dug up, and the results rather startled me. It was fairly simple with *Lycopodium*, but, well, you see for yourself what came out of this.

Because of these strange results, I fortified myself with sufficient literature to quote, if necessary, and to back me up. I will not bother you with it, but on any question I have the reference available and it will be printed.

There is little more to say except to thank you very much for your kind reception. If I do as you suggest, I don't know who is going to take care of my practice!

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INFECTION OR MIASM ?

EDWARD WHITMONT, M.D.

Is a specific illness caused by the invasion of micro-organisms or is the activity of the bacteria and viruses only secondary to a primary internal disorder? An attempt is here made of an analytical evaluation of the available experimental and clinical material which may serve to remove this question from the sphere of emotional and factional argument and assign the proper place to bacteriology within our homœopathic philosophy.

Experimental evidence has established beyond doubt that a specific illness can be produced by inoculating an organism with a strain of virulent bacteria. But is this artificial laboratory experiment necessarily an exact duplication of the average clinical infection? The German scientist Pettenkofer swallowed a culture of living cholera-vibrios and emerged from the experiment without any symptom or damage whatsoever. More or less steadily, we are exposed to pathogenic organisms (streptococci, staphylococci, Koch's bacillus), but only occasionally an infection develops. Many individuals pass through epidemics with-

out harm in spite of being as fully exposed as others who succumb. Thus experimental and clinical evidence appear contradictory, in part, at least. This apparent contradiction is explained away by the variable factor of individual disposition and resistance. Yet, it behooves us to question further, what determines this resistance and what is the specific relationship between the inner factor of disposition or resistance and the outer factor of the infective agent.

When exposed to cold, our organism responds with vasoconstriction and increased heat production; exposure to light leads to a protective darkening of the skin; an alkali entering the stomach leads to secondary increased acid production, a stimulative drug to a secondary relaxation. Exposure to pathogenic bacteria results in the formation of antibodies. Even food substances are completely broken down and deprived of their "foreign", "external" nature and then resynthetized to an entirely different structure. These varied examples show that normally life maintains its integrity, which we call health, by steadily opposing and, within the borders of the organism, reversing the processes of outer nature. Whenever these forces of outer nature are permitted to extend themselves unchanged or insufficiently opposed into our interior, pathology results: *e.g.*, a burn, poisoning or infection. All factors of outer nature, physical, chemical and biological alike even the ones we commonly consider harmless, are potential disease producers merely by virtue of being a part of extrahuman nature. In this respect, there is no principal difference between drugs, poisons or microorganisms. Disease or death occur when the extrahuman impulses which they represent, prevail over their polar, opposing counter-processes of our human formative forces.

Conditions favouring this event will fall into one of the following three categories:

1. An external invading factor of increased strength, may unconditionally override the body's resistance: Exogenous origin of illness.

2. One or several of the specific resistance factors is weakened thereby allowing for the invasion of the corresponding outer infective agent: Exogenous in balance with endogenous ætiology.

3. Any function of our system, of itself, may be altered in such a way as to become similar instead of opposed to any of the outer extrahuman processes; thus it spontaneously would create an enclave; as it were, of an extrahuman, health inimical functioning: Endogenous origin of illness.

Ad 1. Obviously, an attack will succeed whenever the external factor is particularly strong and aggressive. Yet this purely exogenous type of illness, the standard concept of bacteriology, is restricted to the laboratory experiment of artificial inoculation and probably to violent epidemics; it also occurs in the various cases of food and drug poisonings. Under average circumstances the exogenous factor is held in check until somewhere our defense breaks down or something within us invites the invader. What accounts for this changed attitude of lowered resistance?

Ad. 2. In his "Chronic Diseases" Hahnemann explains the more acute disturbances as manifestations of a chronic constitutional diathesis: a lowered resistance or increased disease disposition results from contamination with the miasms of psora, syphilis or sycosis, in other words, from previous infection. When one studies Hahnemann's description of the mode of contagion and transmission of these miasms, one may feel that he anticipated modern bacteriology. If he did not go any further, one simply might substitute specific infections for his "vague" miasms and throw overboard the whole psora theory in favour of "exact" bacteriological diagnosis. Yet Hahnemann insists that *all* illness is due to affliction by one of the miasms and even includes such states as insanity or epilepsy which most certainly show no bacteriological findings, as a rule. He explains this by postulating a permanently changed constitutional response quality after being contaminated

by the miasm, which if we use our own terminology, would result in lowered resistance to exogenous infection and altered internal functioning leading even to noninfectious types of illness.

This most ridiculized part of his teaching is upheld and experimentally corroborated by our modern investigations into the field of allergy. An organism, once inoculated, remains forever in a state of hypersensitivity and responds with varying symtoms of local and general nature to renewed contact with even minute doses not only of the original but also of a *similar* or related antigen. (*e.g.* a typhoid fever serum agglutinates also paratyphoid bacilli, an infection with measles predisposes to tuberculosis, sensitization by the Koch bacillus increases the susceptibility to strep. and staph. infection). The pathologic (anaphylactic) type of response may be likened to what happens when the sensitized organism responds with symptoms of illness to a renewed contact with the exogenous pathogenetic factor. In the immunity type of response, we may find an analogy to the effect of the isopathic or homœopathic remedy. In the light of these facts, Hahnemann's contention appears quite logical and understandable that in the train of one original infection a never ending stream of all sorts and kinds of ailments ensues, particularly so when the factors of mixed infections and the effects of drugs and suppression add their complications to the picture.

Thus Hahnemann's miasmatic theory explains how even a weak exogenous factor when confronted by the endogenous hypersensitive or anaphylactic disposition may be conducive to illness. Reduced resistance leads to infection.

Before going further, attention must be drawn to two facts which are often overlooked:

The one is that Hahnemann did not define psora as itch or scabies but as "the chronic illness which *underlies* the scabies (or itch) eruption": "die dem Kraetz-Aussch-

lage zum Grunde liegende chronische Krankheit." (Chronische Krankeiten 1828 pp, 15).

In the light of the foregoing it is understandable how an original psora sensitization results in various phenomena of hypersensitivity one of which happens to be a lowered resistance of the skin to an invasion of the acarus scabiei. The fact that this acarus scabiei has been identified as the exogenous factor and that dirt encourages the infection, changes in no way the fact that this lowered resistance to its attack is of psoric origin and that the acarus itself is similar related to the psoric antigen (as demonstrated by the provings and clinical action of the nosode psorinum) even though the exact nature of this original psoric factor or plurality of factors may not yet be known to us.

The other important point is that Hahnemann emphasizes that the abuse of drugs also establishes a disturbance of the human economy quite analogous to the effect of the three chronic miasms. Even our allopathic colleagues had the fact of drug hypersensitivity quite forcefully brought to their attention. Our own experience, of course abounds with examples of permanent drug damage. Even physical factors conform to this rule, as frozen parts remain hypersensitive to the slightest cold for the remainder of the individual's life or parts having suffered x-ray burns are hypersensitive to any radiating energy like radium or even sunlight. Yet—a beautiful demonstration of how the law of similars is anchored in this same general principle, the immunological, curative response to smaller doses being a reversion of the anaphylactic one from larger doses: potencies of radium cure the x-ray burn, by stimulation of the lagging counterprocess which was overwhelmed by larger doses.

All extrahuman factors, drugs, improper foods, bacteria, physical forces alike, being potential disease producers are also capable of creating what homœopathy calls the miasmatic state: namely a continued steady progression, under

various guises, of the original pathology or a weakened resistance to the original or a similar infective agent. Thus Hahnemann's miasm theory provides the explanation for our second supposition.

Ad 3. Yet even so far the endogenous factor of disposition was explained solely as the result of what still is an external cause. There must also be a cause within us, to stop our counteraction against the outside force process thereby allowing for what we may term the first or primary illness or infection, which prepares the ground for the others to follow.

We have seen that the massive bacterial invasion (see No. 1) is principally analogous to drug poisoning—both establishing outside forces within man's interior against insufficient opposition and resulting in either immunity or the miasmatic hypersensitivity (see No. 2) depending upon the relative strength of attacking and reacting forces. Let us assume a specific example: A lethal strychnine poisoning may be induced with massive doses of ignatia amara. If repeated small doses in potencies are given instead, a less severe disturbance will develop, exhibiting the characteristic symptoms which are recorded in the provings of the drug. (Proposition No. 1) A single dose of the attenuation may provoke this ignatia illness if the individual happens to be hypersensitive to the very drug energy, be it as the result of previous drug abuse, or sensitization by malaria, or because he is of the characteristic ignatia-like erratic temperament. Thus far goes our proposition No. 2. Yet this temperamental configuration or an emotional shock not only produce a hypersensitivity, they give rise, even spontaneously, from within, to an illness which exhibits all the symptoms produced by the outer ignatia energy.

A likeness of this outer ignatia energy is spontaneously generated from within. This enclave of an outside-like force process, represents an interference with normal healthy functioning. Yet the origin of this strictly endogenous disturbance (though similar to an outside substance)

lies in the impulse of our spiritual, mental and emotional entity. Evidence of the general applicability of this example is born by the fact that the mental and emotional symptoms are of primary and often overruling importance in the accurate selection of the similimum (which is the outside force complex, resembling the inner disease). Our mental personality sets up an inner state which is similar to the potential effect of the outer energy: since the inner and outer resemble each other, we no longer may oppose the outer. The barriers are down for an extension of the extra-human process into our interior. Thus a certain type of personality may set up a phosphor- or silica-like state, possibly leading to an invasion of the bacillus tuberculosis. Another, related type of personality will result in a state similar to the one produced by a proving of tuberculinum, in which also the bacillus tuberculosis may or may not be found. The bacillus itself which is part of outer nature thus is shown to be a relatively small part of the much wider, in our example, tuberculous miasm—a dynamic force complex encompassing such substance images as phos., sil., lyc., tub., etc. The bacillary invasion is secondary to the miasmatic disposition derived from the mental and emotional configuration, or from the chronic hypersensitivity resulting from earlier sensitization (see No. 2).

As the suggestion offers itself to look upon disease as reflecting the pains and labours of our spiritual and emotional growth, one may start to get some understanding of the appearance of new diseases. It becomes a fascinating task to study the coming and going of illness as integral parts of a human biography, but also of the history of mankind in its various evolutionary stages. Only a few examples should be touched upon: Think of leprosy belonging to Biblical times until the late Middle Ages, of syphilis entering our history at the era of the beginning of our modern consciousness when during the Renaissance the shackles of scholastic theological thinking were broken. Think of a tuberculous patient with his oversensitive, over-

intelligent, overoptimistic and idealistic aspect (compare the description in Thomas Mann's "Magic Mountain" and the mentals of phosphor and tuberculinum and remember how tuberculosis was rampant during this rationalistic and yet so strangely idealistic and optimistic 19th Century.) Confront this with the stark, earthheavy, hopeless attitude of the cancer patient so deeply reflecting a prevalent attitude of our present time.

What then should be our attitude to the question of infection versus miasm? The very flexible balance and polarity of endogenous and exogenous disease origin, complementing each other, seems more adequately encompassed in the idea and homœopathic description of the miasms than by the narrower one of infection, which really does justice only to the gross invasion of the external bacterium and completely overlooks the endogenous origin of illness.

Moreover the proving of the nosodes demonstrates a great variety of clinical conditions in which the bacterium in its gross material state never is found. (*e.g.* medorrh: bronchial asthma; tub: breast tumours; dysentery com.: sciatica, etc.) In analogy, a calcarea or silica sickness need not reveal any gross disturbance of the chemical elements except in case of advanced pathology. Thus it is suggested that the bacteria, as we know them, are only a small physical part of a greater dynamic force complex which again is more adequately described, though not necessarily defined, in the recorded symptoms of the miasmatic concept.

With the fact of bacterial ætiology definitely being a part (though not the whole) of our picture, hygiene and sanitation obviously gain the same importance to the homœopath as to the allopath as they reduce the threat of the exogenous factor and thus may avert or control violent epidemics. In the case of what we may call secondary acute exacerbations of the chronic miasmatic illness the internal hypersensitivity is the pertinent factor; only a constitutional treatment can be of real help. Bacteriostatics reducing bacterial virulence without damaging the patient's reactive ability

or suppressing its manifestation may gain time for the organism in the rare instances where the internal remedy is not able sufficiently to arouse the paralysed vitality to produce a clinical response. Interestingly enough, only members of the family of microorganisms seem to be purely bacteriostatic without suppressant action (bacill. bulgar., penicillium notatum, etc.). This may express another angle of the simile principle. In epidemics, one is confronted with a particularly violent exogenous factor or with a uniform endogenous mass disposition which finds its expression in the epidemic remedy. One may wonder how much the mental attitudes of strain, anxiety and hate, so generally prevailing in times of war, contribute to the genesis of epidemics. Once an epidemic cycle has begun it is a well known fact, of course, that repeated passages through living organisms increase the virulence of the bacterial strain.

What about vaccination and immunology in its relation to homœopathy? Our study makes it obvious that the law of similars is the most basic and at the same time the most encompassing explanation of a wide range of phenomena, only a limited part of which is covered by immunology. Vaccination as practised by the allopathic school and justified by their narrow immunological understanding is a rather awkward and bungling application of the much wider homœopathic principle. The best immunization always is provided by the properly chosen similimum, notwithstanding the fact that often this happens to be the specific nosode.

Applying our considerations to practical case management, we have to remember, of course, as you all know, that labeling a condition an expression of the tuberculous or syphilitic miasm, for instance, implies as little that tuberculinum or syphilinum will be the required prescription as recognizing a condition, as a calcium disorder would necessitate the prescription of calcarea. Just as a case of calcium disorder may require sulphur or phosphor or

symphytum or plumbum or even vitamin D rather than calcarea, so the tuberculous state may demand any of the antituberculous remedies, only one of which is the nosode. On the other hand a recognition of the miasmatic nature of a case and proper relating of drugs to the various miasms often will be of help in finding the curative remedy.

Miss C., aged 46, waitress, unmarried, childless, Recurrent ulcerative tonsillitis, six to ten attacks a year with fever up to 103. Tonsils removed twice. At present the ulceration is located in the right tonsillar niche, extending to the soft palate. Sharply defined, flat ulcers with yellowish ground.

Patient was seen first during an acute attack showing a red pharynx around the ulcers, otherwise nothing of interest, upon physical examination, except a blood pressure of 180/110. Subjective symptoms: Aggravated by warmth locally and generally, at night, from drafts of air, fat food. Ameliorated by cold air, cold drinks (throat). Affection of right side. Profuse sticky perspiration. Desire for salt food.

The acute phase promptly subsided after the prescription of Merc. viv. 5M. Yet the ulceration and a chronic sensation of soreness remained with a general feeling of weakness. Sulphur resulted in some improved general feeling but did not touch the objective state. Soon a new acute spell wiped out this little gain. Merc. jod. fl., lycop., psor., nit. ac., kali bichr. made little impression. Searching for a remedy which might bring order into an organism obviously paralyzed in its attempt to respond properly, with symptoms, to the disease stimulus, the persistent nightly aggravation led to the choice of syphilinum. The first dose of 200 produced an excellent response holding for four months. Then an acute attack again which responded to merc. viv. After this, syphilinum did not help any more though her condition was generally better than before. However some light has been brought into the case as the miasm was definitely identified. The further choice of

remedies had to consider their relation to syphilis. Aurum 200 two doses throughout the next 12 months promoted further progress with only two acute interruptions requiring nitr. acid and merc. viv. respectively. At the end of this period aurum helped no longer in spite of an intercurrent dose of syphilinum. Then mezer. was given, two doses of the 200 within three weeks. Ever since then, a year ago, there was no more recurrence of any sore throat, the ulcers have completely disappeared and the patient is free from any complaint. Though mezer. has ulceration of throat which is worse from local warmth, there might have been little to suggest it otherwise, had it not been for the fact that in the study of the Materia Medica special attention was paid to the syphilitic remedies.

This patient was an elderly maiden and most assuredly never had been exposed to a clinical infection with syphilis.

Miss M., aged 33, art student, unmarried, childless. History of several attacks of tonsillogenic septicæmia. One year ago, tonsillectomy was performed. Ever since then she has been subject to convulsive pains through chest and abdomen with a feeling of dyspnœa and suffocation as well as fainting spells. Increasing weakness since puberty. Severe, disabling dysmennorhœ. Left sided migraine and pains in the heart area. Unable to perform even the lightest type of any work. Physical examination: Lean, lanky, stoop shouldered, emaciated appearance. Oily skin with acne pimples. Chronic pharyngitis. Enteroptosis with colon spasticity. Subjective symptoms: Indifferent, brooding, emotionally hypersensitive, averse to company, sensitive to noise, aggravation before thunderstorms, after taking a bath, any exertion, warmth as well as coldness, change of weather, damp weather, before menses. Ameliorated by open air which is desired and by the outbreak of the eruption. Tendency to catch colds. Burning of the soles of the feet. Left side of body more affected. The pains are oppressive, paralyzing, slowly coming and going. Profuse perspiration. Itching eruptions on chest. On repertoriza-

tion sulphur and phosphor leading. Sulphur prescribed aggravates without subsequent improvement. The properly indicated remedy failing, the nosode at once is resorted to. Tub. 200, 500, IM over a period of two years, slowly but continually improving her condition. Then a standstill occurs. Sulph. tried again, also phos. sil. without effect. This was in the spring of 1947 when New York City had its vaccination epidemic. During a conversation the patient casually mentioned a severe local vaccination reaction which she had suffered during her childhood. Variolinum 200 was prescribed at once with astounding results. Four weeks after the prescription the patient presented herself with a confluent herpetic eruption on her upper lip of dime size which became first purulent, then black and ended in a thick scab which eventually fell off—a perfect duplication of the vaccinia eruption. All symptoms considerably improved and in general moving downwards. Eight weeks after the prescription, a standstill was reached again. In search of a remedy to carry on Dr. Pulford's claim was remembered that vaccinia is a mixture of variola and syphilis. Thus syphilinum would be complementary in this case to both tuberc. and variol. syphil. 30 one dose given. This one dose produced a profound aggravation at first and was followed by an overall improvement which at present five months after the prescription still continues. The patient has only little pain, no fainting or suffocative spells, is cheerful, social and helps in the housework. She even plans for outside activities for this winter. This has been absolutely unheard of for the last seven years. This case, of course, is not finished yet. Syphilinum is expected to hold for a long time. Later the indication for one of the mineral remedies perhaps may present themselves. There is absolutely no evidence of any clinical syphilitic or tuberculous infection of this patient. A brother and uncle of her mother had tuberculosis. The mother has asthma and chronic appendicitis and was greatly helped by lycopod. followed by syphilinum.

When a case presents clear cut indications for a remedy, it is certainly the best to prescribe on these symptoms, without any prejudice to the miasmatic factor. Faced with a paucity of symptoms, however, the understanding of the miasmatic factor may provide the missing link in the scanty evidence upon which we have to base our prescription.

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RHEUMATISM

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Rheumatic diseases are the most common and crippling ailments of our time. They constitute a serious economic and social problem. A few figures may illustrate this statement. An American statistic covering the years 1935-1936 discloses the fact that 5% of the population suffer from some form of rheumatism. There were two cases of rheumatism to every one of heart disease, 7 cases to every one of cancer and 10 cases to every one of tuberculosis.

Dr. Kemsley's statistic for the year 1927 shows that of 1,000 insured people, unfit for work over a period of more than three months, over 14% were rheumatic cases. Moreover, 16% of all rheumatic patients are gradually developing diseases of the heart.

The annual death rate of heart diseases in England and Wales is 95,000, of which 40% are due to rheumatic fever.

Further statistics of Davidson and Duthrie prove that every year at least 300,000 new cases of rheumatic diseases in Scotland require medical treatment. 75% of these patients are suffering from rheumatic fibrositis, i.e. rheumatism of the muscles, nerves and tendons.

Impressed by such figures, showing the gravity of the problem which rheumatic diseases represent, Dr. Davidson