

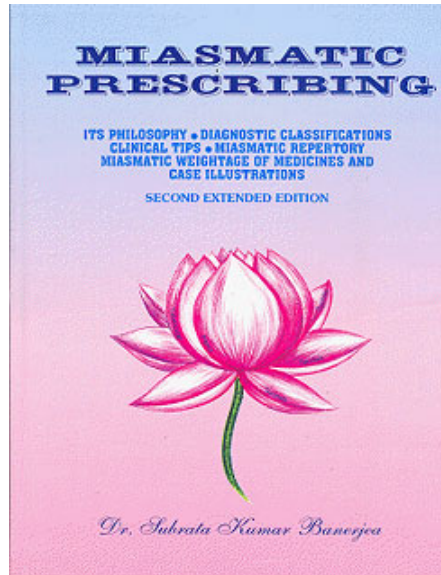
# Subrata Kumar Banerjea

## Miasmatic Prescribing - Softcover - Imperfect copy

Leseprobe

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# PART — I

## MIASMATIC PRESCRIBING: PHILOSOPHY & UTILITY

### INTRODUCTION:

#### THE UTILITY AND INCORPORATION OF MIASM IN PRESCRIBING:

The consideration of miasms is of paramount importance in effective homoeopathic prescribing particularly in this world of multi-suppressions where perceiving a clear picture of disease is becoming increasingly difficult.

Disease pictures can be complicated for several reasons, and the chart below shows the three pictures which may arise. These pictures are expanded upon within this chapter as an important starting point in understanding the value of miasms and miasmatic prescribing in modern homoeopathic practice.

#### **a) Contaminated Picture:**

the disease is contaminated or masked  
(through a lack of expression of symptoms or manifestations  
due to emotional, physical or iatrogenic suppressions).

#### **b) Conjoint Picture:**

the original malady exists  
upon which symptoms of various drugs are superimposed.

#### **c) Scarcity of Symptoms:**

conditions in which it is difficult to ascertain  
a totality of symptoms,  
i.e. one-sided diseases such as insomnia, migraine, fatigue syndromes etc.

#### a) Contaminated Picture:

The disease picture is contaminated by various forms of suppression, which can be recognised in either of two ways:

- i) A lack of expression of symptoms which have been driven inside by heroic suppressive measures.
- ii) A contaminated picture formed by the original disease together with a lack of expression caused by physical or emotional suppressions. E.g. an extrovert receives disappointing news and their natural inclination is to sob loudly to recover. Circumstances however forbid this and they are forced to bottle up their feelings — their emotions therefore become suppressed.

## b) Conjoint Picture:

In these cases, the symptoms of the original disease are superimposed with symptoms of the artificial drug disease. Conjoint pictures may arise as follows:-

|   |   |   |
|---|---|---|
| i) The original disease is joined by an artificial chronic disease (due to allopathic medical malpractice §78). | ii) The original disease is joined by an artificial chronic disease (due to homoeopathic medical malpractice, e.g. as in cases of polypharmacy, too frequent repetition of doses or the usage of combinations where the action of such applications has not been proved on healthy human beings). | iii) The original disease is joined by an artificial chronic disease produced by vaccinations and serums. |
|---|---|---|

## c) Scarcity of Symptoms:

A scarcity of symptoms will be apparent in cases of '*one-sided disease*', of which Hahnemann makes us aware in § 173 of The Organon. These are diseases with too few symptoms, such as insomnia, anorexia and cases of hyperactive, restless children. They also include the so called modern illnesses such as Chronic Fatigue Syndrome, where there are only one or two symptoms showing on the surface of the case. In a case of insomnia, for example, where loss of sleep is due to anxiety and nothing more, we are unable to make a totality. We cannot prescribe successfully on the basis of one or two symptoms and it is due to suppression that only one or two symptoms are visible. It follows therefore, that the manifestations and expressions of the patient must have been suppressed.

We know that in the modern world, the causes of suppression are many. They do however fall into the three main categories as follows. Examples are given under each category although it should be noted that these examples are by no means exhaustive.

### **Physical Suppressions**

e.g. suppression of perspiration by antiperspirants.

### **Emotional Suppressions**

e.g. broken relationships; disappointments in love; pecuniary embarrassments.

### **Iatrogenic Suppressions**

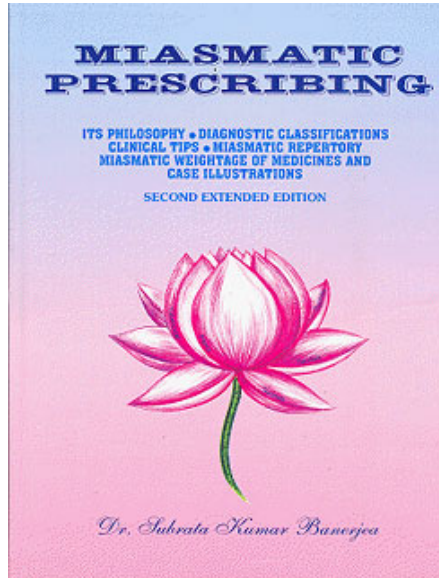
- i) Suppressions by non-homoeopathic remedies e.g. antibiotics, steroids etc.
- ii) Suppressions by homoeopathic medicines e.g. daily repetition of doses over a prolonged period, polypharmacy, quick alternation of remedies, the use of combinations.
- iii) Widespread vaccination.
- iv) Suppressions caused by the use of serums (anti-sera preparations); contraceptive pills and H.R.T.

So we can clearly see that manifestations of one-sided diseases are either contaminated, conjoined with artificial disease symptoms, or hindered and suppressed. Clinical experience of the classical prescribers and my own ancestral wisdom has shown that the best way to open up these cases is from the miasmatic viewpoint. That is to **say**, we perceive the surface miasm and treat it accordingly. The surface miasm itself being diagnosed by considering the symptoms showing on the surface of the case as presenting complaints.

## MIASMATIC ANCESTRAL TIPS: CLINICAL TIPS ON AIDS

### MIASMATIC INTERPRETATION OF THE VARIOUS SYMPTOMATIC MANIFESTATIONS OF AIDS:

| <i>Point</i>                     | <i>Aids Psoric Taint</i>   | <i>Aids Sycotic Taint</i>         | <i>Aids Syphilitic Taint</i>   | <i>Aids Tubercular Taint</i>  |
|----------------------------------|--|-----------------------------------|--|---|
| <b>1. Fatigue &amp; Debility</b> | <p>i) Psoric patients are mentally alert and are quick and active in their motions. Short bursts of hard work cause both physical and mental fatigue and this is followed by profound prostration and a desire to lie down. Extreme fatigue prevents the patient performing their normal duties.</p> <p>ii) Indolence, an untidy appearance, a general lack of discipline and an aversion to work, bathing and keeping things clean are the innate dyscrasia of psora. In AIDS however, the manifestation of fatigue does not belong to psora alone.</p> |                                   |  | <p>i) Unrestrained and uncontrollable passions such as masturbation, artificial loss of semen, and a perverted craving for sex cause debility in the tubercular patient. These unrestrained passions are characterised by indifference.</p> <p>ii) Weak wrist and ankle joints, difficulty in holding objects and clumsiness affect the tubercular patient. There is a sense of great exhaustion, they are easily made tired and never seem to get rested. Tiredness is particularly evident at night and they feel tired even after a sleep. As the sun ascends, their strength revives a little but as it descends, it diminishes again.</p> <p>iii) Skin suppression affects the inner tissues resulting in destructive and ulcerous manifestations which proceed to affect the deeper organs leading to a debilitated tubercular state.</p> |
| <b>2. Lymph-adenopathy</b>       | <p>i) The sensitising property of psora causes the organism to become susceptible to all kinds of environmental conditions, diseases and allergens. The glands swell from the least exposure and from the least cold.</p>  | Glands enlarge out of proportion. | Glands: Ulcreate, degenerate and tends to necrosis. Fistulas opening from glands with oozing of offensive pus. | <p>i) Glandular swellings, (scrofulosis) are of tubercular preponderance with a psoric background. Cervical lymphadenitis is also tuberculo-psoric and these patients are apt to catch cold easily.</p> <p>ii) Nasal polyps (tri-miasmatic) occur and when characterised by profuse haemorrhage can be deemed as more tubercular.</p>   |

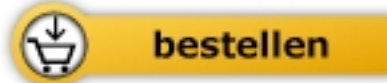


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second extended edition 2006

294 Seiten, geb.  
erschienen 2006



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