getting caught. They feel ashamed and guilty very easily.
- Big dreamers
- Sensitive to any kind of violence. There is nice rubric in Kent's repertory. Horrible and sad stories affect her.....This is a strong rubric of psoric miasm. In fact psoric patient love family drama, comedy, cartoon and especially stories with a happy ending.
- Psoric patients love company, support to an extent that they may become

dependent. They are very innocent and naïve in their relation and hence when a psoric woman marries she may be abused or torched by her husband yet she may not have the courage to leave that person.

- Psoric patient cannot defend themselves against marital violence; they bear for various reasons, like being mild, timid and most important is that they don't know how to defend themselves
- Low self confidence and irresolution are important trait of psoric miasm. They cannot decide on one thing very easily at the same time once they decide they will hold on to it due to their obstinate nature.
- Psoric people love consolation, consolation is a sort of support and support is always welcome in psoric patients.
- Sexually psoric patients are frigid, the male may not have strong erections, desire for intercourse, they will usually have intercourse to please their partners.

- Physically psoric patients are identified at a distance by their tendency to flush, hence you can notice – flushed face or sometimes exactly opposite- paleness. Lips can be red.
- They usually dress in plain clothes but they are usually neat and with sober fashion.
- They usually slump that means they keep their body bent- they are stooped. They usually lean on something if they have to stand for long. Standing is the most difficult position for Psora.
- In day to day life psoric patients are extremely careful in making friends and acquaintances. They will only talk to person with whom they feel safe and secure. They will not just talk with anyone or everyone. Whenever there is a sense of indignation or in justice, the psoric person will become angry but will not express it. He will tremble from inside and keep all his anger inside and may be alter he can have a guilt. This type of cowardice is frequently present in most of the psoric patient.

- The best profession that suits them is engineer or doctor or lawyer they are extremely conscientious and hardworking. They believe in giving 100% to their organisation. Psoric patient do not like many changes and hence you may find them dogmatic to some extent.
- At the physical plane, psoric patients I have seen are very fond of long walks, yoga and exercise. They do not prefer fancy gymnasium/ aerobics but rather long walk along sea shore (Anxiety about health).Dietary habits extremely very regular and any small symptom developing in the body they will immediately go to doctor and get themselves examined.
- Psoric patients are extremely are fond of buying insurances, medi claim, travel insurance.