



## The Road Less Travelled

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#### **FOREWORD**

A good Homeopathic physician is an asclepiad who knows he is an instrument, that his duty is to keep his patient free from miasmatic affections which hinder the enjoyment of individuality and that his sacred mission is to preserve health.

The miasm represent everything that has been super imposed on the essential being of an individual whether from environment or acquired by error, they also represent a false personality that is a personality which does not correspond faithfully to his intimate essential nature.

Deformation of the natural symptoms or symptom patterns are causes by suppressive therapeutics and sometime due to enantiopathic, allopathic or pseudo homeopathic therapies which stimulate miasmatic episodes, hence it is essential to know the miasmas.

The homeopathic remedy, that is the true simillimum prescribed one after another through time will liberate this essential nature of man and reintegrate it back to harmony thus it stimulates and impels the individual towards true cure.

Dr. Harsh Nigam's object is to expose why knowledge of miasm is essential and how to know the basic background of all chronic diseases and thereby give the incurable disease a perfect "TRUE CURE". I hope that all the student of homeopathy will get the pleasure of true cure of chronic diseases, by the help of this work which is timely, crisp and clear in content keeping the true dynamic thought of concept of miasma alive and co-relating it beautifully with modern concepts specially immunity.

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None of my days would have been complete without my wife Dr. Prachi and son Virat, to them my thanks for being there.

A special thanks to Shri Sanjay Jain for managing the clinic so well that I have time to write book and do some free thinking.

In writing this work I have heavily borrowed from excellent works of Hahnemann, Kent, Allen, Roberts, Pashero, Ortega, Swan, Vannier, Banerjea etc.

In the task of delivering Materia Medica of nosodes with out missing the crux of matter I am indebted to my student Dr. Monika Singh and Dr. Dinanath Yadav.

For the patient and thorough editorial assistance I thank Mr. Rakesh Kapoor. I also thank Dr. Devesh Sachan for acting as spell check. To Dr. Priyanka Shukla, I must say that her suggestion and criticism of what has remained unfinished, spurred a last minute burst of pen, adding new insight into the Materia Medica of *Carcinosin*, I thank you all. I also thank Dr. Preeti for her help.

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#### **PREFACE**

As sentient beings, it is human nature to seek meaning. Each successive generation takes up this search within the accumulated knowledge of their era and the limits of their experience. This quest for meaning has returned again and again to the issues of life, death and the nature of illness.

In this century the developing world has often looked to the sciences [most notably genetics and quantum theory] for answers to metaphysical questions.

Although the weight of experimental evidence has vindicated this reductionist approach for many material problems, the negative consequence of this approach has been the tendency to reject models, which appear, at first glance, to be non-scientific. An eminent geneticist, for example, recently pronounced that infants with limb agenesis born to thalidomide mothers could not have an inherited basis, since there was no explanation in genetic theory for this. The arrogance of medical science is that it often subverts those empirical observations that it cannot accommodate.

In the latter half of the 20th century this rejection has extended to many homoeopathic tenets, [for e.g. activity of ultra molecular potencies and miasm theory, for example] The criticism of orthodox science is often justified, because many opportunities for information-gathering and sound scientific enquiry have been squandered by the homoeopathic medical community itself. On the other hand, the thought that scientific proof is definitive in medicine can exclude many valuable, but empirical treatments in an era when science is not yet equipped to test the hypothesis of dynamic aspect of homoeopathy.

In this book we will examine one of Homoeopathy's holy grail, - miasm theory. Before we relegate the theory of miasms to the history books, we will re-examine the trains of thought, which over

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the last two centuries, have sought to explain the nature of chronic illness. After we have looked at miasm theory in its historical context we must then ask if there are human or animal phenomena to which these models might still usefully be applied.

A theory that supports non-genetic transmission might yet arise from accumulated clinical experience. The concept of a non-genetic trait, transferred from one generation to the next, is particularly interesting and controversial.

During subsequent proof reading of this work by my select students, it came to my notice that this work has become very dense I have always believed that the concept of miasma opens to your mind as you grow in your practice of the rationale treatment of chronic diseases by homoeopathy.

So what happens to the beginner in Homoeopathy? To them I shall suggest a plan of study of this book.

Read section, I and section II thoroughly. Section III would Simulate modern medical student and would give some modern explanation to the concept of miasma.

There after the book shall cater differently to different set of readers.

First for the student who is under graduate: After reading section I,II,III, thereafter read section V followed by section VII.

Secondly for the postgraduate student: grasp whole of section IV and section V then study section VII. In your OPD's apply section VI on cases and analyse the results.

Lastly to the reader who is adapt in homoeopathy: I shall implore to study and ponder upon section IV the potential Study of miasma section VI miasmatic case management because it shall give them ideas and tips from past masters on how to tackle Chronic disease. To the adept I would also urge to study the entire Materia Medica of five nosode especially *Carcinosin*. This Materia Medica of nosodes would be of high degree of practical use in their clinical work.

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#### PUBLISHER'S NOTE

Dr Harsh Nigam is one of great authors we have with us at B. Jain. His knowledge of clinical subjects and homeopathy is commendable and the balance he maintains in these aspects makes him one of the most wonderful prescribers in today's time. He has carried the heritage of homeopathy from his father Dr Jagdish Chandra Nigam who is also a homeopathic master practitioner and well known in the field of homeopathy. Dr Jagdish learnt with the pioneers of our field like Foubister, Blackie, Twentymann, Leddermann and Margaret Tyler, and passed on all his learning's to his son Dr Harsh Nigam. What we get in Dr Harsh's books is the knowledge passed from the pioneers to Dr Jagdish and then to Dr Harsh and at that level it is enriched with his analytical mind and experience and is made available to the readers. His book on Case Taking is a beautiful example of culmination of different ways of case taking. Dr Harsh has considered and given a practical insight into what is best of different ways of Case Taking and how to apply same. Now comes his comprehensive work on miasms, which is one of the most misunderstood and misinterpreted topic in homeopathy. Dr Harsh has meticulously analyzed majority of the work done on miasma and has explained how to find the correct miasma of a patient and treat it so as to make a true cure possible. His straightforward way of explaining the aspects given by various teachers like Hahnemann, Kent, Ortega, Roberts, and alike makes the task of understanding the concept of miasma, possible. We hope that all students of homeopathy pay attention to this work and absorb it and apply it for bringing better and finer results with this gentle science of healing.

**Kuldeep Jain** 

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# The Nature of Miasm<sup>2,15,16</sup> Latent & Chronic

Perverted life force, under the influence of invisible subversive force psora lies slumbering so to say in the invisible interiors of an organism and it was named as latent psora by Hahnemann.

When the miasmatic forces lie dormant in the organism, the organism appears to be healthy. Hahnemann himself gave us a list of symptoms that give us a clue of latent psora.

Suffering from several or front a greater number of these ailments [even at various times and frequently], a person will still consider himself as healthy, and is supposed to be so by others. With such persons the psora [internal itch malady], which may be recognized by a connoisseur by means of a few or by more of the above symptoms, may slumber on for many years within, without causing any continuing chronic disease.

But still, even in such favorable external relations, as soon as these persons advance in age, even moderate causes [a slight vexation, or a cold, or an error in diet, etc.], may produce a violent attack of [however only a brief] disease: a violent attack of colic, inflammation of the chest or the throat, erysipelas, fever and the like, and the violence of these attacks seems to be out of proportion to its moderate cause. This is mostly wont to happen in fall or winter, but often also by preference in springtime.

In a similar manner, a robust merchant, apparently healthy, despite some traces of internal Psora, perceptible only to the professional examiner, may in consequence of unlucky commercial conjunctures become involved in his finances, even so as to approach bankruptcy, and at the same time he will fall gradually into various ailments and finally into serious illness. The death of a rich kinsman, however, and the gaining of a great prize in a lottery, abundantly cover his commercial losses; he becomes a man of means-but his illness, nevertheless, not only continues but increases from year to year, despite all medical prescriptions, in spite of his visiting the most famous baths, or rather, perhaps, with the assistance of these two causes.

A modest girl, who, excepting some signs of internal psora, was accounted quite healthy, was compelled into a marriage which made her unhappy of soul, and in the same degree her bodily health declined, without any trace of venereal infection. No allopathic medicine alleviates her sad ailments, which continually grow more threatening. But in the midst of this aggravation, after one year's suffering, the cause of her unhappiness, her hated husband, is taken from her by death, and she seems to revive, in the conviction, that she is now delivered from every occasion of mental or bodily illness, and hopes for a speedy recovery; all her friends hope the same for her, as the exciting cause of her illness lies in the grave. She also improves speedily, but unexpectedly she still remained an invalid, despite the vigor of her youth; yea, her ailments but seldom leave her, and are renewed from time to time without any external cause, and they are even aggravated from year to year in the rough months.

A person who had been unjustly suspected and become involved in a serious criminal suit, and who bad before seemed healthy, with

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the exception of the marks of latent psora mentioned below, during these harassing months fell into various diseased states. But finally the innocence of the accused is acknowledged, and an honorable acquittal followed. We might suppose that such a happy, gratifying event would necessarily give new life to the accused and remove all bodily complaints. But this does not take place, the person still at times suffers from these ailments, and they are even renewed with longer or brief intermissions, and are aggravated with the passing years, especially in-the winter seasons.

How shall we explain this? If that disagreeable event had been the cause, the sufficient cause, of these ailments, ought not the effect; i.e., the disease, to have entirely ceased of necessity, after the removal of the cause? But these ailments do not cease, they are in time renewed and even gradually aggravated, and it becomes evident that those disagreeable events could not have been the sufficient cause of the present ailments and complaints. It is seen that they only served as an occasion and impetus toward the development of a malady, which till then only slumbered within.

The recognition of this old internal foe, which is so frequently present, and the science which is able to overcome it, make it manifest, that generally an indwelling itch disease [psora] was the ground of all these ailments, which can not be overcome even by the vigor of the best constitution, but only through art.

The awakening of the internal psora which has hitherto slumbered and been latent, and, as it were, kept bound by a good bodily constitution and favorable external circumstances, as well as its breaking out into more serious ailments and maladies, is announced by the increase of the symptoms given above as indicating the slumbering psora, and also by a numberless multitude of various other signs and complaints. These are varied according to the difference in the bodily constitution of a man, his hereditary disposition, the various errors in his education and habits, his manner of living and diet, his employments, his turn of mind, his morality, etc.

#### LATENT MIASM<sup>15</sup>

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#### SYMPTOMS OF LATENT PSORA IN CHILDREN

- 1. Frequent discharge of *Ascaris* and other worms; intolerable itching caused by the latter in the rectum.
- 2. The abdomen often distended.
- 3. Now insatiable hunger, then again want of appetite.
- 4. Paleness of the face and relaxation of the muscles.
- 5. Frequent inflammations of the eyes.
- 6. Swellings of the cervical glands [scrofula].
- 7. Perspiration on the head, in the evening after going to sleep.

#### SYMPTOMS OF LATENT PSORA IN ADULTS

- 1. Epistaxis in girls and youths [more rarely with older persons], often very severe.
- 2. Usually cold hands or perspiration on the palms, [burning in the palms].
- 3. Cold, dry, or ill-smelling sweaty feet, [burning in the soles of the feet].
- 4. The arms or hands, the legs or feet, are benumbed by a slight cause.
- 5. Frequent cramps in the calves [the muscles of the arms and hands].

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6. Painless subsultus (lipoma) of various portions of the muscles here and there on the body.

- 7. Frequent or tedious dry or fluent coryza or catarrh or impossibility of catching a cold even from the most severe exposure, even While otherwise having-continually ailments of this kind.
- 8. Long continued obstruction of one or both nostrils.
- 9. Ulcerated nostrils [sore nose].
- 10. Disagreeable sensation of dryness in the nose.
- 11. Frequent inflammation of the throat, frequent hoarseness.
- 12. Short cough in the morning.
- 13. Frequent attacks of dyspnoea.
- 14. Predisposition to catching cold (The epidemic catarrhal fevers and catarrhs which seize almost, everyone, even the healthiest persons [Grippe, influenza], do not belong to this category.)
- 15. Predisposition to sprains, even from carrying or lifting a slight weight, [so also a multitude of complaints resulting from a moderate stretching of the muscles: headache, nausea, prostration, tensive pain in the muscles of the neck and back, etc.]
- 16. Frequent one-sided headache or toothache, even from moderate emotional disturbances.
- 17. Frequent flushes of heat and redness of the face, not infrequently with anxiety.
- 18. Frequent falling out of hair of the head, dryness of the same, and many scales upon the scalp.
- 19. Predisposition to erysipelas now and then.
- Amenorrhoea, irregularities in the menses, too copious, too scanty, too early [too late], of too long duration, too watery, connected with various bodily ailments.

- 21. Twitching of the limbs on going to sleep.
- 22. Weariness early on awaking; unrefreshing sleep.
- 23. Perspiration in the morning in bed.
- 24. Perspiration breaks out too easily during the daytime, even with little movement [or inability to bring out perspiration].
- 25. White, or at least very pale tongue; still more frequently cracked tongue.
- 26. Much phlegm in the throat.
- 27. Bad smell from the mouth, Sour taste in the mouth, dryness in the mouth.
- 28. Nausea, in the morning.
- 29. Sensation of emptiness in the stomach.
- 30. Repugnance to cooked, warm food, especially to meat [principally with children].
- 31. Repugnance to milk.
- 32. Cutting pains in the abdomen, frequently or daily [especially with children].
- 33. Hard stools, often covered with mucus
- 34. Venous knots on the anus; passage of blood with the stools.
- 35. Passing of mucus from the anus, with or without faeces.
- 36. Dark urine.
- 37. Swollen, enlarged veins on the legs [swollen veins, varices].
- 38. Chilblains
- 39. Pains as of corns, without any external pinching of the shoes.
- 40. Disposition to crack, strain or wrench one joint or another.
- 41. Cracking of one or more joints on moving.
- 42. Renewal of pains and complaints while at rest, and disappearance of the same while in motion.