

Miasma Analysis

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Abridged Background:

Historically the notion of miasma has been used in different medical contexts. Miasma, as a cause and spread of epidemic diseases, was the most popular theory in the Nineteenth century Europe. This theory fell from grace when a different model was adopted to contain cholera. Europeans considered miasma as some form of obnoxious gas emanating from soil that was responsible for infectious diseases. Chinese held a similar concept about miasma during Ming Dynasty. They made extraordinary efforts to colonize and exploit their southwest frontiers. The prime objective of these Chinese ventures was to conquer the remote and desolate place infested with miasma. Indians were the first one in history who brought the illusive miasma concept into clinical practice. Paan, a Gambir paste, was considered to prevent miasma – an anti-miasmatic application. Uncaris Gambir is water based extract from young branches and leaves of Gambir tree found in Southern India and Sri Lanka. A full description of Miasma theory requires a comprehensive account of medical history, which is not possible in this brief article.

Miasma in Homeopathy:

Hahnemann, after decades of practical clinical research, developed miasma theory for chronic diseases. This new miasma theory rests on three pillars i.e. psora, syphilis and sycosis. However, Hahnemann corporeal theory is a complete departure from the contemporary European concept of miasma. Even Hahnemann's miasma theory stands in direct contradiction to his own initial theory of similia. Earlier he denounced labeling any sickness with the word DISEASE in his Organon of Medicine (OM). Later he not only embraced this word but the title of his new book consisting on over 1600 pages was Chronic DISEASES (CD). In OM the sickness was due to deranged Vital Force. In CD it was Miasma. In OM it was one and only one sick Vital Force. In CD there are three culprits – psora, syphilis and sycosis. In OM the cure is by virtue of a Similar remedy. In CD the solution lied in Anti miasmatic medicine. In OM it was an extremely diluted minimum dose. In CD it was closer to mother tincture sometimes in teaspoonful quantity. In OM it was a single remedy. In CD two or more medicine were often needed. In OM the single remedy was given Infrequently often waiting for reaction. In CD medicine were repeated often either in alteration with other remedies or same medicine in varied dilutions. In OM the selection of remedy was based on

the Totality of the symptoms. In CD it was the evaluation of miasma. In OM there are Competing remedies to heal the sick vital force. In CD the medicine are almost specific i.e., Sulphur for psora, Thuja for sycosis and Mercurius for syphilis. And the list of such differences continues in diet, management, follow up and prognosis. Hahnemann continued his endeavor to unify CD findings in the new versions of OM till death. This is also a testimony that the issue of miasma was never settled in homeopathy.

Controversy among Homeopaths:

The debate about miasma is still raging on in the homeopathic community without any consensus in sight. Although there are always dedicated souls in every field who lack acumen to critically analyze any given issue, the problem with homeopathy itself is its own vague definition among its competing factions. This article is by no mean an attempt to resolve those ontological/epistemological issues. In other words it is not designed to force one's own belief onto others. Such forced sermons, though satisfying to an author, have no relevance to clinical practice. That is why a lot of elaborated miasma explanations in homeopathy were short lived. Rather this article is intended to summarily evaluate one dimension of miasma. However it is necessary to explain briefly how some practitioners view miasma in homeopathy.

Efforts to associate miasma with one's own convictions have been wide ranging in spectrum and consequences. It may be a self-fulfilling prophecy to some homeopaths with dire consequence to patients. That also shows lack of any scientific ground in these theories. The claims about miasma range from Divine punishment for sins to the resolution of contradiction through Marx's Dialectical Materialism. In between these two extremes lie radiesthesia, astrology, bacterial/viral infections, chemical toxins, prescription drugs, constitution, yin/yang, Ayurveda, charkas, meridians, genes, sexually transmitted diseases, nosodes and the list goes on and on to solve this riddle. Any explanation of miasma without its direct association with chronic diseases is absurd and irrelevant. And that was the original objective of Hahnemann in introducing miasma in homeopathy anyway. The two stalwarts in homeopathy, Richard Hughes and James Kent, projected two different viewpoints about miasma. To Hughes the whole miasma issue was the result of Hahnemann's old age erosion and loss of his mental faculties. To Kent it was a valid clinical modality. Hering the father of the American homeopathy swayed from nay to yeh.

In the twenty first century miasma has been attributed to apoptosis with elaborated references to genome models. These, no matter how elegant they are, have least appeal to most homeopaths who embrace holistic clinical approach. All these and other explanations are based on one's training and relevant understanding of contemporary knowledge, confusion and ignorance about the scientific basis of chronic diseases. It

is not possible to explain all these issues here. The point is that it is highly controversial not only with allopaths but also within the homeopathic community.

Who Was Right/Wrong?

It appears that Hahnemann adopted one set of rules to deal with acute and sub-acute/semi-chronic simple diseases. He also formulated another set of rules to deal with chronic and complicated diseases. One can ask why two different methods? But one can equally question why not three or even more - like other medical disciplines? We cannot ask for one set of rule, as we know that two methods have been designed and up to some extent developed by Hahnemann himself. (He even tried to develop new nonlinear drug dilution method known as LM potencies to address chronic diseases.) Those who want to unify the entire clinical system, for their own ease, into a single discipline or under one umbrella may be disappointed to know that, despite multi trillion dollars worldwide efforts by ten of thousands of physicists for about a century, the unification of fundamental physical forces of nature is still a distant cry. A biological system is a dynamic entity with extraordinary complex structures compared to relative static physical world of particle and waves. It is more appropriate to refer the interested readers to an article on complementary on this website by the author.

If you ponder at figure 1, it appears that as the mass increases, the matter behaves more like a particle. Fixed in space. It can be located at a certain position at certain time. It can be measured and acted upon. It is similar to few deformed cells in our body that can be visually located on skin surface. However, as the mass is reduced, the wave character of matter is pronounced. It is hard to locate its position and size at the same time. And we have missing information in the gap. Many accelerators have been built to explore matter at this junction but it is still a mystery. Keep in mind the entire cosmos consisting on billion of nebulae containing billion of galaxies came out of NOTHING! And probably that NOTHING was enormous.

What is the Significance?

Somewhere along these regions both Hughes and Kent were practicing their medicine. Kent was more into the quantum world of mental/emotional symptoms. He needed extremely diluted remedies almost with zero medicinal substances, possibly touching a placebo, to heal his patients. Hughes on the other hand was more into the macro world with low dilutions and mother tinctures. If you look at the x-axis (mass) Hughes had a wide region to operate while Kent was limited in dealing with macro level diseases. On the contrary, if you look in the y-axis (wave) Kent had a larger domain to operate while Hughes had limitations.

Suppose a patient came into an office where both Hughes and Kent are consultants, working together (complementing each other), then how they will evaluate the patient? It depends on that particular patient. If the patient was loaded with general symptoms spread throughout the body, which could not be pinpointed with pathology, the score goes with Kent while appropriately looking at y-axis. On the other hand, if a pathological condition is evident without much sensation (as it happens in early cancers), and then looking along the x-axis the verdict is with Hughes. If the patient goes to Hahnemann sitting in the next room, then it would be evaluated either as acute or chronic case.

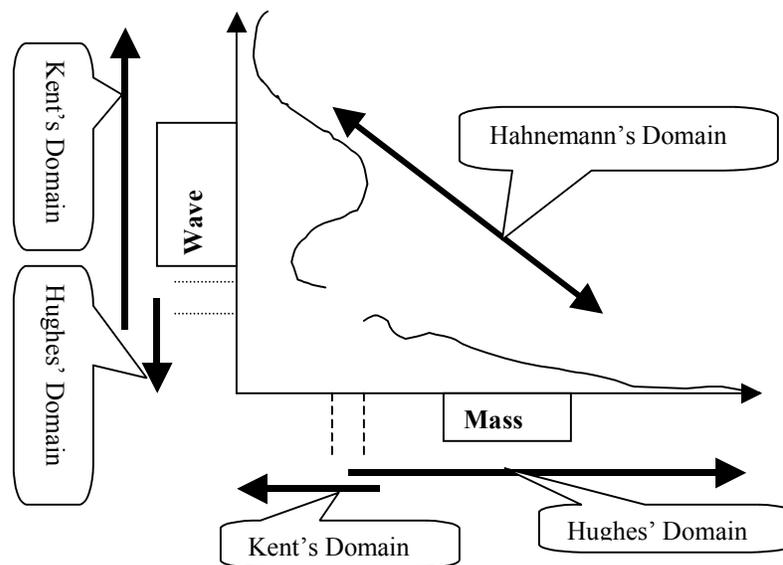


Figure 1. A general description of particle-wave relationship.

Most diseases start at quantum levels. Some persistent diseases, if left alone or simple diseases treated inappropriately (suppressed), transform into chronic diseases over time. Once transformed from quantum level to macro level through a series of pathological changes, they need a different methodology to heal. Syphilis and sycosis miasma, no matter how imponderable they are, transform into physical entities over time. There is always a probability, though small, to heal such physical changes through quantum manipulations. However, the significant results can only be achieved with macro level approach for routine clinical purpose. For Hughes, the notion of miasma was disturbing as it lied in the region where he was already operating in - the macro world of

medicine. For him it was redundant and hard to accept. For Kent, it was an entirely different scenario, as it lied in physical world and easy to comprehend.

On the contrary psychological/psychiatric states were easy for Hughes to accept since they were at the micro/quantum level. For Kent, there was nothing like it as he was already practicing medicine at quantum level and this was his own backyard.

The Verdict:

Was Hahnemann wrong? NO. Being a keen observer, he defined the complementary worlds of quantum and classical levels in medicine much ahead of his time. To Hahnemann the prime objective was “*The sole mission of the physician is to cure rapidly, gently, permanently.*” (NOTE. - Not to construct theoretical systems, nor to attempt to explain phenomena.) Whatever modality meets those criteria whether galvanic current or mesmerism is an acceptable to Hahnemann. No further discussion is relevant here.

From Competition to Contradiction:

The competition to enhance a modality over another is always progressive, healthy and an evolutionary process. Competition between macro and nano/quantum levels medicine can bring best of the both worlds to heal the ailing species. An approach to understand and practice both aspects of medicine is the ultimate objective of a modern clinician to combat the ever-evolving complicated chronic diseases. It appears that either neglecting the complementary part or expending all the energy to contradict it is counterproductive and regressive. Again a detailed discussion of this issue is beyond the objective of present article.

Why Miasma Again?

The era of suppression of diseases has led us into a new phase of medicine. The new types of maladies convolved with pollution, lifestyle, and toxic therapies have produced an uncontrollable epidemic of chronic diseases. The economic toll exacted in managing these chronic diseases has surpassed all other economic crises faced to humanity in its history. Despite extraordinary advancements in sensor technologies and computer graphics more young people are succumbing to fatal diseases. The loss of productivity is taking a great toll on economies worldwide. The cost to insure poor is beyond the reach of state coffers. Now the media projected miracle cures, followed by lengthy drug ads, appear as false hopes to those who have been diagnosed with advanced diseases. There are 1,350,000 new cancer cases diagnosed in the USA alone each year. About half million of these will die from cancer every year. It is estimated that 35% of these deaths are due to the failure in local control. This is an alarming situation. Since local failure in the presence of intensity modulated radiation therapy coupled with stereotactic

radiosurgery and robotic surgeries indicate that chronic diseases have much deeper roots and require holistic approach to heal the whole person. The situation in cardiovascular and metabolic diseases is not much different. We only realize it when some celebrity dies at young age. However, it is much more prevalent than we can comprehend. For instance, a graduate student discovered insulin in Canada almost a century ago in 1921. No further progress has been made in this field since then. It is reported that over quarter of Saudi Arabian population is diabetic. Hypertension, caused by over dozen different chronic diseases, is still treated mainly with beta-blockers. Hence it is justified in claiming that the era of infectious diseases has been transformed into insidious chronic diseases. This compels us to explore all the probable clinical modalities and their possible utility in combating the chronic diseases. Historically homeopathy has always prided about its unique approach toward chronic diseases. Miasma is the mainstay of homeopathy in describing and dealing with chronic diseases. The present study is limited in some aspects as it only analyzes the possible utility of symptomatology and computational applicability. Once sufficient cured or incurable cases are reported then one will be able to conduct further research in this arena.

Evolution with Time

We all know that things evolve with time. It is true with diseases too. Today we see that high caloric foods and lack of proper exercise can lead to different problems. Similarly the advancements in technology, incorporated into conventional medicines, have modified the nature of diseases. Though we do not frequently confront infectious diseases we do see other degenerative diseases on the rise. How can we classify these modern diseases in the light of miasmatic background without losing our historic concept? We need to incorporate the contemporary realities in our disease analysis.

Selection of Rubric:

Selection of rubric depends on the clinical relevance and diagnostic significance to chronic diseases. For instance, full-fledged cancer has not been included in our present study. The common diagnostic nomenclature is usually helpful in chronic diseases however sometimes they can be very misleading. For example 'diabetes' can be misleading. Type I diabetes may be the result of viral infections, autoimmune reactions, chemical toxicity, hereditary or any other clinical factors when pancreas fails to produce sufficient insulin. In Type II diabetes there is nothing like it. It may be due to the failure of insulin in entering into the cell. Furthermore the body may be acting as a protective mechanism against degenerative diseases or simple an energy management mechanism of the system. Hence we have excluded diabetes but other more relevant rubric has been included under the name mal absorption.

Similarly other rubrics related to miasma modalities of chronic diseases have been selected.

Miasma Model:

The objective of this and any other miasma model is to analyze a case with minimum number of rubrics and heal a chronic disease with anti-miasmatic remedies. Keeping the same spirit in mind the present model has been developed. Generally excesses such as mentally hyper and physical overgrowths have been considered as sycosis miasma. Any decay such as mentally hypo and physical degeneration have been ranked as syphilis miasma. Psora is the reactive constitution of an individual. Tuberculin miasma has been introduced due to the extensive suppression of chronic diseases especially with antibiotics. Finally constitution as a spin-off of psora is added in the rubric without assigning any rank to them.

Psora Miasma?

Psora was initially considered as a general itch. If we look in depth we will find that psora was a general reaction at the peripheral level of our bodies; a guard protecting the outpost of its system. With all organs intact, it was the natural defense against any enemy. The second line of defense consists on organs and tissues beneath the skin. These were tonsils and other glands. It was a natural chain of defenses to safeguard our bodies which evolved over many million of years. With the invention of modern synthetic drugs, which effect and exhaust the vital organs, the nature of psora has changed too. Today it is the general reaction of the body weighted with existing functionality of the organs.

Syphilis Miasma?

It is natural for any living body to react to any internal or external stimuli. That is how organs evolve and how we develop resistance. If our living bodies had been left in a natural environment to evolve at the same pace as it did prior to industrial pollution then it would have been possible to withstand disease threats. Unfortunately, the truth is that eating refined foods have exhausted our vital organs such as the pancreas and thyroid. Modern day stress has exhausted our adrenal gland. Synthetic and modified foods have given us fats that are hard to metabolize. Our accelerated environmental cues have outpaced our biological evolution. Today we can consider syphilis as a phenomenon that is a decay process in our system.

Syphilis Miasma – Examples

It is the decay or the deficiency process in a body. The classical example is an ulcer in which the part of an organ or tissue decays. The modern examples are hypoglycemia, hypothyroidism, hypotension, lethargy, depression, etc. The falling of hair and decay of nails is also classified as

syphilitic miasma. Similarly, cold extremities are the manifestation of syphilis miasma.

Sycosis Miasma?

It is the uncontrolled buildup in the system – an opposite of syphilis. The system loses its vital ability to keep a control on its domain. A simple mole or a wart is a classical example of sycosis miasma. In modern lifestyle, the examples are type II diabetes, hyperthyroid, hypertension, hyperactive system, tumors etc. Burning in any part of the body can be attributed to sycosis miasma.

Mixed Miasma

There are situations when miasma can be mixed up and they compete with each other to dominate the patient's economy as the external differentials vary. This can be considered as a complex situation usually indicating a complex chronic case. Such a clinical situation is very challenging. Example of mixed miasma is when an individual feels burning, but at the same time cannot tolerate cold. An individual is hungry, but has lost his/her appetite. Further, one is tired all the time yet cannot rest. Such situations require an intelligent analysis of miasma.

Selection of Repertory:

The selection of repertory is based on many factors including differential grading. An accurate statistical analysis requires a very large sample size. A small sample size may not be accurate and even misleading in certain cases. Homeopathic case analysis is similar to quantum mechanics formulation that is more probabilistic than deterministic in nature. The probability of finding an accurate remedy becomes more precise by refining the computing weights associated with different remedies. An optimal weight assignment to rubrics provides better differentiation among 4 levels than 3 levels as shown in Figure 2. This has been selected for a group of remedies used in some prominent rubrics. The red points represent grading method used in Kent repertory. The black points represent grading method used in Hering repertory (Dr. Knerr). It clearly shows the grading stability and smoothness used in Hering method. The superiority of differentiation with 4th grade is obvious. The present analysis is built around 4th grade philosophy derived from original homeopathic research works conducted by Dr. Hering.

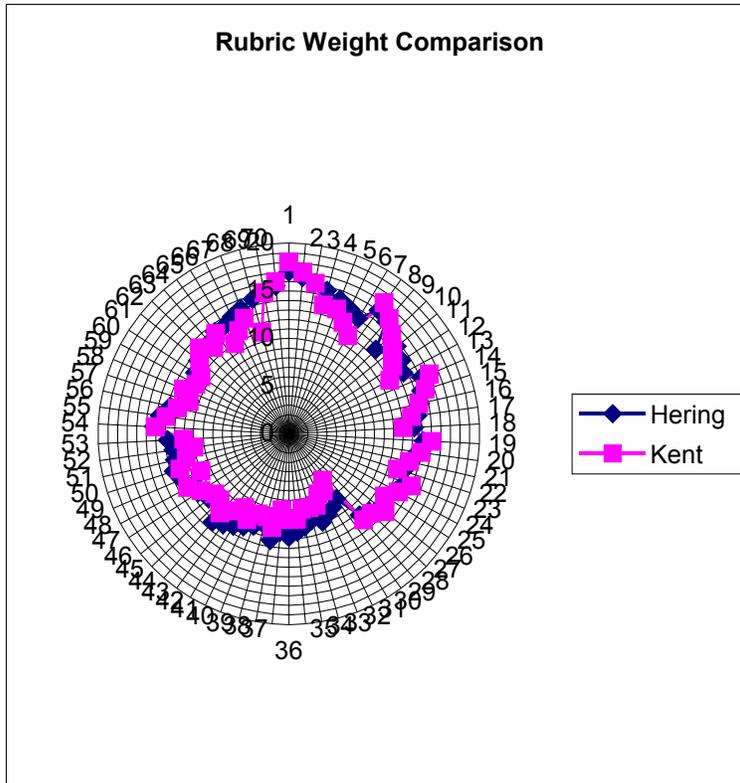


Figure 2. Differential grading based on Hering and Kent methods. The jumping in Kent method mostly yields few prominent remedies such as Sulphur in most analysis.

As Dr. Tyler pointed out, the Kent repertory is not appropriate for pathological conditions. Chronic diseases are mostly pathological conditions to start with. It is interesting to note that most chronic diseases related rubrics are found in Herring Guiding Symptoms. However, a comparative study was made for further confirmation.

Miasmatic Analysis

The miasmatic analysis required the selection of the most definitive symptoms. Occasionally occurring symptoms have least priority. This is the method to analyze the case with minimum symptoms and minimum remedies. There are a handful of symptoms that guide us to success. For example, the CORE SYMPTOM Hypothyroidism includes dry skin, falling of hair, subnormal body temperature, lack of metabolism (in reaction we have weight gain) etc.

Analysis Example:

Case	Name:	Age:	Ht:	Wt:	2/16/20
Address:		Tel(H):		Email:	
<input type="checkbox"/> Abscess	<input type="checkbox"/> Absent minded	<input type="checkbox"/> Allergies	<input type="checkbox"/> Anemia		
<input type="checkbox"/> Asthma history of	<input type="checkbox"/> Ataxia/ staggering	<input type="checkbox"/> Aversion to animal products	<input type="checkbox"/> Bed wetting		
<input type="checkbox"/> Better moving around	<input type="checkbox"/> Bleeding any part of body	<input type="checkbox"/> Burning sensation	<input type="checkbox"/> Burnt taste		
<input type="checkbox"/> Catarrhal discharge	<input type="checkbox"/> Changeable mood	<input type="checkbox"/> Comprehension slow	<input type="checkbox"/> Constipation		
<input type="checkbox"/> Cretinism	<input type="checkbox"/> Cyst	<input type="checkbox"/> Deficient growth	<input type="checkbox"/> Depression		
<input type="checkbox"/> Desires alcohol/tobacco	<input type="checkbox"/> Desires for cold food/drink	<input type="checkbox"/> Desire to kill	<input type="checkbox"/> Destructive nature		
<input type="checkbox"/> Diarrhea chronic with debility	<input type="checkbox"/> Discharges offensive	<input type="checkbox"/> Dishonest	<input type="checkbox"/> Dryness in general		
<input type="checkbox"/> Dysentery with spasms	<input type="checkbox"/> Easily catches cold	<input type="checkbox"/> Edema	<input type="checkbox"/> Emaciation		
<input type="checkbox"/> Eruptions painful	<input type="checkbox"/> Fear	<input type="checkbox"/> Fear of dogs	<input type="checkbox"/> Fixed ideas/moods		
<input type="checkbox"/> Forgetful	<input type="checkbox"/> Glands/tonsils inflammatio	<input type="checkbox"/> Gland ulceration	<input type="checkbox"/> Gonorrhea history of		
<input type="checkbox"/> Growth deficient	<input type="checkbox"/> Guilt	<input type="checkbox"/> Hair coarse	<input type="checkbox"/> Hair thin		
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Hyperthyroidism	<input type="checkbox"/> Hypoglycemic	<input type="checkbox"/> Hypotension		
<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Ignores his/her illness	<input type="checkbox"/> Incoordination of system	<input type="checkbox"/> Inferiority complexes		
<input type="checkbox"/> Inflammation chronic	<input type="checkbox"/> Insanity history in family	<input type="checkbox"/> Irritable	<input type="checkbox"/> Intelligent but physically weak		
<input type="checkbox"/> Lean/thin constitutor	<input type="checkbox"/> Losing flesh while eats good	<input type="checkbox"/> Joint problems	<input type="checkbox"/> Malabsorption		
<input type="checkbox"/> Mania	<input type="checkbox"/> Melancholia	<input type="checkbox"/> Metallic taste in mouth	<input type="checkbox"/> Mischievous		
<input type="checkbox"/> Musty/fishy taste	<input type="checkbox"/> Nail thin	<input type="checkbox"/> Nails with white speck:	<input type="checkbox"/> Nervous		
<input type="checkbox"/> Neuralgic pains	<input type="checkbox"/> Nightly sweat	<input type="checkbox"/> Obstinate	<input type="checkbox"/> OCD		
<input type="checkbox"/> Oily skin	<input type="checkbox"/> Perfectionist	<input type="checkbox"/> Peristaltic sluggishness	<input type="checkbox"/> Poor metabolism		
<input type="checkbox"/> Prostate problems	<input type="checkbox"/> Pus/blood from ulcer	<input type="checkbox"/> Reaction very quick	<input type="checkbox"/> Recovery slow		
<input type="checkbox"/> Redness of membranes	<input type="checkbox"/> Respiratory problems	<input type="checkbox"/> Restless	<input type="checkbox"/> Ricket		
<input type="checkbox"/> Ringworm	<input type="checkbox"/> Selfish	<input type="checkbox"/> Skin bluish	<input type="checkbox"/> Skin color reddish		
<input type="checkbox"/> Skin discharge yellowish	<input type="checkbox"/> Skin problems	<input type="checkbox"/> Slow in reaction	<input type="checkbox"/> Suicide history in family		
<input type="checkbox"/> Syphilis history in family	<input type="checkbox"/> Suspicious	<input type="checkbox"/> Suppressed anger	<input type="checkbox"/> Sweat copious		

Prostate problems Pus/blood from ulcer Reaction very quick Recovery slow
 Redness of membranes Respiratory problems Restless Ricket
 Ringworm Selfish Skin bluish Skin color reddish
 Skin discharge yellowish Skin problems Slow in reaction Suicide history in family
 Syphilis history in family Suspicious Suppressed anger Sweat copious
 Symptoms changeable Timid Tuberculosis history in fam Tumor
 Ulceration Warts/excrences/skin tags Weakness Well selected remedies fail
 Worse at night Worse cold weather Worse from heat Worse from rest
 Worse from sweat Worse in evening Worse rain/dampness Worse while standing

Number of symptoms selected: 6

[Lycopodium 15C, 30X, 30C, 200C, 1M]
 [Silicea 12X, 12C, 30X, 30C, 200C]
 [Sulphur 12X, 12C, 30X, 30C, 200C, 1M]
 [Pulsatilla 4C, 6C, 12X, 12C, 30X, 30C]
 [Nitricum Acidum 12X, 12C, 30X, 30C]

Miasma
 Psoratic: 3
 Syphilitic: 1
 Sycotic: 4
 Tuberculosis: 1

Sycotic miasm is the result of lack of body's healthy control over its system. This may initiate uncontrolled growth in the system, retention of toxins or water, poor circulation, warts, excrescences, obsessions, etc. .

Comparative Materia Medica - Boericke

Lycopodium	Silicea	Sulphur
Mind: Melancholy; afraid to be alone. Little things annoy. Extremely sensitive. Averse to undertaking new things. Headstrong and haughty when sick. Loss of self-confidence. Hurried when eating. Constant fear of breaking down under stress. Apprehensive. Weak memory, confused thoughts; spells or writes wrong words and syllabus. Failing brain-power. [Anac.; Phos.; Baryt.] Cannot bear to see anything new. Cannot read what he writes. Sadness in morning on awaking.	Mind: Yielding, faint-hearted, anxious. Nervous and excitable. Sensitive to all impressions. Brain-fag. Obstinate, headstrong children. Abstracted. Fixed ideas; thinks only of pins, fears them, searches and counts them.	Mind: Very forgetful. Difficult thinking, thinks rags beautiful things - that he is immensely wealthy. Busy all the time. Childish peevishness in grown people irritable. Affections vitiated; very selfish, no regard for others. Religious melancholy. Averse to business; loafs-too lazy to arouse himself. Imagining giving wrong things to people, causing their death. Sulphur subjects are nearly always irritable, depressed, thin and weak, even with good appetite.
Modalities: Worse, right side, from right	Dose: Sixth to thirtieth potency. The	Modalities: Worse, at rest, when

Figure 3. A case analysis example: The number of symptoms selected, list of remedies, miasma grading, explanation and brief comparative Mind and Modalities materia medica with pull down menus.

Conclusion:

Much more work is needed to address the epidemic of chronic diseases. The present study is just the start. Readers can use this program to participate in this ongoing project thus improving their own skills and help the ailing humanity.