



APPLICATION OF MIASMS IN DAY TO DAY PRACTICE

DR. HAHNEMANN gave theory of miasms in his book "The Theory of Chronic Diseases" that was published in 1828 after 12 years of work on difficult cases of chronic nature where he tried to find the cause behind the same. The application of this theory has many aspects. Should we think of miasms only when our well-selected remedy fails or should we use this theory in time beforehand so we don't land up to this state. Let's see the basic features of the three miasms. Psora tends to produce irritation, inflammation, and hypersensitivity; Syphilis leads to infiltrations, indurations, and over growth; Pseudo-psora tends toward tubercles, fibrosis leads to infiltrations, Syphilis tends toward granulation, degeneration and ulceration.

Here is an attempt to use and apply miasm in everyday practice.

Let us understand miasms with foremost expression of disease i.e. inflammation.

ACUTE INFLAMMATION

Acute inflammation is the response of living tissue to a stimulus like physical agent, irritation and microbial infection or hypersensitivity reaction characterized by redness, swelling, heat and pain, and loss of function.

This is psoric miasm, which depicts hypersensitivity and reactivity to external factors causing function disturbances at level of various systems and reversible pathological changes. Psora tends to produce irritation, inflammation, and hypersensitivity which is what happens in acute inflammation. In such cases thus our remedy selection has to be psoric in nature e.g. Aconite, Belladonna, Sulphur etc. The final remedy selection has to be

certainly on the basis of characteristics of the case.

Possible outcomes of inflammation

1. **Resolution** complete resolution of the tissue to normal. It is an indication of psoric miasm.

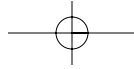
DEPICTION OF PSORA:

CAUSE → EFFECT

CAUSE DISAPPEARS → EFFECT DISAPPEARS.

2. **Healing by scarring** this takes place when tissue destruction in acute inflammation is extensive so that there is no tissue regeneration but actually there is healing by fibrosis.
3. **Suppuration** formation of pus due to virulent organism gets favorable medium to thrive. This is a subacute stage where body has tried to resist and contain inflammation but the threat is still present. Here body defense system nor the medicine if given has been unable to tackle the disease but the psora is still active e.g. boil or furuncle in such case more deep acting remedy is required like Hepar sulph.

Acute inflammation ending in chronic inflammation: The acute inflammation may progress to chronic inflammation in which processes of healing and inflammation progress side by side. Now, here in cases where stimulus causing initiation in inflammation is constantly present, this expression can be attributed to the maintaining factor. But there are cases where maintaining factor is no more present but acute inflammation once initiated by a cause, progresses to chronic inflammation. This kind of presentation where effect continues even after removal of cause shows that the cause is some underlying factor and not the stimulus which only worked as a precipitating factor. This is an indication of syphotic miasm where there is a



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property of containing, retention. In this case since the disease has taken a chronic nature, the constitutional remedy which covers the sycotic nature of the disease presentation would be required and if the constitutional remedy doesn't cover the sycotic aspect, an intercurrent sycotic remedy may be needed in between. These can be the different possibilities depending on the case requirement.

CHRONIC INFLAMMATION

Chronic inflammation is defined as prolonged process in which tissue destruction and inflammation occur at the same time. Here the inflammation is there but as said accompanied by tissue destruction which implies that inflammation of such nature cannot be cured/corrected by a remedy of psoric nature only.

3 ways of chronic inflammation:

1. **Chronic inflammation following acute inflammation:** When tissue destruction is extensive or bacteria survives and persist in small number at site of acute inflammation i.e. osteomyelitis, pneumonia terminating in lung abscess. As discussed earlier this kind of presentation of disease again explains that in spite of being inflammation, it may not necessarily be psoric in nature. To which miasm this kind of reaction belongs can be determined by the presentation and extent of pathology of the case. e.g. pneumonia terminating in lung abscess, osteomyelitis.
2. **Recurrent attack of acute inflammation:** is a indication of sycotic miasm. Repeated bouts of acute inflammation culminate in chronicity of process, e.g. in recurrent nature where we see hyper-reaction (but not due to outside irritant as in psoric

miasm) but due to weakness within self, where reaction is concentrated at a specific site or organ system tending to cause chronic, slow trouble usually with a tendency to overreaction in that particular sphere. The reaction is same no matter

presence/absence/intensity of stimulus. Here onset is slow and insidious and course is steady.

3. **Chronic inflammation starting de novo:** When the infection with organisms of low pathogenicity is chronic from the beginning e.g. infection with Mycobacterium Tuberculosis.

Miasmatic presentation of acute disease clearly falls into one of the major groups at a particular time based on symptomatic expression, which exhibits itself at the level of the intellect, the emotions, and the body simultaneously. An individual will exhibit different miasmatic expression at different points of time. The miasmatic expression predominant at any point in time in a particular individual is also in parallel with the specific infecting organism (bacteria, virus, fungi, parasite) which play a role in terms of type of clinical symptoms.

Let us take a short example of tonsillitis:

1st case: Sudden acute attack of tonsillitis with redness, pain swelling coming down in few hours after cold drinks, ice-cream, pickles or some such ailment factor. This depicts psoric miasm hence remedy of similar miasmatic expression is required to treat the case.

2nd case: Tonsillitis with pain throat, enlarged tonsils with indurations but without suppuration is sycotic miasm thus selection of med-



icine has to be sycotic.

3rd case: Tonsillitis with pus pockets with foul smell with indurations and ulceration rapid spread of infection to ear within a day or few hours possibility suggests a tubercular or syphilitic miasm. Here a remedy like merc. sol.

So giving Aconite or Belladonna in all case of tonsillitis on 1st day will not help as practiced by many practitioners. It is necessary to understand the miasmatic expression of the case and thus select the remedy according to the symptoms.

Many times it is seen that physicians prescribe Baryta carb. to all cases of recurrent tonsillitis, which will not help until the case is sycotic background and matches the symptomatology of the case.

Why different people have different expression of same disease is because of their different miasmatic background and individuality so process of remedy selection must include consideration of prevailing miasm along with individuality.

Let us make the society free from the curses of miasmatic load with homoeopathy.

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