

Revisiting and refreshing the five main miasms

by Sue Smith MARH



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This article is based on a presentation given at the ARH conference in 2017. Given the recent interest in the relationships and commonalities between homeopathic miasmatic theory and the burgeoning science of epigenetics, I thought that a re-examination of some newer ways in which the main miasma have been conceived may be useful. Looking at links between some other homeopathic approaches may also help to broaden current practice methodology. I have deliberately avoided repeating and reiterating old concepts of these five cornerstones of homeopathic theory, but they are illustrated in summary form for clarity.

Let's start with a general recap of traditional thought on the miasms. When we think of 'the miasms' in general practice it is usually in a negative light. What they represent to us as practitioners normally involves some sort of block to cure that has to be dealt with by prescribing an 'anti-miasmatic' remedy. We are commonly taught that miasms are inherited and acquired health susceptibilities that the vital force sometimes cannot deal with without help from a related nosode, and that the miasms have their roots in diseases that are or were prevalent in society at certain times in the history and development of

mankind. As we know, the word itself comes from the Greek *miainein*, meaning to pollute or stain, and in ordinary English it refers to rotting organic matter, or foul mists, which is not exactly an appealing concept to begin with!

In the 21st century, it is reasonable to assume that everyone will carry a varied miasmatic load, simply because miasmatic influences have been around us and embedded within us for such a long time and over so many generations. Practitioners can often forget that it is not a case of *which* miasms may be active (as opposed to dormant) but also to *what extent* and *how* they



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are impacting upon the patient in front of us, and we need to remember the manner in which they are influencing the curative journey.

Originally Hahnemann recognised and identified the existence and importance to chronic health and dis-ease of the three major miasms that were around in his day – psora, syphilis and sycosis. Also, crucially, he acknowledged the impact of an unhealthy lifestyle and bad medical practice upon people's health and wellbeing. In later years, the tubercular and cancer miasms were identified as prevalent diseases, and society's concerns and issues changed and moved on – and more illness and dis-ease bearing a stigma came into being.

We also have to remember that, in Hahnemann's time, a great deal of research took place into the development of germ theory and prophylactic vaccination, and notably into the work of Edward Jenner. He was a contemporary of Hahnemann's, and his work would have tinted the lens of scientific thinking of the time. It is reasonable to

assume that this historic backdrop, together with societal stigmas attached to the dis-eases themselves, have contributed largely to the dominant view today that the miasms are a negative influence upon our health, viewed as an enemy of

Traces of synthetic hormones are leading to the feminisation of some species of male fish

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the body that needs to be driven out and eradicated.

Knock-on effects of this train of thought in practice may mean that we neglect to treat the patients themselves and concentrate on eradicating their miasmatic influences, or end up at the other end of the spectrum by omitting them completely from the case. Alternatively, we might regard germs, bacteria and viruses as invaders, and lurgies and bugs as things that are 'out there to get us' and our good health. Some homeopaths tend to be reluctant to prescribe the miasmatic nosodes even when well-indicated, particularly *Syphilinum* and *Carcinosin*; after all, the source materials aren't exactly desirable. These are unhelpful inaccuracies which can mislead the practitioner and patient alike and skew a case outcome.

More crucially, perhaps, is that many traditional, negative conceptions of the miasms can result in an allopathic frame of reference, which in turn calls out for the need for a truly holistic and precise ▸

▷ consideration of the miasmatic impact upon us. Undoubtedly, the miasmatic nosodes are deep-acting remedies and this, I feel, can be simply explained by the fact (see earlier) that miasmatic influences and polycrests have become entrenched in us and in our societies' psyche as well as our wellbeing for so many generations.

Further, one of the laws of nature dictates that every negative must have a positive, so how else are the miasma to be perceived and what can we add to this landscape in the light of the present day?

Some of the newer theories and additions

Rajan Sankaran (1999 and 2005) in his books *The Substance of Homeopathy* and *The Sensation in Homeopathy* identifies a further five miasma amongst the traditional psora, syphilis, sycosis, tuberculosis and cancer. These are: acute, typhoid, malaria, ringworm and leprosy. (Note that, again, four of them are rather nasty diseases). Briefly, Sankaran's 'acute' corresponds to a pre-psoric state of instinctive reaction and typhoid to a post-psora, pre-sycotic state of realisation that proper handling of a crisis situation will result in its resolution. Ringworm and malaria are post-sycotic, pre-cancer states representing struggle and persecution, and leprosy is post-tubercular with feelings of isolation and oppression.

I do feel that the extra groupings over-complicate the picture somewhat, for myself anyway, but the crucial and valuable point here is that Sankaran perceives the miasma to be the degree and level ('depth, pace and perception') of self to which a person experiences their central sensation and their life. Clues to this are found in the words that patients use to express themselves when describing how they experience their symptoms, and Sankaran has also broadened out the miasms as well as the number of associated remedies by linking them up with the



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biological kingdoms or phylums and the mineral world. Indeed, his Sensation Method of case-taking is a post-graduate study in itself.

Melissa Assilem (1990) has proposed the existence of an entrenched folliculinum or a follicular miasm because of the prevalence and over-use of the oral contraceptive pill (OCP) and other artificial hormonal methods of pregnancy and birth control such as diethylstilbestrol (DES). DES is a manmade oestrogen given, since the 1940s, to pregnant women who had histories of miscarriages, premature births, diabetes or hypertension, or who showed signs of bleeding in early pregnancy. The so-called

The dominant view today is that the miasms are a negative influence upon our health, an enemy of the body



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‘morning-after’ pill is also made from DES and a similar (also artificial) hormone called norethisterone is widely used to delay the onset of a period. We have an almost global situation now where several generations of mothers will have been on the pill at least at some point in their (reproductive) lives and there have been numerous reports of traces of the synthetic hormones in question being present in water supplies and rivers, with the feminisation of some species of male fish being held responsible in the latter case. Further, synthetic hormone abuse continues in later life when one considers the number of older women who choose to use HRT (hormone replacement

therapy) in the hopes of easing some of the symptoms associated with the menopause. A final point to take into account here is that not only female patients benefit from the remedy *Folliculinum* when indicated.

Maria Jevtic (2017) describes the origins of the homeopathic miasms through the lens of social evolution, linking the aetiology of each miasm to huge shifts in subjective and objective societal experience. She holds that each miasm and its susceptibility, disease stimulus, and maintaining causes can be explained by the collective evolution of the roles of nutrition, pathology, social history, and religious

Ian Watson sees the miasms as personal challenges, as well as a means of providing us with opportunities from which we can learn

Far left: In ordinary English, miasm refers to rotting organic matter, or foul mists

Left: The major miasms still reflect major drug over- and mis-use as well as suppression, mirroring Hahnemann’s original concept of ‘bad medicine’

practices as well as technological advances though the ages.

Colin Griffith (2005) maintains that, as opposed to being positive or negative phenomena, miasms are simply forces of nature that are expressed by humanity, in other words a facet of us and how we experience our health and wellbeing.

Ian Watson (2009) takes this viewpoint further and sees the miasms as personal challenges, as well as a means of providing us with opportunities in life from which we can learn. Therefore, we need to look at the miasms in a neutral light in order to fully understand them and to receive their message. Thus, to confirm an earlier point, every negative has a positive side, and active miasms may also be expressed in an uncomplicated and healthy manner. (Table 1 illustrates.)

Misha Norland and the School of Homeopathy proved AIDS (acquired immune deficiency syndrome) in 1994 and 1998. ▶

▷ **Table 1: Interpretations of the five major miasms**

Major miasm	Traditional central keynote	Positive, uncomplicated expression	Sankaran’s verbal expression	Physical symptoms	Mind
Psoric	Under-production	Survival, security	<i>‘If I struggle, I’ll be able to cope’</i>	Skin eruptions, itching, slow healing	Insufficiency, forsaken-ness
Syphilitic	Destruction	Ability to let go & move on anew	<i>‘I can’t get out of this, its fixed so I’ll seek revenge’</i>	Caries, ulceration, pains, congenital conditions	Self-sabotage, revenge, destruction
Sycotic	Over-production	Growth, generosity	<i>‘I can’t get over it so I can live with it or cover it up’</i>	Overgrowth, cysts, genital & urinary, inflammation	Confusion, extremes, unreality
Tubercular	Restlessness	Creativity, integration	<i>‘I can’t cover up so I must keep changing’</i>	Asthma, allergies, changing symptoms	Unfulfilled, must move on
Cancer	Suppression	Self-identity, boundaries	<i>‘I may just manage but I’m on the verge of being lost’</i>	Multiple allergies, ‘auto-immune’ conditions, cancers	Putting self last, loss of personal identity

The condition acquired a highly stigmatised reputation during the 1980s, mostly because it was first diagnosed in gay men (and sexually transmitted) and in drug users. It was said to have reached epidemic proportions in certain parts of the globe, especially after it was also found in a number of heterosexuals (causing even more moral panic in Western society); so it is not hard to follow the logic of viewing AIDS as an additional, post-cancer miasm. Also, we find the *Carcinosin* issue of their view of self in relation to others to be extended in the *AIDS* picture to a (distorted) perspective of self in relation to society as a whole and thus embracing the limits of one’s own body and immunity.

Before turning to two other paradigms that illustrate commonalities and parallels with homeopathic theory, it’s worthwhile including a summary (see above, Table 1).

Epigenetics and miasmatic thought

The fast-increasing body of work in the field of epigenetics that mirrors homeopathic theory gives us a bio-social perspective on what we inherit and demonstrates that our genetic inheritance does not merely consist of biological DNA but there is an integral memory factor that is passed down too. We inherit our grandparents’ life experiences, both

good and bad, as well as physiological features such as eye and hair colouring, bone structures, not to mention our health susceptibilities and patterns. Epigenetics has

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become a big player in the field of the nurture vs nature debate.

In 2006, a BBC Horizon programme entitled *A Ghost in Your Genes* reported on the first research evidence that an environmental effect can be inherited in humans, conducted and researched by Marcus Pembrey and Lars Olov Bygren in 2005. They examined registry entries of births and deaths and detailed local harvest records of a remote town in northern Sweden and found clear evidence in these of an environmental effect being passed down the generations. They showed that a famine at critical times during the lives of grandparents affected the life expectancy of their grandchildren. (The psoric miasm springs to mind here with its characteristic worries about insufficiencies).

Further epigenetic research has now led to other proposals that there is a type of gene which can be switched on or off by environmental triggers and, furthermore, that the actual switch itself can be inherited. A detailed article by Manish Bhatia (2008) explains the complex mechanisms of this process and summarises further epigenetic research investigating conditions such as IVE, bi-polar disorder and schizophrenia. Further, Pembrey and Bygren’s original investigations of the Swedish parish records also revealed that fluctuations in the towns’ food supply had



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health effects spanning at least two generations, leading them to deduce that genes on the sex-specific X and Y chromosomes were also being affected by epigenetic signals. Grandfathers who were pre-teen during plentiful times were more likely to have grandsons with diabetes (thus doubling the grandsons' risk of early death) and these effects were sex specific. A grandfather's access to a good food supply only affected the mortality rates of his grandsons and not those of his granddaughters, whilst a paternal grandmother's experience of plenty affected the mortality rates of only her granddaughters, not her grandsons.

Anke Zimmermann (2017) has since proposed that, rather than inherited effects being passed down a couple of generations, a more accurate estimate is actually 14 generations. Worryingly, she also writes that, apart from being

mindful of sustainable agricultural and environmental practices:

... we would be wise to consider how the conditions to which we subject our bodies – the pollution and toxicants which permeate the landscape and pervade our bodies, the nutrient-devoid soil that engenders micronutrient-poor food, the disruptions to our circadian rhythm due to the ubiquity of electronic devices, our divorce from nature and the demise of our tribal affiliations – may translate into ill health effects and diminished quality of life for a previously unfathomed number of subsequent generations.

I need hardly reiterate that the impact of (over-)vaccination on the health and development of not only the present generation but also on past and future cohorts is a huge area of concern in the homeopathic world. In the mental / emotional context, Elizabeth Adalian (2017) has done a great deal of work on

A famine at critical times during the lives of grandparents affected the life expectancy of their grandchildren

how transgenerational trauma patterns from the past can so frequently form the roots of present-day distress, and her multi-disciplinary approach to addressing this with homeopathy includes a consideration of the miasmatic epigenetic role and the need to elicit as much detail as possible of a patient's inheritance of past family trauma in order to obtain a complete case history.

Homotoxicology in a miasmatic frame

The theory of homotoxicology was formulated by Hans-Heinrich Reckeweg in 1952. He combined his knowledge of classical homeopathy and medical science to provide a bridge between homeopathy and conventional medicine. It is now a well-researched medical practice that studies the effects of various toxic substances on the human body, integrating pathology, ▷

▷ toxicology, biology, enzymology, and immunology with homeopathic principles of treatment. In short, dis-ease is said to be caused by a build-up of toxins in the body, and symptoms of dis-ease therefore represent evidence of the body's defence mechanisms at work to eliminate these.

So, physical expressions of chronic states reflect the body's ability (or not) to deal with its toxins (Caroline Walrad 2007). Hence, the physical symptoms of the five miasms and how they manifest in a patient can provide us with some very useful pointers for any organotherapy or drainage, where a particular organ or system of the body is obviously malfunctioning. Of course, these physical manifestations are also invariably mirrored in the emotional symptoms and types of worry relating to the nosodes themselves.

We can now make the following physical associations:

Psora: The base for all the miasms; as long as all the organs of elimination of the body are functioning properly, all is well. Psoric under-function can also be considered in terms of adverse reactions of the body upon exposure to environmental or external stimuli, such as noise or light, resulting in functional disturbances such as headache, nausea, or general discomfort.

Sycosis: When metabolic by-products and toxins become stuck in our system, our tissues protect the body by hiding and enclosing them in various systems of the body as benign cysts, skin overgrowths, lumps and bumps. Joints become inflamed, and lots of mucus is produced.

Syphilis: This represents the body's inability to release these enclosed toxins and so they turn inwards

Miasma are not just physical phenomena or inherited health susceptibilities

and cause deterioration and destruction in the body, for example caries (tooth decay), osteoporosis, ulceration, heart weakness.

Tubercular: Wandering symptoms, allergies, profuse sweating especially at night (seen as the body's attempt to throw off this miasm).

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infections, allergies, and connective tissue infections.

Cancer: A weakened immune system, suppression. The body is unable to eliminate its toxins and so suppresses them and denies a problem exists. (This would explain why a cancer diagnosis is so often a surprise, but ‘never having a day’s illness in their life’ can be due to an immune system that cannot express itself adequately, rather than an absence of disease.)

Links with the bowel nosodes

Continuing along the elimination and balance route, John Saxton (2012) associates some of the bowel nosodes with the miasms, very much in line with the thinking of one of the pioneers in this field, John Paterson. His work in the early 1950s on the role of the bowel nosodes in chronic health was, in turn, closely allied to the original Hahnemannian concept of chronic health reflecting miasmatic disturbance, and Saxton’s links are collated above (see Table 2). Again, we can trace how those emotional states typically associated with the miasmatic nosodes are reflected by the bowel nosode affiliations given here.

Conclusion – what exactly are the miasms?

I hope the foregoing illustrates that the miasma are not just physical phenomena or inherited health susceptibilities and that their interpretation needs to embrace a variety of issues which, in turn, call for a broader conceptualisation than traditional analyses. However, we can conclude that they do indeed represent influences on society of major pandemic dis-eases and what they have meant to us, and thus do reflect societies’ major preoccupations and associated behaviours over time.

All miasmatic aspects need to be recognised and acknowledged, and it is also fair to say that they do pose both personal and global challenges which, in turn, means providing opportunities for change

Table 2: Miasms and the bowel nosodes

Miasm	Nosodes
Psora	<i>Bacillus No.7</i> ; Dysco; Gaertner; <i>Morgan Gaertner</i> ; Morgan Pure
Sycotic	<i>Bacillus No.7</i> ; <i>Bacillus No.7</i> ; <i>Coccal Co</i> ; <i>Dysco</i> ; <i>Faecalis</i> ; <i>Morgan Gaertner</i> ; <i>Morgan Pure</i> ; Proteus ; Sycotic Co
Syphilitic	<i>Bacillus No.7</i> ; <i>Bacillus No.10</i> ; <i>Coccal Co</i> ; <i>Dysco</i> ; Gaertner Bach ; Proteus
Tubercular	<i>Bacillus No.7</i> ; Gaertner Bach ; <i>Morgan Pure</i> ; <i>Mutabile</i> ; <i>Sycotic Co</i>
Cancer	<i>Bacillus No.10</i> ; <i>Dysco</i> ; <i>Faecalis</i> ; <i>Gaertner Bach</i>

Adapted from Saxton (2012): The bold type indicates the strongest association, italics a medium-weight link and regular type the loosest.

– whether that change is in terms of practice methodology or homeopathic philosophy. Whether or not they are neutral influences embracing both positive and negative aspects of wellbeing and health can be regarded as highly subjective (!) and I feel that the major miasms definitely still reflect major drug over-and mis-use as well as suppression, mirroring Hahnemann’s original concept of ‘bad medicine’.

So again, in practice terms, it is not just a case of which ones but the most dominant miasms and what is their influence doing *to* and *for* the patient in front of us and *how*. Perhaps the ‘anti-miasmatic’ remedies should be reframed as ‘re-balancers’, and the miasms themselves should be more accurately and fully viewed as being indications for practitioners and patients alike, as both positive and negative influences that one can work with and learn from, rather than something to be necessarily negated or eradicated.

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