

## THE PHANTASY OF MIASM

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The topic of miasm is a topic of enigma. The absence of pathological evidences of the miasm consigns the lay and the profession to the webbing of hypothesis. When miasm is explained as the supra-microscopical potential pathogen, the basis of scientific proof puts one to dismay. Besides ocular evidences, truth even solemnised, becomes a philosophy. The terminology of the miasm at the present moment stands as a paradox, and goads the aspirant to seek the page of a medical dictionary. A cogent explanation, however, fights shy. But the genesis of pathogen or flora of diseases, when recalled, dispels such gloom or mists of surmises. The coinage of the present-day name 'pathogen' subsisted in different episodal history of infection in different times in the hands of authors and scientists. From the glowing regime of the Italian dramatist Boccaccio (1350), the contagion as synonym of pathogen was in vogue. La Fracastoro (1546) founded the truth of pathogen in his *De Contagione*, while Leeuwenhock (1683), Marten (1720) and Bassi (1835) used the name of such pathogen under the respective epithet of animalcule, seminaria and micro-organism. Hahnemann's terminology of miasm (1818) which is derived from Greek word *Miaimo*, meaning pollution or infection worked as synonym for pathogen in the likeness of "half-spirited beings". Further exposition of pathogen was made in the hands of Koch (1878) and Pasteur (1884) who revolutionised the science of microbe and paved the solid path of the pathology of germs. Therefore, the controversy of miasm as the flora of disease is not the moot-point but the ornamentation of the name of genus.

Koch's postulate that specific germ is responsible for specific disease is an epoch-making utterance. This revolutionary stride in the sphere of modern pathology in the detection of diseases does not essentially invalidate Hahnemann's miasm. The microscopic evidence of the exogenous disease-forces is *par excellence* the basis of scientific truth of the evolution of the disease. The miasm at a specific stage establishes positive proof of its ocular existence. If *Treponema pallidum*, *Neisseria gonorrhoeae* and *Sarcoptes scabiei* (itch-mite or psorin) are reckoned to be the specific germs of syphilis, gonorrhoea, and psoriasis, the miasm of syphilis, sycosis and psora is left unrefutable. The entity of syphilis in the shape of a twisting thread, of sycosis in that of an oval beam or psora in that of a crawling mite with tentacles and pedicles, is observed in the microscope under V.D.R.L., Kahn, W.R., or Gram test. Therefore, Hahnemann's miasm does not belie the truth of pathology of the present day.

The power of invasiveness, communicability and lesion of any germ is the crux of Koch's principle. Hahnemann's acute miasms of epidemic or con-

tagious diseases do conform to such principle, and are akin to modern immunology.

The doctrine of Hahnemannian totality equates with the doctrine of diagnosis of the orthodox school. Pathology, radiology, electro-cardiography, electro-encephalography, cholecystography etc., which are the objective devices in diagnosing a disease, do not, under any circumstance, refute the totality, which underlies the miasmatic theory. The intrinsic observance of the formula  $G + P + C (= PQRS) = T = D$ , where the totality (T) of all the symptoms under general (G), particular (P), and characteristic (C), which also signifies peculiar (P), Queer (Q), Rare (R) and Striking (S), equilibrates the diagnosis (D) of a disease. Therefore, the intensive and judicious surveyal of GPC either in case of acute or chronic miasms asserts the truth of diagnosis done by mechanical contrivances. But the physiological jostle comes in the offing when variety of diseases comprehending variety of specific germs other than syphilis, gonorrhoea and psora or itch-mite, in different names as enterocolitis, erysipelas, vaginitis, cholera, leprosy etc. in each family of enterobacteriaceae (*Bact. coli*), Micrococcaceae (*Staphylo. aureus*), Lactobacillaceae (*Strcp. pyogenes*), Spirillaceae (*Vibrio*) and Bacillaceae (*Mycobact. leprae*), appears. Scientific categorisation of such innumerable diseases under respective miasm or united miasmata, becomes an onerous task for a homoeopathic investigator. This readily provokes confusion. Such tabulation under the yardstick of totality will avowedly open a new vista to the physicians to formulate an allied repertory under miasmatic classification.

The individual miasm owns its distinctive character but the compound or complex miasm on account of merger of symptoms of psora-syphilis, psora-sycosis, syco-syphilis, or psora-syphilis-sycosis, in the same subject, emerges riddlesome problem. The symbiosis of the miasms is the progenitor of complex diseases. And the evaluation of the symptoms or diagnosis of such disease becomes a great task for a physician. Though the prominence of symptoms of either of any lesion or stain that accentuates the then conditions is considered as the foremost criterion, the choice of an anti-miasmatic remedy on double or treble stigmata, in succession, to eliminate the galaxy of exploding symptoms is a time-consuming factor. The rapid permanent judicious annihilation of the disease thus becomes a chimera. A case of tertiary syphilis bordering on GPI (general paresis of the insane), feeling disorientation of time and space reckons the manifestation of mixed miasm, but the curability of such case even with rational symptom-survey within a conjecturable time-period distorts practical truth. The conscientious plotting of symptoms under GPC with adjutant diet and regimen for the patient to match a remedy proves an irksome job. Failure engenders suspicion in the technique of treatment.

The active miasms are microscopically proved at the flaring stage. The latency, however, denies such positive picture in the microscope. The pre-condition of *Salmonella typhi* projects veritable symptoms of typhoid before detection but they are ultra-microscopical. The conditions that prevail on

the patient, even when such microbes are eliminated by orthodox treatment, go to prove the dynamic approach of the miasm. The dermal irritation at the post-icterus period without foreshadowing any stigma in blood or urine in the pathological analysis, establishes the truth of the miasm, as dynamic flora. The excrescences that come forth in the subject even after the gonococcus is driven away by orthodox measure, provides sufficient proof of the existence of miasm of sycosis on the dynamic level. Tabes or ataxy that exists at the tertiary stage, even when the syphilitic stigma is cast away by orthodox treatment (V.D.R.L., Kahn, W.R., being negative) goes to substantiate that the miasm which inflicts sufferings still after negation of the respective germ, is supra-microscopic.

It is, however, left to research centres to find out the exact replica of miasms at the latent stage or pre- and post-flaring stage under electron devices or any media, and to assess their scientific position.

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