

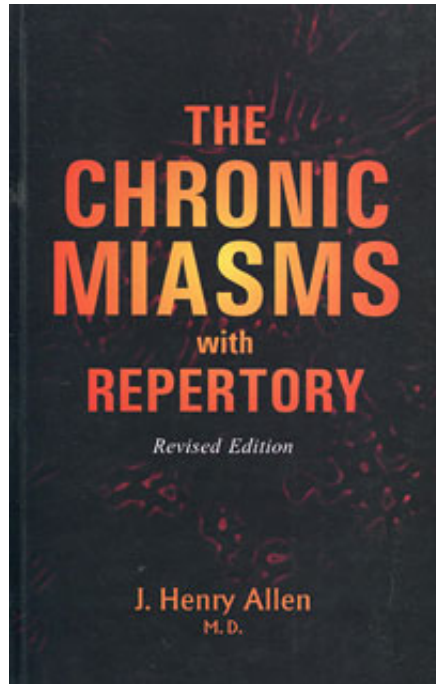
John Henry Allen

The Chronic Miasms with Repertory

Leseprobe

[The Chronic Miasms with Repertory](#)

von [John Henry Allen](#)



<http://www.narayana-verlag.de/b45>

Das Kopieren der Leseproben ist nicht gestattet.

Narayana Verlag GmbH
Blumenplatz 2
D-79400 Kandern
Tel. +49 7626 9749 700
Fax +49 7626 9749 709
Email info@narayana-verlag.de
<http://www.narayana-verlag.de>

In unserer [Online-Buchhandlung](#) werden alle deutschen und englischen Homöopathie Bücher vorgestellt.



soda fountain. Sycotic and psoric patients are relieved by hot drinks and prefer their food hot or warm, while syphilitic and tubercular patients frequently desire cold things to eat or drink. Sometimes a tubercular patient will crave salt meats, salt fish, such as cod-fish, mackerel or salt herring, smoked ham or smoked meats. He likes these forms of flesh, largely for the salt they contain. Potatoes are another article of diet the tubercular patient craves. He will let you cut out any other article of diet but potatoes. The child 20 months old will gorge itself on this article of diet. A sycotic patient would prefer beer, rich gravies and fat meats but prefers to have it well seasoned with salt, pepper, etc. These patients herein described are, of course, typical cases, and any modification of these pictures can be found in mixed miasms.

CHEST, HEART AND LUNGS

As no part or portion, of the organism is free from the presence of the miasms, when they are at all present, so the chest cavity with its contents is a fruitful soil for both these benign and malignant shadings of miasmatic action. The regular seat of the pseudo-psoric miasms is often found in the respiratory organs, developing into those malignant states known as phthisis-pulmonalis, tuberculosis, consumption, and other names which denote prolonged and fearful histories of sufferings and death. So many times we find these miasms lying in an incipient state of slumber, and many of us are totally ignorant of their presence in the organism until (as it seems to us), with scarcely any warning, they break forth like volcanoes from their slumbers. This should not be so. We should make ourselves acquainted with their latent expressions, and the symptoms of their presence, long before they have taken such a deep

hold of this vital organ, the lungs. This we can do by becoming acquainted with just such phenomena as have already been presented; we must know something about this physiological difference which distinguishes the *psoric* from the *pseudo-psoric*. They are vastly unlike when we study them separately and yet we can not separate them fully, as they owe their existence to this combination, as expressed in the word *pseudo-psora*. These pseudo-psoric or tubercular symptoms, I say resemble both psora and syphilis, as a child may resemble both parents, and yet that distinction is often difficult to demonstrate, if we were called to do so. But as we have studied the head, face, ears, eyes and the different parts, and notice their distinguishing features, so can we study the chest, itself, as well as the chest organs. First of all, we must repeat to ourselves the rule "*that psora itself gives us no physiological changes of structure, that another miasm must be present in order to procure a physiological change in the structure or shape of a part or organ.*" With this in view and armed with the additional knowledge that syphilis is the only miasm that can, or does give us false physiological expressions or changes in the organism (any miasm may give us pathological changes, but not physiological changes), even to changes in the bony framework itself. Examine a tubercular bone or see the resemblance to syphilis, see the changes of structure and form, see the false formations and false expressions in that osseous structure; but we have shown this more fully under our heading of scrofulosis, versus syphilis, so we will hasten to give the psoric and pseudo-psoric symptoms and changes of the region coming under this heading. If we examine very psoric patients, we will see no changes in the lines, curves, and contour of the chest, they are natural; but let us see what we can find when we examine the tubercular chest; the curves and lines are imperfect, the chest is often narrow, lacking not only width

laterally, but depth antero-posteriorly, the subclavicular spaces are hollow, or certain areas are sunken or depressed, quite often one lung is much larger than the other, or the action of one is accelerated and the other is lessened; one side is fuller than the other, showing a better development and a greater respiratory area, often the expansive power of the lung is greatly limited and the amount of residual air lessened. The breathing of these patients is not so full and resonant, although there may be no impediment or obstruction in the air cells or air passages. The shoulders of these patients are rounded, inclined forward, infringing on the chest area and the free lung action. They are as a rule all poor breathers, in fact they have no desire to take a full respiration; seldom do we find them breathing diaphragmatically, thus the lung never comes to its fullest expansion and the air cells are not all brought into use and simply become diseased from lack of that life giving principle they should receive from the oxygen. For lack of work or use, they atrophy or become useless; the least obstruction glues them together and destroys their office. Soon we find infiltrations with all the history of hepatic changes and finally complete destruction of such portions as are involved. These great air pumps, with their wonderful aerating machinery, should never be neglected, as they furnish to the commerce of the red blood corpuscles that invisible, vitalizing principle so necessary to life. So long as this free exchange of commodity goes on between the atmospheric air and the red blood corpuscles, we are safe, but as soon as it materially decreases the vitalizing principles also decreases as our invisible food supply diminishes.

Disease is largely a matter of imperfect oxidation, no matter what miasm is at the bottom of the trouble; any and all of them affect this process in some manner or other; the

psoric, through neurotic processes, as in anemia; the tubercular as has been demonstrated, in faulty nutrition, and death of the commercial red corpuscles; the sycotic, in imperfect oxidation of the food products and their deposit in the tissues in the form of gouty concretions and lithic formations. These tubercular patients have not energy enough to take a full breath and besides they are afraid of cold air, especially if there is any exposure or chance of chilling the body. It is surprising how long they will endure a bed-room atmosphere, in which the lungs have partaken of the air over and over again. They should be forced, if possible, to live consistent with their miasmatic taint, and to promote health and strength. No wonder they improve when they take the open air treatment, as it is given in the Adirondacks and such exposed open air rest cures. Indeed these patients, suffering with the tubercular taint, need an abundance of fresh air; they should always be in some ozone belt where oxygen is not at a premium. The devitalizing action of the blood in pseudo-psora demands constant purification of the life stream by coming in contact with large volumes of pure oxygen, or it soon becomes overwhelmed with detrite material that a lowered vitality is unable to take care of. Of course there are thousands of patients today who die of many diseases other than lung trouble, that are not classified under the tubercular disease, but which nevertheless are based upon this pseudo-psoric miasm. Often we notice a single symptom in these tubercular patients that may be persistent for years and on the least exposure to cold, they become hoarse; it is not the simple huskiness of psora, it is a deeper thing, the voice is coarse, deep, with base-like chest tones, the throat is slightly sore at times, a rawness and a croak-like sound develops in the voice, there is a constant desire to hawk or clear the throat of a scanty, viscid mucus. The sore throat of Hepar

and Phosphorus remind us of it. The coughs of psora are dry, teasy, spasmodic, and annoying, and are bronchial; but the cough of the tubercular patient is deep and prolonged, giving us the lower chest tones; it is worse in the morning and when the patient first lies down in the evening. The expectoration in psora is mucus usually, scanty and tasteless, while the tubercular expectoration is usually purulent or muco-purulent. In advanced cases it is greenish yellow, often offensive and usually sweetish to the taste or salty. The salt or sweetish taste can usually be depended upon. Sometimes it smells musty or offensive, or it is heavy and sinks in water; again, it may be bloody or followed with hemorrhages. Quite often the cough of the tubercular patient is deep, ringing and hollow with no expectoration or none to speak of. The syphilitic is recognized by one or two distinct barks like that of a dog. The tubercular may assimilate it somewhat in those early dry coughs, before any breaking down of the lung tissue has taken place. We are all familiar with the rales and sounds peculiar to this disease, they are numerous and often peculiar to these tubercular changes. These coughs are often so dry and tight that they induce headaches, or the whole body is shaken by their explosive like paroxysms. Frequently these patients, who have suffered for some time with one of these chronic coughs, become surly, cross and ill-disposed, yet we know that they are the most hopeful of all patients as to the outcome. They seldom give up or think of death, in fact it is the last thing they think of and sometimes it is very difficult to convince them that they are incurable; indeed, they are apt to dispense with your services if you insist upon it. They are the last ones to give up the ship, always hopeful, always looking to the physician for help, always asking when they can be cured and how long it will take, even when dissolution has far advanced and life is at a low ebb. They

are always planning for the future, building air castles, ever ready to accept any proffered help or promise of a cure; they are seldom sceptical of results and, therefore, often become a willing prey to the charlatan, the quack and the miraculous healer; thus they become a victim to every and any form of treatment that may be presented to them. We all have met this mental picture, although we may not all have fully recognized its meaning, or the persistency or the constancy of its presence.

We have not spoken of the glandular changes that take place in this disease, especially in the cervical region which is so positive a symptom of a tubercular diathesis, and which often precedes all other symptoms referring to lung changes; nor yet have we spoken of the oppressions about the chest, the weakness, the anxiety, the difficult respiration or the labored inspiration, the pain, the neuralgias and the suffering that only the afflicted ones can tell for themselves. It is a study in itself to see these tubercular patients struggle for the restoration of their health; they will do most anything, climb mountains, when they ought to be at rest, exercise when they should be quiet, take journeys by land and by sea, when they should be at home enjoying their last days in peace and quietness. They stop at nothing —drugs, diet, climate and treatments of all kinds, until everything has failed and often all their means exhausted, they even then have hope of a cure or of prolonged life. There are many other latent symptoms that have not been mentioned, symptoms that are often wrapped in mystery, symptoms of which we do not always comprehend their meaning or value; some of these are that sense of great exhaustion, easily made tired, the least over exertion exhausts beyond that which is natural; they are always tired, never seem to get rested; "I was born tired," we hear them say; tired at night, tired even after sleep; as the day advances, they

become better, or as the sun ascends in the heavens, their strength revives a little, as it descends they lose it again. How frequently I have examined the urine as well as making a careful physical examination of the whole organism, hoping in vain to find the cause of this loss of strength, and in the end decided that my patient's failing strength was due to a tubercular taint which was sapping, slowly but surely, the life. Again these patients suffer with neuralgias, prosopalgias, sciatica, insomnia, hysteria and all forms of nervous affections that are persistent and have a specific nature about their action, that is peculiar to a tubercular diathesis lying behind them, which lends them their dominantly persistent aspect. For years a persistent headache may be the only active symptom we find outside the many physiological expressions of the disease; again I have seen a profound hysteria develop and remain with the patient for years before a pulmonary lesion was discovered, and when the lung lesion made its appearance, the nervous affection departed and vice versa as the lung improved; often a severe form of dysmenorrhea kept back or for a time stayed the development of the disease in the lung itself. Of course many of these intermediary expressions are often of a psoric nature, or the psoric element will dominate until it has fully aroused the tubercular element. Many a case of insanity has developed from a tubercular meningial inflammation, either from a diffuse tubercular infiltration or from tubercular growths on the pia mater. This is another way of saving the lung; the maniacal paroxysms often increase or decrease with these tubercular crops that come and go upon the membrane. We get meningial pain in children; it is frequently from this cause that they scream or cry out in the night as soon as they fall asleep.

But to return to the latent premonitory symptoms of lung trouble, we will continue our study of latent miasmatic

symptoms. The aggravation of symptoms in the tubercular patients shows the parental nature of its old syphilitic basis. Tubercular patients are often worse in the night, which they dread, and they long for morning, as also does the syphilitic patient. Look out for disease that has a persistent nightly aggravation, as it means much sometimes, no matter what the pathology may be; it has a deeper meaning than the ordinary aggravation suggests.

Another thought that suggests itself here, is the non-resistance of the tissue in tubercular subjects, the slightest bruise suppurates; the strong tendency is to pustulation or to the formation of pustules. The same may be said of the expectoration from the lungs; its pus-like nature and its copiousness are features to be considered. The strong tendency to the enlargement of the lymphatic glands, the overworked lymphatic system, and indeed, latent hereditary syphilis bears the same relation to these pseudo-psoric subjects, that sycosis does to gout or to the gouty diathesis and lithic deposits. I make no distinction between the tubercular diathesis and the scrofulous, they are quite the same—the only difference is in the degree of the psoric and the tubercular combination, with probably the conditions of climate, race and other similar associations. In an article headed "The Scrofulous Versus the Syphilitic," I have endeavored to demonstrate that fact. The multiple expressions and modifications of the disease, often interferes with our seeing the two relationships.

Some members of a family will escape the chronic blepharitis or the ophthalmia of a latent tubercular condition and often the throat or bronchial catarrhs are the only active expressions of the disease. This is often due to the changes and defense of a strong, healthy parental influence, a fact which we must keep constantly before us in our Study of these latent tubercular individuals, or we may

be easily turned aside from a true conception of their true miasmatic state.

HEART

In our study of this organ, we find few tubercular diseases or manifestations. The psoric and the sycotic element strongly pervades in organic or even functional disturbances of the heart. Here is where the *sycopsoric* element predominates, especially in valvular and cardiac changes, which so frequently bring about a fatal issue in our own day. We have many psoric symptoms that manifest themselves in sensations, such as sensations of weakness, goneness, fullness, heaviness and soreness about the heart. A rush of blood to the chest, in the young; or rapidly growing youth, is often a tubercular symptom, just as they have a rush of blood to the face or to any part of the body. Violent palpitation with beating of the whole body, is found in both the tubercular and psoric patients. In psora, they have violent hammering and beating about the heart, due to reflexes, such as gastric disturbances, flatulence and uterine irritation. Sycosis produces the same, from reflex rheumatic troubles, especially if local applications are employed to relieve the pain. Sensation as of a band about the body in the region about the heart, may be said to be due to psora. The mental and heart symptoms often alternate and vie with each other. It may be said that the majority of psoric heart symptoms can be attributed directly to psora, while in sycosis or syphilis, they are secondary or are due to secondary causes. A psoric patient suffering with cardiac troubles, has more or less anxiety, more or less fear in heart diseases, while the syphilitic or the sycotic have very little mental disturbances, none to speak of, even at critical periods of the disease. They may have heart trouble for

years, which causes them no special inconvenience, save perhaps occasional dyspnoea, or some pain. These patients die suddenly with no warning; they are those whose lives snuff out like a candle. Very many of the *psoric* heart troubles are functional, and are accompanied with much anxiety, mental distress, with pain and neuralgia, often of a sharp, piercing, cutting nature. The heart troubles of tubercular are accompanied with fainting, temporary loss of vision, ringing in the ears, pallor and great weakness, worse sitting up and better lying down; the psoric patient is better by keeping quiet, lying down usually; the sycotic patient is better by motion, as walking, riding, gentle exercise. The tubercular patients, suffering with heart troubles, can not climb mountains at all, as the disturbed circulation affects the brain and they become, dizzy, faint, often fainting away when they reach a rarified atmosphere. The brain becomes anemic at a high altitude. The oppression and anxiety of psoric patients is worse in the morning, usually, and their pains are worse from motion, laughing, coughing, etc. The stitching pains almost kill the patient when he moves. Heart affections from fear, disappointment, loss of friends or over joy are psoric; these patients think they have heart trouble and are going to die, but the sycotic and syphilitic patients as a rule deny that they have cardiac troubles, or they are usually unaware of it. We have psoric heart difficulties from eating or drinking, generally worse in the evening or soon after eating. Heart difficulties at night, palpitation on lying down, after eating or during digestion, which are relieved by eructations of gas, but worse on going to sleep and lying on the back; heart pulsations shake the body, and are accompanied with great anxiety and sadness. In sycotic heart troubles, we are more apt to have less demonstration of action than in psora. We have fluttering, throbbing with oppression and difficult breathing at intervals. There is

PIPER NIGRUM

Bladder feels full and swollen; frequent inclination to urinate; burning pain in bladder as from live coals; much inflammation and swelling of the penis; excessive priapism, with burning pain. Discharge greenish and offensive.

PRUNUS SPINOSA

Cramps and much tenesmus with burning and biting in bladder, urine hot and corrosive, stream forked; when urine reaches glans penis it causes violent pain and spasms. Discharge white or bloody mucus. Dry heat in genital organs.

PULSATILLA

Indicated in patients with blond complexion, of a mild, gentle disposition (Nat. sulph.) In gonorrhoea the face is often sallow. There is a tendency to orchitis, for which it becomes the remedy next in frequency to Bryonia. Symptoms are itching and burning on inner side of prepuce, with a bland, thick yellow or yellowish-green discharge. The patient feels > moving about and in the open air. The nose is often stopped up in a warm room and his symptoms are all < in the evening. The face has a sickly look and is often mottled and puffy looking. There is no thirst, but a desire for sour, refreshing things, and an aggravation from fats and greasy foods of any kind. The tongue has a loose, pasty, white coating, and the saliva is cottony with a slimy taste. The urine is scanty and is passed often with burning and smarting, and the bladder symptoms are aggravated by lying on the back. The chordee may be severe, long lasting and accompanied with backache. Often the foreskin has a dropsical appearance like Apis, and the gonorrhoeal

inflammation is prone to attack the prostate and testicles, with a cutting pain along the cord. Even in this gleet stage the discharge is thick, yellowish-green and bland.

SACCHARUM LACTIS

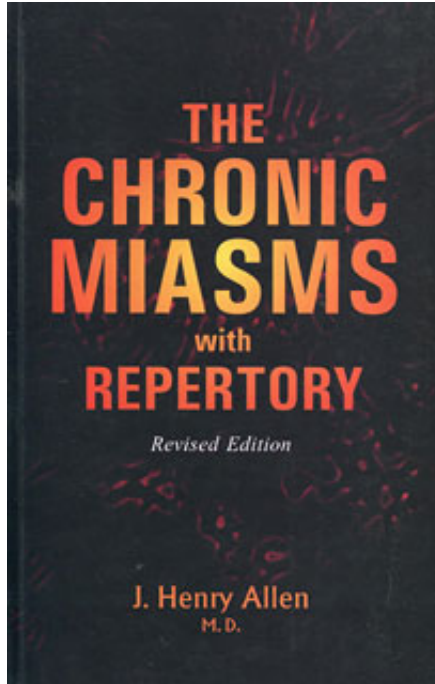
Much soreness in the urethra when urinating. Thin yellow discharge after urination, with cutting pains running up the urethra.

SANICULA

Indicated occasionally in chronic gonorrhoea and gleet, but more apt to be indicated in the beginning of the tertiary stage. There is a cramp-like pain along the left ureter when trying to retain urine. Gonorrhoeal discharge smells like fish-brine (Medorr., Thuja, Teuc.) Leucorrhoea smells like stale fish or fish-brine (Medorr.); cold, clammy sweat about the scrotum. Fig warts about the sexual organs. See general symptoms of Sanicula (Clarke). Symptoms constantly changing (Puls).

SENECIO AURENS

Indicated occasionally in the third stage of gonorrhoea, when the prostate gland is enlarged, is hard and has a swollen feeling. Dull heavy pains in the left, spermatic cord extending down to the testicles; lascivious dreams with pollution; renal congestion after gonorrhoea with fever; severe pains in the lumbar region; motion increases the pain. (Bry.) Severe pain in the right kidney which is extreme on urination; urine reddish colored, hot and acrid; smarting in the fossa navicularis; great weariness in the lower limbs; a tendency to hemorrhages from kidneys and bladder with



John Henry Allen

[The Chronic Miasms with Repertory](#)

Psora and Pseudo-Psora - Volume I & II

582 Seiten, paperback
erschienen 2007



bestellen

Mehr Homöopathie Bücher auf www.narayana-verlag.de