

## CHRONIC MIASMS\*

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We shall try to summarize all that we have been able to investigate and understand, and all that we have complemented, in relation to Hahnemann's action of the chronic diseases or miasms.

### HAHNEMANN'S DOCTRINE

It is well known that Hahnemann, the genius and founder of Homoeopathy, having established and fully practised his curative approach, concluded that it was only this which could be considered as truly curative; for this method was founded on the knowledge of the essential relationship between the disease and the remedy. He then discovered, after innumerable clinical observations, that repeated morbid processes were somehow related to each other, appearing in the same individual. This made him consider, investigate and lastly prove that they were due to a predisposing factor which demonstrated the true constitutional pathology. This factor was the result of the incorrect suppression of specific acute diseases. Hahnemann further realized that these suppressed diseases which generated the basis of the chronic diseases were:

1. The chancre diseases. The Old School agreed with him that chancre-disease became more deep-seated and permeated the whole economy when its initial manifestations were not correctly and completely cured. This included ill-effects on the psyche as well as hereditary characteristics.

2. The second disease which Hahnemann took into account dealt with a morbidity factor. This factor is the deepening, through suppression or incorrect treatment, of the gonorrhoea-like discharge. He found that suppression was characterized by the tendency to produce pedunculated or fig-wart excrescences. This disease he called sycosis. The Old School recognized this disease, even though they referred to it by a different name.

3. Lastly he recognized a third and much more important pathological entity which apparently was much older than the other two, and which was the result of the suppression of an itch disease similar to what we now know as scabies. (In Hahnemann's time the itch disease included a variety of diseases with skin manifestations ranging from very simple forms to others as serious as some which were at that time referred to as leprosy.)

Hahnemann himself explains that his approach was basically to investigate the patients' clinical history, to ascertain if they had suffered from either the itch, the gonorrhoeic or the chancroid diseases. The reason was to determine if they had been treated by suppressive means which then resulted in

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the subsequent ailments. Logically he only accepted, as his scientific precision demanded, symptoms or groups of symptoms that were repeated many times after similar suppressions.

We all know that he spent twelve long years repeating these observations and identified three profound and morbidly predisposing pathologies. He gave pride of place to psora, followed by syphilis and sycosis. The same importance and transcendency was given to each of the miasms, even if they were unevenly distributed, since he considered psora the senior, with the greatest symptomatology.

Later on Hahnemann accepted and confirmed the possible co-existence in the same patient of two or even three of the miasms which overlapped each other. He insisted that the physician needs to recognize and handle them adequately (*Organon* §§ 204-207).

Hahnemann stated that it was necessary to deal with these one by one whenever one discovered their simultaneous co-existence in a patient. (This can be included in his definition of dissimilar diseases.) At the same time he stated it was necessary to employ, serially but at the correct and necessary intervals, different homoeo-miasmatic remedies (which he always called anti-psorics), according to the symptom pictures that follow each other during the curative process. This ranges from the beginning of treatment to the achievement of the optimum balance one can obtain in each patient.

As one can readily see, both from the doctrinal and technical points of view, Hahnemann's conclusions are of the utmost usefulness, and it is *essential to take them into account and put them into practice so as to obtain a truly homoeopathic treatment* (see §§ 48 and 49 for the practical relationship he recommends in the course of treatment, and §§ 78-82 in relation to the doctrinal explanation of the problem).

We may wonder why it is that in view of this magnificent legacy homoeopaths all over the world, even when trying to follow the master faithfully, have not been able to determine a correct technique so as to recognize the miasmatic problems, nor have they been able to match his miasmatic theory with a clinical practice that would prove its validity.

Numerous efforts have been made to explain the theory and the practical application of the miasms. However, this always ended up by being a personal conception of whoever was studying it. Some physicians searched for the similitum amongst the group of symptoms which they intuitively arranged in hierarchies. At other times the importance given to each symptom was in relation to the transcendency of the symptoms. The physician's decision as to which symptoms were to be taken into account was based on Hahnemann's long list of those attributed to psora. To include such a large number of disturbances as manifestations of this miasm was not helpful from the practical point of view. Consideration of the miasmatic aspect was thus reduced to a very beautiful doctrinaire notion which nevertheless allowed

each doctor to have his very personal rationale which was different from those of his colleagues.

Some thread nevertheless ran through the reflections of different homoeopathic authors over the years. After Hahnemann, some of the main authors were H. Allen, who made many observations on the miasms in his book of doctrine; T. Allen, who, without specifically mentioning it, gives in his pathogenesis of most of the remedies the well-known and constitutional effects, a series of symptoms in accordance with the characteristics which we have recently recognized in the miasms; Kent with his natural capacity for understanding Homoeopathy not only speculated on the miasms, but also foresaw in his *Materia Medica* groups of symptoms that belonged to the different miasms. These are also in accordance with the classification we have made. It is primarily in his *Repertory* where he defines minute but very significant differences in the fundamental attitudes of the human mind which can be connected to the characteristics evident in psora, sycosis or syphilis. Next we must mention H. A. Robert's contribution as well as the formidable speculations on the morbid dispositions made by Hanohiginio C. Perez. We also recall Phatak, from India, who arranged in an orderly manner points already made by others though not making any original contribution himself (chapters 1 and 2 of the second part of his book).

The master, as he openly recognized in his own works, left unfinished the description of the miasms. This is the most important thing to bear in mind in order to understand the persistent waste, for over a century, of such a wonderful doctrine. Hahnemann published his work advising us about its relative but considerable deficiency. Furthermore, he was chastened by the fact that he felt the end of his days was near. This made him fear, visionary that he was, that his doctrine of miasms would not be fully understood.

No significant conceptual error can be found in the Hahnemannian method. This is true also in relation to the miasms. The practical confusion which always arose was the listing of the symptoms of all types as belonging to psora. In this list we are at once confronted with disturbances in which deficiency prevails, as with the excrescences and warts which the master himself had already classified as belonging to sycosis. In the same list he also included haemorrhages, ulcerations and tissue degeneration which he had previously linked to syphilis.

Strictly speaking this is not really a mistake on the part of the master. It is easy to understand that, having made evident that psora was the oldest pathological condition, he did not take into account that in every symptomatic picture there must still be remaining symptoms of psora even though the characteristics of one of the two other miasms, sycosis or syphilis, are predominating.

## THE BASIS FOR RECOGNIZING THE DIFFERENT MIASMS

It will be easier to understand the miasmatic classification if we begin with the third miasm. Hahnemann states that even in his time syphilis was recognized as a miasmatic disease in his sense of the word, i.e. as a constitutional or hereditary disease which is the result of not curing properly, or of suppressing, its initial manifestations. This Hahnemann termed the chancre disease (the first stage of the disease). Hahnemann, and modern authors as well, recognize the characteristically destructive nature of its lesions and dysfunctions. Thus, there is no reason to modify the initial appreciation of the obviously destructive and degenerative tendencies in syphilis, found in each one of its characteristic lesions.

The second miasm of sycosis, as expressed by the master, is the constitutional pathological form or condition that is the result of the suppression of gonorrhoeic discharges. It is similar to syphilis in its transcendancy and its relation to suppression. It is characterized in its manifestations not only by the production of fig-like warts, as the master noted, but also by hyperplasia, hypertrophy or expansion. We will return to this later on.

Psora, according to the master, is, together with the other two miasms, the chronic of the constitutional disease brought about by the unnatural suppression of cutaneous conditions, namely a scabies-like itch. We know very well that Hahnemann proved on innumerable occasions that a disease of this type had been suppressed in every instance in which there was an unmistakable tendency towards producing different pathological pictures with the characteristic of chronicity and complication. Cases presenting a history of venereal disease, i.e. cases belonging to the realm of sycosis and syphilis, were put aside. All the rest undoubtedly belonged to psora.

The birth of cellular pathology, with its extensive laboratory demonstrations, confirmed the ever-present correspondence of the whole with every one of its parts. This allowed the scientist to recognize that every dysfunction, every lesion, had its beginning, or at least its concomitant, in the cell. This is deduced from the fact that no part can withdraw itself from the condition of the whole or of the totality. Likewise, cellular pathology demonstrated that every transcending disturbance in the cell begins in the nutritional processes, that is, in the functions of assimilation. These disturbances can only be of three types: *deficiency, excess or deviation.*

From Virchow's investigations to our own day, many changes have followed the discovery of the microscope. In its first phase, pathological research had been basically deductive in its approach. Its observations were mainly connected with the theory of the "humours". The development of anatomical study was responsible for the later predominantly organ-based approach. Initially pathology dealt with the tissues, then with the cell and finally it has given way to an interest in molecular pathology. All the advances in biochemistry and genetics have been integrated into this research.

In spite of the many discoveries and the never-ending future discoveries

and interpretations, the fundamental notion of an imbalance in the organism, as seen by a deficiency, an excess or a deviation, still holds true. This is confirmed by the fact that in the realm of physiology and psychology these same morbid tendencies can be recognized. The most surprising thing is that these disturbances each correspond to Hahnemann's three miasms of chronic diseases: deficiency or lack, with resulting hypofunctional physiology and its inhibitions are characteristic of psora. In physiological hyperactivity, anatomical hyperplasia and psychological expansion correspond perfectly with Hahnemannian sycosis. Deviation, the syphilitic stigma, will be characterized anatomically and physiologically by dystrophics, dysplasias and dysfunctions. The syphilitic psyche will manifest itself by involution and degeneration.

The above considerations simplify and facilitate the classification of all possible symptoms for each of the Hahnemannian miasms.

Surprisingly enough, these bases for a miasmatic classification are complemented in the different symptoms. We can read about it both in the materia medica and the repertory. It was Kent in particular who admirably deduced or intuitively recognized the classification of the fundamental pathological symptoms. We find these symptoms expressed in his *Repertory*, which is an absolutely essential reference work. We can then recognize, in all the series of symptoms and in all the general symptoms, the different qualitative degree which we can connect with the psoric lack, the sycotic excess, or the syphilitic deviation. For example, a hypotonic intestine that brings about constipation due to lack of motility will correspond to psora. A colon with hypermotility will correspond to sycosis, while one with spasmodic dystonia or perverse movement will be of a syphilitic nature. A dry unhealthy skin will be of a psoric nature, while an oily skin with copious perspiration and a tendency to the formation of excrescences will be sycotic. On the other hand a skin which is ulcerated with a tendency towards degeneration will present the syphilitic condition.

A slow, sluggish or depressed mind will be psoric. A hyperactive, hurried psyche with a changing unstable nature will make evident the "hypertrophy of the ego" (Paschero) in the sycotic individual. The degenerative deprivation that clouds the spirit with its tendency towards destruction and death will constitute the syphilitic position.

To summarize we may state that psora will be all that which means inhibition, sense of inferiority, coldness, functional deficiency, lack of productivity or of holding back. For example, we can think of symptoms such as shyness, anxiety, irritability (holding back of anger), dryness, impotence, lassitude, weakness (whether it be general or of an organ or of a part of the body). Sycosis will be manifested by expansion, precipitancy, hypersensitivity, hyperactivity, hypersecretion, hypertrophy, pride, exaggerated fears, irascibility (manifest anger), hyperthermia, neoplasms, hurried. Syphilitic manifestations will include degradation, indifference, loathing life, a perversion

of biological functions, abnormal secretions, rage (blinding anger), convulsions, spasms, deformities, haemorrhages, putrefactions and destructive tendencies in the tissues (consumption) as well as in the mind.

The following examples are taken from Kent's *Repertory* and Allen's *Materia Medica*, where a correspondence with our miasmatic classification can be found.

*Sadness* is of a psoric nature because of its inhibitory quality. *Grief* is the sycotic manifestation of sadness because of its expansive quality. *Prostration of mind* exhibits the destructive syphilitic quality of sadness. *Fear*, when it is psorically inhibited, is manifested by *anxiety*. Specific fear (different fears) outwardly manifested is sycotic in nature. In *anguish* there is a fear with an implicitly destructive syphilitic tendency. The psoric individual will manifest a weakness of memory (*memory, weakness of*), the sycotic individual will be *absent-minded* due to his characteristic instability, whereas the syphilitic will be *forgetful* in the sense of having lacunae or memory lapses which demonstrate the destructive tendencies.

A slow pulse can be classified as psoric, a rapid pulse as sycotic and an irregular one as syphilitic. In the extremities, weakness is psoric, restlessness is sycotic and ataxia syphilitic. Erections incomplete, short or wanting are psoric; frequent or strong erections are sycotic and erections troublesome, painful or without sexual desire are syphilitic. Pains that are sore, bruised, pressive and demand that the patient rest, indicate psoric inactivity with its lack of tone. Stitching, pulsating and wandering pains manifest instability, hyperfunction, hypertonus consistent with sycosis. Burning, bursting and tearing pains indicate the syphilitic destructive, disordered nature.

#### APPLICATIONS OF MIASMATIC DOCTRINE

If we comprehend the depth and extent of Hahnemann's classification of diseases we have enormous possibilities in understanding humanity as a whole as seen in each one of our patients. We must find the characteristics which will enable us to recognize the different types of disorder. Thus we may appreciate in each patient their exact existential expression, from their inherited ailments to the most minute psychic and somatic manifestations. Likewise, the doctrine of the miasms allows us to realize the modulation that conforms, determines or defines each individual whether in a state of apparent health or disease. The features, the physical constitution, the attitudes and all the artistic, intellectual and spiritual expression will show the influence of the miasms. The impact of the imperfections implicit in one's nature, through which all of these manifestations are produced, becomes evident thanks to this knowledge.

Only the concept of a spiritually and physically perfect human being could lead us to imagine the existence of someone free from miasmatic tendencies. This is difficult, though Hahnemann himself traced back the origin

of the miasms to generations of an imprecise antiquity, and this may account for Kent's interpretation of the first miasm as "original sin".

To go back to a more pragmatic matter we will consider the clinical possibilities of this doctrine when dealing with our patients. Firstly, we make a list of all the symptoms or abnormalities we find in the patient. Then we separate those symptoms into the corresponding miasms, e.g. those that manifest a lack, a deficiency, a hypofunction etc. as characteristic of psora. In another list we write down the symptoms that have an opposite quality, i.e. the exteriorization, the instability, escape, hyperplasia and hyperfunction of sycosis. The third list would include all that is destructive and degrading, with a tendency towards involution and degeneration. We then select from these lists the predominating, extraordinary, singular or curious symptoms as recommended by the master in paragraphs 153 and 209 of his *Organon*.

The predominating symptoms dominate the whole picture, affect the sensibility and have the greatest influence on the final state of the patient. The extraordinary symptoms are not habitual, but only belong to a final stage. The singular symptoms are in relation to a very particular manner of the patient's reaction. The peculiar symptoms manifest reactions belonging to the individual patient. This group of symptoms is what Hahnemann considers essential to obtain the characteristics of a case. They constitute the minimum syndrome of maximum value. They are the most certain total symptoms which represent the existential moment to be dealt with in the patient. This may include as few as three or four symptoms.

Using this group of symptoms as the basis for prescribing we arrive at the true similimum. This marks the beginning of the correct evolution of Hering's Law. The last layer of the corresponding prevailing miasmatic condition, as expressed by the series of symptoms, is the first to disappear. If we allow the necessary time to elapse, the symptoms and manifestations of the miasm underlying in the next layer will become apparent. As Hahnemann and the other classical scholars indicate, repetition of this procedure will allow for the following pathological conditions to surface simultaneously and so eliminate the layers as they become more superficial. In other words, the miasm which reaches the surface level and forms symptoms, is eliminated thanks to the gradual liberation of the vital force. Let us remember that Hahnemann particularly insists, in paragraphs 72 to 78, that the miasm nullifies the efforts of the vital force to return the individual to a state of health. Only the successive administration of the homoco-miasmatic remedies will renew nature's positive potential.

One can understand that this whole therapeutic and curative process can take place only by virtue of the action on the dynamic powers. Only the quintessence of the drug's dynamism can motivate the profound changes that must be stimulated and carried on by our dynamism. The dynamic powers of our remedies alone are adequate to achieve this end.

On the other hand, it is easy to deduce that the miasmatic doctrine thus

established and understood, has many applications that help to a comprehension and explanation of events that occur in human life, from the simplest to the most complicated. We insist that this is true, not only about the changes which occur in the state of disease, but also throughout all our expressions. Our way of being is undoubtedly moulded by the infinite variety of hereditary features as well as by the many possible variations in our environmental miasmatic conditions. We may be predominantly psoric due to our parents' hereditary influence or from the impact of an educational environment and life which is favourable to the development of psora. Similarly we may be affected by a sycotic heredity or environment. This is also true for the syphilitic group. If psora predominates the patient will have in all his manifestations this way of being characteristic of psora. He will be slow, timid, cold, etc. and his work will demonstrate his condition whether he is a painter, politician or craftsman. His work will be contemplative, indicating his tendency towards meditation and fastidiousness. As a painter, a watch maker or a goldsmith he will always be trying to achieve an unobtainable perfection. If he is sycotic the painter's work will be ambitious, paintings with a message like those of a muralist. He will use vivid colours, exaggerated figures and his main concern will be with dynamic painting. If he be a politician he will be impulsive, loud, a leader, a man of action. The craftsman will be the innovator, ostentatious, with unexpected, extraordinary exuberance. If the dominating miasm is syphilitic then even in normal health he will be a revolutionary. As a painter he will leave all rules aside. He will deform geometry and overmix his colours. He will do all he can to go against recognized aesthetic conceptions because of his underlying destructive tendencies. He will use dusky, reddish colours. The intention of his work will be to alter the existing order, to revolutionize rather than to please. As a politician he will be an anarchist, a constant objector, a demagogue, intriguing, inciting violence, revenge and hatred. The craftsman will choose tortuous forms and will devote himself to objects of an offensive or destructive nature. His works will be unharmonious, repugnant, deformed or absurd.

Of course such examples can be multiplied ad infinitum, especially if we realize that no one has only one miasm, but we are all influenced by all three. For example, the miasmatic element in one individual can be the result of a mixture of psora with sycosis, or of psora with syphilis, or of all three together, even though there is always a degree of superiority of one over the other. With this knowledge we can appreciate the enormous complexity and variety of human expression.

To symbolize the miasms, we have given each a primary colour. Blue, the coldest colour, representing psora. Yellow is a loud colour reminding us of the nature of sycosis. To syphilis we attach the colour red, indicating the destructiveness of fire. The infinite mixture of these three primary colours indicates the infinite variety of miasmatic conditions that can be found.



A special chapter should be devoted to the interrelations associated with the predominating miasms. One can further investigate why people attract, reject or complement each other, whether as an individual, as a group, or as a nation, within this whole which we call the universe and humanity.

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