

Centre for Integrative Medical Training
In Association with London Integrated Medical Health Education



Intermediate Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

Unit 37

PRINCIPLES & PRACTICE - methodological studies for Week 5

The 'miasm theory' in homeopathy

Introduction - Dr Russell Malcolm

As sentient beings, it is human nature to seek meaning in phenomenological patterns. Each successive generation takes up the search within the accumulated knowledge of their era and the limits of their experience.

This quest for meaning has returned again and again to a wide variety of observed natural phenomena, including the phenomenological patterns arising from illness.

In this century, humanity has increasingly turned to science as the means of escaping superstitious systems of belief arising from individual and collective apophenia (see Wikipedia definition opposite).

The prevailing assumption that homeopathy can be no more than placebo phenomena has led to a widespread intolerance of collated empirical observation, in favour of controlled studies that emphasise *reproduceability*.

One of the difficulties in this the approach to validated trial design relates to the fact that humans are not clones and reproduceability is difficult to achieve, particularly when we are interested in understanding change in the individual subjective experience of illness and wellbeing following an individualised treatment.

Impatience and mistrust of collated empirical experience has led to an intolerance of entire disciplines, including homeopathy whose working methods still rely heavily on the interpretation of phenomenological patterns.

Some of the criticisms leveled by standard bearers for conventional science* are sometimes justified, because many opportunities for structured information-gathering and sound scientific enquiry have been squandered by the homeopathic medical community itself.

Notwithstanding this, a widespread delusion that scientific 'proof' is the only legitimate basis of treatment in medicine can lead us to exclude many valuable but empirical treatments**, in an era when science is not yet equipped to investigate all the available models for human suffering.

Earlier in the course we examined the controversy surrounding potentisation. In this section we will examine another of homeopathy's 'holy grails', – miasm theory.



Apophenia is the tendency to perceive meaningful connections between unrelated things.

The term was coined by psychiatrist Klaus Conrad in his 1958 publication on the beginning stages of schizophrenia.

He defined it as "unmotivated seeing of connections [accompanied by] a specific feeling of abnormal meaningfulness"

*as distinct from true scientists who usually look at unexplained phenomena as an opportunity to raise a cogent research question and design a research pathway to investigate it.

** described by Russell Malcolm as 'evidence constrained medicine'

Before we relegate the theory of miasms to the history books, we will re-examine the trains of thought which, over the last two centuries, have sought to explain the nature of chronic illness. After we have looked at miasm theory in its historical context we must then ask if there are human or animal phenomena to which these models might still usefully be applied.

A theory which supports non-genetic transmission might yet arise from accumulated clinical experience (consider the clinical cases at the end of the section). The concept of a non-genetic trait, transferred from one generation to the next, is particularly interesting and controversial when genetics cannot support epidemiological evidence or evolutionary phenomena.

A Recap of the Historical Background

Dr Gabriela Rieberer

In the course of his clinical work, Hahnemann noticed that there were certain chronic conditions that he could not treat satisfactorily with homoeopathy. He searched for an explanation of why certain persons were not cured after repetition of the similimum. He noticed, in some cases, that after each dose of a well-chosen remedy, there was less and less of a response. He concluded that it was not due to a failure of the method but that he had not solved the question of the chronic diseases. Hahnemann wrote that this question constantly occupied his mind for 12 years from 1816 to 1828. The results of his thinking were contained in a major treatise, *Chronic Diseases*, which he wrote from 1828 to 1830, and developed further in the second edition written between 1835 and 1839. *Chronic Diseases* consists of five volumes, the first being purely theoretical in which Hahnemann outlines his miasm theory and its relevance for the treatment of chronic disease. The remaining four volumes are practical and contain detailed descriptions of a number of remedy pictures derived from provings.

Hahnemann's Three Chronic Miasms

The word 'miasm' comes from the Greek word meaning tarnishing or staining. Miasmatic theory was one of the theories for the cause of disease, prevailing in the 18th and 19th century. At the time Hahnemann formulated his theory there was no proof of infection in microbiological terms. Hahnemann, in his article on



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cholera in 1831, came to the conclusion that the cause of cholera was due to millions of 'animated miasmatic beings'.

Hahnemann postulated that there were three distinct miasms: syphilis, sycosis and psora.

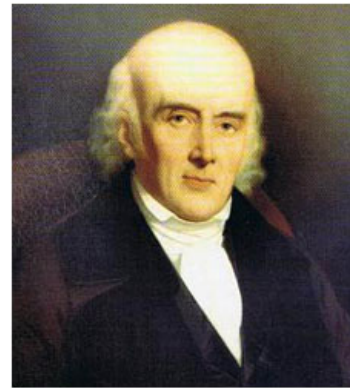
Syphilis was a condition which was clearly identified as contagious, even in Hahnemann's own time and in using these labels for his miasmatic traits, Hahnemann clearly implied that chronic disease primarily has its genesis in contagion, or person to person transmission. In a footnote to paragraph 78 and 287 he mentions the inheritance of chronic disease.

This observation predates any 'modern' concepts of genetics by several generations. Moreover, by applying rational theory to the manifestations which we now attribute to different stages of infection, Hahnemann reasoned that the miasmatic influence eventually affects the whole organism, ultimately giving rise to a skin eruption after the miasm has penetrated the entire body. He associated each of the three miasms with characteristic skin manifestations:

- psora - scabies
- sycosis - figwart
- syphilis - bubo

If the skin lesion went untreated, Hahnemann spoke of a latent condition which he postulated was self-limiting and would never fully break out. If the local symptoms were treated superficially, with only local measures, the chronic miasm would become active and give rise to a deeper chronic disease which Hahnemann considered incurable. Accordingly, the only true cure of the local lesion was by means of internal treatment, based on an understanding of the whole state.

Hahnemann believed **Psora** to be the main cause of chronic diseases, making up seven-eighths of the total incidence, with one-eighth being caused by the sexually transmitted Sycosis and Syphilis. He considered psora to be the oldest miasm, dating back to antiquity where it manifested itself as scabies. During the Middle Ages he postulated that it became more aggressive in the form of leprosy, becoming milder again to present as scabies in modern times. The Hebrew word tsorat meaning a groove, fault, or stigma, was a term often applied to lepers and to those affected during the great plagues, and conveys what Hahnemann had in mind.



Hahnemann outlines the cure of *psora* by his method of using homoeopathic remedies as well as a very healthy life-style and diet, which he considered essential for a complete cure. The case history must be taken completely and the similimum chosen from the anti-psoric remedies of which he considers *Sulphur* and *Hepar sulphuris* to be of great importance amongst many others. He mentions *Thuja* for the treatment of *sycosis* and *Mercury* for *syphilis*. Hahnemann perceived *psora* as frequently underlying a *sycotic* or *syphilitic* disease.



Complicating this model, was a combination of one or two miasms which made treatment very difficult and rendered certain cases incurable. Hahnemann then proceeded to treat *psora* first, followed by whatever was superimposed, either *sycosis* or *syphilis*, followed by comprehensive anti-psoric treatment, before ultimately clearing what was left of the other two miasms.

He considered that these miasmatic conditions were curable only as long as the local reactions were still present. Alternatively, progress could be achieved if skin eruptions could be evoked again in the course of treatment (consider the layered prescribing models we described in Part 3).

The miasm theory after Hahnemann

Since Hahnemann the miasm theory has preoccupied many homoeopaths. These concepts have been taken further by Kent, Roberts, Eizayaga, Ortega and Sankaran amongst others.

Kent

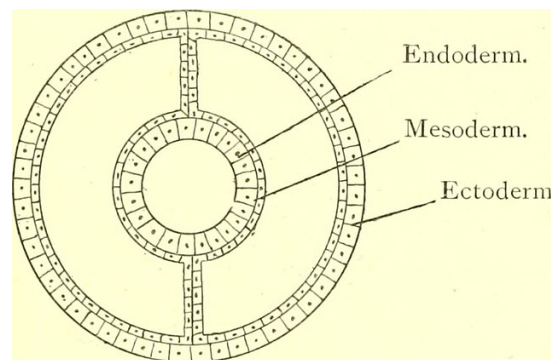
James Tyler Kent introduced metaphysical ideas into miasm theory which stem from his Swedenborgian background. Like Hahnemann he attributed the cause of all disease to *psora*. According to Kent, however, it is never possible for *psora* to manifest itself in a healthy race; a weakness must be there first. He considered this weakness to be original sin, an inextricable legacy passed from generation to generation. The *syphilitic* and *sycotic miasms* can be contracted through sexual contact, not so *psora*. Kent interprets *psora* as a product of impure thought and human materialism which is itself the precursor of physical degeneration. Kent's views on the miasm theory are very moralistic. He correlates the diseases of humankind to their aspirations which he interprets as the mirror of their innermost parts. This

of course ignores the fact that many animals are subject to illnesses analogous to those suffered by humans.

The primary skin reaction in *psora* consists of vesicular eruptions. The concept of all pervading miasm suggested to Kent that it is physically seated in the circulatory vasculature.

The proposed loci for the *syphilitic miasm* are periosteum, bones and brain, as would be expected from the tissue pathologies associated with secondary and tertiary syphilis. The mucocutaneous manifestations associated with syphilis are, firstly, the chancre and secondly, the bubo. By this reasoning, tissue destruction is a key characteristic associated with both the disease and its miasmatic counterparts.

Kent observed an affinity of the *sycotic* miasm to the soft tissues and those stemming from the mesoderm. He described the *sycotic* taint as waxy with pale lips, translucent ears, with warts and papillomata. Mucous membranes such as the conjunctiva and sinuses are usually affected. Children born with *sycotic* tendencies are of a waxy anaemic complexion, they have a poor digestion, their stools frequently contain undigested food, they are worse for heat and fail to thrive. Hahnemann had a very limited understanding of sycosis. Kent took Hahnemann's ideas further, empirically researching the pattern of sycosis. He gives a useful description of his observations in his lecture notes on Materia Medica in the chapter *Natrium sulphuricum and sycosis*.



Following Kent's argument to its logical conclusion, many conditions can be conceptually linked to one of the miasms in terms of their tissue involvement and pathology.

Miasms and pathology

Psora	Cutaneous Tissue	Inflammation Reaction	Desquamation Sequel
Sycosis	Mesodermal and endothelial	Proliferation	Fungation
Syphilis	Submucosal and periosteal	Destruction	Induration/ Caseation

Kent lists the following manifestations of *sycosis*, for example:

- balanitis
- phimosis
- orchitis
- epididymitis
- funiculitis
- folliculitis
- prostatitis
- vulvo-vaginitis

- bartholinitis
- adnexitis

and the sequelae:

- urethral stenosis
- cystitis and ascending pyelonephritis
- eye affections
- inflammatory joint conditions.

Roberts

H A Roberts linked the miasmatic stigmata with disturbed assimilation. Whereas *psora* has difficulty in assimilating constructive elements the *sycotic* patient tends to assimilate to the point of over-growth.

He considered *psora* to be a deficiency state. Functional disturbances manifest themselves due to lack of vital elements in the system or the inability to assimilate them from foods. There are no structural changes associated with *psora*; in his definition these occur in combination with the other miasms. Symptoms are closely related to emotional disturbances. Roberts described the mental condition as one of the strongest characteristics of latent *psora*. These patients are mentally alert, their mind is keen, anxiety states dominate, there is also restlessness (physical & mental itch).

Roberts expands on the picture of sycosis by painting a mental image. He describes the sycotic patient as being exceedingly suspicious, not even trusting her/himself. As a result this person goes back to do or say things over again. The sycotic person has the suspicion they will not be fully understood and others will give the wrong meaning to what she/he conveys. This suspicion can lead to jealousy. The most degenerate features of the sycotic nature are the suspicion, the tendency to harm others and themselves and animals. Quarrelsomeness and irritability are also displayed in the sycotic psychology.

The syphilitic state is characterised by structural changes. There are far fewer sensitivities to environment and food. Overall there are also fewer subjective symptoms. The syphilitic appearance is characterised by a large head, moist gluey, greasy hair with an offensive odour, hair falling out in bunches. Syphilis is known to deform everything. Ulcerations are the mark of the syphilitic stigmata.



Miasms and characteristics of metabolism and tissue reaction according to Roberts

Psora	Deficiency	Under assimilation	Outward loss	Structure intact
Sycosis	Excess	Over assimilation	Inward retentiveness	Overgrowth
Syphilis	Disorganised	Self assimilation	Inner & outer disruption	Deformity
Psora	Anxiety neurosis			
Sycosis	Obsessive states			
Syphilis	Psychosis			

South American Schools

The South American Schools, in particular Eizayaga from Argentina and Ortega from Mexico, have contributed major contemporary insights into the miasm theory. Ortega describes three forms of cellular functional alteration which he relates to the three chronic miasms:

- Defect = *psora*
- Excess = *sycosis*
- Perversion = *syphilis*

Eizayaga relates the miasms to disturbances of the most important vital functions:

- Excitation = *psora*
- Dysfunction = *sycosis*
- Inhibition = *syphilis*

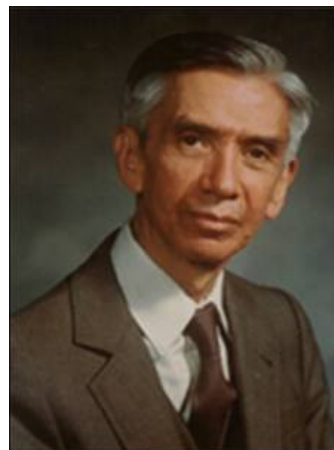
Psora is the state of hyperexcitation of vital functions, a dynamic lack of balance of the vital force. It is associated with functional, not lesional disturbances.

He sees *sycosis* as perverted functional activity, leading to hypertrophy of the ego and tissues – perversion of feelings, especially those related to love. Thus the sycotic taint is associated with sexual perversion, obsession, reservation, suspicion, aggressiveness, jealousy.

Ortega considers the destructive processes of *syphilis* to be irreversible; they affect mind and body. On an emotional sphere this process manifests as aggression, hatred and suicidal tendencies.



Francisco Xavier Eizayaga M.D. (1924-2001)



Dr. Proceso Sanchez Ortega

Link to:
Ortega Miasmatic Analysis
Module:

<https://www.radaropus.com/products/radaropus/modules/miasmatic-module-ortega>

Pichiah Sankaran

Pichiah Sankaran (1922-79) introduced the interesting idea of linking the three chronic miasms to stages in our lives. He considered that youth is susceptible to acute miasms. Responses at this time are quick and illness can be easily thrown off. The threats are external and provoke a strong instinctive reaction. During early adulthood there is still much energy, liveliness and activity (psora) and an openness to express fear and anxiety. Then there comes a struggle to succeed. There is hope and failure does not mean the end of the world. Then middle age sets in (sycosis). We realise our limitations and to preserve face we start to cover up: hiding our incapacities in order to be accepted. Our reactions and habits are more fixed. This might be seen by some as true for our society. Wisdom and age are no longer valued. People are seen as resources and have a place as long as they keep up with the set pace. The elderly feel they are no longer valued so they try to hide this for as long as possible. Then comes old age (syphilitic). The time for letting go and decay. This is reflected in the syphilitic miasm. There is despair about recovery but unlike psora without hope.



Gabriela Rieberer discusses miasms across life time-lines:

<https://youtu.be/vQ4f0THaBzo>



Dr Sankaran's son, Rajan, has extended the original Hahnemannian miasms to include a range of others (named after infective illnesses with known sequelae.)

At this stage you should concentrate on familiarising yourself with Hahnemann's archetypal miasms.

We will return to Rajan Sankaran's miasmatic categories in the third year course.

Symptoms related to the Chronic Miasms

We must now draw these concepts together (physical, metabolic, histological, pathological, reactive and psychological) The miasmatic pictures that emerge from this data are rather like the conjoint remedy pictures that are assembled from disparate proving symptoms of a remedy. Some homoeopathic physicians find such conceptual groupings useful in coming to a prescription, since they narrow the field of search and provide a conceptual base.

Some conceptual remedy groupings

concept	realm	subgroup	miasm	metals
structure	mineral	elements salts	psora	calcium
solidity	mineral	salts		sodium
rigid/static	mineral	allotropes		potassium
symmetry	mineral	carbons sulphur		
organic carbon	vegetable	organic	sycosis	aluminium
free	vegetable	trees		magnesium
plastic	terrestrial	herbs		manganum
fluent	vegetable	fungi		
yielding	vegetable	organic acids		
vital	animal species	insects marine species	syphilis	mercury
sexual	animal	spiders		gold
selfish	animal	molluscs		platinum
competitive	animal	reptiles		
erratic	animal	mammals		fluorine
unpredictable		bacteria		

The recognition of a predominant miasm', insofar as such a thing exists, can be something of a lifeline to a prescriber who is struggling with a multitude of imponderables and indefinite prescribing data.

The speculative and subjective aspects of miasm theory, however, make it a guide rather than a maxim. Remedies which are associated clinically with each miasm are listed at the end of this section.

Miasmatic pictures – Psora

Mind

- Great mental activity
- Many anxieties, eg fear of the dark, illness, robbers, being alone, in a crowd, poverty, despair
- Grief
- Mental quickness

Generals

- < noon, full moon, before menstruation
- > perspiration, discharge
- hyperactive states

Head

- Frequent migraines, especially in the morning
- Dry, brittle, lustreless hair
- Premature greying of hair

Eyes

- Itching, burning with all conditions, desire to rub eyes
- Photophobia

Vision

- Stains in front of eyes
- Flying spots
- Diplopia or sees only half the objects
- Blurred vision
- Night blindness

Ears

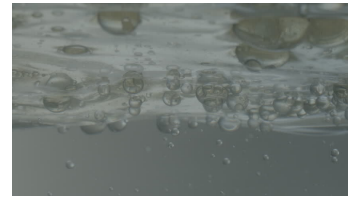
- Dirty, scaly, dry
- Throbbing
- Tinnitus
- Hypersensitivity to sounds

Nose

- Acute sense of smell
- Epistaxis
- Dryness of the nose
- Coryza and sneezing
- Redness

Face

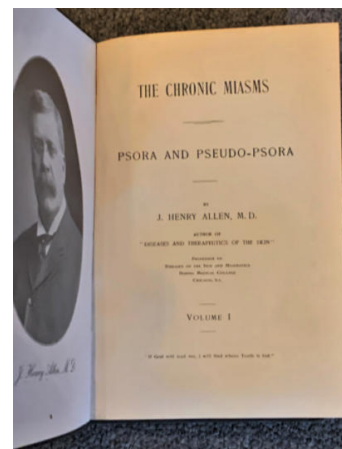
- Pale, sallow
- Dry/dirty looking skin
- Face turns red and hot during fevers



<https://slidetodoc.com/miasms-reaction-patterns-in-chronic-disease-www-facultyofhomeopathy/>



<http://slideplayer.com/slide/2575457/>



Mouth

- Aphthae, stomatitis
- Swelling and burning around the lips
- Sweet or sour taste in the mouth

Digestive

- Great flatulence, distension
- Sensation of fullness
- Desire sweets, acid
- Many symptoms > eating
- Watery diarrhoea, offensive smell
- Long lasting constipation
- Alternating diarrhoea/constipation

Respiratory

- Dry, spasmodic cough
- Little mucus

Heart

- Violent palpitations
- Band-like oppression

Urinary

- Frequent urination
- Stress incontinence

Female genitalia

- Scarce, short, intermittent, offensive menses
- Dysmenorrhoea
- Scanty leucorrhoea

Extremities

- Dry hot hands
- Burning palms and soles
- Leg cramps

Skin

- Vesicular eruptions with voluptuous itching
- Sero-purulent secretion or bleeding due to scratching
- Papular eczema, psoriasis

Miasmatic Pictures – Sycosis

Mind

- Annoyed, irritable, angry
- Over reaction
- Try to be ahead of themselves
- Drive themselves to the limits
- Suspicion, jealousy
- Reserved
- Obsessive
- Selfish
- Cruel
- Absent minded

Generals

- Hypertrophy, excess, over-reaction
- < cold, damp; living barometer
- < midnight until dawn, > evening, night owl
- Green discharges, smell of fish brine
- > hot drinks
- Pain > carried

Head

- Migraines with restlessness > moving, < after midnight
- Hair falling in small circles – scalp or beard

Eyes

- Rheumatic disturbances
- Neuralgia < weather changes
- Styes
- Neonatal ophthalmia

Nose

- Childhood sniffles
- Congestive conditions – > obstruction
- Scarce yellow-green discharge or abundant watery discharge

Face

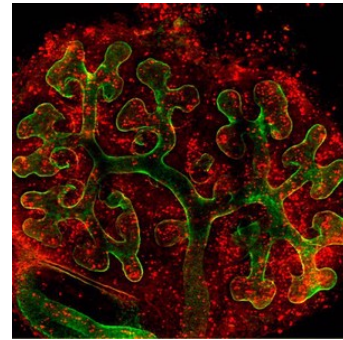
- Pimples, warts

Mouth

- Putrid fish-like taste

Digestive

- Desires beer, fat and seasoned food
- < meat (develops uric/gouty diathesis)



- Cramping colicky pains > movement or strong pressure, bending forward
- Violent belching
- Umbilical suppuration with foul smell
- Spasmodic diarrhoea, sticky, mucus
- Forceful stools
- Diarrhoea < wet
- Bleeding haemorrhoids
- Anal itch with foul smelling secretion

Respiratory

- Cough with scarce viscid phlegm
- Difficult expectoration
- Cough < autumn, winter

Heart

- Violent palpitations – rheumatic conditions
- Sudden cardiac death
- Tachycardia with oppression and dyspnoea
- Soft, slow pulse
- Valve insufficiency
- Cardiac hypertrophy
- Cardiac failure with cyanosis, venous congestion and oedema

Genito-urinary

- Pain on urinating, spasmodic
- Glomerulonephritis
- Renal fibrosis
- Prostatitis, orchitis, epididymitis
- Adnexitis, endometritis
- Excoriating leukorrhoea smells of fishbrine
- Excoriating menstrual blood, dark, offensive smell

Extremities

- Gout deposits
- Pain < rest, damp, before storm, cold
- Impaired nail growth

Skin

- Warts, moles, tineas
- Herpes
- Exfoliative eczema
- Condylomata
- Psoriasis

Nails

- irregular, ridged or ribbed
- thick
- sensitive, pain

Miasmatic pictures – Syphilis

Mind

- Blunt
- Oppression, night anxiety
- Restlessness with suicidal impulses
- Dull, slow reactions
- Melancholy
- Desire to escape
- Loss of intellectual capacity
- Person inspires pity and compassion



Generals

- < twilight to midnight
- < perspiration, extreme temperatures
- > emotionally with ulceration or purulent discharges
- destructive processes

Head

- Migraines < night
- Dullness, heaviness pain < night
- Dry head, greasy hair
- Tufts of hair falling out

Eyes

- Serious structural lesions

Ears

- Various structural lesions, ie decay of bones

Nose

- Loss of sense of smell
- Thick scabs obstructing nasal cavity
- Destruction of nasal bones

Face

- Grey colour, oily appearance
- Deep fissures in the lip
- Child with an old looking face

Digestive

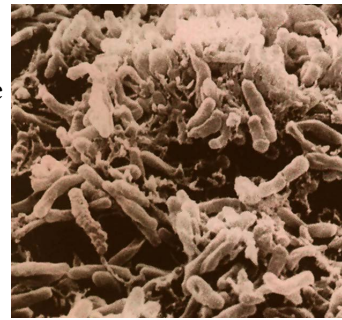
- Mouth ulcerations
- Hypersalivation
- Metallic taste in mouth
- Desire for cold food, averse to meat

Nails

- spoon-shaped
- paper-thin
- whitlows

Tuberculinism and Cancerism

In the intervening years since Hahnemann described the three chronic miasms, further miasms (intercalated miasms) have been recognised.



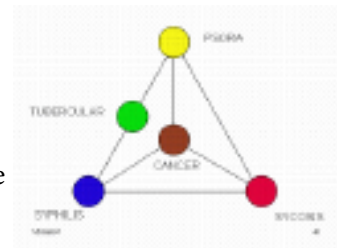
The two most important are tuberculinism and cancerism.

These two miasms are a combination of the basic three:

Psora + syphilis = tuberculinism

Sycosis + syphilis = cancerism

The disease processes and the qualities of tuberculinism will be discussed later this semester and cancerism will be dealt with at a more advanced level in the course.



Relevance of Miasm Theory to Clinical Practice

Miasms go beyond the infectious diseases they are associated with. They indicate a greater pattern, giving a more complete picture of the nature of the disease and the prognosis.

Recognising miasmatic patterns in a person's disease process will aid in the search for the similimum. Just like a person, remedies also have miasmatic traits.

Often the remedies will display the features of more than one miasm with a clear centre in one, for example, *Calcarea carbonica*, which is considered as a great antipsoric, has strong sycotic features such as glandular swelling and induration, tendency to obesity, and genital cysts. Through careful study of the materia medica we can see these reaction patterns in all of our remedies and can see the affinities of certain remedies to particular disease states. Incorporating the miasmatic patterns in the person and their illness and matching this to the remedy will increase the chances of finding the similimum. Later in this unit you will see that the understanding and recognition of miasms is central to the successful treatment of certain cases of asthma.

Common miasmatic remedies

The lists below are not complete it will give you an idea of the most common remedies and their main miasmatic trait. (see also the section Introduction to miasms)

Psoric remedies: *Calcarea carbonica,*
Kalium carbonicum
Natrium muriaticum,
Magnesium carbonica,
Phosphorus, Silicea, Sulphur,
Alumina, Antimonium crudum,
Arsenicum, Barium, Cuprum,
Zincum, Lycopodium, Mezereum,
Sarsaparilla

Nosode: *Psorinum*

Sycotic remedies: *Thuja,*
Natrum sulphuricum,
Nitric acid

Nosode: *Medorrhinum*

Syphilitic remedies: *Mercurius, Aurum, Iodum,*
Plumbum, Thallium,
Kalium bichromicum,
Kalium iodatum

Nosode: *Syphilinum*