

Anne Vervarcke

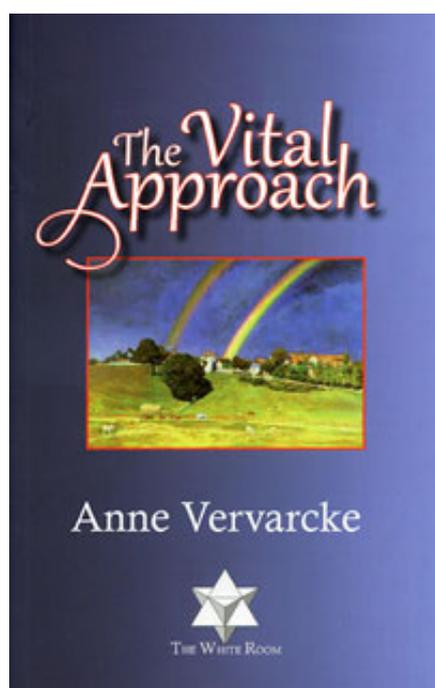
The Vital Approach

Leseprobe

[The Vital Approach](#)

von [Anne Vervarcke](#)

Herausgeber: The White Room



<http://www.narayana-verlag.de/b9178>

Im [Narayana Webshop](#) finden Sie alle deutschen und englischen Bücher zu Homöopathie, Alternativmedizin und gesunder Lebensweise.

Das Kopieren der Leseproben ist nicht gestattet.
Narayana Verlag GmbH, Blumenplatz 2, D-79400 Kandern
Tel. +49 7626 9749 700
Email info@narayana-verlag.de
<http://www.narayana-verlag.de>



MIASMS

But first I have to explain a bit more about the miasms.

Sankaran has observed 10 miasms so far. By studying the repertory rubrics he proposed following miasms: Acute panic, crisis, effort, try/resignation, live with it, unfortunate, change or suffocate, control the chaos, outcast and disgust, unbearable and fatal.

As he first came with the idea of the basic delusion, before he understood there were even deeper layers in a person, he considered miasms as coping up mechanisms, developed as a survival strategy. His logic was: if miasms are a classification of diseases and if disease equals delusion, then miasms must be a classification of delusions.

If the person perceives reality as an acute threat to his life, he will react with acute fear and panic. The person will act immediately, before he can think and his action will be sudden and violent. He will start, shout, try to escape, fight himself a way out, jump out or grasp somebody. It's like a reflex action or like the action of a child. When the perceived threat is over, the patient is calm again and not occupied with the problem. If there is a fear of dogs, the patient will panic when confronted with a dog but forget about it when there's no dog around. Why Sankaran calls it a miasm, is because the patient is always in that state: whenever a trigger is there he gets in the panic state again. His physical symptoms will show the same characteristics: sudden, violent and threatening. When they are overcome, they leave without a trace.

Miasms

The next classical miasm is Psora. Hahnemann calls it the mother of all miasms and chronic diseases and indeed: it seems to be the fundament on which chronic disease is grounded. The underlying delusion is that the problem is chronic but can be overcome with effort. It requires an appropriate action to solve it. This means that the mind set is optimistic and positive, although the problem is chronic and won't disappear but might have calmer episodes. The psoric patient has self-doubt and is unsure about his capacities but this alternates with new energy and confidence.

The in-between miasm is Typhoid and has features of both miasms: the acute life threatening aspect combined with the chronicity. The patient experiences every problem as a crisis that needs intense and prompt action to overcome it. The feeling of urgency is like sitting in a sinking ship: there is no time to lose; something needs to be done now. The patient will cling to anybody and shriek for help. He will ask for an urgent consultation and manages to persuade the homeopath to receive him late in the evening or in the weekend, only to explain him then a skin disease he has for the last seven years. He can call day and night or looks completely lost when the homeopath announces his holiday. He is in a chronic state of alarm.

The Sycotic miasm is marked by fixity and chronicity: the problem starts at a certain moment, never to end again. The threat however is not fatal: it can't be cured or mended but it won't kill. The coping up mechanism is to accept, to live with it, to resign. One can do this openly or try to avoid, deny or hide the problem. Since the weakness or flaw is considered to be in the very make up of the person, there always is a fear to be unmasked. Only the one who hides something has an anticipation to be exposed. The physical complaints will show the same pattern of fixity, excess discharge, and chronicity without any cure. The doctor tells his patient that he will have to live with it. Sounds familiar?

Ringworm is the miasm between Psora and Sycosis: there is an aspect of effort and an aspect of resignation. In ringworm this comes in periods in a person's life where he puts all effort to overcome a problem, sees doctors, follows a diet, does sports or exercises and when all seems to no avail and he runs out of energy he will accept the problem: it isn't fatal after all. But when the symptoms trouble him again and he gained enough courage and energy he will start a new episode of prolonged effort.

We have a miasm between Acute and Sycosis: the Malaria miasm. In that state the patient experiences his fixed problem as a hindrance and an obstacle for the things he wants to do in life. It makes him bitter and complaining. He feels 'why me?' 'What have I done to deserve this?' But he doesn't actually do something to overcome his problem, he just feels unfortunate and complains about it, that's all. Besides being chronically troubled by his problem he has these acute attacks on top of it. When the attacks are gone, he still has the never ending trouble. Like a migraine patient who has severe acute attacks but in between he still is a migraine patient who can't eat or drink this and that or can't afford to go out to parties and stay out late. Or he has attacks of hyperventilation and even when he is not in the midst of an acute attack he still is a hyperventilation patient. This will limit his daily life. On the physical plane in all cases of chronic diseases that come in attacks one might consider the malaria miasm. That is: when the concomitant mind set is present.

Syphilis is the mind state where the problem is perceived as fatal and incurable. Nothing can be done but at the same time staying in the position he is in is unbearable. The only possible thing to do is to undertake a desperate action: he knows it won't help but he can't stay that way either. Hence the destructive actions of syphilis: the addictions or destructive life style that won't solve the problem. If the demand is superhuman and the effort nevertheless is undertaken, it will destroy

Miasms

the person, how noble it may seem at the first sight. Clearly this state will very often be compensated as it is unbearable to live it. Or it will present itself as the blackest depression and as suicidal tendency. All physical complaints belonging to the syphilitic miasm display the features of destruction: of tissue, skill, blood or immunity.

Between Sycosis and Syphilis we have three more miasms and this can be explained by the history of homeopathy. When Hahnemann launched the miasm idea he wrote about three miasms: Psora, Sycosis and Syphilis. His followers however considered some very common destructive diseases as combinations of those: cancer and tuberculosis. In the course of time they became distinct miasms of their own with their own nosode (disease/miasm specific remedy).

By the time Sankaran worked on miasms there were those 5 miasms. Acute diseases according to Hahnemann belonged to another group but Sankaran included them in his miasm theory as he interpreted them as based on a delusion as well.

Because we had intermediate miasms between Sycosis and Syphilis he concluded there must be intermediate states between the other miasms too. Again this was quite logical thinking.

It was not so difficult to spot the Cancer miasm state as we have an extensive proving of Carcininum and many cured cases. The combination of a fixed problem that is potentially fatal is the same as in Tubercular and Leprosy miasm, -we'll come to that- but the way to cope with this is different. In the Cancer miasm state the person perceives chaos as fatal and all his efforts are focused on controlling it. Control and perfectionism are his actions: not in a specific field but on all fields all of the time. One can imagine that this effort will leave the person no minute of rest. It is an ongoing stress day and night.

The person in the Tubercular miasm with the same features of being fixed and potentially fatal feels oppressed: his time is too short, he feels suffocated, he needs a change of air, of doctor, of job, of partner, whatever... as long as it is a change. He feels he can't just stay in the same place or he will die, hence change for the virtue of change is the central theme. That's why we know Tuberculinum as the cosmopolite remedy but it isn't but one expression of the need for much and different input. He will always be busy, displays hectic activity, as if the fuse is burning on both sides.

Leprosy miasm I happened to understand as the remedy that has the Cancer miasm issues of perfectionism and control, the Tubercular issues of being quick, changeable and busy plus the Leprosy features of disgust and outcast.

The Leprosy patient feels very low, he is unwanted and completely alone, he has nobody, he is despised and abandoned, badly treated even by his own family members. He can't trust anybody and has to rely on himself: he is indeed treated as a leper. Because he feels dirty he will compensate by exaggerated hygiene, because he feels so low his aspirations and performance will be extremely high. The shame and disgust can be projected to an object outside the patient (disgust for smells, certain diseases, garbage, body excretions) or can pop up in the dreams of stool (caught or exposed during stool, dreams of the gutter, being covered with stool, dirty toilets, toilets with no doors).

The Leprosy miasm is Cancer plus Tubercular plus Leprosy. It isn't as rare as it seems at the first sight; in fact it isn't rare at all. In modern cities many people live alone, although surrounded by people they can be completely isolated. During the heat wave of 2003 only in Paris there were thousands of people who died and were only found later in their apartments as nobody seemed to have missed them. The care and support from the family is for many people just nonexistent. The level

Miasms

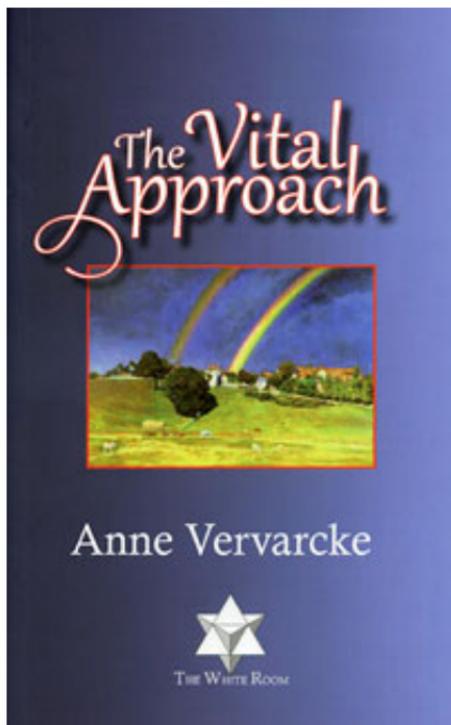
of perfectionism that became 'normal' is so extremely high in our society that many lose the 'rat race' from the beginning and are left behind. What we call hygiene borders to hysteria: too frequent washing with too much soaps, taking away every slightest sign of a body odor, throwing away utensils, disinfecting our environment and a true bacteriophobia that makes our immune systems lazy and sluggish.

If the sensation of a plant is the 'what' aspect of a case, the miasm is the 'how'.

In the example of the plant sensation of an obstructed feeling, as if the flow is dammed, as if the movement is hindered by some obstacle, the question is then: is the stopped flow to be accepted, an unfortunate situation, an acute threat, a potential fatal one?

Unlike in the animal kingdom, in the plant kingdom miasms are a tremendous help to determine the remedy. Sankaran started to make charts of plant kingdoms crossed with the miasms and filled in the suitable remedy as far it is known or proven. The work hasn't been finished yet: there are many boxes empty, there are families missing in the charts and adjustments are made according to a better understanding or newer updates. The charts have to be considered a help, not the end of the story.

The advantage is clear: let's say we understood the patient to have the vital disturbance of the Rutaceae family and copes with it according the ringworm miasm. We don't even have to know the specific remedy in that box (*Aegle marmelos*), but can look at the chart to see which one is listed. Then we can go to our *Materia Medica* to check if there are symptoms fitting the patient. Very often this will be the case, confirming the Vital Approach to be reliable. But often the remedy is not in the *Materia Medica* at all or only mentioned by a few lines. Still we can give the remedy will full confidence.



Anne Vervarcke

[The Vital Approach](#)

136 Seiten, paperback
erschienen 2010



bestellen

Mehr Bücher zu Homöopathie, Alternativmedizin und gesunder Lebensweise

www.narayana-verlag.de