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EDITORIAL

PSORIC MIASM—ITS DENOTATION

We attempted to make it clear through our previous studies that Psora should not be confused or identified with the psoric miasm (whatever the nature of that miasm might be). With regard to production of diseased condition, vital principle is the material cause and any noxious morbific agent acting dynamically on the Vital principle is the efficient cause. Now Psora is often described (even by Hahnemann himself) as the mother of cause of all what is commonly termed as Chronic diseases. In what sense Psora is the cause of all chronic diseases—as an efficient cause or material cause? As for example, the potter is called the efficient cause and clay is called the material cause of an earthen pot. We have established beyond any shade of doubt that psora stands for the diseased condition of the living human organism. So the answer resolves into this fact that the primitive or original nameless altered condition of health (which is named as Psora) evolves under different circumstances and concomittant factors into multifarious diseased conditions which go by different names under nosology (i.e. branch of medical science dealing with classification and naming of diseases). Psora is often described as a cause but not in the sense of a mechanical cause

or an efficient cause extraneous to its effects. It is a cause in the sense that a child of five years is the cause of the same child a year older. In evolution there is no break, no discontinuity so that we can take out arbitrarily any preceding section and label it as a cause to its succeeding section in the continuous series of phenomena. Or in other words Psora is not the cause of chronic diseases in the sense that a miasm (or bacteria or any micro-organism in modern terminology) is the cause of Psora. A clear understanding of this point saves us from much misunderstandings and misconceptions.

Leaving psora out we will attempt to discuss about the nature of the psoric miasm as understood by Hahnemann and understood or misunderstood by his followers. Let us begin with the Master himself. According to Hahnemann, "the obstacle to the cure of many chronic diseases (of non-venereal origin) which seemed delusively like specific, well-defined diseases (and yet could not be cured in a Homœopathic manner with the then proved medicines), seemed very often to lie in a former eruption of itch, which was not infrequently confessed; and the beginning of all the subsequent sufferings usually dated from that time. So also with similar chronic patients who did not confess such an infection, or what was probably more frequent, who had, for inattention, not perceived it, or at least, could not remember it. These circumstances, in connection with the fact that innumerable observations of physicians, and not infrequently my own experience, had shown that an eruption of itch suppressed by faulty practice or one which had disappeared from the skin through other means was evidently followed, in persons otherwise healthy, by the same or similar symptoms; these circumstances, I repeat, could leave no doubt in my mind as to the internal foe which I had to combat in my medical treatment of such cases."—(Vide pp. 6-7, Chronic Diseases).

Thus after many years of patient historical and clinical investigation he found that cause to be an ancient, almost

universally diffused, contagious or infectious principle embodied in a living, parasitical, micro-organism, with an incredible capacity for multiplication and growth. During his time, the term 'psora' was used as an equivocal term, having double meaning *i.e.* the noxious agent as well as the disease produced by the said noxious agent Hahnemann also came to use the word 'psora' as signifying both the disease and the miasm producing the said disease (Gr. Psora-itch). He did not invent the name but chose it, *first*, because he found that originally, the disease manifested itself mostly on the skin and external parts; and *second*, because the cutaneous manifestations of the diseases which spring from this cause were accompanied, in their original form, by intense itching and burning.

From the above it follows that whatever may be the real nature of the miasm that which is found to be causally associated with itch-disease is surely the miasm responsible for origin of the disease termed as Psora. Now there is a lot of confusion about the word 'itch' as used by Hahnemann. Did he use it as a general term for all sorts of skin troubles or did he mean specifically itch and scabies? During Hahnemann's time it is evident that Psora, a common expression, was the general term for a whole series of skin affections of the most varied kinds, well-known from the very earliest times. It was in the wider sense that his contemporaries (*e.g.*, Antenreith, Schölein etc.) used the word generally at the end of the 18th and in the first three decades of the 19th century, although at the same time they applied it in the narrower sense to itch proper and scabies. Hence all the confusions, those who took the word itch in a narrower sense, jumped at once to the conclusion that itch-mites (*e.g.*, *Acarius Scabii* or *Sarcoptes Hominis*) being causally associated with itches and scabies, were denoted by the Hahnemann's "psoric-miasm". Did or did not Hahnemann know about the existence and nature of *Acarius Scabii*—was the question that troubled many a head after Hahnemann's publication of the

book on Chronic Diseases. That Hahnemann knew the nature of the itch very well, and had very sensible ideas on the mode of treatment even in the days when he practised allopathy, can be seen in an annotation from the translation of Monro's 'Materia Medica' (1791). He writes in it :

....I have often observed this and agree with those who attribute the disease (itch-disease) to a living cause. All insects and worms are killed by sulphuretted hydrogen.

And in the same work Hahnemann again says that the itch is a "living eruption". . . . It has its origin in small, living insects or mites, which take up their abode in our bodies beneath the epidermis, grow there and increase largely, and by their irritation or their creeping about cause an itching etc.

This is then proved and the quickest and most trusty remedy against this plague is disclosed.

In a German daily newspaper, called the Advertiser of July 30 and 31, 1792. Hahnemann wrote :

"August Hauptman, Bonomo, Schwiebe and other trustworthy men have frequently investigated the matter at various seasons of the year, in individuals of different ages and sexes, who have been labouring under itch, and have found these little animals in the skin itself, in the folds of the skin, but specially in the border surrounding the vesicles.

"They have extracted them, examined them under the microscope, made drawings of them and observed how they lay their eggs, increase rapidly and enormously and found that they can live several days out of the human body.

"The cause of the itch given above is the only true one, the only one that is founded upon experience. These exceedingly small animals are a kind of mite, etc. He also recommended external lotion of sulphur which eradicates the itch much more effectually and kills the small insects in the skin in a few days.

This shows clearly that Hahnemann meant something very different by his "psora" from the ordinary itch, with which he had been acquainted for a long time, even from his pre-homœopathic ways.

Even his theory of tracing all sorts of chronic non-venereal diseases to itch, eruptions was anticipated by Antenreith (a Tübingen professor), Schölein (Antenreith's collaborator) and Wenzel. Hahnemann was severely attacked for the psora theory, and to no small extent because writers believed he plagiarised the doctrine.

Thus Hahnemann's "Psora" the internal itch-disease was totally different in his opinion from the external ailment, the primary eruption. So *Acarius Scabii* are the required "psoric miasm". When Hahnemann talked of simple itch and *Acarius Scabii* he advocated external treatment with Sulphur lotion without any bad after-effects; but when he was talking of Psora and the vesicular type of skin eruptions similar to those of itch-proper, he was definitely against all external treatments which might suppress the so-called primary symptoms of Psora and lead to appearance of varieties of chronic diseases in course of time. In both the conditions there are itches and itch-vesicles—how to reconcile these two apparently contradictory views of Hahnemann? The best solution to this problem has been presented by Dr. Burnette in his book "Change of Life in Women"—which is quoted here 'in extenso':

"The Hahnemannian doctrine of Psora as usually comprehended in the ranks of really pure Homœopathy is so vague and mind-confusing that many of us have never known what to say or think about it. When I first tried to practise homœopathically I accepted the doctrine of Psora purely and simply and honestly believed that the *itch* could be and was commonly cured dynamically by the strict Hahnemannians and I copied their practice in this regard. Thus I kept a young lady under treatment with antipsories, and principally with Sulphur high, higher and right away into the very high over a year and the result—total

failure; and the patients very properly gave me up as inadequate. Patient was quickly cured by a near medical brother with Sulphur ointment and soap and water and I was regarded by those who knew the circumstances as a mere faddist.

"I went on for several years believing in and trying to cure itch with homœopathic dilutions, and what? I failed practically in every case . . . the truth, for me, is that you cannot kill "Acaria" by any dynamic dose of any remedy whatsoever and hence I have thrown the doctrine overboard.

"I would re-state the doctrine thus: you cannot cure the itch by dynamic medication and you must therefore kill the 'Acaria'; they should be killed on the spot, the sooner, the better. But I am not speaking of its concomittant constitutional eruptions brought forth by the Acari, neither do I say that the acaria may not poison the blood—indeed I think they do and therefore they should be *sulphured* to death instanter. But and this is important, if the acari have called forth an eruption from a previously existing internal state, this eruption may not be got rid of by external remedies. There is the rub. It is the results of suppressing the constitutional eruptions that have been called forth with acari; and these constitutions have to be mended by their poison, that we have to fear. If we watch cases of itch carefully we find that cases of those of tainted constitutions get quite a number of different kinds of eruptions which were potentially there before they were infected with acari; and these constitutions have to be mended by proper homœopathic remedies and their eruptions must not be driven in, but the acari must be killed by parasiticides.

" . . . The dangerous results from the suppression of itch are in reality not from the itch itself at all—on the contrary the acari are poisonous little brutes that should be killed instanter. These dangerous results are from the driving in of dyscratic eruptions present in the itch-patients, but not due primarily to the itch itself, but pre-existent in

the individuals suffering from the itch and not infrequently brought out on to the cutaneous surface by the acari or their poison, though not really due thereto.

"It is the source of very considerable mental satisfaction to me to have thus solved the question of psora, as I now cure the itch—the acarius disease—as quickly as possible with sulphur ointment and soap and water, regarding it as a dirty parasitic disease impinging *from without* on to the individual but at the same time do not suppress any concomitant skin trouble which is *from within* the organism, being there before the itch was caught; though very likely called forth by the irritating influence of acari; that which is from without is to be cured from without; that which is from within must not be treated from without, but from within."

The above extracts from Burnett's writings are very illuminating indeed as regarding the actual treatment of itches and scabies. But does he solve the problem of fixing the identity or the denotation of what Hahnemann described as the psoric miasm? Certainly not. The nature of the psoric miasm eludes our grasp as yet.

With the growth in the knowledge of the bacteriological science it becomes evident that practically all the diseases known to be due to the tubercle-bacillus are attributed by Hahnemann to Psora, Stuart Close is of opinion that the cause is identical, and that the two terms, psora and tuberculosis are synonymous. The modern list is growing slowly by additions, from time to time, of other diseases found to be pathologically or bacteriologically related to tuberculosis. It is quite possible that a large part, if not all, of the remainder of Hahnemann's list may ultimately be included in the modern list. It is another striking fact that Hahnemann chose Leprosy as the typical form of the ancient protean disease which he named Psora. Modern bacteriology finds that the bacilli of Leprosy resemble the tubercle bacilli in form, size and staining reactions, and

that the lepar reacts to the tuberculin test and Wasserman Reaction test.

McCoukey, through clinical experience, came to believe and taught that heart disease, with or without valvular lesions, diabetes, rheumatism and cancer were tubercular in nature and origin.

Thus Stuart Close likes to fix the denotation of the psoric miasm and identifies it with the Koch's tubercle bacillus. But we think that the time has not yet come to close the debate. Tubercle bacilli are known to produce skin lesions but it is not yet experimentally verified or clinically demonstrated that they produce vesicular itching eruptions similar to those which are supposed to be produced by Hahnemann's psoric miasm.

Mackenzie has made an interesting attempt to substitute "focal infection" for the conception of Psora. (The principle of Psora, *Journal. Amer. Inst. Hom.*, pp. 26, 633, 716—1933).

Dr. Bach Dishington, Wheeler & Paterson have attempted to identify "psoric miasm" with non-lactose fermenting intestinal bacilli.

Considering and weighing the pros and cons of the various suggestions put forward by different writers it may be safely stated that the identification of the psoric miasm has not been fixed yet—though each suggestion bears a glimpse of truth.

We hazard a suggestion for what is worth. Further development in the knowledge of Bacteriological Science may, one day, discover a certain particular type of bacterium which will closely fit in with Hahnemann's description. Or a particular 'virus' may be discovered to correspond to the said psoric miasm. All the bacteria may be shown to play the part of secondary infection in relation with that particular virus. As for instance, the strepto and staphylococci are known to play the part of secondary infection in relation to the primary infection with tubercle bacillus. The tubercle bacilli may turn out to be playing a

secondary part in relation to the specific 'virus'. In fact, F. R. Fraser, M.D., M.R.C.P. writes (in Surveys and Abstracts 1939, British Encyclopædia of Medical Practice)—"The curious association of a virus with a bacterium in swine influenza suggests that both types of infecting agents may be necessary to produce disease." Or, the fact of transmutation of species may be clearly established beyond any shade of doubt as the work of Hadley and others suggests: "Cocci become rods and rods, cocci or spirals; forms of growth change overnight; motivity is lost and regained; fermentation reactions are modified by time and opportunity; spore formers become sporeless; hæmolytic activities come and go; capsulated bacteria lose their capsules; and capsules are gained by non-capsulated forms; antigenic power vanishes and reappears; cultures become spontaneously agglutinative or fail of agglutination; virulent cultures become harmless and harmless cultures virulent."—(Mc. Gavack; The Homœopathic principles in therapeutics. pp. 67). Or the much-maligned *Acarius Scabii* may be shown to embody the required "living virus" and to act as carriers or transmitters like the mosquitoes and fleas with regard to specific infecting organisms; and that the said living virus may be identified as the common ancestor of so many different micro-organisms associated with different specific diseased-conditions. So the Hahnemannian conception of the psoric miasm might have anticipated the future researches in the field of medicine in general and bacteriology in particular. And the bone of contention which has yet kept the two schools of medicine wide apart might lose its significance and justification in future.

The study of modern bacteriological science reveals that the common infecting organisms fall under the group of Fission-Fungi (*i.e.*, those types of Fungi which reproduce by fission, known as Schizomycetes) and they are divided under three sub-types, *e.g.*, Coccus (dot-shaped), Bacillus (rod-shaped) and Spirillum (corkscrew-shaped). Hahnemann's syphilitic and sycotic miasms have been identified

with *Spirochoeta pallidum* and *Gonococcus* respectively. Might it not be the fact that one type of bacillus may represent Hahnemann's psoric miasm and Tubercle bacillus might supply this missing link? Or might it not be the case that some virus may, in future, be discovered and identified as the common ancestor of all the cocci, bacilli and spirilla and corresponding to the Hahnemannian psoric miasm? Many of Hahnemann's dictums have been found to be anticipations of facts discovered and explained by the so-called modern scientific medicine; and it stands to reason why this grandest conception of Hahnemann should find its corroboration in future.

In the long run Hahnemann's miasmatic conception turns out to be that of infection as it is understood in orthodox medicine. From this point of view Hahnemann's Psora theory, forms in point of fact, not only a completion of the law of similars, but also an improvement and a perfection of the homœopathic science of healing in general, and indeed the coping stone in Hahnemann's structure of healing art.

Ah! I can almost visualise the puckered lips and hear the grumblings of an orthodox ultra-Hahnemannian Homœopath of a more philosophical bent of mind when I ask him to swallow this bit of truth! He is sure to take it with a grain—a big grain of salt! Well, how far does the modern conception of infection (bacterial) tally or correspond with the old Hahnemannian conception of miasm—will be discussed in the next issue of our journal.

B. K. S.

REPLY TO THE LETTERS OF DRS. G. DIRGHANGI
& C. M. BHATIA OF CALCUTTA.

Dr. Bhatia has modestly asked me to supply him with the names of the American Homœopathic Colleges from which Drs. Late K. K. Roy, and R. C. Nag as well as Dr. N. M. Chowdhury received their M.D. degrees.