

# THE MIASMATIC APPROACH: ITS IMPORTANCE IN HOMOEOPATHIC PRESCRIBING

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## INTRODUCTION

The miasmatic theory of chronic diseases propounded by Hahnemann has become the most controversial in the history of Homoeopathy. It has polarised the homoeopathic profession; at one extreme we find a group who holds that the theory is a delusion and an error of the first magnitude; at the other, is the group who affirms that all that Hahnemann, Kent and Allen wrote on the subject amounts to a revelation given only to intuitive minds and that lesser minds should accept the theory on faith. The master, himself, we suppose, would prefer his theories to be examined dispassionately, objectively.

We shall examine the conceptual and observational base of this controversial theory and attempt to sort out the issues so that we are able to obtain clarity and definite guidance for accurate, standardized homoeopathic prescribing.

All theory is delusion, till supported by evidence from practice. We have substantiated repeatedly the fundamental truth depicted by Hahnemann and find that the theory in the present form, although still in need of elaboration and explanation, furnishes a reasonable guidance in practice to a susceptible homoeopathic physician. We present the evidence in the hope of influencing the less susceptible to admit, at least, to an exploration of the area; to those with heightened susceptibility, we address caution so that they are persuaded to reinvestigate and re-evaluate many of the excessive generalizations and claims.

Truth, as ever, is the golden mean.

## TERMINOLOGY

Considerable controversy and confusion prevails about the term *miasm*. Terms are ever coined anew or adopted from the existing vocabulary to serve the necessity presented by newly discovered facts and or concepts. Hahnemann was the first to conceive as early as 1818,<sup>1, 2</sup> the idea of infection by a particular "excessively minute, invisible living creature"<sup>3</sup>, as one of the three indispensably essential causative factors of the corresponding particular natural disease (the other two being the soil or susceptibility and environmental factors—the exciting or maintaining cause). This was more than half a century before Pasteur and Koch who are taken as fathers of Bacteriology. All the practical implications of this conceptual frame were thoroughly established in the thirties of the last century during the devastating epidemics of

cholera in the various countries of Europe<sup>1</sup>. Rarely has a Scientific investigator successfully conceptualised a theory from clinical observations at the bedside, unsupported by essential factual evidence from the laboratory. Herein lies the remarkable genius of Hahnemann.

Hahnemann utilised the concept of *miasma* to present this completely new discovery of the infecting factor, which he termed miasm. Miasm or *miasma* (Gr. Stain, defilement, pollution) means: (i) a heavy vaporous exhalation or effluvium formerly believed to cause disease, (ii) a noxious influence or atmosphere. Hahnemann, however, greatly extended the meaning of the term, both in extent and depth. He definitely pin-pointed the *influencing* or *infecting* agent as some particular form of minute, invisible animated being—specific for a particular form of disease. The vague concept of atmosphere, vaporous exhalation or effluvium did not appeal to him.

Many of the followers of Hahnemann, however, have drastically restricted and distorted this connotation of the term as adapted by Hahnemann, they have equated the term to the bacteria of the mechanical materialistic school, restricting its *modus operandi* to the physical and chemical planes alone, throwing aside the concepts of influence or infection which belongs to the dynamic plane. They appear to totally ignore the teaching of our master as given in the aphorism 11 of the *Organon*: "When a person falls ill, it is only this spiritual self acting (automatic) vital force, everywhere present in the organism that is primarily deranged by the dynamic influence upon it of a morbid agent inimical to life." This aphorism makes it clear that Hahnemann did recognise a material morbid agent (the minute invisible animated being) as the essential deranging factor; but, as this derangement had to be created primarily in the vital dynamic plane, this could never logically be done by the material (physical or chemical) properties of the morbid agent, but by the specific dynamic influence of the same. The living pathogenic germs (bacteria and viruses) cannot be taken as any thing except the physico-chemical carriers of some particular specific dynamic force corresponding to the vital force of the victims.

So, the precise concept of a *miasm* reduces itself, most significantly, to the different specific inimical forces carried by respective living material bodies or their biological products or even stigmata (these latter we shall reserve for the last part of this paper).

We thus find *miasm* as a term indispensable to Homocopathy, as no other term can possibly convey in a historical, conceptual or descriptive manner all that it conveys to the well-educated homocopath. One remarkable fact may be noted here. In the word *miasm*, Hahnemann depicted his original philosophic attitude, viz. *the inseparability of matter and spirit*. The term *miasm* however is often employed to denote the cause as well as the effect. For example, the terms *psora*, *syphilis* and *sycosis* are used to denote the causative miasms as well as their effects, the respective disease syndromes.

## MIASMATIC CONCEPT: EVOLUTION

An overwhelming majority of medical men including even the followers of Hahnemann like Hering<sup>4</sup> and Hughes<sup>5, 6</sup> have either ignored, misunderstood or misinterpreted this most essential and vitally important distillate of the vast clinical, critical experience of the master in the last quarter of his long life. Effective handling of chronic diseases in homoeopathic practice has thus had a severe set-back. Hahnemann was progressively disturbed by the relapsing course of events he observed in his patients treated by him in full accord with the principles of the new medicine of experience. He found it extremely difficult to effect permanent restoration of health—to effect a cure—his mission in life. He could afford to investigate his patients in greater detail in the leisure provided by the Duke of Coethen (1821). Those fifteen years were the most productive and Hahnemann, after careful collation and sifting of massive data pertaining to patients as well to the proved drugs, evolved a general theory of disease with special application to the relapsing and periodic disorders that plagued him long.

He related his observations to the earlier ones recorded in medical history and through a process of patient anamnesis was able to trace the link of the overwhelming majority of these diseases directly to a non-venereal disease-syndrome characterised, primarily, by some skin eruption attended with voluptuous itching and burning. In the absence of any better term, he called this disease as well as its causative miasm *psora* (derived from the Hebrew word *tsorat*: a groove, a fault; a stigma; a pollution)<sup>7</sup>, allied to the Greek word *psen* to rub<sup>8</sup>. And thus he definitely established the fact that most of the diseases with diverse distinct names are nothing but different forms of manifestation of the same original or fundamental disease *psora*.

The remainder of all diseases he traced to two types of primary venereal diseases, viz. *syphilis* and *sycosis*, which again cannot exist without a preliminary ground created by the foster mother of all diseases the *psora*, the basic role of which is to create a permanent hypersensitivity and universal susceptibility. Thus, it is clear that the theory of the fundamental causes—the chronic miasms—is not based on empty speculation but on clearly elicited and observed facts. They have been, moreover, extended and improved and confirmed in clinical practice by reliable observers.

## MIASMATIC THEORY: SCIENTIFIC BASIS

A concept, theory, principle or approach can be taken as scientific, if it fulfils the following criteria:

- (1) It must be based on clearly observed data, facts and phenomena.
- (2) It must be repeatedly confirmed by future observations and experiences under similar conditions.
- (3) It must give clear and correct guidance in anticipating the future events.

All these conditions of scientificity are fulfilled by the miasmatic concept and approach.

*Objective factual basis:* This has been clearly pointed out above and confirmed innumerable number of times by the chronological reappearance of old forgotten symptoms or syndromes elicited by this miasmatic approach.

Moreover, this approach has automatically added an essential scientific feature to the whole faculty of medicine, and that is a definite classification in the field of study of this particular science and art. As a matter of fact no science can thrive squarely without a definite and rational classification of its materials of study. The studies in the field of vegetable kingdom would have remained chaotic if the Swedish botanist Linnaeus (1707-1778) had not introduced a definite rational classification of vegetable entities; the field of study in the animal kingdom would have remained chaotic if the French naturalist Cuvier (1769-1832) had not introduced a definite rational classification; on the other hand, all the studies in the field of medicine are still remaining disconcerted only on account of the failure of the medical world in general to thoroughly appreciate and accept the miasmatic classification introduced by Hahnemann 150 years ago<sup>2</sup>.

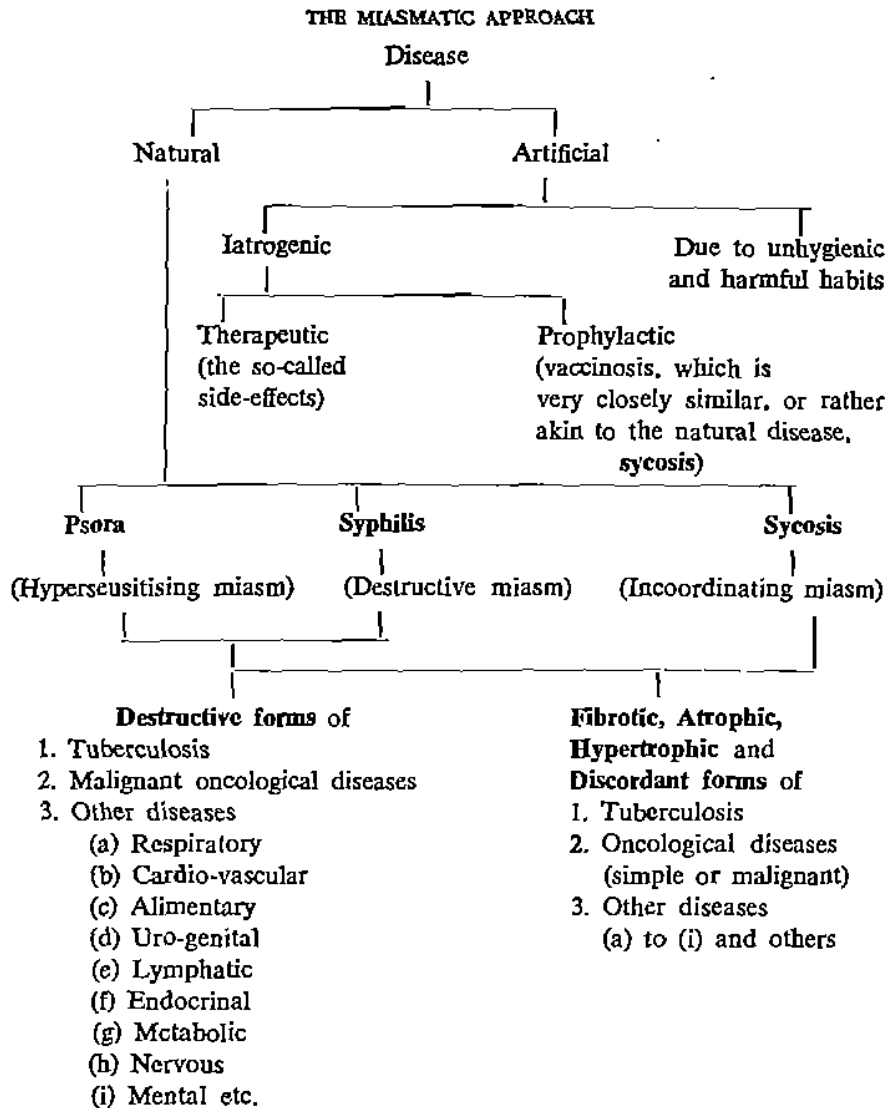
*Confirmation in practice:* The large majority of the rational followers of Hahnemann led by Allen<sup>9</sup>, Kent<sup>10, 11</sup>, Roberts<sup>12</sup>, Speight<sup>13</sup> and others have, however, not only infallibly confirmed, but considerably improved upon these observations and gained immensely, thereby, in the actual field of practice. Thus, following Hahnemann closely we have arrived at a comprehensive, rational and objective classification of all possible disease (vide, chart).

A controversy still runs amongst the followers of the miasmatic concept, on the last rung of this classification. But, I am sure this controversy will be resolved in the course of further observations and elucidations, as is but natural in any form of scientific study.

*Utility value in practice:* Notwithstanding the critical attitude of authorities like Hering and Hughes who have exhorted symptom-similarity as the only basis of a correct homoeopathic prescription and, therefore, maintained that we need not pay any value or even credence to the theory and concept of chronic miasms introduced by Hahnemann, a large number of homoeopathic physicians have gained immensely through whole hearted *acceptance* of this concept and practice. Difficult and one-sided cases, on account of the paucity of the present symptoms, lend themselves well to this approach. This is so on account of the following difficulties in perceiving.

(1) A high degree of personal factor is involved in eliciting all the characteristic guiding symptoms from the present condition of the patient and effectively evaluating them. And this is the main reason for the diversity of our prescriptions for the same case.

(2) However well the case-taking is undertaken for the present condition of the patient, it depicts only a part of the whole disease which is inseparably linked with its earlier development, depicted in the past history and family



history. Any investigation in these spheres without an understanding of the miasmatic approach is like navigation in an unfamiliar sea without a chart and compass.

(3) Even the laws of progress of cure formulated by Hering himself cannot be assuredly followed without the compass of miasmatic concepts.

The experiences of many serious and rational homoeopaths corroborate these facts repeatedly.

## MIASMATIC THEORY: CLINICAL CONFIRMATION

Personally, I have repeatedly verified the truth of the miasmatic theory in my practice since 1940. Clinical records from 1940 to 1955 are no longer available, being destroyed on political grounds during my detention in East Pakistan prisons (1949-59). Some of the cases referred to this period; the remaining ones can be rechecked from the files. I cite a few clinical verifications that formed the foundations of my practice.

## MIASMATIC APPROACH: CLINICAL CURES

*Acute cases*

**Cholera:** A boy of 12 or 13 years came to my hand in the collapse stage of a severe attack of cholera with clear symptoms of Carbo veg. This was around 1942. (I started exclusive homoeopathic practice since September 1940. And by that time, I had just finished the reading of Hahnemann's *Chronic Diseases*, J. H. Allen's *Chronic Miasms* and Burnett's *Vaccinosis*, and I had only some superficial and sceptical ideas about the basic contentions of these books.) This particular case, although clearly of Carbo veg. completely refused to yield to that simillimum given in potencies from 200 to 50m each time producing shorter and shorter response, beginning from about one hour to a few minutes. The patient was going to die at my own hands. In such a situation, all of a sudden, one symptom of Medorrhinum, given in Allen's *Keynotes* (which was my main handbook at that time) came to my mind; that was closely similar to Carbo veg. in a *state of collapse*<sup>14</sup>. At once I called the boy's father aside and asked him directly whether he had any attack of gonorrhoea ever in his life; exhorting him to tell the truth in the interest of the life of his son. He clearly admitted that he had an attack of that disease before his marriage, but was thoroughly cured (?) by long course of country medicines. Immediately I gave the boy a dose of Medorrhinum 200, and he was almost dramatically brought back from the very jaws of death. The boy was still alive and healthy till 22nd September 1955 when I was expelled from East Bengal.

**Status asthmaticus:** A multiparous woman of 31 years was admitted into D. N. De Homoeopathic Medical College & Hospital in a condition of severe status asthmaticus. All the symptoms including 'rocking the head from side to side' definitely pointed towards Kali iod. But this remedy given first in the 30th potency and then in the 200th, repeated doses in distilled water with 10 succussions before each dose, made no change. Then on taking the family history I came to know that her grandfather (a zeminder) was of a lascivious character, her father and 2 or 3 uncles and aunts had rheumatism and some others asthma. Taking this hint of sycotic trend in the family I prescribed Medorrhinum which also has 'rocking of head from side to side'<sup>15</sup>. The case was dramatically relieved in a few minutes. The case of course again required Kali iod. after about a month, when it acted quite nicely.

Since then, the case was in touch with me for about two years in the

O.P.D. and occasional attacks of asthma that she had were much milder in form and longer in interval. She required a few more doses of Kali iod. alternating with Medorrhinum at intervals of 2 to 6 months.

The patient had also considerable emphysematous changes in her terminal bronchioles and alveoli (as indicated by x-ray). They were also considerably cleared up by the end of about two years.

I have also in my records a number of asthma, both bronchial as well as cardiac with nocturnal aggravation, refusing to respond to clearly indicated remedies like Ars., Antim ars., Kali carb. etc., responding remarkably and taking a turn towards cure after administration of some deeper anti-syphilitic remedies like Syphilinum, Mercury, Aurum, etc., based mainly on the past history of syphilis cured (?) by long continued allopathic treatment (with W. R., V.D. R.L., remaining negative ever since), or on the family trend of syphilitic manifestations.

#### *Gynaecological cases*

A number of cases of tubo-ovarian mass and also many other pelvic pathological conditions in married ladies with one child or no child, baffling the clearly indicated remedies based on the available totality of symptoms have been cured or brought to the path of cure by me only by eliciting (often with great difficulty) the incidence of gonorrhoea in the husband which had been cured (?) long before his marriage. Re-evaluating and rearranging the anamnesis and deriving the totality of symptoms on that particular datum brought to the fore some antisycotic medicines like Medorrhinum, Thuja, Sepia, Nat. sulph., etc., which proved helpful.

#### *Paediatric cases*

In the treatment of babies and children with sub-acute or chronic gastrointestinal disorders (like various forms of colic, vomiting, diarrhoea, dysentery etc.), respiratory disorders (like pharyngitis, tonsillitis, bronchitis, asthma etc.), mental disorders (like persistent crying tendency, irritability, obstinacy, tantrums, mental retardation, even primary dementia, etc.), I have on most occasions been baffled by trying to prescribe on the basis of existing symptoms only. I have, however, been able to make a headway towards cure and sometimes got dramatic results by depending on the miasmatic approach with—

(a) Data obtained from Familial anamnesis indicating—

(i) Sycosis—rheumatism, asthma and allied respiratory disorders, sycotic fibrotic types of tumors, insanity with suspicion mania, vindictiveness, mental crookedness etc.

(ii) Syphilis with various forms of destructive diseases of bones, nerves etc., destructive forms of tuberculosis or cancer, homicidal or suicidal mania etc.

(iii) Combined Miasms—tuberculosis, cancer etc.

(b) Data from iatrogenic anamnesis—The most common and most wide-

spread in the present stage of civilization is the vaccinosis created by the universal inoculation, vaccination and injection of antigens of various forms.

As a matter of fact, now-a-days, I cannot make any headway in the treatment of any case, of any age group, without paying due attention to this miasmatic source of disorder with remedies like, Thuja, Silicea, Ant. t., Vaccinum etc.

(c) Acute miasmatic anamnesis—Many an irregular or obstinate and chronic disorder baffling the superficial similitum or even all attempts to find any such, has been effectively tackled, only after paying proper attention to the history of an attack with an acute miasmatic disease like small-pox, measles, whooping cough, diphtheria etc. with their respective nosodes, or better still with corresponding similitum, if possible.

#### MIASMATIC APPROACH: REAPPEARANCE OF SUPPRESSIONS

A case of whitlow in a man of 30 years came to my hands in about 1943 with clear indications of Silicea. Within 8 or 10 days after administration of a single dose of Silicea 200, to my utter surprise, there appeared practically all the manifestations of the secondary stage of syphilis and that in a very severe form with fever and the patient (who was quite ambulatory so long) became bedridden with extreme weakness. The whole family and also of course, of my own self, got extremely alarmed. This was so, because, although by that time I had gone through some of the basic books on chronic miasms (as stated above), I had not yet developed sufficient clinical familiarity with or confidence in the concepts presented in these books. But, somehow, I managed to keep myself firm with a determination to follow the developments of the case without any tampering. This stand of mine was reinforced by the mental tranquillity of the patient himself. The mental state had, paradoxically enough for me at that time, rather improved despite all these stormy manifestations. The secondary manifestations gradually subsided in the course of 8 or 10 weeks; and the patient remained fairly healthy with no troubles for about 5 or 6 months, receiving only occasional placebo from me. After that, one fine morning, he noticed the reappearance of his long-gone primary chancre exactly at the same spot where he had it originally. But the patient took this event very calmly, as I had already forewarned him about this on the basis of my bookish knowledge. His chancre also disappeared in about two months. The whole process took more than one year to finish, since the single dose of Silicea 200. And after that the patient regained his original robust health, which he had before his infection with syphilis.

This case held out a dire and deep-rooted lesson for my whole future life as a physician; that is why I remember all the details so vividly, as if it happened only yesterday. Since then, it has become my habit to explain to each of my patients that no perfect cure can be assured unless and until I can bring back his original disease. And I never mind if some of them, or their guardians got scared by this honest and truthful explanation, and fly away,



as some of them do, only to return after a few months or years of bitter experience, when they refuse to leave me, in spite of the rude behaviour they may often get, from me.

I have in my records a number of such typical cases where the antecedent miasmatic manifestations were brought back by the similimum prescribed on miasmatic basis with a gradual disappearance of the present disorder. This is of course very difficult and often impossible to obtain in obstinate cases like endocrinal diseases, congenital disorders, oncological disorders etc., as in most of these cases the primary miasmatic infections occurred some generations before, and the present disorders are the results of hereditary transmission of the intimate combination of the original—psora with syphilis or sycosis or all the three blended together. Many of these cases fall in the incurable category. And what we can best do in such cases is to palliate the existing trouble taking all caution not to create any side-effects or additional complications. Many of us, due to our negligence of the miasmatic approach, however, seem not to know that unguarded administration of homoeopathic palliatives or even curative similimum in such cases may create troublesome or even dangerous complications. For the same reason a curable case is rendered incurable by palliating the antecedent manifestations of the miasm/miasms (in their simple or combined form) on their path of retreat, under the force of a correct similimum, as would have happened if I would have gone to palliate the reverse manifestations under the force of *Silicea* in my case of syphilis cited above.

#### MIASMATIC FRAME PROGNOSTIC GUIDANCE

A thorough grasp of miasmatic concepts and approach, with correct anamnesis, will always enable us to anticipate the future development of any case.

I have experienced a large number of cases, especially of children or in the younger age group, who had clear evidence of miasmatic infection or inheritance, the guardians refusing to appreciate or believe in our interpretation and going their own way, corroborating our interpretation, over the years by developing clearly diagnosed tuberculosis, cancer, diabetes, heart disease, etc., difficult or impossible to cure.

After making a curative prescription, we can know invariably and assuredly what results will follow. This fact is so infallible that if the expectations do not materialise in a definite order (from the latest to the earliest), it will invariably be found that either the prescription was not at all a curative one or the case itself was incurable. This fact also has been corroborated in almost all chronic cases of mine.

Thus have I in my fairly long experience of homoeopathic practice, tried to establish to the best of my ability, the full scientificity and utility of the miasmatic approach in homoeopathic prescribing.

## MIASMATIC THEORY: LACUNAE

\*Hahnemann paid almost all his attention to psora, the most basic of all the fundamental miasms at the cost of the other two fundamental miasmata, syphilis and sycosis, with practically no mention about the various manifestations to them. He has included under his description of psora, even some of the few manifestations he has himself mentioned under the latter two miasmata.

\*He paid the least respect to the activities of the combined miasmata, all the manifestations of which he has included under the same psora.

\*He devoted the whole of his attention only upon the *congenital* infection of these miasmata, but totally ignored the phenomena of their *hereditary transmission*.

This might perhaps, be due to the fact that hereditary transmission was ill understood at his time. It is only much later after his death that ideas of heredity came into the comprehension of biological scientists, initiated by the Austrian monk-cum-naturalist Mendel (1822-1884), and now it has culminated into the study of *genes* as the agents for transmission of hereditary factors.

\*There exist some minor errors in his pathological observations. He has stated that the primary chancre of syphilis would persist up to the end of the life of the victim, unless suppressed or cured by medicine<sup>16</sup>. Whereas, later observations have shown that the primary chancre disappears of its own, even without any treatment, in the course of some weeks to a few months. Generally it cannot persist more than six months. And after a lapse of some months or even years, it is followed by secondary manifestations of syphilis, which leads ultimately to the tertiary manifestations. He mixed up all these stages of the development of syphilis, on account of the general poverty of knowledge pertaining to clinical differentiation.

All these deficiencies have, of course, been considerably made good, as stated earlier, by his followers like Allen, Kent, Roberts and others.

Still some controversy remains especially with respect to the combined stigmata. For example, almost all the latest homoeopathic scientists consider tuberculosis and cancer as a result of intimate hereditary blending of psora with syphilis, totally ignoring the poor sycosis, and some again want to categorize tuberculosis and cancer respectively as separate miasmatic entities. Even one of the latest existing scientists in this line, Dhawale, as I have understood him, wants to present his evolutionary classification of miasmata as: Psora (the sensitizing miasm)—sycosis (the formative miasm)—tuberculosis (the reacting miasm)—syphilis (the destructive miasm, when all struggle for survival is given up). Whereas, as per my personal observations, I find that both tuberculosis and cancer belong to two main types: formative/fibrotic/seirrhous type (psora-sycosis) and destructive type (psora-syphilis)<sup>17, 18</sup>. I hope this Symposium will help much in advancing towards the settlement of these disputes.

Another problem in this subject acutely needs a rational and objective

solution. In the field of the clinical experience, it has been definitely established that all the fundamental miasms (especially noted in cases of syphilis and sycosis) can be transmitted from one person to another exactly in the stage they exist at the time of infection, although the most careful examination fails to detect any specific organism in the infecting material. Then what is the precise nature of the infecting agent? Is it only the dynamic 'information' of the infecting agent that is transmitted and carried over by disease products (as per the principles of cybernetics), just like the dynamic information of potentised drugs? Does this dynamic information transform into different grades in the subsequent stages producing different types and degree of manifestations? Or does the nature of the manifestations correspond with the different grades or evolution of the dynamic information of the original infecting agent?

The problem of drug miasm and suppressions, 'homoeopathic' as well as otherwise need clearer elucidation and precise recommendations for effective clinical management.

#### CONCLUSION

Hahnemann's theory of miasmatic origin of chronic diseases is a most fundamental and original approach to the understanding of the phenomenon of disease from the evolutionary point of view.

It approaches the specific from the general frame and incorporates within it the concepts of causation as well as that of concomitance, which together, form the basis of the concept of totality of symptoms on which the portrait of disease (*5 & 6 Organon of Medicine*) rests.

The classification, like all similar ones, needs to be understood in terms of the identical types which need further treatment to render it into an effective guidance system at the bedside.

All of us need to work out methodically the further details and incorporate these suitably into a definite action plan. Then only will our clinical practice approach standardization, essential for efficiency.

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## HOMOEOPATHIC NEWS

### FOURTH ALL INDIA HOMOEOPATHIC SCIENTIFIC SEMINAR

The above Seminar is proposed to be held on 23rd, 24th and 25th April 1982 at Dhanbad by Homoeopathic Medical Association of India, Bihar State Branch.

The venue is Indian School of Mines which is about 2 km away from Dhanbad railway station.

The delegation fee has been fixed at Rs. 70. Free accommodation will be provided to the delegates inside the campus of Indian School of Mines; but one is to provide his own bedding. Special arrangements for accommodation can be made on request in guest houses and hotels against payment.

Single fare double journey railway concession facility will be available to the delegates.

The last date of enrolment as delegate is 25th February 1982.

Draft, money order, cheque should be in favour of 4th All India Homoeopathic Scientific Seminar and sent to Dr. Samar Banerji, Organising Secretary, Mihijam Dispensary, P.O. Jharia, Dt. Dhanbad.

### FINANCIAL ASSISTANCE TO MEDICAL PRACTITIONERS

The Ministry of Health and Family Welfare, Government of India informs in a communication that various financial assistance from nationalised banks are available to medical practitioners including practitioners of Homoeopathy who establish practice/nursing home in rural or semi-urban areas in the country. Persons interested may contact the banks for details of their schemes.

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(Continued from page 13)

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