

The Homœopathic COMPENDIUM

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Free Chapter



From : Volume III
Psora and Anti-Psoric Treatment

CHAPTER 2: UNDERSTANDING THE MIASMS

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UNDERSTANDING THE MIASMS evaluates the nature of acute, half-acute and chronic miasms and discusses active, latent and dormant miasms. It reviews the origin of the anti-psoric remedies and discusses the nine ways to use nosodes. It describes the seven kingdoms of microorganisms and parasites and introduces the miasmatic “sine wave” as a means to understanding the development of the chronic miasms.

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Understanding the Miasms



Collective Diseases

Susceptibility and the Moment of Infection

HAHNEMANN'S *The Chronic Diseases* (1828) is the first medical text to clearly elucidate the processes of acute, sub-acute and chronic infectious diseases and their sequels. In order to understand psora and the chronic miasms the practitioner must learn all their characteristic cycles and progressions and their concomitant symptoms. Hahnemann taught that there were three important moments in the process of infection.

1. The moment of infection.
2. The period of time during which the whole organism is exposed to the miasm until its internal development is complete.
3. The breaking out of the external ailment that signals the complete development of the miasma throughout the whole organism.

All the acute and chronic miasms have a similar process of infection that depends on the susceptibility and the time of exposure. Hahnemann spoke of the exact moment of infection in the following manner:

The infection with miasmas, as well of the acute as of the above mentioned diseases, takes place, without a doubt, *in one single moment*, and that moment, the one most favorable for infection.

The Chronic Diseases (Theoretical Part); S. Hahnemann, *Nature of Chronic Diseases*, p. 72.

Hahnemann taught that smallpox, measles, anthrax and vaccinations etc. were a process in which the disease was dynamically communicated to the vital force through the medium of the nervous system in an instant. These miasms do not

produce their eruptive lesions until the prodromal period has passed and the disease is fully established. He also wrote that the blood of cattle polluted with anthrax could transmit the miasma to the skin of human beings. This shows knowledge of blood infection and transmission. When the susceptible host organism receives the infection this starts a prodromal period of four or five days before the black, gangrenous blisters appear. This is a sign that the deadly disease is fully established. Hahnemann writes in a footnote to his commentary:

We may justly ask: Is there in any probability any miasma in the world, which, when it has infected from without, does not first make the whole organism sick before the signs of it externally manifest themselves? We can only answer this question with, *no*, there is none!

Does it not take three, four, or five days after vaccination is effected, before the vaccinated spot becomes inflamed? Does not the sort of fever developed—the sign of the completion of the disease—appear even later, when the protecting pock has been fully formed; *i. e.*, on the seventh or eighth day?

Does it not take ten to twelve days after infection with smallpox, before the inflammatory fever and the outbreak of the smallpox on the skin take place?

What has nature been doing with the infection received in these ten or twelve days? Was it not necessary to first embody the disease in the whole organism before nature was enabled to kindle the fever, and to bring out the eruption on the skin?

Measles also require ten or twelve days after infection or inoculation before this eruption with its fever appears. After infection with scarlet fever seven days usually pass before the scarlet fever, with the redness of the skin, breaks out.

What then did nature do with the received miasma during the intervening days? What else but to incorporate the whole disease of measles or scarlet fever in the entire living organism before she had completed the work, so as to be enabled to produce the measles and the scarlet fever with their eruption.

The Chronic Diseases (Theoretical Part); S. Hahnemann, *Nature of Chronic Diseases*, footnote, p. 72.

Definition of Acute and Chronic Miasms

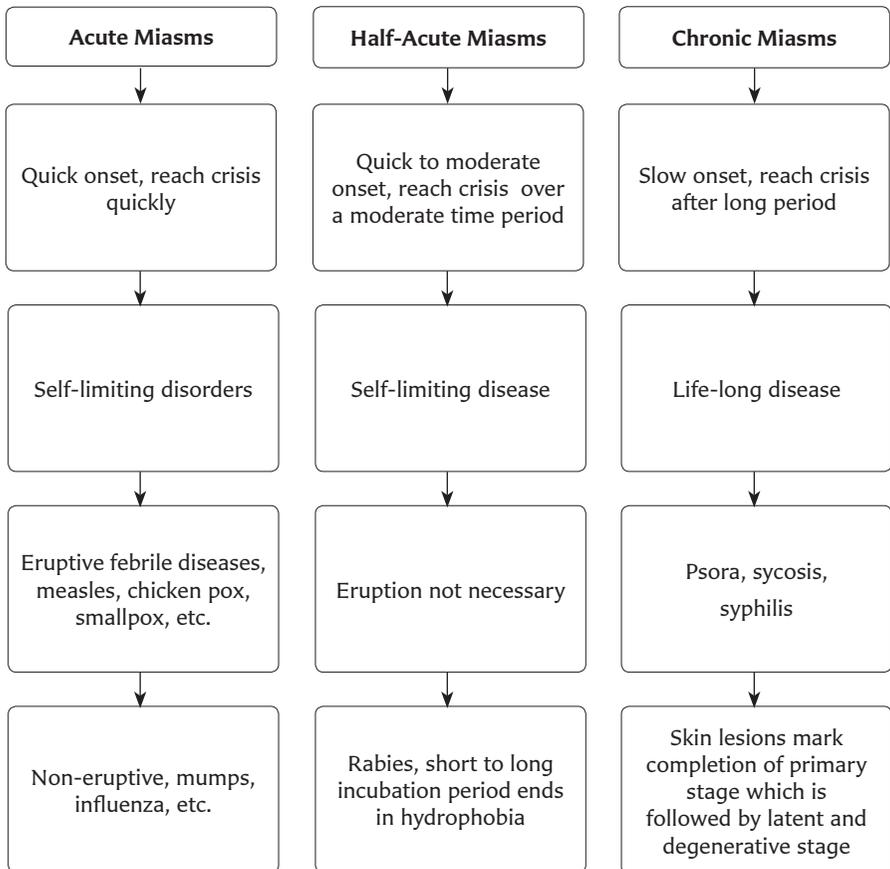
In these paragraphs Hahnemann points out the inherent similarities and differences between the acute, half-acute and chronic miasms. All miasms are micro-organisms that are parasites affecting the host organism even long after they are gone. Here the Founder elucidates the fundamental difference between the acute, half-acute and the chronic miasms. SEE: CHART 2.1 | THREE TYPES OF MIASMS; p. 75. This

difference is related to the nature of the disease and its time and progression. The following footnote on page 75 is closely related to aphorisms 5 and 72 of the 5th and 6th editions of the *Organon*.

Or have these various, acute, half-spiritual miasms the peculiar characteristic that— after they have penetrated the vital force in the first moment of the contagion (and each one in its own way has produced disease) and then, like parasites, have quickly grown up within it and have usually developed themselves by their peculiar fever, after producing their fruit (the mature cutaneous eruption which is again capable of producing its miasma) — they again die out and leave the living organism again free to recover?

The Chronic Diseases (Theoretical Part); S. Hahnemann, Nature of Chronic Diseases, footnote, p. 75.

Chart 2.1 | Three Types of Miasms



This paragraph teaches the difference between the acute and chronic miasms. Acute miasms are rapid in their onset and reach crisis after a relatively short period of time. Hahnemann notes that this genus of microorganisms is self-limiting so they leave the patient either in convalescence or dead. Patients who do not completely recover from acute miasms usually suffer from the chronic miasms.

On the other hand, are not the chronic miasmas disease-parasites which continue to live as long as the man seized by them is alive, and which have their fruit in the eruption originally produced by them (the itch-pustule, the chancre and the fig-wart, which in turn are capable of infecting others) and which do not die off of themselves like the acute miasmas, but can only be exterminated and annihilated by a *counter-infection*, by means of the potency of a medicinal disease quite similar to it and stronger than it (the anti-psoric), so that the patient is delivered from them and recovers his health?

The Chronic Diseases (Theoretical Part); S. Hahnemann, Nature of Chronic Diseases, footnote, p. 75.

The chronic miasms are not naturally self-limiting. They are lifelong infections that are caused by microorganisms that do not die off by themselves. They last for the entire life of the person unless cured by Homœopathy. Not all long lasting degenerative diseases are caused by chronic miasms. *Organon* (§74–§81) explains that there are three types of long lasting degenerative diseases. These are the man-made and physician caused diseases, disorders based on continual pathogenic influences, and diseases based on the chronic miasms. All three of these chronic disorders are often combined to make a complex disease. According to the footnote to aphorism 78 of the *Organon* there are two great categories of chronic miasms, the inherited and acquired. The inherited miasm is uncovered by studying the collective diseases of the family while the acquired miasm is found in the individual history of the patient.

The chronic miasmatic infections can only be removed by a very similar counter-infection caused by a homœopathic remedy in potency. This is based on the principle that two similar diseases cannot repel, repress or combine (§44). In this situation the stronger homœopathic remedy replaces the weaker natural miasma but the remedy's action is **not** lifelong as its duration is limited (fn. §29). As the primary action of a remedy fades, the subtle homœopathic counter-infection is removed by the secondary reaction of the Lebenskraft, the Vigor Vitae, thus restoring health. The life force cannot overcome the natural chronic miasms but it can easily overcome a well selected homœopathic remedy in a minimal dose.

The Nature of the Half-Acute Miasms

In the theory section of *The Chronic Diseases* Hahnemann classifies a third group of miasms, the half-acute miasms. These sub-acute miasms do not possess

the skin eruptions and their duration is of a moderate length. Susceptibility to the half-acute miasms is conditional but once infection is established it moves toward crisis. Hahnemann uses the example of hydrophobia for a half-acute miasm that has no external eruption.

It is just so with the infection of half-acute miasmas without eruption. Among many persons bitten by mad dogs—thanks to the benign ruler of the world—only few are infected, rarely the twelfth; often, as I myself have observed, only one out of twenty or thirty persons bitten.

The Chronic Diseases (Theoretical Part); S. Hahnemann, *Nature of Chronic Diseases*, p. 73.

The acute miasms are of a short duration, the half-acute miasms are of a moderate duration, and the chronic miasms are of lifelong duration. The half-acute miasms have a slower onset and more latent states than the acute miasms. The incubation period of hydrophobia may be anywhere from eleven days to one year. Prodromal symptoms sometimes appear a day or two before there is a sudden onset of the hydrophobic syndrome.

But with whomsoever the poison acts, it has taken effect in the moment when the person was bitten, and the poison has then communicated itself to the nearest nerves, and therefore without contradiction, to the whole system of the nerves and as soon as the malady has been developed in the whole organism (for this development and completion of the disease nature requires at least several days, often many weeks), the madness breaks out as an acute, quickly fatal disease.

The Chronic Diseases (Theoretical Part); S. Hahnemann, *Nature of Chronic Diseases*, p. 74.

Miasms have three stages; the onset, the development of symptoms, and the crisis. Acute miasms develop very quickly while it takes years for the chronic miasms to produce secondary pathology. The following are the three stages of hydrophobia.

1. **The Invasion Stage.** This shows the prodromal symptoms such as pain in the scar, fever, headache, rapid pulse, anxiety, restlessness, insomnia, irregular and sighing respiration and phases of rushed speech.
2. **The Stage of Excitement.** This begins 24 to 48 hours after the invasion stage. This is marked by intense restlessness, mental excitement, hyperesthesia and hydrophobia. There are now sudden spasms of the muscles of the mouth, pharynx and larynx, and to a lesser degree the respiratory musculature. This state is greatly aggravated by water, which cannot be drunk. This state is developed further when a sudden sound, cold air, strong light, smells or the suggestion of water will induce violent attacks. The voice becomes altered and frothy saliva collects in the throat and mouth that is flung from the lips during an attack. The attacks are characterized by fury and terror. This stage ends with opisthotonos

and respiratory spasms that often kill the patient. During the intervals the patient's mind is clear.

3. Stage of Paralysis. If the patient does not die during an attack they enter paralysis of various types like ascending spinal paralysis, paraplegia and hemiplegia. The patient becomes helpless, weak and generally dies in a coma.

Homœopaths gathered a sufficient volume of information on rabies and collected a pool of clinically confirmed remedies. Hering obtained the saliva of a rabid dog and proved the nosode in 1833. A number of provings of the nosode were made between 1833 and 1838. Rabies was endemic in America in Hering's time much like it is in the Orient today. The fear of rabies is deeply ingrained in the human psyche. It manifests as lyssophobia, where the fear of rabies brings on hydrophobic-like states. Hering noted that there was a difference between lyssophobia, hydrophobic-like states, and the hydrophobic miasm yet they all reflect the same archetype. He offered the following example of lyssophobia, the ungrounded fear of contracting rabies.

A man came to my office and said: 'I am crazy. I know it. I am rich and have no cause for complaint. I walk the floor every night until my wife comes, with tears in her eyes, and implores me to lie down. I fear that I shall die of hydrophobia. I have read all the books on the subject and know I shall die from the disease. It is very clear to me. Why don't you promise to cure me?' 'Well', I said: 'We do cure horses, and they do not imagine things.' 'You *do* cure horses?' 'Yes.' 'Well, have you had any cases like mine?' 'Yes, similar ones. We will try.' He promised to take the medicine and I gave him a single dose of a high potency, of Hydrophobin (*Lyssin*). Later he returned once more to say that he had not missed a night of sleep, but thought that imagination had made him well.

The case brought me one dollar in fees, at fifty cents each, but I would not have missed the cure for a thousand!

Life of Hering; C. B. Knerr, p. 131-132.

The nosode of hydrophobia has proved very effective in preventing, aborting and treating true rabies. Hering's main remedies were: acet-ac., arg-n., aspar., **Bell.**, **Canth.**, chlor., crot-h., **Cur.**, **Hyos.**, **Lach.**, **LYSS.**, sabad., **Stram.**, ter., verat. These remedies reflect the violence of the hydrophobic miasm. The hydrophobic psyche is observed in a variety of conditions in a greater or lesser degree. The bite of modern life has turned many people into mad dogs, especially children. The Lyssin complex brings much violence, frenzy and self-mutilation. Remember these remedies in patients with an unnatural fear of water, light or shining objects. Lyssin and the hydrophobic remedies reflect the hydrophobia archetype.

MIND; HYDROPHOBIA: acet-ac., acon., aconin., agav-a., agn., am-c., anag., anan., ant-c., anthr., apis, aran., arg-n., ars., aspar., bell., brom., calc., camph., camph-br., cann-i., canth., carc., cedr., chlol., cocci-s., crot-h., cupr., cur., fagu., gels., gent-c., grin., gua., ho., **Hydr-ac.**, hyos., hyper., iod., jatr., kali-br., lach., laur., lith-br., **LYSS.**, mand., merc., naja, nat-m., nux-v., phel., phos., phys., plb., ran-s., ruta, sabad., scut., spirae., **Stram.**, stry., sulph., tanac., tann-ac., tarent., ter., trach., verat., xanth.

The Complete Repertory; R. Zandvoort.

The hydrophobia nosode produces a set of symptoms that elucidate the hydrophobia archetype, which is found in “rabid persons” with or without rabies. It is interesting to note that one of the onset symptoms of rabies is that old scars start to hurt. Lyssin brings up the pain in old scars in the psyche driving the patient to mutilate their body making physical scars. The following rubrics from *Hering’s Guiding Symptoms* sum up the hydrophobic psyche.

Thoughts of something terrible going to happen come into his mind against his will; feels impelled to do reckless things, such as throwing child which he carries in his arms, through the window, and the like.

Fits of abstraction, takes hold of wrong things, often does not know what he wants, says wrong words which have but a remote similarity of sound.

Range of ideas extremely limited, if left to himself is occupied continuously with the same thing, bringing frequently forward same ideas within a short space of time and always in same manner.

Believe that they are reduced to their present wretched condition by the instrumentality of those about them.

Insane ideas enter his head; for instance, to throw a glass of water, which he is carrying in his hand, into some one’s face, or to stab his flesh with the knife he is holding, and the like.

Inclined to use insulting language, scold his friends, beat and abuse those near him.

I Inclination to be rude and abusive, to bite and strike.

I Exhilarated, felt as if he had received joyful intelligence. Occasionally exhilarated, then again morose, both feelings going off very readily upon conversing.

I A kind of savageness in his temper.

Declares amid violent sobs that she is suffering the torments of hell.

Very cross, so much so that his children expressed great surprise; he took offence at veriest trifles, scolded his wife and children, felt wretched, could not concentrate his attention on anything; sullen, does not wish to see or speak to any one.

Driven incessantly about without any definite aim.

Restlessness, driving him hither and thither, although weak enough to lie down.

Hypersensitiveness of all the senses.

Exalted state of smell, taste and touch, with a feeling of anxiety and a fear of being alone.

The mere thought of fluids, of drinking, of swallowing, or offer of anything to drink, is sufficient to bring on convulsions; the same effect is produced by other sources of irritation, such as a simple breath of air, the attempt to touch the sick, every hurried approach towards him, the light of shining objects.

II Lyssophobia: fear of becoming mad.

Guiding Symptoms of our Materia Medica; C. Hering, Volume VII, Lyssin, p. 159–166.

Hydrophobia is still endemic in much of the world. Homœopaths have shown that they can cure rabies even in the stage of excitement. Hering found that Lyssin and the hydrophobic remedies were effective in curing rabies in the convulsion stage. This is not possible with allopathic medicines. The hydrophobic state persists in societies where rabies is a rare phenomenon. The term “mad dog” continues to bring up the image of the archetypal lyssomania.

Active Miasms

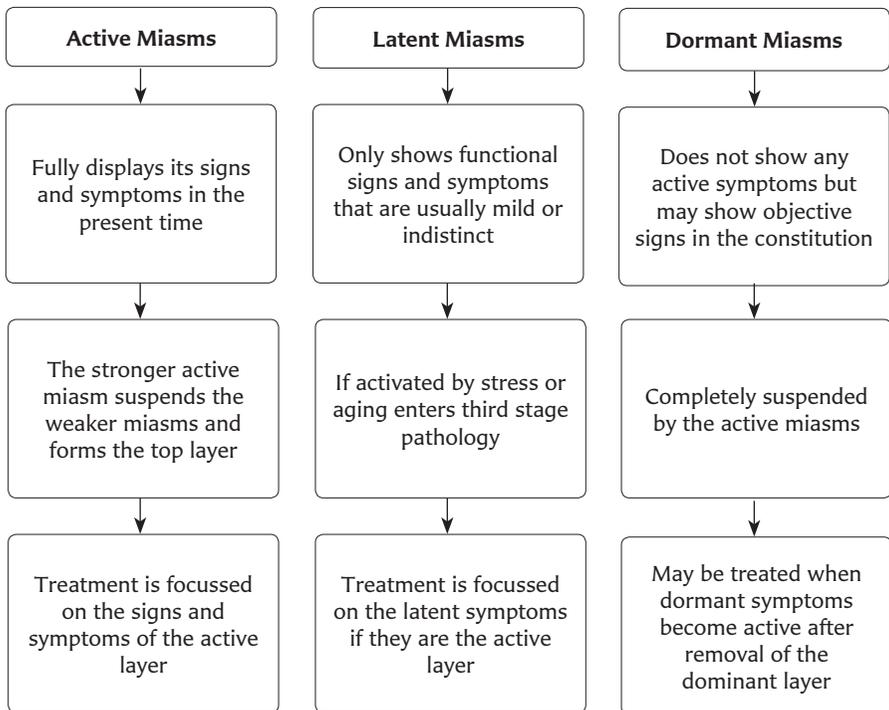
There are three types of miasmatic activity, the dormant, latent, and active states. The first type of miasm is called the active, and as its name implies, it is the layer that displays its signs and symptoms at the present time. Paying close attention to the most recently produced characteristic symptoms holds the key to reviewing the active miasms. After the correct remedy has removed the most active miasmatic layer the next most active layer of disease will surface. This may take the form of a latent miasm becoming more active, or a dormant miasm awakening from being suspended. Cases such as these demonstrate how active and dormant states and their symptoms are all interdependent. SEE: CHART 2.2 | THREE TYPES OF MIASM ACTIVITY; P. 81.

Complex miasms follow the laws of dissimilar diseases (§37–§42) so they tend to repel, suspend or combine in complex disorders. One must remember that a strong miasm will repel a new weaker miasm, suspend any weaker miasms present,

and eventually combine with old miasms in their peculiar regions. When appropriate anti-miasmatic remedies remove the strongest layer, the next most powerful layer will surface with its signs and symptoms. This process will continue until all the predispositions toward such diseases are removed. At this time, the dormant and latent miasms will become more active depending on the balance of forces remaining in the constitution.

All layers are not miasmatic as any pathogenic force from which a patient has never fully recovered can produce complex layers and disorders. This is why it is so important to understand the aetiology of the various symptoms we observe and relate them to the time and progression of the disease state. The reversal of the developmental order of symptoms as observed in Hering’s laws has its origin in the manner in which dissimilar diseases form layers within the organism. All of these factors are critical for the proper management of complicated chronic cases as one layer may be formed by latent miasms, one by toxins in the environment, and another by an emotional or physical trauma. Sometimes all of these layers may unwind under the influence of one grand constitutional remedy, and at other times there is a change of symptoms that points to a new medicine.

Chart 2.2 | Three Types of Miasm Activity



Latent Miasms

After the primary symptoms abate the miasms move into their latent stage. Latent miasms are functional in the beginning and only begin to produce organic pathology toward the end of this cycle as the secondary and tertiary stage is approached. Once an infection is established even a person with a strong constitution does not escape the long-term affects of a chronic miasm. In the footnote to aphorism 78 Hahnemann wrote that miasms implanted by infection or heredity might appear indiscernible for several years during youth if the person lives a lifestyle that is beneficial for the spirit, heart and body. The individual appears to be completely healthy in the eyes of the relatives and friends but the latent miasm continues to grow within. As the person ages and is exposed to more adverse events and relationships the symptoms of the miasms increase. The more the vital principle is exposed to debilitating passions, grief and worry, the quicker the miasms flare up and produce serious pathology. This process increases even more quickly when the individual is exposed to suppressive measures, invasive medical procedures and toxic medicines.

In *The Chronic Diseases* Hahnemann recorded sixty characteristic symptoms of latent psora that he used as a basis for the selection of anti-psoric remedies to root out the latent disorder. After the suppression of a skin eruption the patient may feel that they are well yet an experienced homœopath can usually observe the latent symptoms of internal psora. These functional symptoms reflect the internal imbalance before the disease becomes “full blown” in the later pathological stages. When these latent symptoms are treated before they enter the secondary or tertiary stage, the miasm can be removed before it produces any serious pathology. In this way the practitioner can prevent serious chronic diseases in the future. Latent symptoms are different from dormant symptom because they have subtly active indications that point toward future pathology.

Dormant Miasms

When a stronger dissimilar disease totally suspends the symptoms of the miasma it may become dormant. The inherited dormant miasms may not demonstrate active symptoms although certain objective signs may be present. Sometimes the only indications of a dormant miasm are seen in the physique of the person as demonstrated by such physical signs as the pipe-stem bones, thin chest, and emaciation normally associated with TB miasm, etc. Dormant miasms may also be discovered through a study of the diseases suffered by the paternal and maternal lineages of the patient.

A dormant miasm should not automatically be treated with nosodes on the mere indication of its presence. Normally a dormant miasm will show some activity after the stronger dissimilar disease layers are removed. If homœopaths use the family history, or the signs of the physical constitution, as a means to prescribe a

nosode for a dormant miasm they run the risk of waking it up out of order. This may cause prolonged aggravations and disrupt the natural layers of the case making it more difficult to cure.

Miasms as Contagion and Their Effects

Miasms are the acquired and inherited effects of a prior infection. When we speak of the miasms in Hahnemannian Homœopathy we are referring to a direct attack on the immune system by a parasite and the side-effects caused by its improper treatment. This attack on the system of mass defense takes place in three phases, the primary stage, a latent stage, and a secondary stage. The classical theory of the chronic miasms is an empirical study of the human organism's maladapted defensive reactions to parasitical infection that chronicles the development of secondary pathology, autoimmune diseases and immunodeficiency disorders. It is for us to apply these principles and bring this material up to date for the 21st century. First we must get to the root of the matter and build on a solid foundation.

In order to utilize Hahnemann's theory of chronic disease it is very important to study each of the classical miasms separately so as to understand the basis of their symptomatology. This knowledge allows the homœopath to recognize the active, latent and dormant syndromes together in their proper order, which is very helpful in selecting the proper remedies for the patient and using them at the correct time. The miasmatic syndromes center on certain similar symptom components that are reflected in the groupings of the anti-miasmatic remedies. Having a clear picture of the miasms brings order to the symptoms of complicated cases and helps in selecting an appropriate treatment plan. In the following chapters we will study the miasmatic syndromes, their origin, and their symptoms in detail.

With this information the homœopath has the knowledge to note which symptoms are caused by which miasms and to understand how they form the layers of the case. We will begin our study by examining in detail the most primitive of the miasma Hahnemanni, the ancient psora. We have already discussed in the first section of our work how Hahnemann came to discover the existence of the chronic miasms in general and the psoric miasm in particular. Here we will continue our study of the pathogenesis of psora, and its symptomatology, and relate it to practical case taking methods.

Psora is often called the mother of all chronic miasms because it is the oldest disease to plague humanity. Hahnemann taught that psora prepared the ground for all other infectious disorders because it weakened the resistance factors of the immune system. The genetic mutations caused by psora have been passed down through heredity since the beginning of human history and are inherent in the predispositions of the temperament. In Homœopathy the first external cause is related to the psora

doctrine because of its associations with inheritance and susceptibility. In this way no one is completely free from the effects of the ancient psora, as it has become universal in its presence. There are two classifications of psoric miasm, the inherited and the acquired infection. Often homœopaths think of psora as a purely inherited condition, but how could one inherit psora if no one had ever acquired it in the first place?

Internal causes are often based on moral or psychic derangements. External causes include the acute and chronic miasms. The susceptibility to acquiring psora is due to four major predisposing factors, mental and emotional stress, poor living and work conditions, poor nutrition and poor hygiene. The most potent predisposing factor to psora is continual mental and emotional suffering. Psychological stress disrupts the vital force leading to the suppression of the immune system thus lowering the immunity of the constitution to infections. In this way James Kent is correct in stating that a mental and moral decline in humanity led to the development of the psoric miasm. When this is combined with poor living conditions, improper food, and bad hygiene, the virulence of miasmatic organisms increase while the immune system declines under the strain. When the natural resistance of the host is lowered to the critical point the susceptibility to psora is established. Once an infection of psora has been acquired it progresses through three stages of hypersensitivity and inflammation called the primary, latent, and the secondary stages.

In my work throughout Asia and the third world I have been able to witness psora in its most primitive forms. In India we can still visit villages that are basically unchanged since the Middle Ages. Many of the diseases that affected Europeans at that time are still active in these areas. This includes leprosy and other forms of the itch disease which Hahnemann calls psora's most ancient manifestations. In India we treat leprosy. These types of cases have not been seen in the western hemisphere for a very long time yet homœopaths in India see them daily.

As you travel from village to village you can see some habitations that are almost in the Stone Age and others that resemble European communities hundreds of years ago. This has offered me a great opportunity to study and treat psora in many different forms and stages of development in hundreds of cases. The experience has proven to me the validity of the original doctrine of psora as taught by Samuel Hahnemann over and over again. Hahnemann once said that every time a homœopath sees a psoric skin lesion it is a chance to remove the entire taint of psora from his or her constitution and prevent it from being transmitted to their offspring. This is an opportunity that no homœopath should overlook!

Miasms and Diathetic Constitutions

In Homœopathy we often speak of the totality of the symptoms as the basis of selecting a remedy, but sometimes we forget to include the causative factors, the

miasms, and the nature of the constitution of the individual. Understanding the innate constitution is fundamental to homœopathic treatment because it holds the keys to an individual's susceptibility as well as the inherited effects of the chronic miasms. Baron Von Boenninghausen called the innate constitution and temperament the proximate cause of disease because in many ways it is the closest cause.

This is why Hahnemann included a complete physical description of each individual constitution when taking a case history. Some constitutions are thin, quick and warm while others are slow, cold and flabby. The physical characteristics of various constitutions have become associated with different miasms. The psoric constitution is predisposed to malnourishment, smelling bad, looking dirty, emaciation, and itch diathesis with red orifices and mucous membranes. There is a tendency to mood swings and restlessness. The sycotic constitution is predisposed to gain weight and become puffy around the eyes; it causes bluish-black discolorations, excrescences and the growth of excessive body hair. There is a tendency to dark moods. Pseudopsora predisposes the constitution toward pipe-stem bones, pale complexion with flushing, a thin chest, and radical weight loss. It inclines to self-abuse and libertinism. Syphilis causes the patient to be physically and mentally deranged, with an asymmetrical bony structure and bulldog face and the appearance of cachexia. It produces feelings of despair and self-condemnation.

Remedies are also known for miasmatic constitutions. For example, Kali Bichromium is well suited to fat, light-haired persons who suffer from catarrhal, syphilitic or psoric affections. Tuberculinum is adapted to persons of light complexion; blue eyes; blonde in preference to brunette; tall, slim; flat, narrow chest; active and precocious mentally, weak physically; the tubercular diathesis. Thuja is known for the hydrogenoid constitution of Grauvogl, which is also related to sycosis, figwarts, condylomata, warts, and excrescences upon mucous and cutaneous surfaces. Asterias Rubens is indicated in red-faced, flabby, chilly, lymphatic constitutions that are affected by sycosis or the cancer diathesis. Guaiacum is known for rheumatic affections, especially in syphilitic and mercurial patients with dark hair and eyes. Hydrastis is known for cachectic or malignant dyscrasia, with marked derangement of gastric and hepatic functions; broken down by excessive use of alcohol and cancer diathesis.

As we have already shown, the expression, chronic miasma, stands for the outcome of a direct assault on the immune system by non self-limiting viruses, bacteria, fungi, or animal parasites and their chronic effects. Emotional stress and environmental influences act first on the hypothalamus and sympathetic nervous system that indirectly suppresses the immune system. In the case of the miasms, however, the effect is directly on the immune system leading to autoimmune diseases and

immunodeficiency disorders of manifold kinds. In Homœopathy, the understanding of these miasmatic states is much more expansive than in the orthodox medical school.

Miasms and Human Society

Each miasm represents a genus of living organisms that has hosted with humans beings since ancient times. Their archetypes are deeply imprinted in the collective unconscious of humanity as well as their immune systems and have entered popular culture, myths and religions. They bring with them a great amount of hysteria, fear, superstition, and ignorance as well as guilt, grief, and remorse. They bring human beings to their knees in prayer in an instant or waving their fist in the air crying blasphemies.

The miasms test the faithful with ironies and taunt the weak with their hidden desires. It is as if the battle of good and evil is taking place within the individual. The acute miasms strike the fear of death into the heart of everyone and the chronic miasms make the sufferers wish they were dead already. Even Hahnemann said the miasms are like evil spirits that torment the vital force. The only absolution from this evil force is “holy water” in the form of the simillimum in medicinal solution!

You see the themes of the miasmatic genus in novels, art, plays and folktales. Psora is the rebel with a cause, sycosis likes to inflict and feel pain, tuberculosis is lost in romance and adventure, and the syphilitic genius is destroyed by irony and guilt. When it comes to crime the psoric pilferer thinks life owes them an existence, the hard-core sycotic takes whatever they want by force, the tuberculin gigolo manipulates others for gain, and the syphilitic destroys what they love the most. Drug preferences also reflect the miasms. Psora loses themselves in marijuana, beer and wine, sycosis in downers, pills and liquor, tuberculosis in cocaine, stimulants and mixed drinks, and syphilis in heroin and destructive drinking. Those with mixed miasms are liable to use all these drugs at once ensuring a speedy exit from this life. The miasms are a vicious circle of pain with no gain.

The common person in the street is so possessed by the collective miasms that their view of reality is distorted. They do not wish for the proper things in life, or have the moral fiber to temper their desires. Even fashion is affected more by the chronic miasms than an ideal of true beauty. The psoric miasm is expressed in shabby down-dressing and eccentric hippy clothes. Sycosis likes sexy black beauty marks and dark purple eye shadow. The fashion models with their consumptive anorexic silhouette, pale face, red lips and rouged cheeks are a perfect reflection of pseudopsora. The syphilitic influence can be seen in the skinhead look, black leather and pierced skin. The miasms reflect the complexes of archetypes as they spread throughout humanity. This is a source of collective neurosis and mass psychosis. What's next? The AIDS look?

The orthodox medical profession does not realize the extent to which these collective infectious diseases and suppressions have transformed the body, mind, and spirit of human beings. This is because society is so ill it thinks it is healthy and so crazy it thinks it is sane. Anyone who stands apart from this collective delusion is considered crazy or subhuman. This has reached the point of a collective neurosis compounded by schizophrenia. Hahnemann said one of the reasons he could see the signs and symptoms of psora is because he did not have it and you know they thought he was crazy!

Miasms, Compensation and Complementary Opposites

As long as humanity has existed it has been exposed to the acute, half-acute and chronic miasms. This ancient interaction between the vital force and the miasms has been a test of the soul as well as the body. The miasms have woven themselves into the very fabric of humanity in a manner that has affected our psychology as well as our physiology. Humanity tends to look on disease as a negative force that produces nothing but suffering yet illness can be a positive test of the soul. Some people become progressively more negative under the influence of the miasms while others seem to overcome this negative impingement by producing the complementary opposite states. Some individuals seem to be destroyed by the miasms while in others they strengthen the character. This is one of the mysteries of Nature and the Divine.

For example, a man who is a sexual libertine cheats on his wife without practicing safe sex, and thereby contracts sycosis. Because of the miasm he changes his lifestyle, confesses his infidelity, and no longer has illicit sex. Instead of becoming more dishonest about his sexuality, which is common in sycosis, he becomes more honest about himself and his sexual addictions. This is a positive reaction of the soul to the negative situation produced by the miasms. Although the body may suffer, the spirit of the individual becomes more evolved through their illness and the experience has a beneficial effect on their morals.

This phenomenon is the mark of an “old soul” who has learned that good and bad are relative to the human spirit’s ability to rise above the physical condition and make changes. People can use an illness to strengthen themselves rather than weaken their character. Those with psora may become more philosophical, idealistic, and compassionate; those with sycosis become more honest, open, and caring; those with pseudopsora become more responsible, loyal, and dependable; and those with syphilis gain understanding of the irony of life and death. An old soul reacts to the miasms by developing their complementary opposite states rather than surrendering to their negative propensities.

For this reason, the homœopath sometimes meets people who do not show the negative mental symptoms of the miasms. These people seem to manifest the opposite qualities. One might say that the miasms produced these positive states, but in truth, these good qualities come from the Self, which is pure from the beginning. The chronic miasms may be able to distort the qualities of the soul but they cannot destroy them. You find these old souls in every hospital ward and among those who suffer at home. They are a light to those around them for they prompt others to look beyond their physical limitations and look to the goodness of the spirit. These symptoms should be recorded in the case history. They show the most evolved reflections of the remedies in our materia medica.

There are also those who compensate for their infirmities by producing pseudo-opposite states as a coping mechanism. In this case, those who feel dirty because of psora will often try to be the cleanest of people; those who feel impulses to cruelty from sycosis will try to act kind; those who feel reckless from pseudopsora will try to be careful; those with syphilis who feel threatened by death and darkness will cling to life and light. These compensations are different from the complementary opposite reactions of the soul because they have a contrived, overbearing, unnatural element about them. Such a patient feels so depressed they try to act happy but this is just a mask worn by the persona.

Pseudo-positive symptoms may be more socially acceptable than the negative states that they oppose but this is still a form of illness. If the homœopath probes these pseudo-positive emotions they find that they cover over contrary negative states that are subconsciously hidden or unconsciously repressed. For this reason, the homœopath must judge the difference between the positive complementations of the soul and a pseudo-positive compensation that is a coping mechanism. Although they appear similar, they are not the same, because one comes from the Self and the other is an act performed by the persona mask. The complementary opposites produced by the soul come from the Self while suppressive compensations are a survival mechanism. The former can stand the test of time while the latter breaks down at the critical moments.

Human beings learn to compensate for the instincts and emotions they have inherited and acquired at an early age. They are forced by peer pressure to act in a manner that is more acceptable to their family and society. These hidden emotions control their unconscious actions often forming an alter ego that only appears when actualized by certain situations. Persons with strong suppressed anger will often talk very softly and desire peace. When they become actualized they explode into a wrath that is out of proportion with the situation. Such a state is reflected in some Staphysagria patients. They will compensate for abuse and humiliation by

suppressing their feelings but sooner or later these repressed emotions break loose and they start throwing things!

A study of the maternal and paternal lineages as well as brothers, sisters, aunts and uncles is helpful in establishing which chronic miasms run through a family. These miasms may be dormant, latent or active depending on the state of the symptoms in the offspring. Each miasm should be noted with the symptom patterns they have produced. For example, a person's father may have had a dark complexion and warts with hairy spots, held fanatical beliefs, suffered degenerative arthritis, and died from a sudden heart attack. This means that the sycotic miasm was present. If the patient also has similar warts and hair growth but they have no muscle or joint complaints one can be fairly certain that sycosis is present in a latent form.

If the person's mother was vivacious, open-minded, full of hopeful anxious expectations, and suffered frequent chest infections, one can be fairly certain that she had the TB miasm. If the patient is suffering from frequent colds, sore throats, fevers and swollen glands, one can assume that they are suffering from an active, inherited TB miasm. If their personality takes more after their mother than their father, one is more certain that the active layer is the mother's TB miasm. The sycosis may become more active in later life and combine with the pseudopsora producing a complex disease, especially during middle age. For now, the sycosis is repressed by the stronger powers of the mother's pseudopsora.

It is not uncommon for such a person to have the repressed anger and resentment of the sycotic father in a latent state. This phenomenon is somewhat similar to the superior and inferior functions observed in Jungian psychology. This inferior layer may be hidden under the characteristics of the TB miasm so it appears only when actualized by similarity or congruity. Sometimes the dominant miasm is an integrated part of the persona and the inferior miasm will become part of the shadow personality or an aspect of the personal unconscious.

After the TB miasm is removed, the repressed symptoms related to the sycosis begin to surface. Now the person may not appear as friendly as before because they have to face their deep, dark, hidden sycotic emotions. At the same time their physical state will begin to take on more sycotic symptoms. The social and sexual activities related to the TB miasm seem more acceptable in modern society but they are certainly no healthier. The treatment should now focus on anti-sycotic symptoms and skilful counseling. In some ways it may look like the patient is getting worse but this is just a dark night of the soul. They must become conscious of the hidden emotions related to their father's miasm. Many times the relationship of the child to the parents seems to be controlled predominantly by the miasms. For this reason, the case history should include the causes of death and disease states of all the intimate family members. By looking at the past one often receives a glimpse into the future.

The emotions experienced by the mother while carrying the child may be reflected by the psychology of the offspring. The fetus is directly exposed to the stress chemicals and hormones of the mother's blood stream. The mother controls the first actualizations of the ego development. The same phenomenon is witnessed to a lesser degree with the father and family members. The fetus can hear their voices and instinctively feels the emotions of those around them. The unborn child is in a magical state where there is no separation between the inner and outer worlds and self and others. A disharmonious environment affects the psychological and somatic development of the baby. This atmosphere is often controlled by the emotions produced by the miasms. Therefore, genetic and family dynamics reflect the miasms in the family genealogy. The inherited miasms, the emotions felt in the womb, and the experiences of early childhood form the basis of human psychology and must be investigated while taking a case history. Illness is a process that matures the soul and strengthens the body when treated homœopathically.

Misconceptions about the Miasms

Perhaps the greatest misunderstanding of the miasm theory is what the word "miasm" actually means. Some homœopaths speak of the miasms in the terms of the medieval definition, as a sort of unwholesome exhalation or aura of bad airs. One such person said that a miasm is like a cloud of symptoms that runs through a case and explained how one of his patients caught a miasm from "watching too much television". Another explained how a miasm in a child was caused by the emotional confusion of the mother. Of course such stress can have a negative effect but are they chronic miasms or related to other causations? In the Hahnemannian sense such diseases are pseudo-chronic disorders based on stress not chronic miasms based on prior infection. When one makes everything a miasm then the miasms become nothing special. There also seems to be some confusion between miasms and the never-well-since syndrome (NWS). These never-well-since rubrics are very important because they help locate unresolved disease states present in the case. A never-well-since symptom is the indicator of the formation of a layer but these may not be miasms. If someone has never been well since a car accident this is a traumatic layer not a miasm that is based on prior infection.

Others have uncoupled the doctrine of causation from Hahnemann's miasm theory and use the term as three or four convenient categories to review all symptoms. This system is not without its value but in some ways it puts the cart before the horse. In this sense they have replaced the role of Mappa Mundi and the Pythagorean homœomeries (ether, air, fire, water and earth) with the chronic miasms. The archetypal homœomeries set the pattern for all positive and negative phenomena including the processes associated with health and disease. When one understands

these principles all manifestations, including the miasms, can be carefully categorized by their primary elements. The miasms follow the pattern of the primordial homœomeries because they are the similars from which all things are made. The homœomeries are used to categorize the relationships between the macrocosmic and microcosmic worlds. In this way all phenomena affecting the health of human beings can be conveniently symbolized in four major homogeneous groups and their mixtures. This includes constitutions, temperaments, linear causations, coincidental befallments, objective signs, subjective symptoms and the chronic miasms. Rather than changing the miasm theory into a limited version of the primal homœomeries, it is better to learn the original Greek paradigm because it is all encompassing.

Another popular misconception is that miasms are only inherited predispositions. Obviously miasms are transmitted through the generations but they must have an origin. What happens if someone suffers from the suppression of a staphylococcal skin infection or gonorrhoea? Such conditions produce acquired miasms that are passed on to offspring in the form of inherited miasms. In the footnote to aphorism 79, Hahnemann implies that miasms can be both inherited and acquired. It is often said that psora only causes functional disorders not pathology yet Hahnemann's list of secondary psora includes very destructive disease states. This idea is based on J. H. Allen's teachings which possess some insights into the time and progression of the miasms. Psora affects the somatic structures but not as deeply as pseudopsora. Sycosis affects the somatic structures but not as deeply as syphilis. In terms of the intensity of the destruction of somatic structures the flow runs from psora > to sycosis > to pseudopsora > to syphilis. The psora of *The Chronic Diseases* is a killer that has ruined the body and mind of many generations and it is responsible for millions of deaths. Psora usually takes time to destroy life but it can also kill quickly as the following quote demonstrates.

A robust looking candidate for the ministry who was about to preach in a few days and therefore wished to free himself from his old itch, rubbed himself one day with itch ointment and in a few hours, soon after noon, he passed away with anxiety, dyspnoea and tenesmus; the autopsy showed that the whole of the lungs was filled with liquid pus.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Nature of Chronic Diseases, footnote, p. 55.

This very rapid decline took place in a “robust” individual and not someone who was already half dead from other chronic miasms. This is just one example of deadly reactions to psoric suppression. It is more common, however, for a suppression of psora to take years to produce dangerous pathology. Nevertheless, it is a good example of just how quickly psora can kill. There are those who discover “new miasms” all the time. These new diseases include (of course) pseudo-miasms like

televisionosis, junkfoodosis and brokenfamilyosis. Individuals of this persuasion do not seem to understand that Hahnemann is the founder of modern epidemiology and that miasms are the outcome of faulty adaptation to prior infections. There are new miasms like HIV/AIDS. Their primary effect is on the system of mass defense leading to degenerative pathologies, autoimmune disorders and immunodeficiency diseases of manifold kinds.

Perceiving the Miasms

The theory of the chronic miasms is one of the deepest aspects of Homœopathy and must be well understood if one is to master homœopathic pathology. Those who emphasize the so-called essences don't bother to study the miasms. They are inspired by James Kent's work but they do not realize the important role the miasms played in his practice.

A great deal depends upon a physician's ability to perceive what constitutes the miasm. If he is dull of perception he will intermingle symptoms that do not belong together. Hahnemann seems to have had the most wonderful perception, he seemed to see at a glance. Hahnemann was skillful in this respect because he was a hard student of *Materia Medica* and because he proved his *Materia Medica* daily.

Lectures on Homœopathic Philosophy; J. T. Kent, *The Examination of the Patient* (continued), p. 208–209.

Why does Kent speak of the great need to perceive **the miasm** if we only need the totality of the symptoms? Why does he say that if physicians are not aware of homœopathic pathology they may intermingle symptoms that **do not belong together**? To understand the totality of the symptoms the homœopath must perceive the meaning of their essential patterns. Hahnemann uses two German words when speaking of the analysis of cause, coincidental befallments, signs and symptoms. These two terms are *Inbegriff* and *Gesammtheit*. The words have very different meanings but both are usually translated as “the totality” in English. These different meanings are essential for a proper understanding of homœopathic philosophy.

The root of *Inbegriff* is the verb, “*begreifen*”, which means to touch, handle, comprise, include, comprehend, and understand in the sense of coming in contact with something. The noun, *Begriff*, means an idea, notion, conception, or comprehension. Therefore the term *Inbegriff* means the inner idea, essence, nature, or a short summary that offers a clear idea of a phenomenon. The essence is a short summary that offers a clear idea of the inner essence, nature, or genius of a disease state.

The *Gesammtheit*/totality is the collection of all the available characteristic symptoms and *Inbegriff*/essence is an understanding of their essential nature or meaning. This essential totality of the symptoms makes up the only conceivable

Gestalt of the disease, the mistuned life force. English translations do not take into account the different meanings of totality and essence. For this reason, the true meaning of the term, Inbegriff, has been overlooked in English.

Sometimes there is more than one cause and coincidental befallment affecting the human organism. The symptoms are grouped around these incidents because they represent shared effects. If all the symptoms are mixed up haphazardly, or seen as unrelated factors, the invisible Wesen of the disease is not yet understood. All dissimilar diseases in the human organism produce their own characteristic symptoms that may repress or combine depending on time and circumstances. It is the practitioner's job to sort out the symptoms in homogenous groups and relate them to the evolution of the disease state as a whole.

James Kent complained that for years he could not completely cure many of his cases of asthma. He would give his patients remedies based on the totality of the symptoms but they would only palliate or suppress the symptoms. Why? The answer is he did not yet understand the Inbegriff (essential meaning) of the totality of the symptoms. For this reason, he was quite frustrated. Then Kent had an interesting experience.

A man came to me with asthma. I gave him remedies which seemed to help him for a time, but I could not cure him. For a whole year I worked on that case. I knew that he had gonorrhoea, but saw no relation between the gonorrhoea and the asthma. I did not understand the nature of the disease at the time. Finally I prescribed Natrum sulph. because it seemed suited to his symptoms. It wiped out the asthma completely, but in a short time figwarts began to appear about the genitals. Experience has shown that whenever these figwarts are burned off, deep-seated constitutional diseases invariably follow. I did not burn them. I gave him Thuja, which is complementary to Natrum sulph., and suited the case. The figwarts disappeared and his old gonorrhoea discharge came back, which was, as these cases usually are, most difficult to cure.

Kent's Lesser Writings; J. T. Kent, Sycosis, p. 363.

Kent completed the cure of this case with the complement of Natrum Sulphuricum, the patriarchal anti-sycotic, Thuja. Kent then began to study the miasmatic foundation of his asthma cases and collected a homogeneous group of anti-sycotic remedies. Remedies that do not reflect the underlying miasmatic syndrome will act only on one side or another of the miasma without curing the root cause. Such remedies are only suitable as intercurrent remedies when truly indicated.

Asthma, when hereditary, is one of the sycotic complaints of Hahnemann... For years I was puzzled with the management of asthma. When a person

came to me and asked: “Doctor, can you cure asthma?” I would say “No.” But now I am beginning to get quite liberal on asthma, since I have learned that asthma is a sycotic disease, and since I have made judicious application of anti-sycotics I have been able to relieve or cure a great number of such cases. You will find in the history of medicine that wherever asthma was cured, it has been by anti-sycotic remedies. That is one of the first things I observed, that outside of sycotics you will seldom find a cure for asthma.

Lectures on Homœopathic Materia Medica; J. T. Kent, Natrum Sulphuricum and Sycosis, p. 792.

Kent goes on to speak about the limitations of the use of Homœopathy based only on the symptoms without taking into account the miasms and the seven attendant circumstances that condition constitution and temperament (§5). Aphorism five of the *Organon* is the essence of *The Chronic Diseases*.

While Ipecac, Spongia, and Arsenicum will correspond just as clearly to the supervening symptoms and to everything that you can find about the case, yet what do they do? They palliate; they repress the symptoms; but your asthma is no better off, your patient is not cured.

Lectures on Homœopathic Materia Medica; J. T. Kent, Natrum Sulphuricum and Sycosis, p. 793.

Remedies chosen only by the presiding symptoms do not reflect the totality of the signs and symptoms of a miasma. They can suppress and palliate the symptoms because they are not similar to the collective picture of the miasm. To understand the miasma the complete case history must be put into perspective. If the patient truly needs anti-miasmatic treatment the homœopath will see the characteristic signs and symptoms of the miasma in the history of the patient and their relatives.

The miasms are diseases of common cause and similar symptoms. For this reason, they produce a homogeneous set of characteristics in a greater number of individuals of various constitutions and temperaments. By understanding the collective portrait of the miasma one comes to recognize its signs and symptoms when they are present. Everyone has been affected by the miasms to some degree but there are some cases that are founded on the miasms. These individuals are only helped when a long-term anti-miasmatic strategy is employed.

First one should carefully analyze which of the miasms are inherited and which are acquired. Then the practitioner must record the exact order and times that the symptoms of the various syndromes are active. Along with this the homœopath must separate the acute diseases from the chronic, and pay special attention to disease, emotional shock or physical trauma from which they have “never been well since”.

These symptom groups should be separated into their specific aetiologies (as much as possible) in order to ascertain how they form different layers of dissimilar disease in the organism. From these signs and symptoms the homœopath can then

construct a timeline that includes the potential causes and records the befallments so that a complex disease state can be understood. In this way, the homœopath can collate the symptoms of chronic diseases around the symptom groups they produce. With this clear case history the homœopath can see how the disease state is formed and how it may be removed. A careful look into the past offers a vision of the future. This future is predicted by Hahnemann's direction of cure and codified in Hering's laws.

J. H. Allen emphasized the importance of the miasm teachings in his masterpiece, *The Chronic Miasms, Psora and Pseudo-Psora*. Here he goes directly to the question of using Similia without homœopathic pathology and a long-term treatment strategy.

I think I hear many say, are not the totality of the symptoms, all there is to disease? Yes, but to me it is necessary to know something of what is behind that grouping of the totality. If you do not know this you are prescribing for a Jack-in-the-box. You cannot follow the evolution of the curative process; you cannot even prescribe intelligently, the proper diet for a patient, unless you know the basic miasm. Of course the diseases that are present will help you to some extent, but you have no surety unless you know the underlying basic disturber of the disordered life.

The Chronic Miasms, Psora and Pseudo-Psora; J. H. Allen, Volume II, Chronic Miasms, p. 81-82.

Our old friend Dr Allen's example of a "Jack-in-the-box" is quite illustrative. Hahnemann points out that dissimilar diseases will repel, suspend, or combine producing complex diseases. If the practitioner ignores homœopathic pathology they are unprepared for the future. New surprises will just "pop out" of the vital force as if they came out of nowhere. Those who study Hahnemann's teachings are prepared because they study cause, coincidence, acute and chronic diseases, and the activities of dissimilar disease states. When referring to the hallowed principles of the totality of the symptoms Allen shares his feeling in this way.

We make no attack upon the law; no cure can be made outside of the law, for all law is fixed, eternal and unchangeable. But we do believe it is necessary to know whether the phenomena presented in a given case are of syctic, syphilitic or tubercular origin; for the totality grouping must be about the symptoms of the active miasm.

The Chronic Miasms, Psora and Pseudo-Psora; J. H. Allen, Volume II, Chronic Miasms, p. 84.

Thus we can see that the true totality of the symptoms includes the signs and symptoms of the miasms classified in their categories and listed according to their development. The prescription should be centered on the symptoms of **the active miasm**. The treatment of the active miasm begins the process of the reversal of the

symptoms and initiates the cure. In complex chronic diseases the homœopath may have to use a few complementary remedies to complete the cure.

Those brilliant cures that are occasionally made with the single remedy, occur where a single miasm lies behind the phenomena, but where the mixed miasms are present, brilliant cures are not so made, and it is in those cases that it is so necessary to understand the order of their evolution.

The Chronic Miasms, Psora and Pseudo-Psora; J. H. Allen, Volume II, Chronic Miasms, p. 84.

The order by which the disease state evolved is recorded in the complete case history. The idea of understanding this order of evolution is essential to finding a chronic remedy and forming a long-term case management strategy. The homœopath always seeks to use as few remedies as possible yet one remedy does not always cure a chronic case. Sometimes one remedy cures several miasms while in other cases it takes a few complementary remedies to complete the cure. Nevertheless, Allen is quite right to say that all our first prescriptions do not lead to brilliant cures of chronic degenerative diseases. Some patients have a special relationship with one remedy throughout their life while others need a small family of related remedies.

The Original Anti-Psoric Remedies

At this time Hahnemann was working with a Doctor Ruckert to prepare a special repertory for the treatment of miasmatic chronic diseases that contained only anti-miasmatic remedies. In this repertory the acute remedies for various symptoms were not included as only chronic remedies that were truly able to treat chronic miasms were listed. Hahnemann intended to publish this work as a repertory for the materia medica section of *The Chronic Diseases* but unfortunately it was never finished. Baron Von Boenninghausen completed the psora section of this work with the publication in 1832 of his repertory of anti-miasmatic remedies called *A Systematic Alphabetic Repertory of Homœopathic Remedies, First Part, Embracing the Antipsoric, Antisyctic and Antisyphilitic Remedies*. The following list contains the 48 anti-psoric remedies that were proven by Samuel Hahnemann and presented to the public in the first and second editions of *The Chronic Diseases* between 1828 and 1839.

agar., alum., am-c., am-m., anac., ant-c., ars., aur., aur-m., bar-c., bor., calc., carb-a., carb-v., caust., clem., coloc., con., cupr., dig., dulc., euph., graph., guaj., hep., iod., kali-c., lyc., mag-c., mag-m., mang., mez., mur-ac., nat-c., nat-m., nitr-ac., nitr., petr., phos., phos-ac., plat., sars., sep., sil., stann., sulph., sulph-ac., zinc.

Out of these 48 chronic remedies, 3 are from the animal group, 13 are from the vegetable group, and 32 are mineral and inorganic substances. Of the 32 mineral remedies listed, 29 of them contain elements and compounds similar in atomic weights to the nutritionally constructive elements in the human body. This includes

remedies made from such minerals as the Kalis, Natrums, Magnesiums, Phosphates, Calciums, Sulphates, and Murates, etc. The other 3 mineral remedies are the destructive heavy elements Aurum, Baryta Carbonica and Platina, which also have strong anti-venereal symptoms. These are elements and minerals of the periodic table.

Hering wrote the preface to the American edition of Hahnemann's *The Chronic Diseases* translated by Charles Hempel and published in 1845. Tafel removed Hering's preface in the 1896 edition and replaced it with a Prefatory Note by Richard Hughes. The original preface contains early elements of Hering's laws of cure. Hering points out that Hahnemann's new remedies for chronic diseases were dominated by elements of the periodic table.

Hahnemann has never said that the principal constituents of mountains, which are the most important materials in nature—the metals, for instance—are the most important remedies for the cure of the most universal diseases. However, he has pointed out the oxide salts of *ammonium, potassium, sodium, calcium, aluminum, magnesium* as the most important *antipsoric* remedies. Hahnemann has said nowhere that the most important metalloids constitute the most important remedial agents, although he has included *Sulphur, Phosphorus, Silicea, Chlorine and Iodine*—in one form or another, as *antipsoric* remedies.

The Chronic Diseases; S. Hahnemann (Hering's Preface to the 1845 American edition translated by Hempel), p. 5.

Hahnemann definitely did say mineral alkalis, and acids are central to the treatment of psora (p. 244 of *The Chronic Diseases*). He was the first to point out the central role of the metals in treating psora and apply the relationships of remedies to the three natural worlds. Hering's "universal diseases" are cured with similar universal remedies. There are three types of remedies, the universal, the smaller, and the lesser known. The universal remedies are suitable for complex disorders, chronic diseases and miasms. Many of these remedies are minerals and nosodes. The smaller remedies play a role as apsorics and intercurrent remedies. Many of these remedies are from the plant and animal worlds. The lesser known remedies are those medicines that we know little about.

Remedies made from elements of the periodic table are universal remedies when compared with the smaller apsorics plant remedies. This difference is not based on a lack of provings or clinical knowledge. For example, Belladonna is a very well proven homœopathic medicine that has had over one hundred and fifty years of clinical confirmations. Nevertheless, its sphere of influence is primarily mental or physical crisis, acute diseases, acute miasms, and the early stages of chronic pathology. Belladonna's chronic complement, Calcarea Ostrearum, is much more suitable for degenerative chronic complaints, chronic miasms, and slowly developing organic

pathology. The Wesen of Belladonna and Calcarea are complementary opposites. The universal remedies carry deep archetypal patterns that are suitable for chronic conditions based on multiple causes, layers of dissimilar diseases and complex miasms.

Dr H. A. Roberts postulated in his work *The Principles and Art of Cure by Homœopathy* (1936) that psora produced a kind of nutritional deficiency of the vital mineral elements. In Robert's opinion the presence of so many constructive mineral elements in the list of the anti-psoric remedies was proof that the miasm worked to undermine the very salts that produce life. The psoric alarm reaction activates the sympathetic nervous system, which retains sodium and eliminates potassium, while at the same time, suppressing the parasympathetic function of nutritional assimilation. This reaction quickly leads to vitamin and mineral deficiencies as well as imbalances. This is one of the reasons why many of the deeper acting constitutional remedies are made from the nutritional minerals used in the human body. Psora disrupts the very elements of the periodic table of which life is made.

Minerals and Constitutions

Hahnemann studied the effects of the miasms on different types of constitutions and temperaments. He wrote of the inherited aspects of psora in a letter to Dr Stapf and taught that psora predisposes the constitution to symptoms of the miasma modified by the temperament. The relationship between the mineral remedies and congenital constitutions is very highly developed in Homœopathy. The mineral remedies present some of the clearest pictures of diathetic constitution because they are intimately linked with the very make-up of the body and mind. Some minerals tend toward gaining weight while others are prone to emaciation. Calcarea is well suited to the cold, heavy, sweaty, leucophlegmatic constitutions. Kali Carbonicum is suitable for diseases of old people, dropsy and paralysis; with dark hair, lax fibre, inclined to obesity. Natrum Sulphuricum is adapted to patients that feel every change from dry to wet; cannot tolerate sea air, nor eat plants that thrive near water; a constitution in which the gonorrhoeal poison is most pernicious; recover slowly from every sickness.

Minerals that tend toward weight loss include Sulphur which suits warm, lean, stoop-shouldered individuals with dirty, filthy, smelly bodies, thick rough skin, red orifices and skin eruptions, who tend toward being the eccentrics and ragged philosophers. Phosphorus is well adapted to sensitive, delicate, tall, slender, thin-chested tubercular constitutions with thin, transparent skin, sparkling eyes, long eyelashes, fine, silky, blond or brownish-red hair, and graceful, genteel mannerisms. Iodum is well suited to persons of a scrofulous diathesis, with dark or black hair and eyes; a low cachectic condition, with profound debility and great emaciation.

Because the minerals are linked to the very make-up of the structures of life they have close connections with the development of congenital constitutions. These relationships follow the periodic table of the elements. For example, one need only compare the description of a positively charged cation like the earth alkali *Calcarea* with a negatively charged anion like the acidic Phosphorus to see these differences in the human temperament. When these elements are combined in a mineral remedy like *Calcarea Phosphorica*, it produces a mixture of qualities; one gets anemic persons, dark-complexioned, dark hair and eyes; thin spare subjects, instead of fat (Phosphorus); rachitis, cranial bones thin and brittle; fontanelles and sutures remain open so long, or close and reopen; delayed or complicated teething (*Calcarea*). This remedy shows some of the effects of *Calcarea* and some of Phosphorus. This is a very fruitful area of research.

Nosodes

The great patriarch, Hippocrates, once said, “Vomitus vomitu curantur” (the cure for vomiting is in what has been vomited). Later Pliny commented in his work *Natural History*, “There is under the tongue of the rabid dog a slime formed by its saliva, which taken in drink, guards against rabies”. This was the earliest known preparation of Lyssin (Hydrophobinum), which was prepared as a homœopathic remedy by C. Hering. Dioscorides, the Greco-Roman physician, suggested that it was beneficial in the treatment of rabies to eat the liver of the infected dog, to eat the flesh of a viper to cure the venomous bite, and to crush the scorpion where it has bitten.

In the *Compendium Philosophæ* (1568), Paracelsus wrote: “The similars cure the similars, the scorpion cures the scorpion, mercury cures mercury. The poison is mortal for man except if in the organism there is another poison with which it may fight, in which case the patient regains his health.” Oswal Crollius suggested in 1633 that it was possible to stop the overflowing of menstrual blood by taking 3 or 4 drops of the same blood and give it to the patient without them knowing. During the same century, the wife of the English ambassador to Constantinople, Lady Montague, had her child vaccinated by an extract of variolic pus. To sum up the philosophy of the early isopaths, Anthanasius Kircher wrote in 1645, “Ubi morbus, ibi etiam medicamentum morbo illis oppotunum” (Where there is the disease, there is also the proper remedy of the disease).

One of the direct consequences of the publication of *The Chronic Diseases* was the development of the use of miasmic organisms as potentized homœopathic remedies. Constantine Hering had the largest collection of the works of Paracelsus in the Americas. There can be little doubt that Hering knew the work of the isopaths when he began to experiment with his nosodes and other new preparations. He

carried out the earliest experiments with nosodes while he was in Surinam, Guiana, in South America between 1827 and 1833. In the five years Hering spent studying plant and animal species, he paid special attention to the virulent snake and spider poisons as well as miasmatic substances. This implies the use of potentially dangerous noxious materials as a basis for a potentized remedy.

Hering is responsible for greatly expanding the materia medica of Homœopathy and adding several new categories of remedies. For example, he introduced the idea of using poisons taken from insects, snakes, and other venomous creatures, the use of nosodes made from disease products, the use of homologous organs and secretions (organotherapy), the use of the chemical and nutritional elements innate to the organism (biochemistry) and the introduction of auto-nosodes taken directly from the patient's body.

Hering continued to experiment with nosodes and he invited others to conduct provings. Calvin Knerr, who wrote a repertory, which acts as an index to the *Guiding Symptoms*, quotes Hering's reminiscences of the first proving of Psorinum.

When in Surinam, I examined a strong, healthy looking negro with the itch, a tailor by trade. I looked for the acarus but could not find it. I know that the bug accompanies the disease, but it may be a product caused by disease, and there may be itch without the acarus. I took the pus and poured alcohol over it. It coagulated. I put some of it on a watch glass where crystals formed. I swallowed the potentized preparation. If I ever was sick in my life it was then. The effect was shocking.

Life of Hering; C. B. Knerr, p. 132-133.

It is interesting to note that one may have psora without the presence of the scabies mite. In fact the inherited variety of psora is the cause of being susceptible to the mite in the first place. So Hering brings up the point that the itch disease may be caused without a scabies mite. This makes it all the more foolish to translate the itch disease as scabies as was done in the new English translation of the 6th *Organon*. Scabies is not psora although psora may cause scabies! Hering did not make public his proving of Psorinum until he shared his experiences with Samuel Hahnemann and gained his approval for publication. It is clear that he communicated with Hahnemann about his early nosode and suggested that provings be carried out in Europe.

I waited for a long time to publish my own observations and that because of the regard I had for Hahnemann, of whom the opinion I wished to know and because I knew that his desire was that nothing should be published on this subject until it was well ripe. It was I who had to give it a name because

it was I who first proposed, and prepared and applied the new remedy. I thought the most suitable name should be *Psorinum*.

Materia Medica of Nosodes with Repertory; O. A. Julian, *Psorinum*, p. 478.

After receiving information from Hering about his provings of *Psorinum*, Hahnemann reviewed the remedy. He sent the symptoms of two provers of the 30th potency to Stapf's *Archiv für Homöopathische Heilkunst* in 1833. Vide Stapf's commentary to the introductory chapter on the pathogenesis of *Psorinum*.

The very important symptoms mentioned above are those of one of the most active and equally the most useful medicines of which the communication for the Archive is due to M. le "Hofrath" Hahnemann. These symptoms are due to two persons for their observations and for their good name M.S. r de L et M.O.R. de P. who experimented on themselves by taking repeated doses of *Psorin 30C* in some granules noting down the symptoms faithfully and conscientiously.

Materia Medica of Nosodes with Repertory; O. A. Julian, p. 476.

The difference between Isopathy and Homœopathy is that a homœopathic remedy is proven and has a wider application because its symptomatic picture is much more expanded. The simple isopathic prescription can only be used in the condition it causes. If the miasmatic substance is not potentized, or transmuted in some way, it is an extremely dangerous method. The modern vaccines have more in common with Isopathy than Homœopathy because they are unpotentized. This limits their usage to the treatment and prevention of one single disease condition.

On the contrary, a homœopathic nosode has been proven so it can be used as part of the greater materia medica. This allows it to be prescribed more accurately and applied in many different situations. The first generation of homœopaths to introduce the use of the nosodes were Hahnemann, Hering, Lux, Gross, and Stapf. While practicing in Paris Hahnemann treated Mr Lecointe (DF-5, p. 389) with a tubercular auto-nosode he called "Isopath". Hering and Lux also used a nosode of TB sputum called "Phthisine" in the treatment of ailments related to the tuberculin miasm. Hering stated that he was grateful to Lux for his contributions on the subject and often reminded practitioners of how much they owed the veterinarian homœopath for his insights.

Nine Ways to use Nosodes

Hering's nosodes have proved to be amazingly versatile medicines. Over the years nine major ways of using the nosodes have been developed.

1. The Simillimum

The first condition for using a nosode is when the constitutional, temperamental, general, and particular symptoms are characteristic of the proving of the remedy. This makes the nosode a **chronic simillimum remedy**. An example of this would be the use of Syphilinum for a patient who fears the night because of the suffering it brings, fears going insane, despairs of recovery, has delusions that they are dirty, tainted, or impure causing them to compulsively wash their hands, etc.

2. The Chronic Intercurrent

The second condition for using a nosode is **when well-chosen remedies do not act, hold, or just change the symptoms**. This is usually caused by the chronic miasms, psora, sycosis, pseudopsora, and syphilis. This is one of the reasons why it is important to know what miasms are in the background of a constitutional syndrome. Otherwise the prescriber may think they are choosing the wrong remedies and further confuse the situation by picking more and more new ones.

An example of this usage of a nosode is found in Psorinum's keynote; lack of reaction, when well chosen remedies fail to act, especially in those who are extremely sensitive to cold, suffer from profuse sweating, filthy smell, dirty looking skin, who tend to be very pessimistic about their recovery, etc. Another example of this rubric is Tuberculinum's keynote; when symptoms are constantly changing and well selected remedies do not improve, especially in those who have light complexion, narrow chest, lax fiber, low recuperative powers and constantly catch cold. There may also be fear of cats, dogs, and animals in general, a desire to travel, and a deep discontented state with a tendency to curse, swear, and a desire to break things, etc.

3. Obstacles to the Cure

The third condition for using a nosode is when a miasmatic layer obstructs the progress of a constitutional remedy that was improving the patient. When a nosode is used like this it is called **the miasmatic intercurrent**. Suppose one has taken a patient whose symptoms point to an inherited pseudopsoric miasm and the case works out to fit Pulsatilla perfectly. This is all very well as Pulsatilla is a strongly anti-tuberculin medicine as well as the individual's constitutional remedy. After several months of solid improvement the patient begins to relapse with the same symptoms, and to one's great surprise, Pulsatilla no longer works.

Although there is no change of symptoms calling for a new remedy, the old remedy has become completely ineffective. If the symptomatology shows a strong tubercular miasm in the background, the homœopath can try to unlock the case with a tubercular nosode, such as Tuberculinum. The nosode may either move the case forward or set the stage for the reintroduction of the Pulsatilla. If the case is

advanced by the nosode, it is best to stay with it as long as the improvement lasts, and treat the remaining symptoms with the constitutional remedy. If the patient does not show any improvement on the nosode after a sufficient amount of time, the reintroduction of the constitutional remedy is often very effective. Under these conditions the constitutional remedy may act just as dramatically as it did the first time it was given. Experienced homœopaths have often witnessed this effect. Although the miasmatic intercurrent may not radically improve the case by itself, it can cause the patient to become resensitized to their original constitutional remedy. There are times when this technique is very useful.

4. Never Well Since Syndrome

The fourth condition for using a nosode is when a person has never recovered from a miasmatic infection. This is the “**never well since syndrome**” (NWSS). An example of this condition is the use of *Medorrhinum* in a person who has a history of syphilis from which they have never recovered. It is as if a new layer of disease has been added to their constitution by the gonorrhoea that changed both their physical health and their personality. They no longer manifest the symptoms of their innate constitutional remedy because the acquired miasm has become the active layer and suppressed their natural temperament. Once they may have been of sharp intellect, clear memory, and of a calm nature, but all that has changed for the worse. Now they have become very hurried as if time passes too slowly, they can't follow the thread of a conversation because they are losing their memory, and they've become fearful of the dark, superstitious, and suffer from delusions that someone or something is always behind them. This last symptom is very indicative of the paranoid suspicious state of syphilis as it represents a subconscious fear that something is going on “behind their back” and is about to “get them”.

The “never well since symptoms” (NWS) can also be applied to acute miasms. There are times when a person has never fully recovered from an acute illness. This acute miasm still has an effect on the vital force and has formed a layer of disease within the immune system. If this imbalance is strong it will become the dominant layer and repress the older symptoms. Examples of this are acute miasms like influenza, diphtheria, measles, mononucleosis, and whooping cough, from which the patient never really recovered. Of course, a proper constitutional remedy may remove the effects of an old acute miasm, but when it does not accomplish this goal, a nosode of the offending miasm will often cure. Nosodes of these acute miasms are available from homœopathic pharmacies under names like *Influenzinum*, *Diphtherinum*, *Morbillinum*, *Pertussin*, etc.

5. The Isode

The fifth condition for using a nosode is when the remedy is **isopathically related to the disease-causing agent**. An example of this method is Clarke's use of Pertussin (Coqueluchinum) against whooping cough and other spasmodic coughs. Clarke once wrote, "I have found in this nosode a specific for a large proportion of cases of this disease. It should be given every four hours to begin with, and if it does not cut short the case in a few days, or materially modify its severity, another remedy may be chosen from the following."

Another area where an isopathic relationship may be of use is in the case of complications caused by vaccines. Here a nosode of the offending vaccination may be appropriate to remove the side-effects of an immunization.

Closely aligned with the isopathic method is the use of nosodes to desensitize a person to specific allergies. Most individuals are allergenic to more than one antigen at a time so a constitutional remedy or miasmatic intercurrent is usually much more effective. Nevertheless, in some very stubborn allergies where this is not the case the isopathic method may prove a useful adjuvant.

The use of organs and glandular preparation (organotherapy and hormonotherapy) is also based on the isopathic relationship. This includes remedies like Thyroidinum, the dried thyroid of the sheep, and Adrenalin, the internal secretion of the suprarenal glands.

6. Prophylaxis

The sixth method of using a nosode is as a **homœopathic prophylaxis** to prevent specific acute and chronic infectious diseases. An early example of this was Boenninghausen's successful use of Variolinum to prevent smallpox. Nosodes may also be used as a method to protect children from the miasma they have inherited through their parents. James Kent has been quoted as saying:

If Tuberculinum bovinum be given in 10m, 50m, and cm. potencies, two doses of each potency at long intervals, all children and young people who have inherited tuberculosis may be immuned from their inheritance and their resiliency will be restored.

Lectures on Homœopathic Materia Medica; J. T. Kent, Tuberculinum, p. 1002.

This, of course, relates to children who show symptoms of the TB miasm such as nervousness, temper tantrums, emaciation, anemia, swollen glands, frequent colds, etc.

7. Auto-Nosode

The seventh method of using a nosode is as a **homœopathic auto-nosode** made from the patient's own disease substances. This has sometimes helped patients when

nothing else seems to work. An example of this is Hahnemann's use of a tubercular auto-nosode taken from a patient who was suffering from TB. Auto-nosodes have been made from sputum, blood, urine, pus, leucorrhoea, exudates from skin eruptions, and microbes from cultures of the patient, etc.

8. One-Sided Cases

The eighth way to use a nosode is **when there is a lack of symptoms**. There are times when there are very few symptoms by which to prescribe. These are often one-sided cases where a strong inherited miasm has repressed the ability of the constitution to show symptoms. Other than the signs related to the pathology of one or another of the miasms, the symptoms in these cases are not very characteristic of any of the constitutional remedies. This state may be called a miasmatic constitution caused by a chronic dyscrasia. Vide Kent's discussion of the remedy, Tuberculinum:

It seems from looking over the record of many cures that this remedy has been given many times for just that state on a paucity of symptoms, and if the records can be believed, it has many times balanced up to the constitution in that anemic state, where the *inheritance has been phthisis*. It is not the best indication for Tuberc., but where the symptoms agree in addition to that inheritance, then you may have indications for the remedy.

Lectures on Homœopathic Materia Medica; J. T. Kent, Tuberculinum, p. 1002.

There are two things that may happen after the ingestion of a nosode for the condition. First of all, the symptoms may improve and bring the constitution toward the state of health. Second, the symptoms of the patient may become more plentiful as the suspended layers within the constitution become active. This should then allow the homœopathic practitioner to prescribe a constitutional remedy based on the newly arising syndrome and advance the case forward.

9. Fragmented Cases

The ninth indication of the nosodes is **when several remedies seem to be indicated but none of them completely fits the case**. If the symptoms of the case seem to point toward a miasmatic syndrome, yet no one remedy will come out clearly in the anamnesis, it may be time to use a nosode of the most active miasm. This will often move the case forward and clear up the confusing pattern of the symptoms. Sometimes the nosode may not remove the symptoms present but it will stimulate the vital force to present a clearer picture. The symptoms will now point more clearly toward a remedy that will act creatively on the constitution. In this way a nosode can bring order out of chaos.

The Return of the Ancient Psora

In the ancient of days psora was mainly a virulent skin disease as it met with little topical suppression, therefore it manifested in a less complicated form than today. As suppressive medicines became more and more powerful, as well as more available, the primary eruptions of psora were driven off the skin leading to more complicated internal states of illness. This has greatly multiplied the number of diseases witnessed in the following generations as they manifested the inherited effects of the psora. Hahnemann offers an intriguing theory of the development of chronic disease in the human family. He suggests that the diseases of old were fewer in number and less complicated in their manifestations than the diseases he saw in his time. He claims that this mutation over the generations is caused in part by improper suppressive treatment of the acute and chronic miasms over hundreds of years.

Today we are witnessing an increase in people's life span, but are we witnessing an increase in the quality of life at the same time? Of this we are not so sure. In our times, we seem to be seeing an increasing number of degenerative states and more complicated forms of illness. Are these new forms of disease being caused by the effects of the thousands of new chemicals in our environment as well as in our bodies in the form of suppressive medicines? The statistics that demonstrate an increase in life span largely reflect the decrease in infant mortality rates, the effective treatment of emergencies, and the use of advanced life support systems in our hospitals.

This is all very good, but is the average constitution of a middle-aged person stronger today than one hundred years ago? Does the treatment by antibiotics make our constitutions stronger or weaker in the long run? Do steroids, radiation treatments, and surgeries remove the cause of disease and strengthen the constitution? What is the effect on the next generation of these types of medical treatment? It is difficult questions like these that Hahnemann raises in his masterpiece, *The Chronic Diseases*.

The Center for Disease Control (CDC) run by the US Government is facing a crisis of unimaginable proportions as many bacteria are rapidly becoming resistant to antibiotics and mutating into more virulent forms! This has led a number of known authorities on the subject to state that we are facing a "medical disaster" as many of the diseases that were thought to be under control are now becoming completely resistant to drug treatment. This includes many of the organisms that produce the chronic miasms, such as streptococcus, staphylococcus, Neisseria gonorrhoea, tuberculosis, and according to some, syphilis.

The reason for this situation is that allopathic treatments weaken the immune system and cause miasms to become resistant. The approach of orthodox medicine is to kill the germs that "cause" these diseases with powerful chemicals at all costs.

Unfortunately, when antibiotics are used the surviving bacteria often harbor mutant genes through which they pass on their resistance to their progeny.

One mutant bacterium can produce 16,777,220 offspring within 24 hours that are drug resistant! Even more insidiously, these mutants can share their resistant genes with other unrelated bacteria that they encounter. This has led one research scientist to state that antibiotics have stimulated evolutionary changes in bacteria that are unparalleled in recorded biological history! In other words, the use of antibiotics is transforming the nature of these virulent diseases, producing miasms in directions that Mother Nature never would have gone if left alone.

At the same time, antibiotics kill the helpful bacteria in the body making it more susceptible to yeast infections (candida) and nutritional deficiencies, as well as suppressing the immune system. All of this information confirms Hahnemann's hypothesis. Improper medical treatment leads to immuno-suppression and increased virulence of miasmatic organisms. When infectious diseases are suppressed the cycle of chronic disease is increased because the alarm reaction is unresolved, the susceptibility factor has been heightened, and the immune system is confused as to what is friend or foe. The effects of this combination are then passed on to the following generations.

There is great fear in the scientific community that over the next five to ten years bacterial diseases will become impossible to treat by antibiotics! Many researchers fear that in the near future we will face plagues as deadly as in the Middle Ages because the pathogens are mutating much faster than any new drugs can be produced. In Asia homœopaths successfully treat cholera, encephalitis, meningitis, typhoid, malaria, and other infectious diseases that are rapidly becoming resistant to drug treatment and are becoming more common in the developed world.

Our remedies work just as well today as they did for Samuel Hahnemann during the cholera epidemics in the 1830s. Even if new antibiotics are discovered the bacteria will develop resistance to them in a few years as the entire approach is flawed for anything but the most palliative emergency treatment. Today's doctors are still using antibiotics as if they are a wonder drug that can be used for almost any conditions.

It is a statistical fact that most individuals who go to a doctor for a common cold are still given antibiotics even though every medical journal states that this practice is useless as well as very dangerous. This type of prescribing has amplified the inherent dangers of antibiotic treatment astronomically. Now doesn't this situation sound very similar to Samuel Hahnemann's warnings in *The Chronic Diseases*? What will be the effects of this mass suppression with its corresponding mutations on the constitutions of the sufferers and their progeny in the future? Homœopaths, be prepared! We may soon be facing plagues of Biblical proportions. The time is

coming when homœopaths may have the only effective treatment for these acute and chronic miasms and their sequels.

A Comparison of Psora and Syphilis

In his discourse Hahnemann pointed out the similarities and differences between the acute eruptive miasms and the chronic miasms. Their similarity is that they infect the entire organism before the appearance of their primary eruptions. Their difference is that the acute miasms are self-limiting and end in recovery or death whereas the chronic miasms are self-propagating and last life long. The four universal miasms include two non-venereal miasms (psora and pseudopsora) and two venereal miasms (sycosis and syphilis). The two types of psora share many similar symptoms that are an intensification of a similar process. The two venereal diseases also share similar symptoms and are an intensification of a similar process. Syphilis is an infectious disease of which most doctors of the day at least had some familiarity. For this reason, Hahnemann gave a short review of syphilis and then pointed out that psora was a similar disease.

The Seven Miasmatic Kingdoms

Miasms and Microorganisms

Hahnemann mentioned three different types of miasms in his writings; the acute, half-acute and chronic. The acute miasms are of two kinds, those that produce immunity to further infections and those that can be suffered repeatedly. The first category includes childhood diseases like measles, rubella, mumps, chickenpox, pertussis and smallpox. The second category includes diseases like influenza, yellow fever, cholera, typhoid, typhus, and scarlatina. These acute miasms have a quick onset and reach crisis rapidly. They are self-limiting and end in convalescence, complications or death.

Acute miasms range from those that have a very fast onset and crisis like Ebola which invokes immediate panic, shock and horror, to typhoid where the symptoms run over a month, to whooping cough that runs around 100 days. Ebola causes terror with hemorrhagic fevers that kill in days. Typhoid comes with a continuous fever and is accompanied by feelings of sinking, soreness, heaviness, dullness and weakness up to the sensation of dying. Whooping cough is accompanied by fear of suffocation, choking and being strangled. Acute diseases in general are accompanied by feelings of terror, danger, alarm, apprehension, dread and fear of death. They are awesome, overpowering and overwhelming and offer no means of escape. One

cannot hide from them nor hide the fact that others are suffering from them. It is a state of intense crisis that invokes images of a life and death struggle. Those who are never well since such acute miasms may still suffer from the related emotions, sensations and physical symptoms but not as intensely as during the original illness. Such signs and symptoms are indications of the “never well since syndrome”.

Half-acute miasms are sub-acute in nature and reach their crisis after a moderate period of time. Diseases such as tetanus and Rocky Mountain spotted fever may be included in this category. Hahnemann offered rabies miasm as an example of a half-acute miasm. The onset of the disease may be somewhat quick if the patient is bitten on the head, face or neck but it may also take many months before the symptoms appear. This miasma is associated on the one hand with exhilaration, elation and excitement and on the other hand with depression as if something terrible will happen. The hydrophobic miasm is usually associated with fear of water, fear of shiny objects, frenzy, fury and violence. Hydrophobic patients can be abusive; they may strike, hit and bite and may seek to injure themselves by stabbing or cutting. They may feel that they are insulted, tortured and abused and easily insult, torture and abuse others. The patient suffers from intense hyperesthesia of all the senses and lacks boundaries. This miasm affects the mind, brain, nerves, throat and sexual organs. It produces spasms, twitching and convulsions and tearing, shooting pains or pains as if beaten. They feel like their pains and sensations “are killing them” and may strike out to kill others. A patient may develop mental symptoms after non-rabid dog bites. These symptoms may be observed in those who suffer from the Lyssin miasm even if they have never personally been exposed to rabies or rabies inoculations. This may be an inherited tendency but some persons just act like “mad dogs” for reasons one may never know.

The acute miasms find fertile ground in the terrains associated with the chronic miasms. This relationship is based on timing, susceptibility, strength and spectrums of symptoms. For example, the childhood eruptive diseases like measles and chickenpox have many symptoms similar to psora. The chickenpox virus is related to herpes zoster. Typhoid and typhus produce continuous fevers and many symptoms similar to sycosis. There are certain influenzas that produce sycotic-like symptoms such as continuous fevers, severe head and joint pains < on first movement, fishy smells and greenish discharges. Other influenzas produce tubercular-like symptoms such as hectic fevers, coughs with yellowish bloody discharges and a feeling of weakness in the chest. These disease patterns appear in waves as if their crests and troughs fit into certain wavelengths associated with specific chronic miasms. As the terrain declines, relatively non-pathogenic microorganisms become progressively more deadly. Once overall immunodeficiency is well established, opportunistic miasms produce infections in related groups.

Hahnemann's definition of a chronic miasm is a disease process based on prior infection either in the individual or their ancestors. The miasms are the direct effect of microorganisms on the immune system leading to manifold kinds of autoimmune diseases and immunodeficiency disorders. There are universal miasms and endemic miasms. Universal miasms are those that have spread around the globe through human hosts. Endemic miasms are infectious disease processes that are dependant on certain environmental conditions or zoological hosts. An example of an endemic miasm carried by zoological hosts is malaria which does not spread outside certain zones. The universal chronic miasms are psora, sycosis, pseudopsora, syphilis, vaccinosis, hepatitis, lymphosis and HIV/AIDS. These miasms are worldwide.

The sources of infectious diseases are the seven major miasmatic kingdoms. They are the viral, bacterial, rickettsial, fungal, chlamydial, protozoan and worm kingdoms. Each one of these seven groups has unique qualities and causes a specific kind of disease state. Many of these categories include acute and chronic miasms. The miasmatic symptoms always reflect the qualities of the infectious agent but they are modified by the gateway of the disease and the terrain of the host. For example, suppression of a skin infection favors the psoric symptoms while the suppression of lung infection favors pseudopsoric signs. The suppression of sexually transmitted bacteria tends to produce venereal syndromes like sycosis and syphilis. Suppressed venereal chlamydia produces a syndrome more like sycosis than syphilis because chlamydia and gonorrhoea have somewhat similar signs and symptoms.

The terrain is an important factor in the mutation of diseases from one form to another. An individual who is exposed to infection and suppression become progressively more predisposed to the pathogenic spectrum of viruses, bacteria, fungi, protozoa and worms. These infections come in related families that are based on the predispositions of the constitution. The susceptibility to miasms increases with poor diet, bad hygiene and mental and physical stress. Another important element is the climate as certain diseases are endemic or increase and decrease with the seasons and changes in weather.

1. The Viral Kingdom

Viruses produce acute, half-acute and chronic miasms. Bechamp's tiny proteins, the zymes, demonstrate many properties of the viral kingdom. They may seem like inert strands of proteins but once they have infected the host's cells they attempt to multiply while confusing the immune system to protect their existence. In the process they derange the organism in such a manner that it can no longer tell friend from foe. This is the keynote of the cancer diathesis on the psychic as well as physical level. Viruses seem to be able to stimulate cancer when the terrain is so predisposed. For example, there is a link between the terrain in which chronic hepatitis (HBV, HCV),

the human papillary virus (HPV), Epstein-Barr virus (EBV) and the cytomegalovirus (CMV) thrive and cancerine states. Around 30% of cancers are confirmed to have a viral component although they cannot be called the sole cause of cancer.

The acute viral miasms include measles, mumps, rubella, chickenpox, smallpox, common cold virus, influenza and adenoviruses that produce acute respiratory disease, pneumonia and acute follicular conjunctivitis. Some other members of this group are yellow fever, dengue fever, poliomyelitis, and lymphocytic choriomeningitis (LCM). Rabies is a half-acute miasm that produces a state known as hydrophobia. Chronic viral miasms produce hepatitis, lymphoma, HIV/AIDS and cancer diathesis. AIDS is a new venereal miasm that must be investigated through a group anamnesis of a good number of cases. HPV is in the sycotic spectrum and has been linked to the cancer diathesis. Herpetic diseases include herpes 1 and 2, mononucleosis (EBV) and atypical mononucleosis (CMV). Genital herpes lesions have been linked to cervical cancer. Whether the susceptibility to genital herpes is related to the syphilitic miasm is not proven but they appear as “mini-chancres”.

EBV has been linked with Hodgkin’s disease, Burkitt’s lymphoma, nasopharyngeal carcinoma, and possibly other malignancies. It is a sign that the cancer diathesis is building. CMV is also in the herpetic family and can occur congenitally and postnatally or it may be acquired in life. It is common in 60% to 90% of adults but only produces symptoms in a smaller percentage. It becomes pathological in the right terrain with compromised immune systems. It may also be a sign of the cancer diathesis and like the symptoms of chronic fatigue associated with viral diseases. CMV patients with malignancies or receiving immuno-suppressive treatment are prone to pulmonary, gastrointestinal and renal symptoms. Kaposi’s sarcoma is an opportunistic viral cancer that acts like a tertiary skin lesion of HIV/AIDS.

With our modern research into viruses and DNA we can expect a greater understanding of these miasms in the future. It seems as if viruses are inorganic until they activate within the cells of the host. The chronic viruses are capable of long periods of latency in the human organism and can directly affect the genetic material of the cells causing mutations. The presence of certain viruses may be a sign of the cancer diathesis if not a direct cause of cancer. In other cases, a virus may be part of the aetiological constellation that makes up the cancer state. In Hodgkin’s disease the viral agent is directly associated with the cancer. The presence of a certain spectrum of chronic viral miasms, and their symptoms, are warning signs associated with cancer diathesis. The cancer will manifest in up to 40%–50% of the population.

From this review it becomes apparent that viral diseases are included in Hahnemann’s classic miasmatic theory.

Acute Viral Miasms

ADENOVIRUSES— These viruses are universal in nature. They cause acute febrile respiratory diseases, viral pneumonia, acute follicular conjunctivitis, epidemic kerato-conjunctivitis and pharyngo-conjunctival fever. There is a tendency toward complications in those suffering from psora and pseudopsora.

CHICKENPOX— This miasm is universal in nature. It is caused by the varicella-zoster virus. It can lay latent and cause herpes zoster showing that it can produce chronic states. Epidemics tend to occur in 3 to 4 year cycles. The acute-like phase lasts 4 to 7 days. The symptoms include malaise, fever, headache and eruptions. The skin lesions disappear after about 20 days. The tendency toward complications is enhanced in patients with psora.

CHORIOMENINGITIS (LCM)— This is caused by an arenavirus. It is transmitted by rodents, especially the gray house mouse. It produces influenza or meningitis-like symptoms that may be associated with fevers, rigors, rash, arthritis, orchitis and parotitis. There is a tendency toward relapses.

COLD VIRUSES— These miasms are universal in nature and include more than 100 rhinoviruses. They cause sore throat, sneezing, runny nose, malaise, etc. Severe Acute Respiratory Syndrome (SARS) is a corona virus which is especially deadly in those with pseudopsora.

DENGUE FEVER— This is an endemic miasm transmitted by mosquitoes. It is found in tropical and sub-tropical localities. It is caused by arboviruses. The symptoms include headache, fever, prostration, joint and muscle pains, swollen glands and rash. The severe symptoms last around 7 days but convalescence is prolonged.

HEPATITIS A (HAV)— This is a self-limiting acute miasm that affects the liver producing jaundice.

INFLUENZA— Flu is universal in nature. It is caused by myxoviruses. Acute epidemics occur around every 3 years and there are major mutations around every 10 years that cause pandemics. The symptoms include chilliness, fever, headache, prostration, aches and pains, cough, coryza, etc. Can be dangerous in those with pseudopsora and sycosis.

MEASLES— This miasm is universal in nature. It is caused by paramyxoviruses. The symptoms include fever, cough, coryza, conjunctivitis and eruptions. Epidemics occur every 2 to 3 years. There is a tendency toward complications in those with psora.

MUMPS— This miasm is universal in nature. It is caused by paramyxoviruses. The symptoms include painful swelling of the salivary glands, chilly sensations, fever,

headache, anorexia, malaise, low to moderate fever and glandular swellings. It can affect breast and testicles, especially in those with sycosis.

POLIOMYELITIS—This disease is endemic to tropical and sub-tropical localities. It is caused by an enterovirus. The symptoms include fever, severe headache, stiff neck and back, deep muscle pains followed by paralysis. The symptoms are most severe in weakened hosts.

RUBELLA—This miasm is universal in nature. It is caused by an RNA virus. The symptoms include malaise, swollen glands and rash. It causes abortion, still births or congenital defects in babies born to mother who suffer the miasm in the early months of pregnancy. There is a tendency toward complications in those with psora.

SMALLPOX—This miasm is no longer found in nature. It produces severe constitutional symptoms with pitted eruptions of the skin. The virus is used in biological warfare. It is most severe in those suffering psora.

YELLOW FEVER—This is an endemic disease transmitted by mosquitoes. It is found in central Africa and parts of Southern and Central America. It is caused by an arbovirus. The symptoms include the sudden onset of fever, nausea, vomiting, headache, muscle pains, prostration and restlessness. Severe symptoms include jaundice, extreme albuminuria, hematemesis (black vomit), hemorrhages, delirium, convulsions and coma.

Chronic Viral Miasms

HEPATITIS (HBV, HCV)—This chronic disease produces liver damage and predisposes the patient to cancer. It is related to the hepatitis miasm and cancer diathesis.

HERPES ZOSTER—This miasm is caused by varicella-zoster virus which infects the nerve roots of the chest and causes eruptions. It is severe in those with psora.

HIV/AIDS—This miasm causes collapse of the immune system and exposes the patient to concomitant secondary infections. Complex miasms increase the virulence of HIV.

HPV—This virus causes warts. It is related to sycosis and the cancer diathesis.

HUMAN T-CELL LEUKEMIA/LYMPHOMA—This virus may produce lymphoma and is related to the lymphosis miasm and cancer diathesis.

KAPOSI'S SARCOMA—This disease is common in those suffering with HIV. It is related to AIDS and cancer diathesis.

MONONUCLEOSIS—This disease is caused by EBV and produces fever, glandular swelling and chronic fatigue. It is related to the lymphosis miasm and cancer diathesis.

MONONUCLEOSIS, ATYPICAL— This disease is caused by CMV and is related to the lymphosis miasm and cancer diathesis.

2. The Bacterial Kingdom

Staphylococcus is a gram-positive bacterium that has the ability to produce chronic diseases. It is one of the most common causes of the soft tissue skin infections of the psoric miasm. Staphylococcus is prone to producing autoimmune-like diseases. The disposition to internal staphylococcal infections is heightened in those with a history of influenza, chronic pulmonary disorders, diabetes, leukemia, and neoplasm. These are manifestations of the pseudopsora TB, lymphosis and cancer diatheses. The skin infections produced by staphylococcus are primary infections of the psoric miasm.

Streptococcus is also a gram-positive bacterium. Streptococcus states are divided into 3 broad types. These are the passive carrier, the acute onset, and the delayed, non-suppurative chronic complications. The most common site of streptococcus infections is in the pharyngeal area. The symptoms are fever, sore, beefy red throat, swollen glands, and tonsillar exudate. These symptoms are often linked to pseudopsora (TB miasm). This bacterium can lead to rheumatic heart disease and other complications in those with weaker immune systems. Those with sycosis seem to be the most predisposed to this complication.

Streptococcus viridans may cause endocarditis, enterococci, urinary infection, or spread to secondary sites in the eyes, ears, joints, bone and gut. Scarlet fever is a sign that the bacteria is spreading through the blood stream and producing erythrogenic toxins. This usually takes place in those whose health has already been compromised by the chronic miasms. These are often opportunistic sequels and may be based on psora and pseudopsora. We can expect many more resistant strains of staphylococcus and streptococcus in the near future. These tend to break out in hospitals where the abuse of immunization, antibiotics and antiseptics leads quickly to the mutation of strains.

The gram-negative organisms like salmonella, shigellosis, cholera, whooping cough, brucellosis, tularemia, plague, and melioidosis are acute miasms. The toxin-producing bacteria such as diphtheria and clostridia are also acute miasms. How ill the patient becomes depends on their constitution, temperament and vitality. The treatment of the chronic miasms increases the resistance to acute miasms but one must use hygienic measures to prevent diseases like salmonella.

Neisseria gonorrhoeae is a gram-negative bacterium that causes gonorrhoea, which is one aspect of the sycotic miasm. It is an extremely old form of venereal disease that was recorded in ancient Mesopotamia and Greece. It was called “the clap” as early as the sixteenth century and was often treated with mercury as was syphilis.

It was treated with silver nitrate during most of the nineteenth century but was replaced with colloidal silver by 1897. The silver-based treatments were used until the 1940s when the first antibiotics were introduced. These measures, however, tend to suppress rather than cure the underlying miasm. Hahnemann was the first to consider the fact that gonorrhoea and syphilis were different venereal diseases.

The spirochetes diseases include syphilis, treponematosi, leptospirosis, rat bite fever, and Lyme disease. Bejel, yaws and pinta are endemic non-venereal forms of syphilis. Other spirochete miasms are anthrax and erysipeloid. Syphilis, the great masquerader, has caused an incredible amount of damage to the human race in the last six hundred years and its effect should not be underestimated. Most cases of syphilis in the human population have been suppressed rather than cured and the effects have been passed on to the offspring. Hahnemann used Mercury in potency rather than the crude form used by the allopaths.

The mycobacterium tuberculosis is at the root of the pseudopsoric miasm. Hahnemann's early symptoms list of psora includes tubercular leprosy as well as consumption, phthisis, and scrofula. The true nature of TB was just coming to light and Hahnemann tested a TB auto-nosode on a patient in Paris. As time went on the symptoms of the TB miasm were clearly separated from the psoric. The tuberculin leprosy is an ancient form of psora. Psora and pseudopsora are brother and sister just like sycosis and syphilis. They often come together as one leads to the other.

Acute Bacterial Miasms

ANTHRAX—This is a highly infectious disease found in animals, especially goats, cattle, sheep and horses. Human infection is usually through the skin or infected meat.

There is also a pulmonary anthrax which is airborne. Symptoms include cutaneous eruptions and ulcerations with bloody discharges and black discolorations accompanied by swollen glands, fever, malaise, headache, nausea and vomiting.

BRUCELLOSIS—This miasm is transmitted by animals and animal by-products. It produces sudden onset, chills, fever, headache, pains, malaise and diarrhoea.

CHOLERA—This miasm is transmitted by water and food contaminated by stool. The disease causes watery diarrhoea, vomiting, muscle cramps, dehydration, oliguria and collapse.

CLOSTRIDIA—This disease is caused by anaerobic bacteria found widely in nature. It is usually caused by food poisoning. The lethal forms include gas gangrene, tetanus, and botulism.

DIPHTHERIA—This miasm causes a fibrinous pseudomembrane on the respiratory mucosa. The symptoms include sore throat, low grade fever, nausea, chill and headache. It may cause long-term paralysis.

MELIOIDOSIS—This is a glanders-like infection of humans and animals. It can be contracted by contamination of skin lesions, ingestion and inhalation. The bacteria occur in soil and water. Acts like a half-acute miasms that can be latent for years. The most common form is an acute pulmonary infection or septicemia.

PLAGUE—There are two forms of this disease, the bubonic and pneumonic varieties. Bubonic plague is caused by infected fleas found on rodents. Pneumonic plague arises from infected patients with lung lesions and is transmitted person to person. Bubonic symptoms include fever, enlarged lymph nodes and skin lesions. Pneumonic plague causes fever, chills, rapid heartbeat, headache, difficult breathing and cough with foamy pink or red sputum.

SALMONELLA—There are three types of infections; a typhoid-like fever; septic localized infections caught from pigs; and the most common form, acute gastroenteritis from infected food.

SHIGELLOSIS—This miasm causes bacillary dysentery transmitted by stool and contaminated food or objects. Symptoms include fever, vomiting, diarrhoea, abdominal pain and tenesmus with blood, pus and mucus in stools.

TULAREMIA—This is also called rabbit or deer-fly fever. It is caused by direct contact with wild animals and their by-products. It can also be transmitted by infected blood-sucking insects. This disease produces high fever, chills, headaches, nausea, vomiting and extreme weakness and drenching sweats. Within 24 hours an inflamed papule appears at the infection site which ulcerates. It can cause typhoid-like states or pneumonia.

PERTUSSIS (Whooping Cough)—This miasm becomes epidemic every 2 to 4 years. The disease causes sneezing, coryza and lachrymation, with paroxysmal and spasmodic coughs that last at least 6 weeks.

Chronic Bacterial Miasms

BEJEL, PINTA AND YAWS—These are non-venereal forms of syphilis caused by a spirochete spread by body contact. Bejel is found in Arab countries, Eastern Mediterranean and North Africa. Yaws is found in humid equatorial climates. Pinta is found in Mexico, Central America and northern South America.

GONORRHOEAE NEISSERIA—This sexually transmitted disease can be spread by contact with mouth, vagina, penis or anus. It can also be passed to the eyes of new born babies by contact with the bacterium in the vagina. The incubation period is from 2 to 30 days although most persons develop symptoms after 4 to 6 days. Half of the women with gonorrhoea do not show symptoms making the spread of the disease more common. Men suffer mostly from burning urination and discharge from the penis while women may have a vaginal discharge

and lower abdominal pain. In some cases the infection spreads through the bloodstream causing fever, rash, arthritis or damage to the heart valves.

LEPROSY—This disease is an ancient form of psora. It tends to develop in cooler regions of the body like skin, mucous membranes and peripheral nerves. It produces lesions of the skin and nerves. Found mostly in the tropical regions of Southeast Asia, South Asia, Africa and South America although endemic pockets exist in the USA in Texas, Louisiana and Hawaii.

LYME DISEASE—This disease is endemic to areas with infected ticks. The miasm produces an early skin lesion at the site of infection which may spread accompanied by malaise, fatigue, chills, fever, headache and stiff neck. This is followed in weeks or months, even up to two years later, by inflammatory arthritic-like pains and neurological and cardiac symptoms.

STAPHYLOCOCCUS—The bacteria are present in the anterior nares in 30% and in the skin of 20% of adults. The symptoms it develops depend on the site of infection. Common presentations include boils, carbuncles, abscesses, pneumonia, bacteremia, endocarditis, osteo-myelitis and gastroenteritis. It causes the most severe symptoms in those suffering from psora-pseudopsora.

STREPTOCOCCUS—Many individuals are carriers of the bacteria but have no symptoms. It produces acute-like suppurations but is not self-limiting. It also produces non-suppurative states like rheumatic fever and chorea. Symptoms depend on the site of infection. Common acute-like infections involve the pharynx and skin. It is a common secondary infection in degenerative lung diseases. It can invade almost any tissue. This is more virulent in those suffering from psora-pseudopsora.

SYPHILIS—This is a spirochetal infection which is usually transmitted as a venereal disease. It can affect almost any tissue or vascular organ of the body. The primary stage is associated with chancre and swollen glands of the groin. This progresses to the secondary stage which includes skin lesions followed by a latent stage that may be asymptomatic. The tertiary stage is marked by severe degenerative diseases and dementia.

TUBERCULOSIS—This chronic miasm is usually passed from person to person by inhalation of infected droplets, although Bovine TB can be transmitted through unpasteurized milk. This disease is characterized by the formation of tubercles in the lungs although it can affect intestines, bones, glands, heart, brain, etc. As the disease becomes more advanced there is severe damage to the lungs with cavitations and hemorrhages of blood. The susceptibility to acquired TB is most common in those with inherited pseudopsora miasm.

3. The Rickettsial Kingdom

The Rickettsial diseases include typhus, Brill-Zinsser Disease, endemic typhus, Rocky Mountain spotted fever, tick-borne fever, rickettsialpox, Q fever, and trench fever. The Rickettsial infections are by nature acute miasms. The typhus miasms are commonly transmitted by mites, ticks, lice, and rat and mice fleas. These miasms frequent crowded quarters and unnatural congregations of humanity due to war or natural calamities. Brill-Zinsser disease is a sequel to a prior infection of epidemic typhus. Homœopathy has a good track record in treating these diseases. The tick variety is found in the Mediterranean, Africa and Asia. Rocky Mountain spotted fever is transmitted by wood ticks and lasts 2 or 3 weeks before convalescence.

Acute Rickettsial Miasms

Q-FEVER— This miasm is universal in nature. It is carried by ticks and sheep, cattle and goats are common hosts. It can be acquired by tick bites or close contact with domestic animals. There is an abrupt onset of fever, severe headache, chills, malaise, muscle pain and chest pains, cough and pneumonitis. The fever may last up from 1 to 3 weeks. No rash is present.

RICKETTSIALPOX— This miasm is found in USA, Russia, Korea and Africa. It is caused by a small mite and transmitted by chigger (larva) bites. The symptoms begin with a small localized lesion followed by intermittent fever, chills, headache, sweating, photophobia, swollen glands, muscle pain and generalized rash. The symptoms last from 4 to 11 days.

TICK-BORNE FEVER— There are two types of tick-borne fever, the eastern and western varieties. The eastern variety is endemic to north Asia, Australia, Mediterranean and Africa. The western variety is called Rocky Mountain spotted fever although it exists throughout the USA, especially the Atlantic seaboard. The eastern variety is milder than the western and lasts 7 to 10 days. The western variety is stronger and lasts 10 to 20 days. This miasm produces fever, chills, headaches and maculopapular rash. The western variety also produces muscular pain, cough, encephalitis and the lesions tend to ulceration.

TYPHUS ENDEMIC— This disease has a worldwide distribution. It is transmitted by rat-fleas. The symptoms include a shaking chill with headache and fever with a rash. It is of moderate strength and usually lasts 8 to 16 days.

TYPHUS EPIDEMIC— This miasm has universal distribution under the right conditions. It is transmitted by the feces of human body lice. It produces high fever, severe headaches, and rash for 15 to 18 days. Brill-Zinsser disease is a moderate relapse of typhus that occurs months or years after a primary attack of endemic

typhus. Trench Fever is similar to epidemic typhus but not as severe. This disease is common in wars hence its name.

TYPHUS SCRUB—This miasm is transmitted by mites following bites from chiggers. It is endemic to Japan, South West Asia, East and Southwest Pacific. The symptoms last 10 to 20 days and are mild to severe depending on the host.

4. The Fungal Kingdom

Fungal infections come in three basic categories; the epidermal and mucosal infections; cutaneous and subcutaneous infections; and pulmonary infections which sometimes become disseminated. The epidermal and mucosal infections include fungi like candidiasis, tinea, pityriasis versicolor, erythrasma, trichonocardiosis axillaris and piedra. The cutaneous and subcutaneous infections include fungi-like mycetoma (actinomycetoma, maduromycetoma, nocardiosis), chromoblastomycosis, sporotrichosis, phycomycosis and rhinosporidiosis. Other than metastatic lesions, these fungi enter the inner skin layers as a result of traumatic introduction.

The pulmonary infections include fungi like cryptococcosis, histoplasmosis, coccidioidomycosis, paracoccidioidomycosis, blastomycosis, aspergillosis and mucormycosis. These fungi are not transmitted person to person. They are usually spread by the inhalation of spores. Lung lesions usually develop slowly and it may take months or years before the individual seeks medical attention. The accompanying symptoms may include chills, fever, night sweats, anorexia, weight loss, malaise and depression of the spirit. Once the fungus disseminates from its primary focus in the lungs it may mimic a vast number of diseases depending on the type of infection.

Complex diseases caused by the chronic miasms play an important role in establishing susceptibility. Fungal infections of the skin like tinea (ringworm) are psoric in nature. The lung lesions and symptoms of histoplasmosis are very similar to the cavities formed by tuberculosis. Those that affect the mucous membranes of the genitourinary tract like candida albicans may also produce sycotic-like symptoms. Most fungal infections are chronic in nature.

Many of the fungi are opportunist infections that take advantage of a compromised terrain of the host constitution. For example, fungal infections may occur in burns caused by radiation therapy and in diseases like diabetes mellitus, emphysema, Hodgkin's disease, leukemia, lymphoma as well as after the use of corticosteroids, immunosuppressive drugs and antibiotics. Common opportunistic infections include candida albicans, aspergillosis, phycomycosis, histoplasmosis, nocardiosis and cryptococcosis.

ACTINOMYCOSIS (Lumpy Jaw)—The most common portal of entry for this fungus is decayed teeth. It produces marked abscesses. A pulmonary infection may

follow aspiration of oral secretions. It is more common in those suffering from psora and the pseudopsora TB miasm.

ASPERGILLOSIS—This fungus affects the lungs and is often seen in old cavities caused by TB. It is an opportunistic infection that often appears after antibacterial, immunosuppressive drugs or antifungal therapy to which it is immune. This form may be systemic. It is opportunistic in those suffering from pseudopsora TB miasm.

BLASTOMYCOSIS—This fungus is endemic in southeastern USA and Mississippi River valley and Africa. The pulmonary form is related to pseudopsora. The skin lesions are more psoric.

CANDIDA ALBICANS—Candidiasis is one of the most common opportunistic infections and often follows antibiotics and other immunosuppressive therapies. The site of the infection depends on the predisposition of the constitution and the chronic miasms. For example, candida infections on the skin and in the digestive system are more related to the psoric miasm. Constant vaginal and bladder infections are more associated with the sycotic miasm. When complex miasms are present there is more chance of candida causing severe systemic symptoms like endocarditis, septicemia and meningitis. To prevent this infection the patient needs to avoid suppressive drugs, eat a controlled diet, and take homœopathic treatment to remove the underlying fundamental cause, the chronic miasms.

CHROMOBLASTOMYCOSIS (Verrucous Dermatitis)—This fungus is worldwide but it is found more commonly in the tropics. It produces skin infections that begin on the feet and legs or in areas where the skin is broken. It is related to psora.

COCCIDIOIDOMYCOSIS—This fungus is endemic to the southwestern USA and is more common in persons aged 25 to 55. It thrives in the terrain produced by pseudopsora.

CRYPTOCOCCOSIS—This fungus is universal. It is most common in men aged 40 to 60. Cutaneous and subcutaneous lesions are associated with psora and are rarer than the lung lesions. It is more generally found in those with pseudopsora.

HISTOPLASMOSIS—This fungus is endemic in the Ohio and Mississippi River valleys but may be found sporadically in other regions. It is more common in those suffering from pseudopsora TB miasm.

NOCARDIOSIS—This fungus is systemic in nature and thrives in the terrain produced by pseudopsora.

PARACOCCIDIOIDOMYCOSIS—This fungus is endemic in South and Central America and is common in men aged 20 to 50, especially coffee growers in Brazil. It infects the skin, mucous membranes, lymph nodes, and internal organs. It is related to psora and pseudopsora TB miasm.

RHINOSPORIDIOSIS— This fungus is contracted by swimming in stagnant water, especially in India and Sri Lanka. It is characterized by polyps on the mucous membranes of nose, eyes, ears, larynx, vagina and penis.

SPOROTRICHOSIS— This fungus affects mostly the skin and lymph channel infection. It is found in farm laborers and horticulturists, especially those who handle barberry bushes.

TINEA— This fungus is found mostly in the skin and nails. It proliferates easily in the terrain of psora and pseudopsora.

5. The Chlamydia Kingdom

Chlamydia is an organism that is placed somewhere between a bacteria and virus and is similar to a rickettsial organism. Chlamydia is responsible for psittacosis, lymphogranuloma venereum (LGV), trachoma, inclusion conjunctivitis, and possibly, cat scratch fever. This organism has become a common venereal infection where it connects with the sycotic miasm. The suppression of this disease is rapidly increasing the pool of sycotic-like chronic symptoms. Psittacosis may cause a type of TB-like pneumonia and was mostly carried by birds but now is being transmitted human to human.

CAT SCRATCH FEVER— This disease is mostly caused by cat scratches. A few days after the scratch a papule or pustule develops at the site with locally swollen glands, usually one sided. The infected nodes may form fistulas that drain. The symptoms include fever, malaise, headache and anorexia. The symptoms usually last around 4 weeks.

LYMPHOGRANULOMA VENEREUM (LGV)— This is a venereal disease marked by suppurative lymphangitis, fever, malaise, headaches, joint pains, anorexia and vomiting. Chronic infection may produce blockage of lymphatics causing edema, ulcerations, fistula formation, large polypoid masses and gross swellings and genital elephantiasis. This disease is related to the sycotic and syphilitic miasm.

PSITTACOSIS— This is a pneumonia caused by chlamydia. It was originally transmitted mostly by birds but now it is being spread by cough droplets from infected carriers. It thrives in the terrain produced by pseudopsora.

TRACHOMA AND INCLUSION CONJUNCTIVITIS— This is an eye disease that looks similar to the conjunctivitis caused by a sycosis.

6. The Protozoan Kingdom

The protozoan diseases like amebas and giardia lamblia are worldwide in their distribution and are chronic in nature. There are areas in the world where exposure is greatly magnified due to poor hygiene and advantageous climate. Protozoan

diseases thrive in those with immune systems weakened by psora and poor nutritional habits. The biggest killer among the protozoan class is malaria, which is expanding into new environments worldwide. The connection between malaria and marshy areas was so strong that it was called the “marsh miasma”. Low lying wet land and warmer climates are especially prone to malaria and dengue fever. If global warming increases, these mosquito-borne diseases will appear in more northern districts and at higher altitudes.

Samuel Hahnemann wrote in detail about alternating disorders and intermittent fever in the *Organon of Medicine* in aphorisms 231–244. When speaking of epidemic intermittent fevers he says they “have the nature of chronic diseases, composed of single acute attacks” (§241). The most protracted cases of epidemic intermittent fever are in those compounded by psora and mixed miasms.

In endemic intermittent fever Hahnemann suggests that those seriously affected should leave marshy regions and low lying areas troubled with inundations. The marsh miasm was more common at the time in Europe and America. In the mid 19th century Bowen made a “vegetable nosode” called *Malaria Officinalis* that was manufactured from the mire taken from a malarial swamp. He did a proving of a low potency as well as a proving by inhaling the gas produced by the decomposing slime. Other protozoan infections include amebiasis, giardia, malaria, leishmaniasis, trypanosomiasis, and toxoplasmosis. Amebiasis and toxoplasmosis are quite widespread while leishmaniasis and trypanosomiasis are endemic to certain countries. I have seen infections of amebas, giardia, malaria and leishmaniasis removed by homœopathic treatment.

AMEBIASIS (*Entamebiasis Histolytica*)—This disease is universal under the right conditions. It is common in places marked by poor hygiene and overcrowding with poor sanitation. This disease may be asymptomatic in those relatively healthy. It causes severe symptoms in those weakened by poor nutrition and chronic miasms. In these cases it causes dysenteric symptoms. The infection is caused by ingesting food and water that has been contaminated by feces. It can produce hepatic amebiasis with liver abscesses 1 to 3 months after the attack of dysentery. It thrives in the terrain of psora.

GIARDIA LAMBIA—This parasite is universal. It is spread by contamination with human feces and proliferates in localities with poor hygiene. It causes mucous diarrhoea, abdominal pain and weight loss. It is a common form of traveler’s diarrhoea. It thrives in the terrain of psora.

LEISHMANIASIS—This disease is transmitted by species of sand flies. Kala-azar is a chronic visceral Leishmaniasis that occurs in India, China, Russia, Africa, the Mediterranean basin, and South and Central America. Oriental sore is a cutaneous Leishmaniasis that occurs in China, India, Near East, the Mediterranean

basin, Africa, Nigeria and Angola. This is a half-acute miasm that passes in 2 to 18 months leaving scars.

MALARIA— This disease is caused by *Plasmodium vivax*, *P. falciparum*, *P. malariae* and *P. ovale*. It is endemic in most tropical areas. Those with a strong immune system will slowly develop immunity to the parasites. In those with compromised immune systems due to complex miasms the prognosis becomes less favorable.

TOXOPLASMOSIS— This is a generalized or CNS granulomatous disease caused by *Toxoplasma gondi*. This disease is worldwide and quite widespread although in many individuals it is asymptomatic. It is carried mostly by cats. The transmission is usually transplacentally, by eating raw or undercooked meat or exposure to cat feces. The source of infection is often a litter box kept in the house.

TRYPANOSOMIASIS— In Africa this disease is called African sleeping sickness. It is common in Gambia and Zimbabwe. This disease is caused by the tsetse fly. The symptoms include irregular fever, swollen glands, skin eruptions and areas of painful localized edema. The advanced state includes CNS symptoms like headache, tremors and convulsion that may progress to coma and death. In South and Central American it is called Chagas' disease and is caused by the bite of reduviid bug. Acute-like Chagas' disease occurs mostly in young children. The symptoms include fever, swollen glands, swollen liver and spleen and facial edema. Severe cases can cause CNS symptoms like convulsions and it may produce myocarditis. It can cause chronic organ damage.

7. The Worm Kingdom

The susceptibility to worm infestations is increased by poor hygiene, improper food preparation, malnourishment and the psoric miasm. Worms proliferate in the inner soil produced by psora. Worms can cause serious conditions and produce reflex symptoms that mimic the signs of many grave diseases. Worms can enter the intestines, vital organs and even the brain. Many times convulsions and other nervous symptoms are associated with parasites. Serious worm infections may be treated with remedies known for their effectiveness in this area. When specific remedies are used to reduce the current infection they should be followed by constitutional treatment to remove the cause. Anti-psoric treatment is needed to remove the predisposition to the parasites, balance the terrain and prevent reinfection. We have seen homœopathic remedies remove pinworms, roundworms, liver flukes and tapeworms very effectively.

Nematodes (Roundworms)

ANCYLOSTOMA DUODENALE (Hookworm)— This disease is endemic in the Mediterranean basin, India, China and Japan, Africa and the Americas. This illness produces abdominal pain and anemia. The larvae penetrate the human

skin leaving a pruritic rash where they have entered. It is contracted from walking barefoot on contaminated soil.

ASCARIASIS (Roundworms)— This disease is worldwide. It can produce fever, cough, wheezing, eosinophilic leukocytosis and pulmonary infiltrates during migration of larvae through the lungs. Roundworms can cause obstruction of intestines, appendix, and biliary or pancreatic ducts. These worms contribute to malnutrition.

DRACONTIASIS (Guinea Worm)— This disease is endemic in India, Pakistan, the Near East, tropical Africa, West Indies, and Guiana. It produces skin ulcers that house the worm.

ENTEROBIASIS (Pinworms)— These parasites are universal. They are often spread by contaminated soil and from person to person. The symptoms include perianal and perineal pruritis. Often spread through entire families. It is common in children with latent psora.

LOIASIS— This is a filariasis found in West and Central Africa caused by loa loa. It is transmitted by bite of flies of the genus *Chrysops*.

STRONGYLOIDIASIS (Threadworms)— This disease is endemic in the tropics although it may occur in temperate climates in unsanitary crowded institutions. Heavy infestation may cause epigastric pain, tenderness, vomiting and diarrhoea.

TOXOCARIASIS (Visceral Larva Migrans)— This illness is transmitted by dogs and cats. It is sometimes spread in sandboxes in which children play that have been exposed to cat and dog feces. It produces fever, cough, wheezing, hepatomegaly, splenomegaly, skin rash, eye lesions and reoccurring pneumonia.

TRICHINOSIS— This illness is caused from eating inadequately cooked or processed pork. The symptoms include diarrhoea, nausea, colic, thirst, profuse sweating, fever, chill, weakness, and soreness and tenderness of muscles. There is difficulty of respiration, speech, mastication and swallowing. Headache, visual disturbances, edema of the face and retinal hemorrhage may occur. Most symptoms disappear after 3 months.

TRICHURIASIS (Whipworms)— This parasite is endemic to the tropics where there is poor sanitation. The symptoms include pain, diarrhoea, anemia, weight loss, appendicitis and rectal prolapse. It thrives in psoric terrain.

WUCHERERIA BANCROFTI— This disease is a type of filariasis. It is found in tropical and subtropical regions. The infection is transmitted by mosquitoes. It causes progressive lymphatic obstruction causing lymphangitis, orchitis, funiculitis, epididymitis, chills, fevers, headaches, malaise and elephantiasis.

Trematodes (Flukes)

FASCIOLA HEPATICA (Sheep Liver Fluke)— This parasite is widespread. The cysts are found mostly on grass and watercress. It is common in sheep raising areas. The source of infection can be watercress and fresh-water fish, including imported dried or pickled fish. It may produce cholangitis (inflammation of the bile ducts), enlargement of the liver, pain in the gall-bladder and intestines, with jaundice, fever and diarrhoea.

CLONORCHIS SINENSIS— This is a liver fluke found in the Far East, including China, Korea, Japan and Indonesia. It is found in fresh water fish. Infection causes cholangitis, enlarged liver, and systemic symptoms include tachycardia, giddiness, tremors, muscle cramps and toxemia.

OPISTHORCHIS— This liver fluke occurs in north east Europe, Russia, India, Japan and Thailand. It is found in fresh-water fish. The symptoms are similar to Clonorchis.

FASCIOLOPSIS BUSKII— This is a type of intestinal fluke. Sources of infection include edible water plants such as water bamboo and water chestnut. It is common to the Orient and South-East Asia although also present in the USA. It produces nausea, vomiting, and damage to the intestines with mucous diarrhoea. Systemic symptoms may include toxemia with edema.

HETEROPHYES— This intestinal fluke is found in the Middle East. The source of infection is raw fish. It produces mild inflammation of the intestines and diarrhoea. Severe cases may cause myocardial damage.

METAGONIMUS— This intestinal fluke occurs in the Far East. Its symptoms are similar to Heterophyes although it may invade the heart, brain or spinal cord.

PARAGONIMUS WESTERMANI (Oriental Lung Fluke)— This fluke is found in the Far East, South America, and West Africa. The source of infection can be crabs or crayfish. It is related to a species found in wild mammals and hogs in USA. The cysts usually develop in the lungs and may cause cough with blood-streaked sputum, chest pains and bronchitis.

SCHISTOSOMIASIS (Bilharziasis)— This is a visceral blood fluke. It is found in fresh-water snails, which are the intermediate host. Human infection follows bathing, swimming, or wading in infected water. It is found in Africa, Middle East, Cyprus, Egypt, West Indies, South America, Japan, China, Philippines, Thailand and Laos. It attacks the viscera affecting the liver, spleen, kidney and other organs. It produces “swimmer’s itch” due to the presence of infected migratory birds or fresh and salt-water mollusks. The latter form does not progress to systemic disease.

Cestodes (Tapeworms)

DIPHYLLOBOTHRIASIS (Fish Tapeworm) — This worm can reach up to 15 to 30 feet in length. It is caused by eating raw or lightly cooked infected fish. It produces pernicious anemia because the worm uses vitamin B12.

TAENIA SAGINATA (Beef Tapeworm) — This worm can reach 15 to 30 feet in length. It is found worldwide. It is transmitted by raw or undercooked beef. It produces epigastric pain, diarrhoea and weight loss.

TAENIA SOLIUM (Pork Tapeworm) — This worm can grow up to 8 or 10 feet in length. It is found worldwide. It is transmitted by undercooked pork products. It can cause muscle pains, weakness, fever, meningoencephalitis or epilepsy.

Hahnemann's original doctrine encompasses all the essential principles of modern epidemiology. It is very easy to categorize the bacterial, viral, fungal, rickettsial, chlamydial, protozoan and parasitical diseases by the acute, half-acute and chronic miasms. The opportunistic nature of many infections falls in line with the theory of susceptibility, the chronic miasms, and the constitutional doctrine. Epidemiologists have recorded seven major kingdoms of infection. These are the source of the universal miasms; psora, sycosis, pseudopsora TB, syphilis, vaccinosis, hepatitis, lymphosis and HIV/AIDS. These miasms all contribute to the development of the terrain associated with cancer diathesis.

Hahnemann predicted an increase in the virulence of the miasms due to misunderstanding the vital force, the perversions of modern civilization, invasive medical treatments, drugs and suppression. Increasing numbers of old infectious diseases are becoming resistant to antibiotics and mutating into more virulent forms. At the same time, new acute and chronic miasms are crossing species lines and entering human beings. The answer to these problems does not lie in new potent drugs based on old flawed theories. An entirely new understanding of the functions of the inner terrain and the system of mass defense must be fostered. Although Homœopathy was first developed in the 19th century it is still more advanced in the treatment of infectious diseases and their sequels than modern allopathy. This makes Homœopathy "De Medicina Futura".

Development of the Chronic Miasms

The Sine Wave of Miasmatic Progression

I learned the importance of using models to understand the miasms from the late, great Dr Dhawale of Mumbai. The following rendition of miasmatic development

is dedicated to him as it is based on his work. Dr Dhawale's study uses a sine wave pattern to represent the evolution of the miasms from psora (1) to sycosis (2) to tuberculosis (3) and to syphilis (4) through time. The neutral (0), positive (+) and negative (-) poles of the sine wave represent the fluctuation of the mistuned vital force under the influence of the miasms. The neutral line (0) of the sine wave represents the balanced terrain of the organism, homeostasis and stable vitality. The positive crest (+) of the sine wave is associated with the non-venereal miasms and the odd numbers 1 and 3. This represents hyperactivity, pro-inflammatory action, sympatheticotonia and catabolic activity. The negative trough (-) is associated with the venereal miasms and the even numbers 2 and 4. This represents hypofunction, anti-inflammatory actions, vagotonia and anabolic functions.

According to Doctor Dhawale the progression of all pathological processes flows through four successive states i.e., inflammation, infiltration, suppuration, and ulceration. This model helps in the study of the anatomy and physiology of the miasms and connects them with their characteristic symptoms. The keynotes of psora are inflammation, irritation and idiosyncratic reactions; the keynotes of sycosis are infiltration, induration and overgrowth; the keynotes of pseudopsora are tubercles, suppuration and bleeding; and the keynotes of syphilis are gummata-like growths, necrosis and ulceration. Each of the four miasms becomes more destructive than the preceding one as they represent the progression of the pathological process down the entopic time-line. As the deranged processes increase from left to right (1, 2, 3, 4), autoimmune disorders, immunodeficiency diseases and opportunistic infections thrive as the terrain becomes unhealthier and the vitality wanes. Psora is deadly but pseudopsora causes more rapid pathology. Sycosis is very insidious but syphilis is even more actively destructive. As the four miasms combine into complex disorders they produce increasingly multifaceted forms of destructive pathology, cancerine states and rapidly advance the ageing process.

The time-line associated with the sine wave was symbolized by the Greek naturalists as the natural flow of the five elements, the earth, water, fire, air and ether. According to the ancients, the earth element is the most simple of elements and represents the basic physical structures of the body. A disruption of the bilious humour is the gate to other diseases because it upsets the digestive and eliminative systems causing poor assimilation, autointoxication and skin eruptions. The water element is slightly subtler and represents the entry of an illness into the inner fluids of the individual. The phlegmatic humour is responsible for keeping the body clean and well lubricated. When this is disrupted the organism become thick, heavy and toxic, as waste material cannot be removed from its inner membranes, organs and joints.

The fire element is considered even subtler as it represents the innate heat associated with the life force that flows through the blood humour. Any disruption of

this humour is considered very dangerous because the blood is the essence of food (earth) and drink (water) as well as the medium for the distribution of oxygen (air). A disruption of the sanguine humour causes fevers, changes in blood pressure, and disorders of the blood. The subtlest element is the air element, which is connected to the breath as well as the emotions of an individual. At the same time, the atrabilious humour is considered the most corrosive and destructive of all the humours. A disruption of the atrabilious humour causes ulcerations with purple and black discolorations, dark discharges, foul smells and necrosis. The ether element represents the spirit, which separates itself from the physical humours at the time of death.

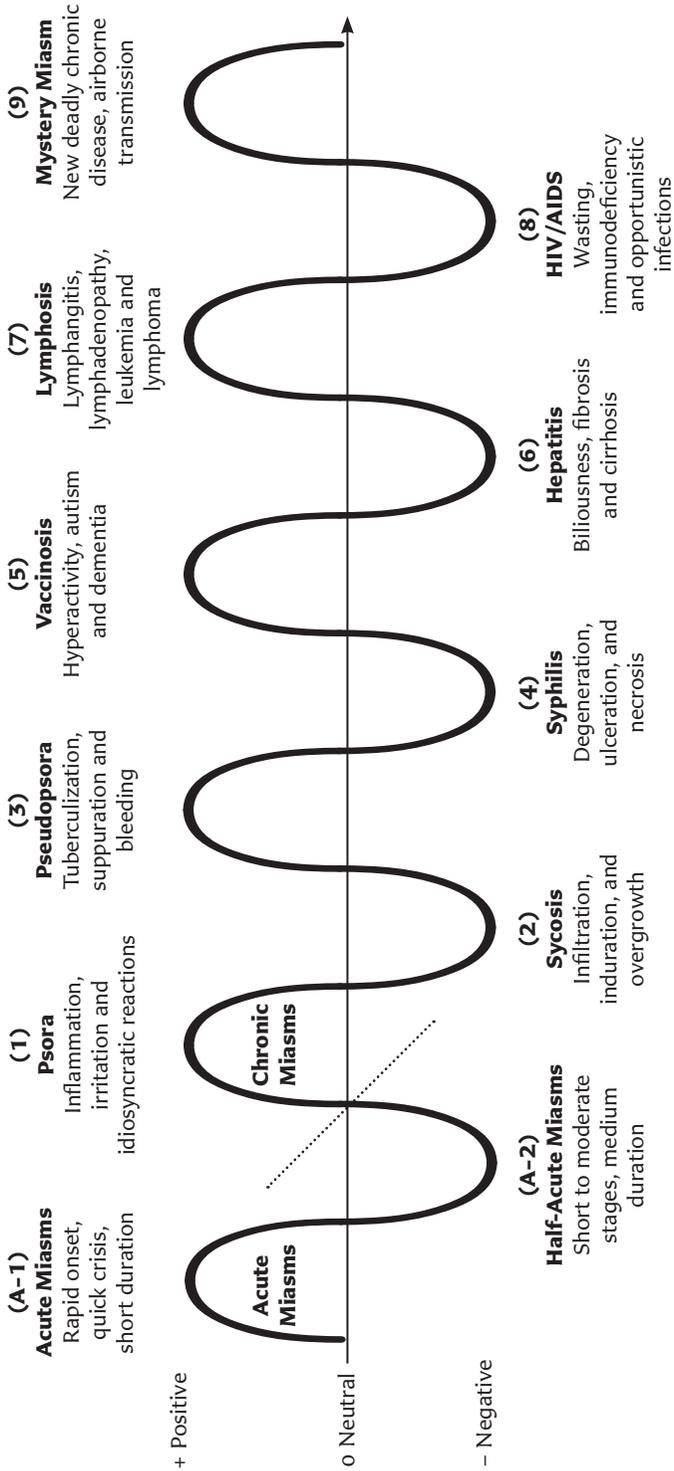
From this point of view the earth element can be related to the dry heat and inflammation of psora, the water to the cold swelling and infiltration of sycosis, the fire to the hectic fever and suppuration of TB, and the air to the ulceration and nervous destruction of syphilis. Ether can be related to the vital force and vitality. Of course, these symbolic relationships should be seen as guides that contain some relative truths rather than as concrete absolute facts. They are sometimes helpful in opening the more subjective right hemisphere of the brain so that its symbolic contents can be accessed to complement the more logical objective knowledge of the left hemisphere. The ancients symbolized this form of non-dual wisdom in the image of the caduceus.

Hahnemann never limited the miasms to psora, sycosis and syphilis. He only observed that these three universal miasms were the most common in Europe at the time of writing *The Chronic Diseases* in 1828. Hering was in favor of the division of the miasms into several species and varieties if necessary and maintained that such a refinement was not contradictory to Hahnemann's theories. The means for reviewing the miasms is the collective case found in aphorism 103 of the *Organon*. This method opens up the study of the classical miasms to the inclusion of additional miasms in accordance with modern science. Our study of the seven miasmatic kingdoms demonstrates that Hahnemann's categories of acute, half-acute and chronic miasms cover all the infectious diseases of modern epidemiology. This list includes some pandemic chronic infections that are spread person to person and have become universal chronic miasms. There are other chronic endemic miasms such as malaria that are based on particular zoological hosts and are therefore limited to certain countries. By reviewing all the relevant material one can bring the original 18th and 19th century model of the miasms up to date for our times.

The Updated Miasmatic Sine Wave

The pathogenesis of the universal miasms may be charted on a sine wave in 10 phases. SEE: CHART 2.3 | MIASMATIC SINE WAVE; p. 129. The updated version of the miasmatic sine wave includes the acute miasms (A-1) and half-acute miasms (A-2) and 8 major universal chronic miasms: psora, sycosis, pseudopsora, syphilis,

Chart 2.3 | Miasmatic Sine Wave



Cancer: Specific viruses, complex miasms and carcinogens lead to the tumorization and metastasis of Cancer.

vaccinosis, hepatitis, lymphosis, HIV/AIDS. All of these miasms contribute to the cancer diathesis and eventually malignant tumors. Each of these miasms and their unique terrains will be explained in the following paragraphs.

(A-1) Acute and (A-2) Half-Acute Miasms

The crest (+) and trough (-) of the first waveform are associated with the acute miasms (A-1) and half-acute miasms (A-2). The first crest (+) represents the intense alarm reaction associated with acute miasms and rapid crisis (1). This reaction is characterized by a quick onset, intense inflammation and reaches its crisis in the shortest period. Hahnemann's examples of the acute miasms include smallpox, measles, mumps, plague, cholera etc. The first trough (-) represents the more measured reaction to the half-acute miasms (2), which characterizes sub-acute states. These half-acute miasms have longer periods of incubation and latency but still reach crisis in a relatively limited amount of time when compared to the chronic miasms. Examples of half acute miasms are rabies, tetanus, and Rocky Mountain spotted fever. The acute and half-acute sine waves give way to the chronic sine wave, which has a slower time and progression.

(1) Psora

The first crest (+) of the chronic sine wave represents psora (1), the itch miasma. Psora is called the "inflammation miasm" because inflammation always comes first in any disease progression. If a homœopath understands the pathogenesis of psora then they will perceive the nature of all the miasms because psora sets the standard. This is one of the reasons psora is called the mother of all miasms. This miasm acts directly on the skin and produces a connective tissue response that seeks to overcome the pathogen with an inflammatory barricade. This leads to inflammation, heat, pain and swelling in the local area. When this inflammation is suppressed psora enters its latent internal phase which undermines the activities of the whole organism. It is only a matter of time before "full blown" psora breaks out with manifold secondary symptoms producing serious diseases. Psora acts primarily through the sympathetic nerves, pro-inflammatory processes and catabolic activities. On the psychological level this energy manifests as anxiety, irritability and eccentric behavior. Psora makes the individual more prone to autoimmune disorders that attack tissues and idiosyncratic reactions and it begins the process of chronic immunodeficiency. In Hippocratic terms psora produces an excess of heat and dryness associated with the bilious humour and the destructive actions of the earth element. Psora naturally sets the stage for an equal opposite reaction that produces the negative wave associated with the stagnation of sycosis.

(2) Sycosis

The first trough (–) of the chronic sine wave represents sycosis (2), the overgrowth miasm. This miasm acts directly on the sexual system producing swelling and mucous discharges as well as infiltration, induration and crystallizations that lead to deposits, cysts, growths and tumors in various tissues. This miasm is associated with an overreaction of the parasympathetic nerves and the anabolic process that produces walled-off states of pathology, immunodeficiency, and autoimmune processes that attack the organs, joints and bones. On the psychological level this energy manifests as isolation, fixed ideas, secrecy and repressed emotions. In Hippocratic terms sycosis causes a disruption of the water element and the moist and cold phlegmatic humour that leads to stagnant states, sluggishness, edema and overgrowth of tissues. The sycotic miasm naturally gives way to the second crest of the chronic sine wave, which represents the hectic states of pseudopsora, the TB miasm.

(3) Pseudopsora

The second crest (+) on the chronic sine wave represents pseudopsora (3), the tubercular miasm. It is a more destructive form of psora (1) that attacks the inner mucous membranes of the weakened organism and may affect the lungs, bowels, organs and bones. Like psora (1), the action of pseudopsora (3) is related to the sympathetic system, pro-inflammatory processes, and destructive catabolic actions. On the psychological level this energy manifests as anxious hopeful expectations, mood swings, and mental keenness with physical weakness. The vital force makes a serious attempt to use the remaining vitality to fight the miasm, which leads to deeper weakness. In reaction to these activities the organism produces tubercular, nodular and fibrous tissues that eventually breaks down into suppuration. The TB miasm ends in scarring, cavitations and bleeding. It predisposes toward active autoimmune states that attack the tissues, organs and bones and an increase in immunodeficiency. In Hippocratic terms the TB miasm is like a burning fire that literally consumes the person and causes hemorrhages of the sanguine blood humour. This state naturally gives way to the second negative phase of the sine wave represented by syphilis, the ulceration miasm.

(4) Syphilis

The second trough (–) on the chronic sine wave represents syphilis (4), the ulcer miasm. This manifestation of the venereal miasms is more far reaching and destructive than sycosis (2). The most common primary infection affects the sexual organs but the miasma spreads throughout the entire organism through the blood. This miasm is marked by hypofunction, vagotonia, uncontrolled anabolism and fruitless anti-inflammatory processes that leave the organism greatly weakened. The syphilitic pathology is characterized by unhealthy gummata-like growths that lead to

obstructions that produce necrosis and ulcerations. This process ultimately leads to complete destruction of the connective tissues, arteries, organs, nerves, and brain. On the psychological level this manifests as obsession, self-condemnation and destructive behavior. In Hippocratic terms this decay of tissue is symbolized by an excess of the atrabillious humour and baleful action of the air element. The syphilitic miasm represents a very deep stage of immunodeficiency and destructive autoimmune reactions.

(5) Vaccinosis

The third crest (+) of the chronic sine wave represents the iatrogenic disease, vaccinosis (5), the immunization miasm. The first immunization was Doctor Jenner's smallpox vaccine introduced in the late 18th century. Today individuals are exposed to a great number of immunizations for a multitude of infectious diseases. Several immunizations may be given at the same time or in quick succession with slight regard for the individual condition of the recipient. The long-term effects of the standard immunization schedule have received little attention in orthodox medicine. A number of observers have pointed out that side effects of vaccination can be quite serious and have been associated with damage to the brain, central nervous system and immune system. These states have been associated with encephalitis, hyperactivity, autism and dementia as well as a number of serious autoimmune states. Some immunizations have been contaminated with slow viruses that may increase the chance of cancer. Vaccinosis is an unnatural complex disease state that may involve any or all of the four elements and their humours depending on the circumstances.

This completes a review of the five historical miasms and opens the way to the study of three more worldwide chronic miasms, hepatitis (6), lymphosis (7) and HIV/AIDS (8). The terrain produced by these miasms is intimately related to the cancer diathesis and malignant states as well as a host of opportunistic infections.

(6) Hepatitis

The third trough (-) on the chronic sine wave represents hepatitis, the cirrhosis miasm. Chronic hepatitis has become a universal venereal miasm of massive proportions. The chronic form of the disease is caused by hepatitis viruses B and C, whereas hepatitis A is a self limiting acute miasm that is usually spread by fecal contamination. Chronic hepatitis is transmitted by sexual contact, congenital infection, infected blood products and contaminated needles used by drug users. The hepatitis miasm is associated with weakness, bilious states, fibrosis and cirrhosis. This miasm increases immunodeficiency and assists in the development of the cancer diathesis. The symptoms may include loss of hair, jaundice, spider naevi, muscle wasting, enlarged liver and spleen, acites, etc. It can also cause autoimmune disorders that produce arthralgia, ulcerative colitis, nephritis, hemolytic anemia, etc. Some commentators have suggested a link between hepatitis viruses in the mother

and certain cases of Down's syndrome and other fetal abnormalities. In Hippocratic terms hepatitis represents a very deep disruption of the earth element and bilious humour, which starts a new cycle of the four physical elements on a deeper level.

(7) Lymphosis

The fourth crest (+) of the chronic sine wave represents lymphosis (7), the lymphoreticular miasm. The miasm covers a number of diseases that thrive in a similar inner terrain. It directly attacks the white blood cells, lymph system, thymus gland and bone marrow. This disorder is associated with a hyperactive reticuloendothelial system, autoimmune diseases, immunodeficiency disorders, lymphatic cancers and an increased susceptibility to opportunistic infections. It may begin with lymphangitis, lymphadenopathy and non-specific glandular fevers. The covert stages of the miasma are represented by typical mononucleosis (EBV) and atypical mononucleosis (CMV), which have a tendency toward latent states and quiescent periods. The malignant secondary states include diseases like lymphoma and leukemia. In Hippocratic terms lymphosis deeply deranges the lymph system which is related to the water element and the phlegmatic humour. It acts as a bridge between the hypoactive states of the hepatitis miasm (6) and the complete collapse associated with HIV/AIDS (8) and the cancer diathesis.

(8) HIV/AIDS

The fourth trough (-) of the chronic sine wave represents HIV/AIDS (8), which is associated with wasting and loss of vitality. Its symptoms include a severely depressed reticuloendothelial system, profound immunodeficiency and heightened susceptibility to opportunistic infections. Those most predisposed to HIV/AIDS are those that have suffered from venereal miasms like sycosis (2), syphilis (4) and hepatitis (6) and the lifestyles associated with them. The most common opportunistic infections associated with HIV/AIDS are psora (1), pseudopsora TB (3), vaccinosiis if exposed (5), lymphosis (7) and viral cancers. AIDS patients also become hyper susceptible to acute (A-1) and half-acute miasms (A-2). In this way, all of the acute, half-acute and chronic miasms become part of advanced immunodeficiency whether it is caused by HIV or not. AIDS produces a terrain in which all the miasms "piggyback" one upon the other until they produce death. In Hippocratic terms AIDS represents the complete extinguishment of the fire element associated with a healthy immune response.

What Next?

As one reviews the sine wave of the miasms one cannot help but wonder what is next? HIV/AIDS (8) is the last chronic epidemic miasm to cross species lines, enter humanity and spread worldwide. In accordance with the developmental pattern of the sine wave the next new miasm should be an extension of the autoimmune actions

seen in psora (1), pseudopsora (3), vaccinosis (5), and lymphosis (7) combined with the immunodeficiency of sycosis (2), syphilis (4), hepatitis (6) and HIV/AIDS (8). When the sine wave reaches the next crest (+) a new mystery miasma will appear (9). This will be an airborne infection transmitted by droplets and spread from person to person through casual contact. It may spread from the animal kingdom to humans due to the impaired immune system of the human host and environmental degradation and climate changes. Already some scientists are warning the world community that the increase in ultra-violet rays due to the ozone depletion is causing the mutation of viruses into more virulent forms, while at the same time, weakening the immune system. Drug suppression and the rapid rise of new mutated strains may also play a role. In Hippocratic terms, this new miasm will reflect a deep disruption of the air element and possess the destructive power of the atrabillious humour. With modern air travel, carriers of a new miasma run the risk of spreading the disease worldwide before serious symptoms arise. Homœopaths, be prepared!

Cancer Diathesis

Hahnemann wrote that psora can cause cancer under the right circumstances. This tendency is increased when additional miasms are layered one upon the other and form complex diseases. At each stage of autoimmune disease and immunodeficiency disorder the organism becomes more predisposed toward serious opportunistic infections and cancer. The appearance of cancers involving hepatitis (6), lymphosis (7) and HIV/AIDS (8) is increasing. Approximately 30% of cancers have a viral component. Other cancers are the outcome of mixed miasms and carcinogens. Cancer possesses all four stages of pathology, i.e., inflammation, induration, suppuration, and ulceration, with the addition of tumorization and metastasis. Cancer diathesis causes a destructive catabolism that tears down healthy tissue and an unhealthy anabolism that creates the overgrowth of immature cells. In this way, cancer signifies the total derangement of the positive (+), negative (-) and neutral (0) poles of the sine wave and the collapse of the vital force. In Hippocratic terms cancer represents a disruption of all the four elements and humours.