THE HISTORY OF MIASMS

An overview of the development of the theory of miasms from Samuel Hahnemann to the current models of Rajan Sankaran and Jan Scholten.

The word "miasm" is derived from the Greek word *miasma* (Gen. *miasmatos*), which means "stair" or "pollution", and is related to *miainein,* meaning "to pollute". It also refers to the mists swirling up from a swamp. Hippocrates used this term when describing the notion of water or air that is tainted, which he maintained was the reason why infectious diseases spread.

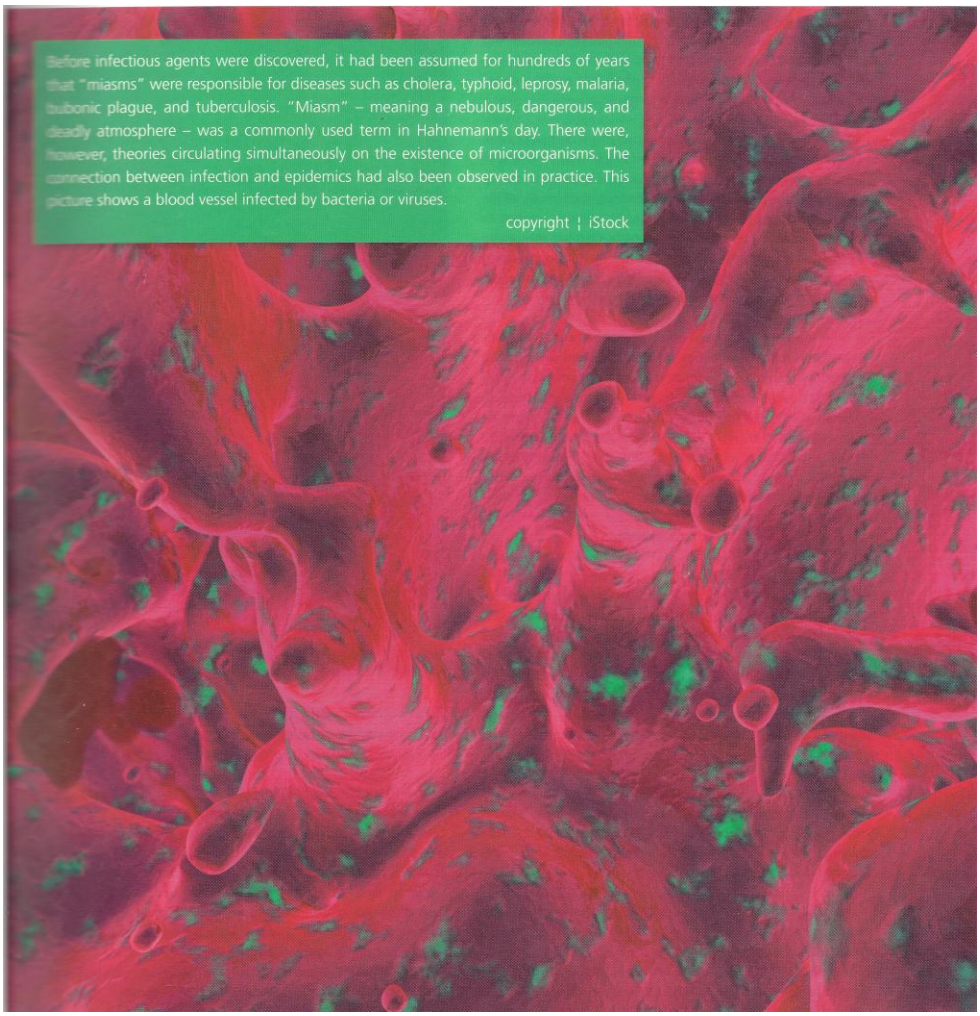
Nowadays, we find the idea of a *miasma* old-fashioned but it was widely used in Hahnemann's time. Diseases that were thought to be caused by *miasma* included cholera, dysentery, leprosy, malaria (which literally means "bad air"), bubonic plague, and pulmonary tuberculosis. *Miasma* was understood to be "a dangerous, foreboding, or deathlike influence or atmosphere" – the "contamination" or "pollution" that one absorbed when exposed to sickness, death, and decomposition.[1]

As the dominant theory of disease causation for several hundred years, *miasma* was the precursor of modern germ theory. An understanding of the nature of infection and contagion and it's airborne, waterborne, or contact-mediated means of transmission n epidemics emerged as early as the 12th century.[2] A clear connection between micro-organisms and specific diseases had not yet been made in Hahnemann's day, but the groundwork had already been laid in many ways; theorists, for example, had been discussing the idea for some time. The existence of micro-organisms had become accepted in science 75 years before Hahnemann's birth and "seeds" of specific contagion had already been put forward as a mechanism of disease causation, at least 130 years earlier.[3]

It was an obvious step for Hahnemann to pick up the term "miasm", in view of it's widespread use, and to refashion the definition to encompass his entire theory on the origin of chronic disease. He incorporated the role of specific infectious agents but also stressed a long-lived "Miasmatically induced change of state", caused by

disturbances in the energetic field or the vital force enclosing and pervading the body.

Both according to Hahnemann and as later used within homeopathy, the word "miasm" evoked both the energetic and contagious features. Homeopathy excels at blending the scientific with the energetic and vitalistic. To fully grasp the significance of the concept of miasm, in order to use it properly, we need to appreciate the energetic and infectious aspects – we will discuss this in greater depth later.



Before infectious agents were discovered, it had been assumed for hundreds of years that "miasms" were responsible for diseases such as cholera, typhoid, leprosy, malaria, bubonic plague, and tuberculosis. "Miasm" – meaning a nebulous, dangerous, and deadly atmosphere – was a commonly used term in Hahnemann's day. There were, however, theories circulating simultaneously on the existence of microorganisms. The connection between infection and epidemics had also been observed in practice. This picture shows a blood vessel infected by bacteria or viruses.

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INTRODUCTION TO HAHNEMANN'S THEORY AND PRACTICE OF MIASMS.

Hahnemann proposed his nascent theory of miasms as a "cause" of chronic disease in the face of stiff resistance and conflicting beliefs. His opponents included his own homeopathic colleagues, who preferred to cling to his earlier warnings **against all theories** of illness and healing.

The nineteenth century saw the flowering and coalescence of science. Hahnemann needed his wits about him to gain acceptance in an atmosphere of rigorous questioning for his basic model of energetic and even spiritual forces that keep the body healthy. His energetic model is a crucial aspect of the theory of miasms as the fundamental cause of chronic disease. The emerging belief in the material and chemical model of the human body and illness was diametrically opposed to Hahnemann's concepts – and also to all approaches based on an energetic or spiritual point of view.

In the course of the nineteenth and later the twentieth century, the basic miasmatic model passed on to us by Hahnemann developed in a number of different directions, which we will also examine in this article. Hahnemann broke new ground with his pioneering work on chronic miasms, which helped both to reformulate notions of disease and to alter the way in which homeopathic remedies were prescribed in the clinical setting.

In the course of time, the innovative thrust of Hahnemann's work forked in two directions. The main path led simply to an expansion of the three miasms, with remedies continually "allocated" to one of these three. Subsequently, all concepts, diseases, and virtually all the information required for homeopathic prescribing were assigned to one of the three miasms. Some homeopaths oriented their entire work in terms of miasmatic concepts. The miasmatic mapping varied slightly according to the school but the overall concept of three major miasms was continually expanded.

The other direction taken in developing Hahnemann's work began relatively early, but only assumed major importance in the late twentieth century, as a concerted attempt was made to move beyond classifying everything into just three miasms. Instead,

people tried to use many different infectious diseases as miasmatic categories to explain the emergence of chronic disease. The first such additional miasm, which was introduced as early as the nineteenth century, was tuberculosis. We will now look more closely at the historical traces of these trends and some of their consequences.

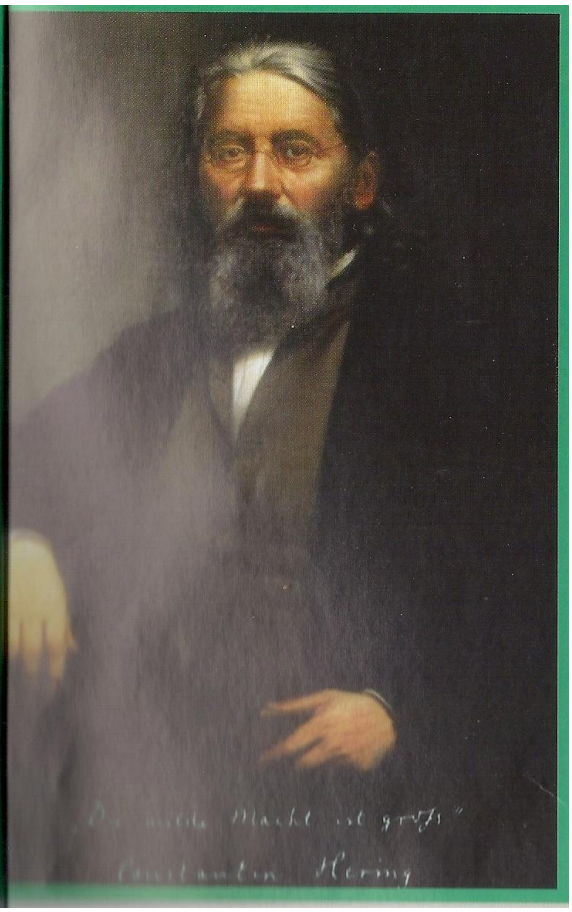
THE CONCEPT OF MIASMS IN THE EARLY AND MID-NINETEENTH CENTURY.

Hahnemann enjoyed early success in treating acute illness and epidemics with his new homeopathic method but then came up against a series of cases in which the initial improvement did not hold. In the absence of any obvious iatrogenic (caused by medicine)* or other maintaining causes, the first signs of success would invariably be overshadowed by the increasing return of old symptoms, which seemed to respond less and less to the (apparently) well-chosen remedies administered by Hahnemann. He experienced the emergence of new symptoms that reacted "inadequately and imperfectly," until the remedies were "no better than weak palliatives." When describing this dispiriting state of affairs and his proposed solution, he complains in *The Chronic Diseases, Their Peculiar Nature and Their Homeopathic Cure* that in such cases: "Their beginning was promising, the continuation less favourable, the outcome hopeless."[4]

He eventually arrived at the profound notion of a missing link in the treatment of chronic disease, which he described in his letter to his student and colleague, Baumgartner.

> *"By thousands of trials and experiences as well as by uninterrupted meditation I have at last attained my object. Of this invaluable discovery, of which the worth to mankind exceeds all else that has ever been discovered by me, and without which all existent Homeopathy remains defective or imperfect, none of my pupils as yet know anything."*[5]

Constantine Hering (1800–1880), a German-American doctor, is credited with having established homeopathy in America. Hering is also said to be responsible for the introduction of snake poison and the idea of nosodes into the materia medica. In addition, he made several innovations in homeopathy, such as the observation of the progress of disease and cure (Hering's Law), the single-glass method, potentizing with water, the dilution ratio of 1:10, and the proving of new chemical compounds. He said the following about Hahnemann's theory of miasms: "What important influence can it exert whether a homeopath adopt the theoretical opinions of Hahnemann or not, so long as he holds the principal tools of the master and the materia medica of our schools? What influence can it have whether a physician adopt or reject the psoric theory, so long as he always selects the most similar medicine possible?" Allen, John Henry [1908] *The Chronic Miasms – Psora, Pseudo-psora and Sycosis*, New Delhi, B. Jain, 2004, p. 12



FIRST PUBLICATION OF THE THEORY

Hahnemann first published these ideas in the first edition of *Chronic Diseases* (1828) and the fourth edition of the *Organon,* the earliest edition of this work to include the concept of miasms in it's presentation of homeopathic methodology. Hahnemann had therefore begun to use the term miasm to denote the underlying, profound level of disease that he claimed to have recognized in the cases characterized by relapse. Hahnemann's basic claim is straightforward enough: the miasm is a "derangement" or "Mistunement" of the vital force that predates the presenting illness. The idea was that infections that patients contracted in the course of their lives left an energetic impression, precipitating relapse to the original symptoms or the emergence of more serious and chronic illness. Later in his career, Hahnemann also proposed

the possibility of a hereditary element in the emergence of chronic disease.

We can see this train of thought, driven by his practical difficulties in treating chronic disease, running right through his writings, at this time. The starting point is his observations on, and successes in, treating acute and epidemic diseases:

> *Why then, can not this vital force, efficiently affected through homeopathic medicine, produce any true and lasting recovery in these chronic maladies even with the aid of the homeopathic remedies which best cover their present sym; while this same force which is created for the restoration of our organism is nevertheless so indefatigably and successfully active in completing the recovery even in severe acute diseases ? What is there to prevent this ?"*[6]

This gave him the idea that there must be a more profound level of disease, an "unknown primitive malady." characterized by a **significantly larger totality of symptoms** than those he had been used to considering in the treatment of "acute cases". Individual (in contrast to epidemic) acute complaints were therefore grasped as acute exacerbations of an underlying **chronic** state, rather than self-contained and independent acute "episodes" – a startling and audacious claim. "The homeopathic physician must not hope to permanently heal the separate manifestations of this kind in the presumption, hitherto entertained, that they are well defined, separately existing diseases which can be healed permanently and completely."[7] In addition, the state was not self-limiting:

> *But that the original malady sought for must be also of a **miasmatic** chronic nature clearly appeared to me from this circumstance, that after it has once advanced and developed to a certain degree it can never be removed by the strength of any robust constitution, it can never be overcome by the most wholesome diet and order of life, nor will it die out of itself."*[8]

In Hahnemann's day, the only common, well-understood diseases with such chronic, tenacious symptoms were the venereal diseases of syphilis and fig-wart. Although these were the basis of his model, he also postulated the existence of equivalent **non-venereal** underlying complaints.

When searching for this underlying disease, Hahnemann looked through the medical records of his patients a second time, trying to find some common factors in their histories to explain the initial cause or the nature of their illnesses. He found in very many of his cases an outbreak of an itchy vesicular eruption at some point in the patient's history – and even in cases where this had not been recorded, his enquiries revealed that it had in fact happened. In addition, localized treatment of the skin rash seemed to coincide with the emergence of **chronic symptoms.**

Hahnemann was not the only one who thought this – he devoted 14 pages in *Chronic Diseases* to similar cases in the medical literature of his time.[9] Confident that suppressive topical treatment of the itchy eruption was likely to be at the root of the chronic problems, he started experimenting with remedies that covered the **symptom totality of the eruption.**

He was rewarded with far greater success in the treatment of his patient's **chronic** illnesses. He found that his remedies worked even when the patient could not remember ever having had such an eruption. In such cases, Hahnemann presumed that there had been an infection in early childhood – interviews with relatives often confirmed this hypothesis.

He gave this condition – the underlying, non-venereal complaint – the name Psora, derived from the Greek word for itch. This plus the two main chronic venereal diseases fig-wart (Sycosis) and syphilis constituted his initial three-way classification. In terms of evolution, Psora was thought by Hahnemann to be the primary miasm, followed by syphilis and finally Sycosis. Near the end of his life, he added the fourth miasm, pseudo-psora, corresponding to the tubercular diathesis (see Hering's preface to Hempel's translation of the *Organon*).[10]

To begin with, Hahnemann's students frequently opposed his ideas on this subject. They tried to explain away the problems by postulating that the early materia medica were not mature enough to contain a similimum for every patient.

RECEPTION AND CONTRADICTION

In the course of tine, however, more and more homeopaths began to accept the idea of a miasm but, by it's very nature, there were almost as many differing interpretations as there were practitioners working with this idea. Many contemporary authors now believe that the confusion was greatly compounded due to inconsistencies and (especially in the English-speaking world) by a lack of clarity in the way the terminology was initially translated.

After 200 years, the homeopathic theory of miasms is still controversial – some people find it simply confusing, whereas others think it is outdated. As we often see in homeopathy, "miasmatic theory" contains the spark of genius and a profound understanding about the origins and healing of illness. We would do well, however, to treat it not literally but with care as "work in progress."

A substantial part of the unease around the theory of miasms originated and still originates from the feeling that Hahnemann is contradicting his own position – especially his early calls to avoid speculation.

Hahnemann is very clear in the footnote to the first aphorism of the Organon that the physician's calling is not to make "countless attempts at explanation regarding disease appearances and their proximate cause (which must ever remain concealed).[11] And in paragraph 6 of the *Organon* (sixth edition) he advises that:

> "*The unprejudiced observer – well aware of the futility of transcendental speculations which can receive no confirmation from experience – be his powers of penetration ever so great, takes note of nothing in every individual disease, except the changes in the health of the body and of the mind (morbid phenomena, accidents, symptoms) which can be noticed externally by means of the senses."*[12]

Apparently in contradiction to this position, Hahnemann's theory of miasms postulates the existence of diseases that, in many cases, have no apparent etiology in the present and no obvious signs or symptoms (other than those that might be assigned by circular reasoning). Yet, despite having no access to the basics of modern microbiology, his ideas increased our knowledge of the underlying

nature of disease and it's definition. Although genetics had not been invented at that time, he even postulated a hereditary aspect to chronic disease. Each of these suppositions was well ahead of its time.

SPECULATIONS ON PSORA

Hahnemann's conception of psora, as the major miasm in the miasmatic trio underlying chronic disease, is even more radical and comprehensive. In *Chronic Diseases,* he declares that psora became "**the most universal** mother of chronic diseases" as a result of the suppression of leprosy.

> *So great a flood of numberless nervous troubles, painful ailments, spasms, ulcers (cancers), adventitious formations, dyscrasias, paralyses, consumptions and cripplings of soul, mind and body were never seen in ancient times when the psora mostly continued itself to its dreadful cutaneous system, leprosy. Only during the last few centuries has mankind been flooded with these infirmities, owing to the causes just mentioned."*[13]

The symptoms of psora, which Hahnemann described in *Chronic Diseases*[14], are generally though to be those of scabies, which was widespread in Hahnemann's age. They fit the symptoms of an infestation of the mite Sarcoptes scabiei, which burrows under the skin. This assumption comes from the fact that Hahnemann used the German word Kratze which means "itch" (or literally "scratch") but which is also used specifically to refer to scabies, and was translated in this way by Hempel (the translator of the *Organon*). Hahnemann has this to say about psora:

> *Psora is the oldest, most universal and most pernicious, yet, withal, the most misunderstood chronic miasmatic disease, which for thousands of years has disfigured and tortured mankind. In the thousands of years since it first visited mankind (the most ancient history of the oldest nations does not reach its origin) it has increased its manifestations to such a degree that its secondary symptoms can scarcely be numbered.*

> *"It is not my object to detail the different names by which the various nations have designated the more or less severe forms of disease through which leprosy marred the external parts of the body (external symptoms of psora). Such names have no bearing upon the subject, as the essence of this miasmatic itch disease remains always the same."*[15]

Will Taylor[16] and others have proposed that Hahnemann was using the word psora with the general rather than the specific meaning. The symptoms of scabies, which Hahnemann described in an earlier monograph on the subject, do not match has later description of psora – although there are strong similarities with the symptoms of scabies, such as aggravation of the intensity of the itch in the late evening or night.

I have an alternative interpretation of these discrepancies, informed by an understanding of the period in which Hahnemann was writing. Hahnemann was striving to synthesize a significant body of philosophy, spirituality, and religious belief with the emerging field of the natural sciences. After he put forward his synthesis, he proceeded straight away to show that he could successfully use homeopathic remedies to confirm his theory at a **practical level.**

Psora embodies many aspects of chronic disease states in the history of disease as formulated by Hahnemann, who then proceeds to say (picking up from the above quotes):

> *"The psora, which is now so easily and so rashly robbed of its ameliorating cutaneous symptom, the eruption of itch, which acts vicariously for the internal disease, has been producing within the last three hundred years more and more secondary symptoms, and so many that at least seven-eighths of all the chronic maladies spring from it as their only source, while the remaining eighth springs from syphilis and Sycosis or from a complication of two of these three chronic diseases, or (which is rare) from a complication of all three of them."*[17]

This sounds like an exceptional assertion. Simply as a model of basic disease etiology, it may have some use, but is only "provable" by circular reasoning, and then only in some respects. To claim that seven eighths of the chronic illness of his time was due to

previous suppressive treatment of leprosy lesions sounds like an audacious and unjustifiable hypothesis, even if we assume that Hahnemann is using *Kratze* to refer to the general "itch disease" rather than specifically to scabies.

Disease is multifactorial and develops over the course of time – above all, in a context of social development. Different environments give rise to differing conditions that influence the expression of the same microorganism – this is nowhere more evident than in the varying manifestations of Treponema pallidum, the spirochete associated with venereal syphilis.

There are no detectable morphological or serological differences between venereal syphilis and its endemic forms in the tropics – bejel, yaws, and pinta – diseases that Hahnemann would most probably have assigned to psora.[18]

Hahnemann's reasoning was always firmly rooted in experience and precise observation, historical developments can often rescue such reasoning from its impugned status as "mere theory". So we can now observed how modern epidemiological research has established that leprosy is closely related to both tuberculosis and syphilis (this is especially true of tuberculosis, Hahnemann's pseudo-psora).[19]

Research into the spread and evolution of disease through the course of history does indeed now support the thesis that leprosy can be seen as a primitive "proto-disease", which has developed into many other diseases. If we put aside Hahnemann's diatribes against the allopathy of his time, and if we factor in our contemporary understanding of how diseases evolve and spread, then his model starts to look more and more convincing.

When we update such concepts, we can easily situate them in terms of our modern ideas of disease – especially when it comes to those autoimmune disorders that may be caused by an **acute infectious** agent.

BOENNINGHAUSEN'S PRACTICE

Of all Hahnemann's contemporaries, we would have to single out Boenninghausen as the one who probably best grasped the practical application of the theory of miasms. He came to the same realization as Hahnemann – that a straightforward list of symptoms will often fail to lead us to the required remedy, and that it is necessary to order the symptoms into a more comprehensive and profound whole. So Boenninghausen, together with Hahnemann, investigated the case history ("anamnesis") of patients with the aim of bringing to light remedies that fitted the corresponding miasm.

When Hahnemann made his theory public, there was much discussion about the true nature of miasms, and still more about those diseases that had not yet been categorized Miasmatically. One of these was tuberculosis, which many people called "pseudo-psora," whereas others thought it was part psora, part syphilis. The debate continued. We know that Hahnemann has a nosode with the name "pseudo-psora", which was most probably a nosode of tuberculosis. This shows that Hahnemann apparently accepted that there were more than the three initial miasms. Still more importantly, it shows that he used nosodes to treat miasmatic illness.

Boenninghausen predicted that the three miasms would be supplemented:

> *"I do not wish to deny by any means that there may be perhaps, beside the three above mentioned anamnesis indications, and beside the medicinal diseases, one or another additional miasm to which may be ascribed a similar influence upon health. Nevertheless, such [a] miasm has not so far [been] proved by means of demonstrative documents and it must therefore be left to future investigation."*[20]

Clemens Maria Franz Freiherr von Boenninghausen (1785 – 1864) was a homeopath, botanist, lawyer, and senior Prussian government official. He developed an interest in agriculture and botany on his estate. Shortly afterwards, he discovered homeopathy. As a pupil of Samuel Hahnemann, he was a great pioneer of homeopathy. In numerous publications, he detailed the experience and knowledge he gained from his wide-ranging practical work. His patients included the poet Annette von Droste-Hülshoff and the Empress Eugénie, who was the last French monarch and mother of Napoleon Bonaparte.

CLEMENS VON BOENNINGHAUSEN HAD THE FOLLOWING TO SAY ABOUT HAHNEMANN'S THEORY OF MIASMS:
"And yet the much reviled and ridiculed theory of the three miasms (psora, syphilis and sycosis) laid down by the founder of our Homeopathy is nothing else than a consequential application of the doctrine of anamnesis to chronic diseases, as this is most plainly laid down in § 5 and § 206 of the Organon (5th Ed). It is therefore totally incomprehensible how this has been so entirely overlooked, unless other by no means praiseworthy motives have been brought into play. For all the fair phrases about the exact obedience to the fundamental principles of homeopathic Therapy cannot deceive the experienced practician [practitioner] and persuade him that he may at all times select the most appropriate remedy by means of whole sheets of images of the disease in which there is nothing therapeutically characteristic."
Boenninghausen, C. M. F. von [1908]. *Lesser Writings of Boenninghausen*. Ed. T.L. Bradford, Tr. L.H. Tafel. New Delhi: B. Jain, 2005. "Anamnesis of Sycosis" p. 148

THE MIASM CONCEPT IN THE LATE NINETEENTH CENTURY

James Tyler Kent further developed Hahnemann's theory of miasms in the late nineteenth century. An American homeopath, Kent viewed homeopathy through the twin prism of Swedenborgian philosophy and Victorian moralism. He was the most famous post-Hahnemannian homeopath to bring the notion of "final cause" (Aristotle's term) into homeopathy from Swedenborgianism. He thought psora was equivalent to original sin and "mistaken thinking". He held that the substance, form, and ultimate development of human beings constitute the principal cause of disease. Local influences, physical and psychological, were in his view of secondary importance.

> *"Hence this state, the state of the human mind and the state of the human body, is a state of susceptibility to disease from willing evils, from thinking that which is false and making life one continuous heredity of false things, and so this form of disease, psora, is but an outward manifestation of that which is prior in man.*
>
> *"The human race today walking the face of the earth is but little better than a moral leper. Such is the state of the human mind at the present day. To put it another way, everyone is psoric …."*[21]

J. H. Allen, Kent's contemporary, took the same position: "We see sin to be the parent of all chronic miasms, therefore the parent of disease … why should we blame the climate or the elements or bacteria or microorganisms, when the creator tells us plainly that sin is behind all the ills to which man is heir ?"[22]

In the late nineteenth century, miasm theory became a firmly rooted and undisputed element of the homeopathic curriculum. Dr. C.G. Raue declared, for example, in a lecture to students at the Hahnemann Medical College of Philadelphia.

> *"This oldest and commonest source of diseases had to have a name, and Psora was as good a name as eczema, impetigo, prurigo, or any other. It is just as true today that a suppression of cutaneous eruptions of various kinds will be followed by disastrous consequences upon the general system, as it was*

when Hahnemann and others observed it; and it is either ignorance or self-conceit that picks at a name without weighing its full meaning, or the vanity of scientific dudes who like to be seen among the fashionables."[23]

It was also in the late nineteenth century that the English homeopath James Compton Burnett first produced a homeopathic remedy potentised from cancerous breast tissue – Carcinosin Burnett. Despite the fact that cancer was not thought to have any infectious properties, the notion of a cancer miasm came into being.

MIASM CONCEPTS IN THE TWENTIETH CENTURY

In the 1940s, Ortega and others first made public their even more comprehensive theories on the miasms. In tune with the zeitgeist, their theories tended to be more metaphysical and less infused with moralism. Accordingly, these Latin American homeopaths fashioned a more metaphysical and archetypal approach, with Hahnemann's original categories transformed into a three-way classification of disease manifestation and propensity dissociated from any particular infection. Paschero, for example, displayed this metaphysical aspect when he characterized the miasms according to the direction that a pathological process takes: inflammation, as a kind of excitation, belonged to psora; proliferation, as inhibition, to Sycosis; and destruction, as loss of function, to syphilis.[24]

The Mexican homeopath Ortega simplified the style of expression of the three miasms:

Psora = deficiency, inhibition, lack
Sycosis = excess, flight, exudation
Syphilis = destruction, degeneration, perversion

In this model, each miasm moves into the other in terms of the intensity of disease, or we might say that each miasm demonstrates the intensity and severity of the symptoms, as the Indian Vijayakar was later to elucidate in his method for determining the direction of cure. This idea of gradation is a clear change from Hahnemann's original model.

Ortega's ideas no longer corresponded to Hahnemann's original notion of etiological progression **within** the miasms: instead, sycosis now preceded syphilis, with the latter representing a kind of end-game due to its destructiveness. This, however, is not the only change. Hahnemann's original concept was that miasms originated from specific episodes of infection, either in the patient or their family, and Ortega's ideas directly contradict this position (compare this with the article by Jutta Gnaiger-Rathmanner in this edition: "Miasm and Trauma"). Although Ortega's concepts have drifted some way from Hahnemann's original ideas, they have nevertheless proved valuable as theoretical models for practical homeopathic treatment.

George Vithoulkas, in a flash of inspiration, then wrote in *The Science of Homeopathy*[25] that tuberculosis may well constitute the fourth chronic miasm, which is not unlike what Boenninghausen had said so many years earlier. Vithoulkas's pioneering textbook defines miasms as "a predisposition toward chronic disease underlying the acute manifestations of illness 1) which is transmissible from generation to generation and 2) which may respond beneficially to the corresponding nosode prepared from either pathological tissue or from the appropriate drug or vaccine." This view of miasms comes closest to the approach I take in my recently published book *Miasms and Nosodes.*

As the twentieth century drew to a close, the moralism of Kent and other homeopaths of his era was being widely disputed. A number of authors began to use alternative classification schemes. While Sankaran stressed the primary delusion or sensation felt by the patient, Vijayakar[26] focused on the dominant mechanism of defense at the cellular level. Other authors selected a varying number of miasms on the basis of a map of the aging process (Lombaerts)[27], a scheme of the degrees of isolation (Vervarcke)[28],

or a sequence of evolutionary signs and possibilities (van der Zee).[29] There were many other theories proposed, including one that based the three chronic miasms on the oral and anal stages plus the Oedipus complex of Freudian theory. Other people put forward theories in which the miasms were founded on the teachings of the Catholic Church, Chinese medicine, and the Kabbalah, among others.

The heterogeneity of these views may be an indication that the underlying entity they are attempting to describe is a kind of hologram that eludes definitive capture, instead only presenting a single facet to any one observer at any given time. This is all well and good but what are the consequences for our clinical practice ? We have to proceed from the signs and symptoms of disease in the most comprehensive and most profound totality available to us in the patient we are treating, which in turn demands that we exercise our powers of observation in a rigorous and direct way. Whichever way we conceptualize the obstacle to cure – as original sin, infectious miasm, enduring psychological misperception, post-viral syndrome, or any other – the symptoms and picture available to us when we prescribe the remedy are still the same.

THE CONCEPT OF MIASMS IN THE TWENTY-FIRST CENTURY: THE MODERN NATURE OF THE THREE MIASMS

It is only in the last decade that we have seen the emergence of some very characteristic elements in the modern attitude to miasms. Vijayakar[30], a homeopathic doctor currently practicing in Mumbai, India, draws on the three miasms to chart the direction of cure in an individual patient using the comparative and related study of embryonic tissue and cell growth as a template. He views the three miasms as survival processes of the body. The psoric miasm is a disturbance of the cellular homeostasis (the cellular processes maintaining balance). When it is disturbed the cells are liable to infection and inflammation, leading to functional disturbances such as hormonal imbalance. Skin eruptions signal such a disturbance, which is closely related to psora. He maintains that such a disruption, if it is not cured promptly, normally proceeds to a deeper level, where it affects more vital organs (also

represented by embryonic tissue). The gut and the lungs are usually the next in line, causing inflammatory bowel disorders or bronchitis. A disturbance in growth or repair causes a proliferation of cells, resulting in excess tissue production as seen in warts, tumors, and Spondylosis – the sycotic miasm. Finally, if the defense and destruction mechanism malfunctions, the results include ulcers, loss of the myelin sheath on nerves, and other types of tissue loss – the syphilitic miasm, which Vijayakar describes as a deep-seated disturbance. Vijayakar ultimately presents a complex theory of chronic disease that nonetheless remains within the three-way model of miasms.

Many modern homeopaths are dissatisfied with the unduly narrow tripartite categorization of miasms, which results in too many exceptions, both conceptually and practically during treatment. Many, myself included, found the original three-way model of miasms and its application appealing in its clarity but we also had the feeling, based on our clinical experience and on the discoveries in the fields of microbiology and genetics, that a greater differentiation was required for us to successfully treat chronic disease. This is the background against which the current trend emerged towards greater specificity utilizing a larger set of infectious agents. Every infectious disease entity is a potential new miasm that we can trace and populate with a defined set of homeopathic remedies.

This specificity has vigorous historical roots, building on previous attempts by homeopaths in the twentieth century and even earlier. Special mention should be made of the pioneering work of J. Compton Burnett, in the late nineteenth century, such as *The New Cure for Consumption By Its Own Virus*, a monograph on Bacillinum.[31] Burnett also used and documented other nosodes and homeopathic remedies.

In the course of time and under the influence of such works as those by Burnett, there were always some practitioners who felt the urge to venture beyond the originally available nosodes and homeopathically prepared disease products. This frequently happened because they faced otherwise insurmountable clinical problems, which they though demanded a remedy that was not yet available. More and more of such substances were potentised and

introduced into the materia medica, usually on an individual basis, without any contextual information.

THE NEWEST CONCEPTS OF SANKARAN, SCHOLTEN, AND KLEIN

In recent times, Rajan Sankaran from Mumbai presented a new structured system. For this, he gathered information that had been identified over the course of many years, particularly by Dutch, Indian, and German homeopaths. Sankaran extended Vithoulkas's model, proposing a range of additional miasms beyond Hahnemann's original three: Tubercular, Leprous, Cancer, Malarial, Typhoid, and Ringworm. He also picked up Hahnemann's observations on acute disease as a distinct miasm. Sankaran proposed a relationship – a figure of eight – between his ten miasms.

Jan Scholten then placed these miasms in his ground-breaking schema, the stages of the periodic table, showing both a miasmatic progression and the relationship of these disease groupings to other remedy groups not previously defined Miasmatically (the element or mineral remedies in each of the relevant stages, for example).

In my new book *Miasms and Nosodes*, I added several new miasms and nosodes, which I have also integrated into Scholten's periodic table. I have also arrived at a series of new conclusions based on my understanding of the classification of bacteria and viruses into taxonomic orders (as well as families and general) and how these groupings, particularly at the level of orders, link nosodes and remedies within one or another of these new miasms.

In my thirty-plus years of practice, I have generally had excellent results with this broader selection of both old and new homeopathic nosodes. My understanding of nosodes has been developed in close contact with other practitioners, whose valuable feedback has enriched my findings. I feel there are plenty of nosodes out there still to be discovered, which will enable us to further deepen our understanding of the origins of chronic disease.

MALARIA AND POVERTY

During Hahnemann's era, the term miasm was associated with contamination and pollution, as we can see in the meaning of the word for malaria, which literally means "bad air." In the seventeenth and eighteenth century, malaria was widespread outside Africa and India, and was even found in Europe. Although it has long been eradicated from the wealthy industrialized countries, malaria is still endemic in the poorest countries, despite progress. Modern theories of miasm encompass a number of infectious and virulent diseases, including malaria, according to Sankaran.

The World Health Organization (WHO) estimates that just under 250 million people each year fall ill from malaria. In 2008, almost 900,000 people died of this illness, most of whom were children under the age of five. The pharmaceutical company Glaxo Smith Kline (GSK) has reached the final test phase of the first ever vaccine against malaria. Microsoft founder Bill Gates funds a non-profit organization, Malaria Vaccine Initiative (MVI), which contributes to this research.

Without the Bill Gates foundation, GSK is unlikely to have invested in this project, since pharmaceutical companies can not generate sufficient profits from medications to treat the diseases of the poor. Patients from the developing world simply lack the requisite purchasing power. It therefore seems likely that GSK, which expects to expand in the rapidly growing pharmaceutical markets of the developing countries, is hoping for favorable publicity from its engagement in the fight against malaria.