Miasms by Roger Morrison

Miasms is staging a comeback. After nearly sinking into oblivion, Hahnemann’s concept is receiving tremendous attention in many locations. Harry van der Zee published his, *Miasms during Labor* describing the miasms in terms of Grof’s psychological insights. Jeremy Sherr recently published his scholarly book, *Dynamic Materia Medica: A Study of the Syphilitic Miasm*. Rudolph Ballentine’s new book, *Radical Healing* deals mainly with miasm. And Rajan Sankaran has been slowly evolving his concept of miasm for the past 10 or more years. Why this sudden rebirth of interest in the concept that Hahnemann proposed 175 years ago?

A Little History

Hahnemann published Chronic Diseases in 1828, bringing to the world his theory of miasm. Hahnemann had been grappling with the question of the frequent failure of homeopathy in chronic conditions. He writes, “Why, then, cannot this vital force, efficiently affected through Homeopathic medicine, produce any true and lasting recovery in these chronic maladies even with the aid of the Homeopathic remedies which best cover their present symptoms…” (Chronic Diseases) In other words, Hahnemann was searching for the reason that chronic cases relapsed after benefiting from homeopathic treatment. He says he began to consider this problem in depth from 1817 or 1817 and after many years of thought and effort he came to the discovery of miasm, “To discover this still-lacking keystone and thus the means of entirely obliterating the ancient chronic diseases, I have striven night and day, for the last four years, and by thousands of trials and experiences as well as by uninterrupted meditation I have at last attained my object. Of this invaluable discovery, of which the worth to mankind exceeds all else that has ever been discovered by me, and without which all existent Homeopathy remains defective or imperfect, none of my pupils as yet know anything.” (Letter to Baumgartner) He felt he had unlocked a great truth. Eventually in 1827 he revealed his theory to Stapf and Gross – his two closest students.

Hahnemann had a special understanding of the word miasm. Miasm is understood to be a derangement of the vital force that predates and is more fundamental than the current illness the patient suffers from. The job of the physician is to try to
understand the whole of the true disease inside the patient – not just its current manifestation. To do so he must “find out as far as possible the whole extent of all the accidents and symptoms belonging to the unknown primitive malady.”

Hahnemann felt that there were three of these primitive maladies. He calls these miasms psora, sycosis and syphilis. Of these three, he concluded that psora was the most fundamental. “The monstrous chronic miasm of psora is immeasurably more widespread, and consequently more significant…. ” (Chronic Diseases)

Hahnemann believed that the miasms were both contagious and hereditary. Especially psora he believed to be virulently contagious. “The itch disease is, however, also the most contagious of all chronic miasmata, far more infectious than the other two chronic miasmata…. The miasma of the itch needs only to touch the general skin, especially with tender children. As soon as the miasma of itch for example touches the hand, in the moment when it has taken effect, it no longer remains local. Henceforth all washing and cleansing of the spot avail nothing.” (Chronic Diseases) After the itch appears on the patient, it is almost always suppressed into the deeper parts of the patient. The symptoms that then occur were considered by Hahnemann to be “secondary” psora.

It was Hahnemann’s opinion that the external manifestation of itch (or other signs of infection in the other two miasm) came about only after the patient was thoroughly diseased by the miasm. He felt that the miasmatic infection was communicated almost instantly to the whole vital force. “The nerve which was first affected by the miasma, has already communicated it in an invisible dynamic manner to the nerves of the rest of the body and the living organism has at once, all unperceived, been so penetrated by this specific excitation that it has been compelled to appropriate this miasma to itself until the change of the whole being to a man thoroughly psoric…” (Chronic Diseases) Thus he believed that the miasm is a dynamic, energetic entity.

After laying forth these theoretic principles in his Chronic Diseases, Hahnemann then goes on to describe in detail the symptoms of patients infected with each of the three miasms. He described in detail the known symptoms of syphilis and gonorrhea (which he connected to figwarts). Then he gave a more in depth description of psora and its main characteristics. Today very few homeopaths have bothered to read the full list of symptoms that Hahnemann ascribes to psora that goes on for over 25 pages. Anyone who has made the effort will admit that they cannot keep even a fraction of this extensive list of symptoms in mind. Some homeopaths (see H. A. Robert’s Art of Homeopathy) tried to clarify the main
symptoms of psora. Most merely repeated Hahnemann’s lists. Kent (Lectures on Homeopathic Philosophy) devotes two entire chapters to psora without ever specifying a single symptom of the miasm – though his next two chapters on sycosis and syphilis are quite illuminating about the characteristics of those miasms. Boericke only mentions the word psora under three remedies in his materia medica while listing over 120 remedies as syphilitic! It seems clear that psora was for many an elusive concept.

It should be noted that Hahnemann and other great homeopaths saw the miasms as a living, spiritual force. They described especially the Psoric miasm as something malign and almost consciously destructive of mankind. At other times, homeopathic authors have declared that the miasms could not have existed if man was not already himself evil. “Psora is the underlying cause and is the primitive or primary disorder of the human race. It is a disordered state of the internal economy of the human race. This state expresses itself in the forms of the varying chronic diseases, or chronic manifestations. If the human race had remained in a state of perfect order, psora could not have existed. The susceptibility to psora opens out a question altogether too broad to study among the sciences in a medical college. It is altogether too extensive, for it goes to the very primitive wrong of the human race, the very first sickness of the human race, that is, the spiritual sickness…” (Kent’s Lectures on Homeopathic Philosophy)

But let’s return to Hahnemann and his Chronic Diseases. After laying forth the symptom lists which would lead us to suspect that a patient is either psoric, sycotic or syphilitic, Hahnemann tries to give us clues as to how to cure the miasm in the patient. The therapeutics were quite simplified for sycosis and syphilis. Hahnemann states that Thuja is specific for sycosis (that is any patient who is sycotic should be cured by this remedy). Likewise he felt that Mercurius was specific for syphilis. However for psora he gives a much more extensive list of remedies which he called, “antipsorics”. This list of remedies is essentially all of the remedies found in Chronic Diseases except for Thuja and Mercurius. The remedies he detailed as antipsorics were:


From perusing this list one can easily see that of the 90 some remedies then in use in homeopathy, many were not included here. These were the remedies which Hahnemann either felt applied to the “various acute miasms” (such as Belladonna

Hahnemann instructed us to use one of these antipsorics when the case had the features he had described for psora. Unfortunately, Hahnemann never stated explicitly whether a remedy could belong to more than one miasm – though no remedy is listed as relating to more than one. Nor did he ever state that the remedies he had listed as antipsoric were the complete list. Nor did he ever suggest that any other remedies could apply to the sycotic or syphilitic miasm than Thuja and Mercurius respectively. These missing statements have left the understanding of how to use the miasmatic concept in some confusion.

One might suppose that homeopaths throughout the world would have embraced Hahnemann’s discovery and proclamation about the miasms with joy. This was not the case. Perhaps it was the difficulty in understanding the nature of the psoric miasm from the long list of symptoms that prevented its use. Certainly many did not see any practical application of the discovery. Thus the result was that the majority of the homeopathic world either shrugged their collective shoulders or thought the 75 year-old master was past his prime.

Hering himself wrote: “What important influence can it exert whether a homeopath adopts the theoretic opinions of Hahnemann so long as he holds the principle of the master and the materia medica of our school. What influence can it have whether a physician adopts or rejects the psoric theory so long as he searches for the most similar medicine possible?” This attitude more or less summed up the majority opinion: simply search for the simillimum and forget the rest.

Yet Boenninghausen wrote, “And yet the much reviled and ridiculed theory of the
three miasms laid down by the founder of our Homeopathy is nothing else than a consequential application of the doctrine of anamnesis of chronic disease, as this is most plainly laid down in aphorism 5 and 206 of the Organon (5th edition). It is therefore totally incomprehensible how this has been so overlooked, unless other, by no means praiseworthy motives have been brought into play. For all the fair phrases about the exact obedience to the fundamental principles of homeopathic Therapy cannot deceive the experienced practitioner and persuade him that he may at all times select the most appropriate remedy by means of whole sheets of images of the disease in which there is nothing therapeutically characteristic. “I do not wish to deny by any means that there may be perhaps beside the three above mentioned anamnestic indications, and beside the medicinal diseases, one or another additional miasm to which may be ascribed a similar influence upon health. Nevertheless such a miasm has not so far proved by means of demonstrative documents and it must therefore be left to future investigation.” (Allg. Hom. Zeit Vol. 65). Thus Boenninghausen makes two points: First he says that long lists of symptoms often do not help us to find the simillimum – something is missing which for him (and Hahnemann) is the knowledge of the miasm of the patient and of our remedies. Second he explicitly states that there may be other miasms beside the original three mentioned by Hahnemann which he leaves for future investigators.

There were many others besides Boenninghausen who took Hahnemann’s ideas very much to heart. The most prominent of these was HC Allen (not Timothy Allen who edited Allen’s Encyclopedia) who wrote a three volume work entitled, The Chronic Miasms. This work was to be the first of a series of nearly religious writings and ideas about miasm. Allen gives an alternate list of symptoms which correspond to the three miasms and an alternate list of the remedies which apply. Thus we see that there was no uniformity in the view about what symptoms constitute a psoric or sycotic or syphilitic constitution. There was thus no uniformity about which remedies belonged to which miasm. Boenninghausen states, “… it is on the other hand not to be denied that this circumstance has given an additional difficulty to our practice, as we have not so far any certain signs by which we can distinguish certainly the domain of the one miasma from that of the other.” (Allg hom Zeit Vol 65.). Thus theoretic squabbling became the norm. The 1st aphorism was effectively thrown out of the window as homeopaths argued abstractly about many facets of miasms.

For example a fierce debate sprang up about tuberculosis. Some adherents said it was psora combined with syphilis. Others argued just as certainly that it was sycosis and syphilis. Almost no one dared to suggest that there might be a miasm
that Hahnemann missed. Like many of Hahnemann’s other ideas, his pronouncements about miasm became almost gilded in bronze. No one was allowed to alter or add to his lists of symptoms or remedies.

There were some few who tried to improve upon Hahnemann’s work on the miasm. For example Boenninghausen wrote extensively about sycosis, adding many characteristic symptoms of the miasm (such as the well known characteristic, fixed ideas) as well as many new remedies to the antisycotic list (including Anac, Ant-C, Puls, Sil and many others).

Thus we can see there has been almost no general agreement about the need for neither the miasmatic concept nor the characteristics of the various miasms.

This brings us to our next important point of discussion: the remedies. The creators of our repertories were those most known for their knowledge and experience in homeopathy. By looking at the remedies they list for each miasm we can hope to learn what they thought and how they used Hahnemann’s important discovery. And yet when we look at several important repertories we are struck by And yet when we look at several important repertories we are struck by the differences and inconsistencies we find. Below are the rubrics for sycosis and syphilis from Kent’s Repertory (note that Kent does not have a rubric for psora at all!).


When we examine these two rubrics we see that fully 22 of the 89 remedies listed
are in both rubrics (underlined). Furthermore, compared to Hahnemann’s original 48 antipsorics, 31 are listed as either antisycotic or antisyphilitic by Kent.

Next we turn to Boenninghausen’s repertory.


Here we see there are only 8 remedies double categorized in two miasms – somewhat more consistent than in Kent’s repertory. Furthermore, Boenninghausen tries to correct Hahnemann’s original list by reclassifying some of the original antipsorics (eliminating some 32 of Hahnemann’s original 48 remedies and adding 4 remedies to the list). Also of great interest is how different Kent and Boenninghausen’s lists appear. Kent has 41 more remedies than Boenninghausen listed as antisycotics, and only 15 of the remedies are on both lists.

Finally we can look at Knerr’s repertory.


Generalities; SYPHILIS: Arg., Ars., Ars-I., Ars-S-F., Asaf., Aur., Aur-M., Aur-
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General; Constitution; PSORIC : Ars-I., Calc., Graph., Hep., Kreos., Psor., Sulph.


Still., Sulph., Syph., Thuj.

If Knerr has eliminated even more of Hahnemann’s original 48 antipsorics, leaving only 4 of the original remedies. He adds 3 new remedies, of which two were not included by Boenninghausen. Furthermore, Knerr lists only 8 antisycotic remedies, three of which are not mentioned by Kent or Boenninghausen. He similarly adds 9 remedies as antisyphilitics which are not listed in Kent or Boenninghausen and does not list 7 of Boenninghausen’s 15 antisyphilitic remedies at all.

The three repertories only concur about 4 antipsoric, 4 antisycotic and 8 antisyphilitic remedies.

**Thus we can see that there is almost no agreement about which remedies apply to which miasm.**

With all of this confusion about the meaning of miasms and the remedies that can apply to the miasms, it is little to be wondered that homeopaths stayed away in droves. Most practitioners could not name more than a handful of remedies that clearly pertained to a specific miasm. In my own training in homeopathy, we paid very little attention to the miasm of remedies except in glaring cases (that is, if the patient had a history of gonorrhea and recurring gleet or warts, we would strongly consider Medorrhinum, Thuja or Natrum Sulphuricum). But of those frequent cases to which Boenninghausen refers as “whole sheets of images of the disease in which there is nothing therapeutically characteristic” we did not use and did not know of the tool of miasm. And this was generally true of most homeopaths from the time of Kent until the middle of the twentieth century.

The next move forward was in the LIGA meeting of 1944. The renowned Mexican homeopath F. Ortega put forward his concept of miasm. He maintained the concept of Hahnemann’s original three miasms (something nice about 3). However he attempted to make a clear and simple delineation of the mental and physical characteristics of each miasm, He described the main characteristics of the three constitutions in this way:

Psora = inhibition

Sycosis = excess

Syphilis = destruction
The benefit of this simplified view of the miasm was that the main thrust of the patient and his constitution could readily be identified much of the time. Thus the practitioner could readily categorize his patient into one of the groups. The concept became widely accepted.

There were many inconsistencies with this concept. For example, the remedy Aurum Muriaticum Natronatum had generally been considered as antisyphilitic was famous for excessive tumor growth (i.e. sycotic). The remedy Mercurius (which is antisyphilitic) is often found to be inhibited in its expressions (psora) where Sulphur (antipsoric) is often audacious and flashy. So when the theory came against actual remedies, we could see much variation. Perhaps more importantly, we still had no clear idea of what constituted a miasm – that is no clear definition of miasm. And once again we are hampered by the fact that no consistent agreed upon list exists for which remedies belong to the miasm.

Some further intellectual progress was made by Vithoulkas in his book, *Science of Homeopathy*. Vithoulkas points out that there is no reason (echoing the words of Boenninghausen) that we are limited to three miasms. He states that rather than postulate that tuberculosis is a combination of two miasms, why it should not represent a fourth chronic miasm. Further, Vithoulkas points out that the first step should be a clear definition of miasm. “Based upon what has been said thus far, we can now present a definition of miasms: A miasm is a predisposition toward chronic disease underlying the acute manifestations of illness 1) which is transmissible from generation to generation and 2) which may respond beneficially to the corresponding nosode prepared from either pathological tissue or from the appropriate drug or vaccine.” (Science of Homeopathy)

The work of each successive homeopathic scientist brings further clarification of the basic concept brought forward by Hahnemann. Thus, by the time of Vithoulkas’ writings we had three characteristics for miasm:

Infectious – a miasm must be contagious.

Hereditary – a miasm or the susceptibility to a miasm must be transmissible from parent to child.

Nosode – a nosode must be obtainable from the miasmatic disease.

Vithoulkas stated clearly and for the first time that Tuberculosis was a separate
miasm since it fit all of these criteria. He gave us a means for discovering new miasms. However he considered miasm as mainly a way of looking deeply at our science but did not consider the miasm to have tremendous clinical application except in cases where the miasm was obvious – and not always then. Thus by the end of the 1980’s we were pretty much where Hering left us: What difference does it make since we have to choose the simillimum by the symptoms any way?

Most modern homeopaths in Europe and North America used miasmatic relationships in only a limited way.

Finally in the 1990’s Sankaran made some logical and yet revolutionary steps in the understanding of miasm. He created a new paradigm for miasm. Specifically he made three rather astonishing postulates:

1) Each remedy is assigned to a specific miasm and only one.

2) Each miasm was given extremely clear and tight defining characteristics -- both physical and mental -- which are readily identifiable in the homeopathic interview.

3) Each patient has only one miasm evident at any time.

The value of these postulates, if correct, is clearly enormous. Most importantly from a practical standpoint, the ability to eliminate from consideration all but the remedies assigned to the miasm of our patient is of inestimable value. Just as we can eliminate all warm-blooded remedies when a patient is very chilly, we can limit the field of inquiry by knowing the miasm. Furthermore, by knowing the miasm, we can understand the emphasis of both physical and mental symptoms for each remedy.

In doing this, Sankaran and his coworkers assigned to date nearly 250 remedies to specific miasms – each remedy being assigned to only one miasm. For details of Sankaran’s work on miasms, refer to his books, System of Homeopathy and Insight into Plants.

So where do we stand today in our understanding of miasm? Many homeopathic authorities have proposed new miasms – exactly as Boenninghausen predicted. Foubister proposed a cancer miasm in the 1950’s. In the late 1980’s Vakil proved the remedy Leprominium. Sankaran has proposed four new miasms – bringing the total of miasms currently discussed to 10.
He also added and defined three new miasms bringing the total to ten. Here is the list as I see it at present. The name in parenthesis is the person who first proposed the miasm as a separate entity:

Acute miasm (Hahnemann) – also called the Rabies miasm by some.

Typhoid (Sankaran)

Malarial miasm (Sankaran)

Ringworm miasm (Sankaran)

Psoric Miasm (Hahnemann)

Sycotic miasm (Hahnemann)

Cancer miasm (Foubister)

Tubercular miasm (Vithoulkas)

Leprosy miasm (Vakil)

Syphilitic miasm (Hahnemann).

How do we know that the remedies specified for each of these proposed miasms actually belong?

Here the answer is strictly pragmatic and experiential. Since a miasm cannot be seen with a microscope nor identified by any laboratory test, it is necessarily an invention. No prover ever volunteered the information, “I am feeling quite syphilitic since I began proving this remedy.” Therefore the distinctions of the miasm are useful only if they have clinical relevance – that is if they help us to find the correct similimum. In a sense, it does not matter if the proposed miasm is “real”. If the definition of the miasm is clear and easily determined by all trained observers in the patient, and the remedies can be more easily identified by this grouping or categorization, then the concept is useful. The proof, as they say will be in the pudding.

How can there be so many miasms that were missed for so many years?
Probably the answer lies as usual in language and terminology. For example, many of the remedies that Hahnemann considered as part of the acute miasm are now placed in the typhoid miasm by Sankaran and his coworkers. And the remedies of the Tubercular miasm were likewise grouped in the psoric and other miasms. It seems to be more a process of differentiating useful distinctions than unknown characteristics.

The question then becomes, “Are these refinements and further differentiations useful?” Or is it just further theorizing?

The answer to that question must be made in the clinic – as with all ideas and observations. For my part, I have been working with Sankaran’s miasmatic observations and categorizations for the past 5 years. I can state that my results have improved substantially during that time. I consider this work to be the greatest contribution to our science of the past 20 years – that is since the pioneering work of Vithoulkas.

Below is a rather shorthand summary of the characteristics of the miasms and the most important remedies for each miasm. I should note that these ideas are founded on Sankaran’s approach but supplemented by my own experience – so please take the mistakes below as my own and give the credit for the original concept to Sankaran as his due.

**Acute Miasm**

Originally, these remedies were used during acute illnesses such as scarlet fever, pneumonia and delirium. Later it was found that they are useful in chronic conditions where the sensation of the patient is identical to the sensation of an acutely ill patient. The patient feels as if he were reacting to a sudden, unexpected, life-threatening situation (illness, attack, accident, etc). The patient is in an almost “primitive” state usually accompanied by great fear and child-like reaction. There is no compensatory mechanism except fight or flight. He seeks reassurance and protection. Often mania states require remedies from the acute or typhoid miasm. Severe phobia disorders also frequently fit within this miasm.

**Known Remedies of the Acute Miasm**

Strychninum. Veratrum.

**Nosode:** Lyssinum. Morbillinum. Diptherinum.

**Typhoid Miasm**

Also known as the sub acute miasm. Remedies in this miasm were originally used for typhoid fever – that is high, unremitting fever often associated with prostration from violent diarrheas or other infections. The infections are slightly less rapid in their onset (like all our descriptions of Bryonia) than the remedies in the acute miasm. Now we find these remedies can be useful in a variety of chronic conditions such as colitis, Crohn’s disease, collapse states, psychosis. Patients in this miasm who have acute or recurring psychotic breaks have good prospects from homeopathic treatment. The patient feels himself to be in an urgent, life-threatening situation requiring his full capacity to survive. The patient is willing to use any means to return to a secure position: Violence, scheming, flight, lying, etc. Willful children who demand their desires so strongly that parent’s cave in often require remedies from this group. The patient’s goal is to conserve every resource to combat the threat. Thus materialism and business struggles are a strong component. The feeling is, “If I can just get through this crisis, I have it made and I can rest.” He seeks rest and a secure position.

**Known Remedies of the Typhoid Miasm**


**Nosode:** Typhoidinum.

**Malarial Miasm**

In malaria, the situation is still less severe. The patient is suffering but not in imminent danger for his life. Instead he finds himself repeatedly accosted by highly uncomfortable conditions. These conditions leave him weak and vulnerable between the attacks. He is partially crippled by the condition causing him to be dependent on those around him. His forward progress is arrested as he
deals with these harassing attacks. For chronic conditions, the remedies of the malarial miasm feel they are facing recurring attacks from life – they feel stuck in a situation where nothing goes right and he is never truly well. He can do little more than complain or act out. Patients in this miasm often feel miserable and make those around them miserable from their negative outlook. The patient especially suffers with intermittent fevers, recurring hemorrhoids, recurring or allergic asthma, migraines, neuralgia, and rheumatism.

Known remedies of the Malarial Miasm


Nosode— None.

Ringworm Miasm

Ringworm and fungal disorders are annoying but not at all life-threatening. These conditions often get better very slowly but slip back in at the first vulnerable moment. It is a constant effort to combat the condition. The theme for ringworm miasm is struggle against an external object but alternately feeling optimism or pessimism. The patient often repeatedly uses the word, “trying.” The feeling is that he must try and try and yet he never quite gets there though never quite gives up.

Known Remedies of the Ringworm Miasm


Nosode – Ringworm nosode.

Psoric Miasm

The theme for psora according to Sankaran is struggle against an external problem
but with a feeling of optimism. Paradoxically, since many of the remedies and characteristics of psora have been differentiated into other miasms, few remedies are left in this category. Many have noted the similarity between Sankaran’s description of this miasm and his description of the ringworm miasm.

Known Remedies of the Psoric Miasm


**Nosode:** None.

**Sycotic Miasm**

Gonorrhea is a condition that is not life-threatening but is shameful and embarrassing. The remedies used to combat gonorrhea and gleet also treat the ailments of suppressed gonorrhea. All of the diseases that respond to this group of remedies are fixed and intractable: They do not go away but they do not progress. The patient spends a great deal of time trying to cover up or compensate for the illness. Thus we have the well-known characteristic of the sycotic miasm: secretiveness. The patient is often riddled with guilt and insecurity. Inferiority complex is a common finding in this miasm. The physical conditions often center around the urinary or genital tract. Also common is asthma, tumors and neoplasms, eczema, genital herpes.

Known Remedies of the Sycotic Miasm


**Cancer Miasm**

When a patient receives a diagnosis of cancer, it is obvious that the condition is life threatening. The patient and the family feel there is almost no hope but yet they do not give up. They search high and low for a new drug trial, a new surgery, or even a farfetched alternative like homeopathy. The feeling is one of desperation, of holding on to hope with the fingernails. The patient who needs a remedy from this miasm feels he must carry out his life perfectly – one failure of
duty, one lapse in cleanliness, one cheat of the proper diet and all will be lost. Perfectionism and the need for control with the feeling of being strained to one’s very limit are the normal presentation. Physically the cancer miasm is often found in patients with a history of cancer but many other physical ailments can be produced. Anorexia nervosa is often treated by remedies of this miasm. Tumors of any sort, neurological disorders such as multiple sclerosis are often found in this miasm.

Known Remedies of the Cancer Miasm


**Nosodes:** Carcinocin, Scirrhinum

**Tubercular Miasm**


**Nosode** – Bacillium. Tuberculinum (in all its preparations). BCG vaccine.

**Leprosy Miasm**

Lepers have suffered enormously through history. The condition is slowly progressive and eventually leads to death. However, even more disturbing to the
patient is the reaction of those around him. He is reviled by his friends and community. Where they looked at him with affection they now feel loathing. This results in a desperate state of self-disgust and self-hatred. He feels contempt with his condition and towards himself or others. He desires to tear, mutilate or bite himself. He suffers from suicidal thoughts or impulses, depression, morbid obesity.

Known Remedies of the Leprosy Miasm


Nosodes – Leprominium. Psorinum.

Syphilitic Miasm

Syphilis was an inexorable death sentence in the pre-antibiotic era. The condition is utterly destructive – either physically or mentally. Extreme nihilism marks the patient in the uncompensated state. The diseases are destructive of bone and tissue leading eventually to death. The patient reacts to his illness or his perceived life situations as though under a death sentence. He is prone to feelings of violence and revenge. Suicide or homicidal feelings are common. Destructive addictions often result. Physical conditions include advanced cardiac conditions, aortic disease, aneurysm, alcoholism.

Known Remedies of the Syphilitic Miasm


Nosode -- Syphilitinum