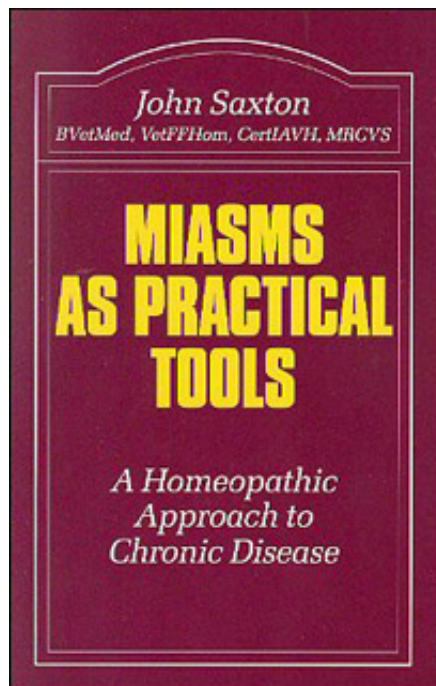


John Saxton Miasms as Practical Tools

Leseprobe

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von [John Saxton](#)



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facility for a fluctuating balance (see Chapter 2), there is the possibility that this can be dealt with. The less flexibility there is in the situation, as is discussed in Chapter 4, the more the body is hampered in its efforts to defend itself, and the more susceptible it is to challenge. Also, the less the natural responses are allowed to function, the more erratic and/or exaggerated the response is likely to be.

Diathesis and Constitution

There is much confusion surrounding these terms, with different interpretations being placed on each, and with an overlap between those interpretations. Diathesis has been defined as either 'A pattern of disorder characteristic of an underlying disease trait' (*International Dictionary of Homeopathy*, 2000) or as 'The inherited or acquired organic weakness and systemic inferiority which leads to the morbid dispositions and specific pathological processes in the evolution of a disease' (Koehler, 1986). It may thus be regarded as predisposition to a particular named disease. This, of course, implies a particular pre-set miasmatic pattern. On the other hand, a clear clinical miasm is a predisposition to particular types of reactions following disease challenges in general. The sensitivity of particular individuals to certain remedies may be connected to their miasmatic makeup. Similarly the constitutional type and miasmatic type have many overlaps, but they are not quite the same thing. The constitutional type - which is essentially the mental and physical characteristics and reactions of the individual in the healthy state - will be greatly affected by the inherited miasmatic makeup of that individual but will also contain elements over and above that, as other elements of heredity will ensure a broader picture. In contrast, the miasmatic picture on its own becomes of major clinical importance in the disease state.

Acute and Latent Miasms

These terms, which are often used in connection to miasms, can also be confusing. The terminology 'an acute miasm' can be especially so, even though Hahnemann uses it on several occasions in both the *Organon* and *Chronic Diseases*. He used the term to separate what he called 'the more superficial diseases', essentially what are now recognised as the infectious and epidemic diseases, from the genuine deep-seated chronic diseases. Kent, in his *Lectures on Homoeopathic Philosophy* (XVIII)

draws a clear distinction between acute and chronic miasms. To understand the difference, it is necessary to discard the orthodox definition of chronic as being based solely on time. From the homeopathic point of view it is the intrinsic nature of the condition that makes it chronic, not the length of time it has been present. Kent states: 'A chronic miasm is chronic from its beginning, and an acute miasm is acute from its beginning.' Koehler (1986) defines the essential difference as 'Whether the organism is able to overcome the illness by itself or medical treatment is necessary to achieve this end' (by medical treatment he means prolonged homeopathic treatment). Banerjee (1931) states that it is the inherent nature of the disease that makes it either acute or chronic. Thus, as the term is often currently used, it is really a misnomer, as the essence of the miasmatic concept centres around the reactions of the body in chronic disease. One modern concept of the acute miasm is an extension of a view of miasms that links them intrinsically to various life stages, and stages of a disease process, essentially irrespective of particular diseases (Sankaran, 1994). As its name suggests, it is essentially an acute response to sudden challenge, and this was the sense in which both Hahnemann and Kent used it. It must, of course, by definition, include all the three primary physiological functions of production, removal and control in the reaction.

In *Chronic Diseases*, Hahnemann also mentions 'half-acute' miasms, and cites rabies as an example of an infection producing no eruption. However, it appears to the author that there is considerable doubt over this concept, as Hahnemann bases his interpretation on observations that appear to take no account of any differential diagnosis of aggression in dogs. Although in his 'Thoughts suggested by the recommendation of a remedy for the effects of the bite of mad dogs' (*Lesser Writings*, 1803; Dudgeon's translation, 1853) he addresses this issue to some extent, he still maintains his position as set out in *Chronic Diseases*. He states that in his experience only 'one out of twenty or thirty who are bitten' become infected. Even the experience that he quotes of others that one in twelve succumb is so far at odds with modern experience as to demand some explanation. The virulent nature of the true rabies virus must be a significant factor.

A latent miasm has a validity within the traditional theory. Hahnemann attributed many acute fevers to the presence of latent psora (*Organon*, Paragraph 73). The predisposition in a body to a particular type of reaction in the face of challenge can result in the presence, and subsequent manifestation, of latent miasms. Since, from the homeo-

pathic perspective, all disease is a dynamic disturbance at an energetic level, latent miasms may be thought of as energy patterns of previous experiences and response patterns that are still in the body, but it must be remembered that the original illness may have been in a previous generation. In a perfect world the acute response to challenge would involve the model as described in Figure 1 of Chapter 2. What occurs in reality is that the body does not start its response from the state represented in Figure 1 but from that in Figure 2, which is already in a state of imbalance. If that imbalance is great enough, then it will already be showing clinically as a miasm, with the exact symptom picture being dependent on the prominent influence.

Thus a psoric pattern may show as a case of psoriasis, a sycotic as chronic cystitis or a syphilitic as an ulcerative condition. If it is much milder there may well be the appearance of something approaching normality in spite of its presence, and a patient, when asked, may state that they are well. Owners may claim that their animals are healthy. However, the imbalance will still be there and if the vital force is disturbed sufficiently, once the acute phase is over, the initial imbalance will be reinforced and show as a clinical entity. If the miasmatic tendency of the challenge, and discussed in Chapter 6, is similar to the latent miasm, the resulting clinical picture will be correspondingly severe. If its balance is different then the final outcome will be milder, but the latent miasm can still have become active. The uncorrected course of many chronic diseases will show variation between periods of frank miasmatic activity and more quiescent, latent intervals, but in many of these cases there will be slight signs of a lurking influence waiting to flare.

System Affinities of the Miasms

Miasms can be regarded as essentially unbalanced functional entities that have their origins in the normal functional activities of the body. They arise when these functions are not allowed to operate in the way nature intended, due to the inappropriate suppression of either disease response or normal physiological function. In a normal body, different systems have different priorities of function in the broader scheme of life and survival, and these functions will require different balances of the basic physiological forces in order to fulfil their roles. Individual cells and tissues within a system may have their own different functional role, but nevertheless there can be seen in particular systems a

Chapter 9

Syphilis

Basic Concepts

In *Chronic Diseases* Hahnemann describes syphilis as 'the miasm of the venereal disease proper', and he appears to link the miasm to the known clinical disease more closely than is the case with the other two miasms. This is a case of Hahnemann being constrained by the clinical experience and terminology of his time. An unfortunate consequence of this perceived association is that many writers have overstressed the importance of what he described later in the same chapter of *Chronic Diseases* as 'impure coition' in the clinical development of the miasm (see Chapter 1). As with sycosis, although such a route of infection is undoubtedly significant, potentially it detracts from a true understanding of the nature of the miasm. In fact, Hahnemann was primarily concerned with the proper treatment of the venereal disease in order to avoid the establishment of the miasm as a clinical entity. He regarded primary syphilis as an easily curable disease, given correct systemic treatment rather than the erroneous concentration on the local symptoms so common in his day.

The ill effects of such treatment were well documented by his contemporaries and supported his contention that the serious consequences arose as a result of suppressive treatment, which resulted in both the establishment of the miasm in its own right and its combination with psora and sycosis. It was these latter combinations that produced the most intractable of the problems. Syphilis, if allowed to flourish to its tertiary stage, is one of the most destructive of diseases, affecting the whole body. Equally, the miasm is the most actively destructive of the three basic forces. Its very name derives from the Greek word *siphilos*, meaning to cripple or maim.

It may be regarded as having similarities to the Oxygenoid constitution of Grauvogl's classification, where there is considered to be either an excess of oxygen within the system or an undue influence of external oxygen on the metabolism. This results in a stimulated and overactive metabolism, with consequent destruction. The analogy of the

Syphilis

effects of oxygen on a fire gives an indication of the activity of the miasm.

One apparent paradox is that while its manifestation is linked to destruction, before that occurs there may be great strength and resolve. Many of the substances from which the major syphilitic remedies are derived are metals or other substances that exhibit great strength and worth, and have fixed and rigid structures. With the miasm it is as if there are no half measures, and once the defences have been breached there is a rapid decline into complete destruction.

Clinical Manifestations

Clinically its effects are seen in those conditions characterised by the disruption, perversion and degeneration of both tissues and function. Weakness of joints, ataxia and failure of healing due to degeneration of tissues are manifestations of this. In many ways it is nature's 'self-destruct button', turning in on itself and destroying the very structures and functions on which life depends. It encompasses those states described as 'dys', as in dysplasia and dystrophy. Ulceration, suppuration, unresponsive chronic infection and necrosis arise from the miasm. The syphilitic type often has problems and issues surrounding their own identity, and a love of travel is often found (Lilley, 2005). This may, in part, be a reflection of a desire to 'find themselves'. There may also be a feeling of unending suffering, with no end to their troubles (Sherr, 2002). Mentally there is often dullness, obstinacy and introversion, with an anxiety and restlessness that is hidden. There can be a lack of alertness and imagination and a slowness to take on new ideas. Idiocy and mental retardation are seen, being the ultimate destruction of the mental powers. At the same time there can be great drive and vision in an individual, but things must be done in exactly the way that they decree, and if this is checked for any reason then there can be a rapid descent into depression and self-condemnation. Strong feelings of guilt, self-loathing and uncleanness arise easily, and the 'self-destruct' aspect comes into play here with a strong tendency towards suicide. However, unlike other types, syphilitic patients will often not talk about suicide - they will just do it. The self-destructive urge may also manifest as addiction to either drugs or alcohol. The type has a natural tendency to keep their problems to themselves and brood on them, and it is almost as if the depression and burden finally becomes so great that something violent must be done to

break out of the cycle, even if that something is the destruction of the self!

Violence generally, with little thought for the consequences, is also a feature of the type. There is much distrust, jealousy and cruelty, with a marked indifference to the sufferings of others, based in a lack of confidence both in other people and in the world generally. There is a feeling that only when *they* are in control will things run smoothly, and that control must be exercised at all costs. This feeling may be allied to a genuine love of power. Compulsive behaviour of various types is often seen, possibly as a means of protecting the individual from the perceived hostile world. The self-centred nature will result in a failure to abide by the accepted rules and conventions of society, or to interpret them in a highly individual way to their own benefit. Ruthless dictators are essentially syphilitic, and in the animal world the excessively dominant pack or herd leader is exhibiting the same trait.

Great fear and anxiety about many things is prominent in the picture, but a recurring theme is concern about health. This manifests as a fear of infection and becoming ill, linked to a despair of recovery. When added to the tendency towards compulsive behaviour, this leads to such patterns as obsessive hand-washing and excessive fixations that certain things or foods will do them harm. Severe pain can result in great depression, which in all species can produce loss of appetite and a withdrawal into themselves, and in humans may trigger suicide. All illness will induce some degree of depression in the syphilitic patient.

There is a marked time modality to the syphilitic miasm, with conditions being worse from sunset to sunrise. The conditions are also worse for physiological discharges, such as perspiration, but better for pathological discharges, as when pus finds an outlet. Extremes of temperature are disliked but there is a preference for cold foods and drink. There is a tendency for cold to ameliorate most symptoms. Movement and warmth will aggravate most conditions, which are also generally worse near the sea.

Pains may be intense, but conversely severe lesions may be painless, especially on the skin. Conventionally this may be explained by the fact that the degree of destruction is so great that the nerve endings themselves have been destroyed. Indeed in most syphilitic cases there will be destruction of normal tissue. Severe bone pains are experienced, especially at night, and in the long bones.

The senses and their organs are particularly susceptible to the miasm. Many eye problems have a strong syphilitic component, often with a

It is an associated remedy of the bowel nosode Morgan Pure. It is of particular use to complete the action of Lycopodium in males and Pulsatilla in females, especially if there are clear urinary symptoms in the disease picture.

Syphilinum (Lueticum)

The destruction and perversion associated with the syphilitic miasm is seen clearly in the remedy picture of the nosode. Violence is present, which will on occasion be directed outwards but is more often turned inwards against itself. There is thus an antisocial aspect, with bad temper tipping over into violent rages and a desire to kill. At the same time there may be an aversion to company through lack of confidence and depression, while feelings of worthlessness can lead to self-mutilation. Many fears are seen, which may be very general but tend to be specifically about health and death. There is constant worry both about becoming ill and recovering from illness. Behaviour patterns include the checking and rechecking of actions and situations, and there is a great attachment to superstitious practices.

As well as adhering to the generally accepted superstitions, such as not walking under ladders or touching wood, Syphilinum patients will invent their own rituals in which they find great comfort. This obsessive behaviour pattern, linked to the fear of disease and contamination, results in the characteristic feature of always washing the hands and a conviction that they are constantly dirty. On the mental level there is a desire to avoid involvement, and the constant washing of the hands can be interpreted by analogy as an attempt to shed responsibility. Another defence is to concentrate their energies on a narrow range of activities that they then feel they have mastered, and are therefore secure.

The self-destructive urge also finds expression in alcoholism and addiction to drugs, and the nosode is one of the major remedies for the treatment of these conditions.

The destructive theme is also seen in the physical symptoms of the nosode. There is extreme emaciation accompanied by a reduced or variable appetite. A major keynote is ulceration, which does not heal easily and may occur anywhere in the body. Recurring abscesses are a feature, and all discharges are putrid, with green pus.

Much saliva is produced in the mouth, with redness and ulceration of the mucosa. Swallowing anything may be difficult because of the degree of ulceration, which can affect all the tissues of the mouth. There

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is an aversion to meat, and the appetite is variable. There may be persistent vomiting due to ulceration of the alimentary tract while at the other end of the system there is an obstinate constipation. Flatulence is present due to dyspepsia, and there is painless diarrhoea, which is dark and foul-smelling.

In the eyes, chronic blepharitis, ophthalmia, iritis, keratitis and corneal ulceration are seen. The lids are red and swollen and there is severe photophobia. The lids may be stuck together in the morning.

Nasal discharges are thick, yellow and strong-smelling. Pressure on the throat triggers a harsh dry cough. Ulceration of the larynx and nasal mucosa is seen. Mucus accumulation in the chest produces moist rales.

There is intense pain in the ears with a watery, acrid and purulent discharge.

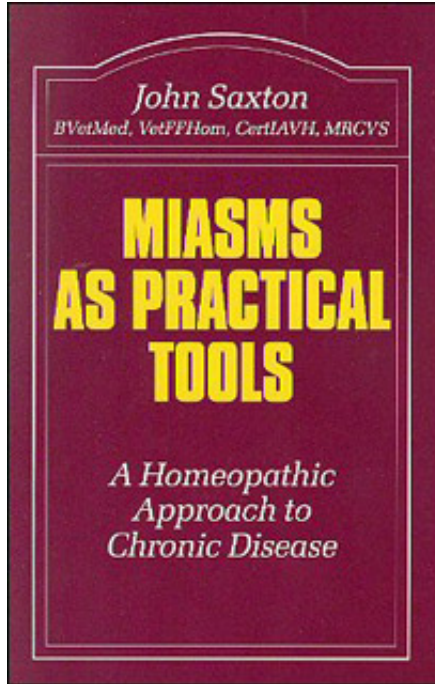
Pustular eruptions on the skin heal, leaving scars which are brownish in colour; while as fast as some heal others break out. The skin may have a blue tinge to it, while the irritation associated with the lesions may be less than would be expected.

The testicles are swollen and painful; there is sensitivity of all female genitalia with painful irregular periods producing thin, watery, acrid discharges.

Destructive pathology of the bones and teeth is seen. Ulceration of the nasal bones and tooth decay around the gums, both accompanied by offensive discharges, occurs. 'Dental neck lesions' in cats will often respond to Syphilinum (Viljoen, 1999). Destruction of long bones occurs while locomotor ataxia is seen. There are pains in the limbs and spine, with great stiffness, especially around the lumbar and sacral areas.

The strongest feature of the nosode is a marked aggravation of all symptoms at night, when pains and fears can become intense. There is consequently a fear of the night itself. Great weakness is seen in patients in the morning. In contrast to Medorrhinum, an aggravation at the seaside is usual. There is an aggravation from damp generally. It is essentially a chilly remedy, but is worse for either extreme of heat or cold. Local conditions are > applied heat.

Gaertner Bach is the associated bowel nosode. Syphilinum is the chronic of Mercurius and Nitric Acid.

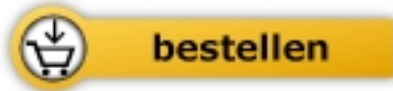


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