



The Evolution of Miasm Theory and Its Relevance to Homeopathic Prescribing

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Abstract

For most health professionals who have chosen the challenging path of comprehending classical homeopathy, the theory of miasms is the most intriguing part of our science and is an area where much misunderstanding, criticism and controversy prevails. There are now a large number of opposing ideas and opinions on the subject of miasms, with various classifications, many of which we believe to be erroneous and which confuse many homeopaths and result in incorrect prescriptions.

Here we clarify the main postulates of Hahnemann's miasm theory and analyse how his followers transformed his ideas over the next century in the light of medical discoveries. This allows us to understand the limited relevance of miasm theory to modern day prescribing and offer a new and precise definition of the term miasm in relation to modern diseases such as cancer and autoimmune diseases. How we apply this theory to the health challenges of the 21st century, such as increasing environmental pollution and other toxins, may play an important role in the future wellbeing of the human population.

Keywords

- ▶ miasm
- ▶ Hahnemann
- ▶ chronic diseases
- ▶ hereditary
- ▶ inherited
- ▶ predisposition

Introduction

The theory of miasms was first presented by Dr. Hahnemann in his work *The Chronic Diseases, their Specific Nature and their Homeopathic Treatment*,¹ published in 1828 when he was in his 70s. Based on his observations from a lifetime in medicine as a doctor then homeopath, the book asked profound questions about the nature of health and disease. It is our purpose in this paper to revisit Hahnemann's miasm theory and shed light on its historical development over the following 100 years through the writings of the "Old Mas-

ters", to re-evaluate miasm theory's relevance to modern day homeopathic theory, teaching and practice.

Hahnemann brought to light how syphilis and gonorrhoea, as well as infectious skin eruptions like scabies, ringworm, leprosy and all non-self-limiting infective cutaneous infections, remained within the organism and spread deeper until they caused the patient's final morbidity.

It was already accepted knowledge that these diseases were transmitted from person to person with the help of a certain infectious principle or agent, which at that time was called a "*miasma*". However, Hahnemann was the first to identify that in no situation should the disease be left untreated or, conversely, that the physician simply suppress

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the initial symptoms; either strategy expedites penetration of the disease deeper into the organism.

Hahnemann also sought to know what was the origin of other “non-venereal” chronic diseases such as asthma, epilepsy, nephritis, arthritis and cancer. Since he had already realised the basic laws of the pathogenesis of chronic diseases, he began to look for other infectious agents, being completely sure that, as with syphilis and gonorrhoea or “Sycosis” as he named it, after “fig wart” in Greek, there must be further miasms that were able to penetrate the body from the outside. As Hahnemann developed his understanding, he believed this to be the miasm Psora (scabies), an extremely contagious infection that a person might contract at any given point in their life.

To recap, the main postulates of Hahnemann’s theory of chronic diseases were:

1. All chronic diseases were the result of contamination from the outside: that is, an acute *infection* left untreated or suppressed.
2. There were only three contagious miasms: Psora, Sycosis, and Syphilis.
3. Psora had affected almost everyone on the planet up to that time. Contamination occurred most frequently at childbirth or during breastfeeding. All known chronic diseases belonged to Psora, except for the very limited list of symptoms of syphilis and gonorrhoea.
4. The first symptoms of infection were always produced by the affected “Vital Force” on the surface of the body. In Psora, there are itching skin eruptions, in Syphilis the chancre sore, and in Sycosis, discharges and urethritis and condylomas.
5. These cutaneous eruptions and discharges were a compensatory symptom, the “exhaust valve” of a general disease that was affecting the whole organism² and should not be suppressed as otherwise internal lesions would develop.
6. Whilst a patient’s symptoms may vary at different times in their life, all are part of a deeper chronic disease. It is not only senseless, but it may also be harmful to treat these local manifestations as separate and unconnected.
7. To cure such disease entirely, including its roots, it is necessary to consider its depth and reach, and to do this the homeopathic physician has to carefully collect a thorough case history and select a remedy that covers the maximum number of its current signs and symptoms.
8. During the dynamic process of cure, with the correct remedy there is an observable pattern of symptom expression: symptoms retreat from internal expression to external expression while those that appeared last begin to heal before those that appeared first (i.e., a skin rash/gonorrhoeal discharge recurs, or a syphilitic scar changing colour).^{3–5}

Hahnemann and the Inheritance of Miasms

Hahnemann never explicitly wrote about the possibility of passing a miasm to the new generation as “inheritance” in the modern sense. He died just eight years after the publica-

tion of the second edition of *The Chronic Diseases*¹ and sadly did not live long enough to observe successive generations of a family exhibiting symptoms of inherited gonorrhoea, syphilis or Psora. No doubt if he had reached beyond his years, he would have been able to confirm what we now know to be true about the hereditary nature of the miasms.

He did, however, suspect it to be the case evidenced by two salient footnotes in his 6th edition of *The Organon*⁶ where he uses the word “Erbschaft” (German for “inherited”, “passed on” or “gifted”) in this context. In *The Chronic Diseases*,¹ he states that the passing of a miasm was not due to the transmission of the primary infection in physical terms. He believed that the transference of infection from mother to child was not purely a physical infection with the primary symptoms but what he describes as a “venereal virus” transmitted through “absorption” which subtly penetrated into the deep organs and systems of the body. This is a remarkable insight given that the concept of viral infection was yet to be discovered and confirmed by Dmitry Ivanovsky over 60 years later.

Hahnemann suggested various possible ways of infection transmission in detail.^{1,7} Talking about syphilis and gonorrhoea, which he knew very well judging by his article *Instructions for Surgeons Respecting Venereal Disease*,⁷ he spoke about congenital miasms, i.e., symptoms present from birth that seemed to be “inherited” from the mother during childbirth via “local affections” in the mother’s genital tract.⁸ His conclusions were similar regarding Psora.

This statement by Hahnemann shows clearly that in this group of those infected by the Psoric miasm, he included almost all of humanity. He does not mean that all people are born with the primary infection of scabies or ringworm but that most of them have inherited Psora already from their ancestors at or after birth, showing his understanding of the concept of heredity. Of course, at the beginning of the 19th century, with its limited medical understanding, it would have been difficult for Hahnemann to assume the possibility of the genetic transmission of miasms or predispositions to various other diseases.

Beyond Hahnemann—The Evolution of Miasm Theory

Hering: Elaboration of the Theory of Chronic Diseases—the Law of Cure

Dr. Constantin Hering (1800–1880) was born in Germany and moved to the United States for the second half of his life. In 1824 he became a student of Hahnemann, then later both friend and associate until Hahnemann’s death in 1843, and was the father of American classical homeopathy. His great contribution to Hahnemann’s findings in *The Chronic Diseases*,¹ concerning the Law of Cure, was his observation that symptoms move from the upper regions of the body downward during the healing process.⁴

The middle of the 19th century was the time of rapid development of cell theory (M. Shleyden, T. Schwann in 1839; Rudolph Virchow in 1855) and experimental microbiology. It may have been that Hering sensed that Hahnemann’s claim

that the majority of chronic diseases arose from infection through the skin by an infectious agent may have proven contentious at this time and thus harmful to homeopathy's reputation.

Most probably, for this reason, Hering spoke very little about miasms or downplayed their relevance. This said, in his introduction to the 3rd American edition of the *Organon*, Hering makes it clear that miasmatic theory was never central to his practice: *"What important influence can it exert, whether Homoeopathy adopts the theoretical opinions of Hahnemann or not, so long as he holds fast the practical rules of the master, and the Materia Medica of our school? What influence can it have, whether a physician adopts or rejects the Psora theory, so long as he always selects the most similar remedy possible?"*⁹

Kent's Concept: Miasm not from Infection, but as Predisposition Born from Moral Transgression

James Tyler Kent (1849–1916), the great American homeopath, was the author of the most popular Homeopathic Repertory to this day, his own *Materia Medica* and *Lectures on Homeopathic Philosophy*¹⁰ published in 1900. He was also a confirmed idealist, convinced of the idea of the primacy of energy over matter and heavily influenced by the work of Emanuel Swedenborg, a Swedish Christian theologian, scientist, philosopher, and mystic. This led Kent to look for the causes of all phenomena in the Universe, including what happens at the "Center" of the human being.

Kent held that the human mind will completely determine the state of the "simple substance" (as he named the "Vital Force") as well as the entire organism, which he called *"the house in which Man lives"*. This propelled Kent to search for the spiritual rather than purely physical causes of diseases. He did not consider the real cause of chronic diseases to be infections from the chronic miasms alone, as Hahnemann described, but instead a predisposition created within the organism due to a *"transgression of the conscience"*.

This central belief fundamentally underpinned Kent's approach to miasms and some accused him of going too far in his deviation from Hahnemann's original concept. Such predispositions, he declared, were formed when man had transgressed his moral ethics.¹¹ Due to his committed conviction that a predisposition needed to be present in order for a person to be infected, Kent simply could not entertain that the causes of diseases were independent from the inherited susceptibility, nor that an infecting agent was exclusively responsible for the infection.^{11–13}

His conclusion was that the conscience of a person, distorted by negative thinking, leads to a distortion of the flows of his "simple substance" or "Life Force" and it is this that predisposes the organism to all possible diseases.¹¹ He saw microbial infection as secondary, and noted only in people with a "Vital Force" which was already compromised. As an example, we may cite cases where the patient has several rhinoviruses present in the mucosa of their nose without it bothering them, but as soon as they are exposed to cold weather, the number of viruses escalates exponentially with symptoms of a common cold develop-

ing immediately. This indicates that it is not the presence of the virus that causes a disease condition to arise, but rather the general predisposition of the organism which is determined by the quality of the patient's immune system when it is under certain stresses, whether environmental or internal.

Having observed this phenomenon, Kent's conviction was that if there was no predisposition there was no possibility for infection. This, he believed, was why, in a single family living together, you might see one family member who is infected by a virus but others are left unaffected.¹⁴ In children infected with scabies, he posited it was not the moral ethics of the children that made them prone to the infection but the predisposition inherited from the parents.

Though Kent's beliefs may seem extreme to us today, he was, of course, in some ways correct when he posited that the distorted mind may indeed precipitate disease. We are well aware today of psychoneuroimmunology and how a person's unhealthy mental state such as an over-inflated ego, excessive ambition, resentment, fanaticism or chronic anger can predispose them to the development of physical illnesses. This was an important evolution of Hahnemann's original ideas.

It is also impressive that Kent, like Hahnemann, embraced the idea that the building blocks of life are a manifestation of subtle energy, one calling it an "immaterial substance" and "the other the Vital Force". Now some 200 years later, research in quantum physics indicates that these building blocks of life may indeed consist of fields of forces.^{15,16}

John Henry Allen: The Rise of Sycosis, and the Concept of the Miasmatic Diathesis

J.H. Allen (1854–1925) was a professor at the Medical College in Chicago, where Kent had been lecturing since 1909 after his long tenure as a professor at the Medical College in Philadelphia.

Allen, like Kent, expressed the belief that microbes only began to develop after the moment of infection when a patient's predisposition connected with an infection.¹⁷ Allen associated the etiology of Psora, as well as the etiology of other miasms, with negative thinking and the violation of a person's conscience.^{18,19} Any connection of Psora with a certain "itchy infection", as Hahnemann actually wrote, was categorically rejected by Allen.

Allen did, in fact, publicly disparage the value of Psora, no doubt influenced by the epidemic rise of gonorrhoea in his day. Indeed, probably compounded by the suppressive allopathic treatments for gonorrhoea, the miasm Sycosis was active in around 80% of the population at that time.^{19,20} Understandably Allen thus believed that Sycosis, not Psora, was the main miasm of humanity. Most of the symptoms and pathologies, previously attributed by Hahnemann to Psora, were now attributed by Allen to Sycosis.²¹ This theory proved plausible as gonococcus, the causative agent of gonorrhoea, had been discovered by this time, which somewhat cooled the fervour of homeopathy's critics. Psora, with its controversial origin as described by Hahnemann (some abstract, itchy, contagious agent), thus gradually receded.

With Sycosis now deemed so important, most of the remedies that Hahnemann described as being anti-psoric, were subsequently declared by Allen as anti-sycotic.²¹ Fortunately for practicing homeopaths, however, he offered no instructions (other than the principle of the simillimum) to give specific anti-sycotic remedies in a case of Sycosis or, in fact, in any other miasm. Thus, in effect, the majority of homeopathic remedies were viewed by Allen to be “polymiasmatic”.

Allen will perhaps be best remembered for his valuable introduction of the idea of “miasmatic diathesis”, i.e., the tendency of a particular miasm to cause certain lesions in the organism, alongside his work to classify symptoms on this basis. For example, he viewed bone lesions and ulcers as syphilitic, inflammation of mucous membranes and overgrowths as sycotic, etc.^{22,23} Based on the idea of his “miasmatic diathesis”, tuberculosis was declared to be a combination of Psora and Syphilis (inflammation together with lymphatic node damage and tissue destruction), and classified it as “pseudoPsora”, in contrast to Hahnemann, who attributed tuberculosis, like most of the diseases, to Psora.²⁴

Allen also suggested that vaccination was contaminating the entire population with Sycosis and claimed this practice “vicious”.²⁵ This belief most likely came from his observation that, at this time, only the smallpox vaccination was widespread, the frequent complications of which mostly required *Thuja*.

What is of great importance to this discussion is that Allen was the first to explicitly state that miasms were inherited, and that children were born sick.^{19,26} It should be understood that this idea was already widely accepted at the beginning of the 20th century where discoveries in biology had already revealed and convincingly proved the mechanisms of hereditary transmission of diseases or predispositions in the human organism.

Before we move on from Allen, there is one last but key aspect of his theory of miasms that we cannot ignore. Just like Kent's concept of miasms, Allen's book differs radically from Hahnemann's original idea. Allen, however, wrote insistently and convincingly that there was *no fundamental difference* between his ideas and the views of Hahnemann, including the understanding of the cause of miasms. This declaration we feel, in large part, has been responsible for the confusion in the minds of subsequent generations of homeopaths.

Stuart M. Close: Focus on Tuberculosis

Stuart M. Close (1860–1929) studied in California, where he graduated as a homeopathic physician in 1885. In 1905, he was elected President of the International Hahnemann Association, and from 1909 to 1913 he was a professor at the New York Institute of Homeopathy. His lectures were published in the *Homeopathic Recorder*, and later became the framework of his excellent book *Genius of Homeopathy*.²⁷

Close's understanding of miasms was informed by modern microbiology and medicine, which by that time had proved the possibility of infections transmitted through

various disease carriers (lice, ticks, mosquitoes, flies, etc.). He also took into consideration the wide epidemic spread of tuberculosis in the early 20th century in Europe and the United States.

Directly refuting both Kent's and Allen's belief that disease was a product of the sullied human conscience, Close declared that undoubtedly a miasm is an infection and implies contamination of a person from outside, exactly as Hahnemann himself understood it. Miasms by no means were diatheses or discrasies.²⁸ In the case of syphilis, the infectious origin (miasm) was clearly *treponema pallidum*, in the case of gonorrhoea—*gonococcus*, and in the case of Psora—*mycobacterium tuberculosis*. Close assumed that the scabies mite was most likely only a carrier of this bacterium.²⁸ Other bacteria, co-operating within the body with a tubercular infection, produced various manifestations of Psora.

He clearly states that Hahnemann referred tuberculosis to Psora not accidentally²⁸ and that all symptoms and diseases relating to Psora, according to Hahnemann, were the result of contamination of the organism with *mycobacterium tuberculosis*. Therefore, Psora and tuberculosis, Close explained, were exactly the same.²⁸ He was sure that science, after 100 years, had finally discovered the real cause of Psora, as described by Hahnemann. In *The Genius of Homeopathy*²⁷ he rightly draws our attention to tuberculosis, talking about the importance of this infection as a trigger factor for a host of subsequent human diseases. This is a notable contribution to Hahnemann's theory of miasms, although we now know him to be incorrect in his claim that infection with tuberculosis was the main cause of almost all chronic diseases.

Margaret Lucy Tyler: Scabies as a Carrier, Acute Miasms

Tyler (1859–1943) was a renowned British homeopath, and a faithful follower of Kent. She worked as a physician at the Royal London Homoeopathic Hospital for more than 40 years and authored many books and publications. Miasmatic theory was developed by Tyler in her book *Hahnemann's Conception of Chronic Disease (as Caused by Parasitic Microorganism)*²⁹ where, concurring with Hahnemann, she supposed that a scabies mite could be a carrier of infection (she assumed it could be a certain virus).

One of Tyler's contributions to the theory of miasms is that she clearly described and demonstrated the potential of *acute* miasmatic remedies, prescribing them frequently to good effect for the long-term effects of acute illness, in cases where a patient had “never been well since” a severe acute infection. She is known to have prescribed *Variolinum* for those patients who had smallpox even 50 years ago and developed some sequelae, *Pneumococcinum* in sicknesses after pneumonia (for example in cases of chorea), *Influenzinum* for epilepsy and other diseases after the flu, *Diphtherinum*, etc.

The Understanding and Application of Miasm Theory by the Old Masters

It is clear that the evolution of the theory of miasms since Hahnemann's time reflects the discoveries in medical

science over the past 200 years. However, of critical importance is that whilst Hahnemann, and those who came after him, may have had differing opinions about the method of transmission, or the precipitating factors for a miasm to become active in a patient, they were unified in their approach to treatment.

Kent, like Hering, did not divide our remedies into anti-psoric, anti-sycotic or anti-syphilitic, but always stressed the importance of taking the totality of symptoms and prescribing on the basis of the simillimum, urging his students to focus on *The Organon* and knowledge of materia medica. Likewise, Close and Tyler adhered to a strict individualised approach with the choice of remedies based on the similarity principle or simillimum.

Admittedly, Allen certainly postulated the vital importance of finding the remedy for the so-called “active miasm”^{30,31} but this, in effect, was essentially a prescription of the simillimum on the basis of the last appearing and most prominent and unique symptoms of the case,³² taking into account the psychological state of the patient,³³ as Hahnemann himself had recommended. Allen made *no* direct connection between the active miasm and the choice of a remedy. He stated that in the case of Sycosis, the remedy needed could be *Sulphur*, *Calcarea carbonica*, *Lycopodium* or *Psorinum*, etc. His approach was the same for a case of tuberculosis or syphilis.

In effect, an active miasm in a patient was of no real import when it came to their prescribing in the consulting room. Such clear and consistent guidance from the master prescribers of the past cannot be ignored and should be a solace to those students struggling to learn how to assess and prescribe for a patient from a miasmatic perspective. Time and again these lauded homeopaths demonstrated that, as ever, it is simply the patient’s presenting symptoms which must be our guide to the remedy choice, unbiased by notions of targeted anti-psoric, anti-sycotic or anti-syphilitic medicines.

The Dangers of the Miasmatic Prism

We may accept that Miasmatic theory has triggered the imagination of many well-meaning homeopaths in modern times. However, we have demonstrated that this cannot justify their instructions to view each case exclusively through the miasmatic prism, particularly those who advocate prescribing several so-called “miasmatic” remedies or nosodes at the start of treatment to “detoxify” the assumed miasm in the patient. We believe this practice to be not only unnecessary but most detrimental to the recovery of the patient.

Prescribing miasmatic remedies at the first consultation to “clear the ground”, as they say, believing this will then reveal the correct chronic remedy beneath, almost always results in the confusion of a case. This is especially true in cases with deep pathology where it is imperative that a series of carefully chosen remedies is given in a specific order, with substantial time between doses to allow each remedy to complete its action and the “Vital Force” to fully respond.

We believe that prescribing the miasmatic remedies *Psor*, *Med*, *Syph* or *Tub* as part of a routine protocol at the outset of treatment, as many homeopaths do, when the symptoms calling for these remedies are not yet clearly indicated (but are merely suspected as the root), is an incorrect practice that may have negative and often long-lasting side effects. Remedies act at a vibrational frequency similar to the pathology being treated; if the remedy is not the simillimum, it may cause unwarranted “noise” and thus confuse the symptomatology (producing proving symptoms). If proof is needed, we can turn to the experience of the older homeopaths who were called upon to treat many cases where venereal disease had been mistreated and which had subsequently become confused by using such protocols. It is totally incorrect to believe that in such a practice the remedy will “detoxify” the organism from the conjectured miasm.

This is particularly relevant in patients with a low level of health.^{34,35} We have observed that the lower the level, the more complex and deep the patient’s pathology and the greater the predisposition to different chronic diseases. Thus the remedy pattern, in weak organisms, becomes less and less coherent—in other words the case has become more confused due to the presence of more than one active miasm.^{35,36} In these deep pathology cases, where the uppermost remedy cannot easily and clearly be discerned, we must exercise great caution when deciding both remedy and potency, calling on the most thorough case taking, our deepest knowledge of the materia medica and a clear understanding of the patient’s health history.

To prescribe “miasmatic” remedies at this point, often in high potency, as part of a “clearing” protocol, can be highly detrimental to the case. The prescription, if incorrect in both remedy choice or potency and repeated frequently, will almost certainly imprint itself upon the organism and alter, distort, or even suppress the authentic expression of symptoms. This then makes it impossible for even the best prescribers to discern which is, or should have been, the uppermost remedy to start the treatment.

A person with tuberculosis, for example, will not always be cured with *Tuberculinum* as the first remedy; it may be cured by *Phosphorus* or *Calcarea carbonica*, or whatever remedy shows on the uppermost level of symptomatology to begin treatment. Later the picture of *Tuberculinum* may well arise, as the organism gains cohesion, and this is then the time to prescribe the miasmatic remedy. Likewise, what appears to be a patient with sycotic symptoms may need to start their treatment with *Mercurius solubilis* or *Sulphur*. To eliminate a certain predisposition you may need to give three or more remedies over a period of several years, given in strict accordance with the principle of similarity.^{35,37} It is imperative to tell our students that *Medorrhinum*, *Syphilitinum*, *Psorinum* or *Tuberculinum* should not be given blindly but only when we can *clearly* see at least three or more of their keynote.

There is no need to discuss a case in terms of symptoms of latent Psora, Syphilis or Sycosis, which is incomprehensible to most homeopaths, but instead talk of “symptoms of latent (as yet undeveloped) pathology”. Our homeopathic

community must resist branding our patients as syphilitic, syphilitic or tubercular types or dividing our remedies into psoric, syphilitic, tubercular or syphilitic. Let us simply explain to our students and colleagues on what basis, namely the presenting symptoms, we choose our remedies. This is all we need to cure.

A Contemporary Understanding of Hahnemann's Miasms

Out of our great respect for the genius of the Founder of Homeopathy, we continue to use Hahnemann's term "miasm" today, two centuries later, but it is clear there is confusion amongst even skilled homeopaths about what is its essential meaning and therefore its relevance to practice. The term "miasm" terrifies any novice in homeopathy, and even more so doctors of conventional medicine. To move forward and practice effectively we need to define afresh our collective understanding of the term, acknowledging all that has been written from Hahnemann onwards and in the light of 200 years of medical discoveries.

The theory of miasms, according to our contemporary understanding, amongst several other factors, provides valuable concepts that explain how the health of humanity has found itself in its current terrible state of morbidity. It is mainly the acute infectious diseases syphilis, gonorrhoea, Psora and tuberculosis, and their suppression with the therapeutic means available at that time, that have stigmatised humanity with their sinister sequelae. We believe this to be the reason that in modern times we have developed the predisposition to fall ill with so many varied chronic health conditions. It was Hahnemann's genius that allows us today to fight the effects of these diseases with the use of homeopathy.

Here is our recommendation for a new contemporary definition based on the wisdom of the master prescribers and our own clinical experience:

A miasm should fulfil each of five conditions:

- i. It must have its origin from a specific source of an infectious nature (bacterium, virus, etc.). If such an acute condition is either mistreated or left alone to develop, it will often precipitate sequelae of chronic symptoms and pathology.
- ii. Such an infection should have a tendency to produce sequelae of deeper pathology if left untreated or suppressed.
- iii. Its chronic effect can be transmitted to the next generation, not as a primary infection, but as a predisposition via the genome (of the newborn via DNA or infection at birth, etc.) created from the different infections of a person's ancestors, via the various modes of transmission of syphilis, gonorrhoea, scabies or tuberculosis.³⁴
- iv. When required, the nosode from the infecting agent (*Med, Syph, Psor, Tub*) should be able to cure a sufficient number of cases which present the relevant symptomatology (i.e., clear symptoms of *Medorrhinum, Syphilinum, Psorinum or Tuberculinum*).

- v. The miasmatic condition (underlying pathology) of one of the parents is not necessarily passed on in an identical manifestation in their child's pathology, because it is always modified by the condition of the other parent's health.

What a Miasm is Not

Environmental Toxicity and Other Harmful Agents

From the above discussion and new definition of a miasm, one may be justified in enquiring how we should categorise the pathological conditions arising from what are clearly and increasingly the greatest current threat to human health worldwide. We refer to environmental factors such as pollution, the widespread use of pesticides, or the side effects of over-the-counter or prescription drugs like quinine, cortisone, antibiotics such as kanamycin, as well as vaccines, narcotic drugs, and also traumas from severe psychological stresses, etc. These are very prevalent in the 21st century and are clearly affecting the integrity of all our collective health, and play an equal part alongside active miasms in the current compromised state of human health. In time, we may see that these factors leave their impression upon not only us but also our children and grandchildren, and create new predispositions for perhaps even new diseases. This said, they are not miasms in the true sense.

One may ask how we should define and treat these predispositions formed under such influences. Whilst these predispositions cannot be called miasms, if we find cases where side effects have been stimulated by a certain drug or pollutant, we are justified sometimes to prescribe the specific substance in high potency of 200c upward *if* other indicated remedies have not proved curative in the case. Even here, we need to be sure that we assess the patient's history in great detail and make such prescriptions only when it is clear that a certain substance is the causative agent that has affected the patient's health. We do not recommend the currently popular and potentially harmful practice where such remedies are given as part of a stock protocol or sequence of "detoxing" prescriptions based merely on a list of all the potentially harmful toxins ingested during the patient's lifetime.

Where children have inherited the predisposition of the parents affected by such toxic substances, this should not be confused with the genetic predispositions which pass to the newborn and are determined by the health condition of his or her parents at the moment of conception, together with the susceptibilities of their own ancestors.³⁸

Cancer and Immune Deficiency Diseases

We often see that parents with a disease such as psoriasis clearly pass their own intact pathology onto their children. The passing of such pathologies or predispositions, including a predisposition to cancer or any other immune deficiency disease, cannot be categorised as a miasm in the way that miasms were conceived by Hahnemann or defined by our new definition. Various authors in homeopathy have offered these as miasms, but the fact is these conditions do not fulfil one or more criteria that qualify them as miasms, as they lack

the infective quality which was paramount in the mind of Hahnemann.

How multiple pathologies such as these have, in fact, been created down through the different generations of human history is a fascinating issue that resonates with the miasmatic theory of Hahnemann and the creation of a predisposition to certain diseases. However, this is a complex matter that extends beyond the discussion here and may be discussed in a future article.

Conclusion

In conclusion, it is important for both students and practitioners of homeopathy to realise that they should not be daunted or paralysed by the theory of miasms. In effect, in daily practice at least, we have demonstrated it has no reliable clinical value or application.

The pressing matter of our time is how to address and cure the assault on the human constitution of pollution, excessive and often unnecessary use of allopathic drugs, and the many stresses of modern day life. This said, as our great prescribers like Kent, Allen, Tyler, Lippe and others have demonstrated, to cure a case the leading symptoms for a prescription should always be based not on the perceived active miasm or “detox” program, but, as ever, on the keynotes, the presenting strange, rare and peculiar symptoms as Hahnemann described them in paragraph 153 of his *Organon* over 200 years ago, as well as the most recently appeared symptoms of the case.

Today, in the 21st century, it is apparent to us that the very deep fundamental cause of chronic diseases, which Hahnemann tried to uncover in his research, is the predisposition to different diseases as a result of damage to the genetic and epigenetic code in the human organism. In this light, to explain the theory of miasms to medical doctors today, we should perhaps refer to it as “The Theory of Chronic Diseases”, as Hahnemann himself originally wrote. Paraphrasing from Teixeira,³⁹ instead of the words “miasmatic burden” we may talk of “hereditary burden” or “burden of underlying pathology”. Most probably, this could become a basis for all of us to find consensus in our understanding of the theory of miasms going forward.

Highlights

- The confusion surrounding interpretations of the miasmatic theory of Hahnemann is addressed.
- Suggestions are offered to clarify the correct definition of the term miasm, according to Hahnemann.
- The dangers of routinely prescribing miasmatic remedies are highlighted.
- The potential factors precipitating the creation of predisposition to deep pathologies are analysed.
- Factors in the transfer of miasmatic effects to the new generation are explored.

Conflict of Interest

None declared.

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