

# The Itch Miasm

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This article is the first of our serialization of Dr. Dimitriadis's book "Theory of Chronic Disease according to Hahnemann," which details Hahnemann's theory of chronic diseases and miasms. We are beginning from approximately the half-way point of the book, with the chapter on psora, which both clarifies Hahnemann's definition of psora and corrects some common misperceptions about the miasm.

Keywords: psora, miasmatic theory, Hahnemann's "Chronic Diseases"

So far we have understood the infectious model of psora (and disease in general) which Hahnemann developed from his own experience and observation. But let us now turn our attention to the actual psoric infecting agent, the miasm itself, and see what we can find in Hahnemann's own words.<sup>76</sup>

38: Usually it takes six, seven or ten, perhaps even fourteen days from the moment of infection before... the outbreak of the vesicles of itch... first in the region of the spot first infected...

39: The itching not only compels the patient to rub, but on account of its violence... to rub and scratch open the vesicles; and the humour pressed out furnishes abundant material for infecting the surroundings and also other patients not yet infected....

Only this skin symptom of the psora which has permeated the whole organism... has the name of itch, only this eruption, as well as the sores which later arise from it and are attended on their borders with the itching peculiar to psora, as also the herpes which has this peculiar itching and which becomes humid when rubbed (the tetter), as also the tinea capitis – these alone can propagate this disease to other persons, because they alone contain the communicable miasma of the psora. But the remaining secondary symptoms of the psora, which in time manifest themselves after the disappearance or the artificial expulsion of the eruption, i.e., the general psoric ailments, cannot at all communicate this disease

to others. They are, as far as we know, just as little able to transfer the psora to others as the secondary symptoms of the venereal disease are able to infect other men with syphilis.

Hahnemann is absolutely clear in saying that only the vesicles of these primary itch eruptions contain the infectious material; that only these primary eruptions "can propagate this disease to other persons, because they alone contain the communicable miasma of the psora," and that the infectious stage of this disease ceases with the end of the primary eruptions.

But what are the primary eruptions? Hahnemann has both here and elsewhere<sup>77</sup> included:

Herpes virus infection; simplex/zoster viruses – HSV, HZV

Tinea Capitis fungal infection with several species of Trichophyton and Microsporum (usually M. canis)

Milk Crust, also called cradle cap – seborrhœic dermatitis of scalp in infants

Tetter – a general term used to describe herpes, eczema, psoriasis, etc., but Hahnemann used it in reference especially to herpes which "became humid when rubbed"<sup>78</sup>

**Yet Hahnemann never refers to scabies in relation to psora. Many have assumed Hahnemann to be referring to scabies when he talks of the itch eruption... the meaning of Hahnemann has been misunderstood and misrepresented repeatedly.**

We see when Hahnemann talks of itch eruptions, he is speaking broadly, rather than of the specific disease known as "the itch" (scabies) such as excited by the itch-mite (*Acarus scabiei*). In fact, this is a great source of misunderstanding. Even in 1792, 36 years prior to his Chronic Diseases publication, Hahnemann was well aware of the specific scabies

disease, and even postulated its dependence on an itch-mite:<sup>79</sup>

The itch itself does not consist of emanations or of congenital or acquired acridities, neither is it due to an alkaline or acid condition of the blood; but it has its origin in small living insects or mites, which take up their abode in our bodies beneath the epidermis, grow there and increase largely, and by their irritation or their creeping about cause an itching; and owing to the afflux of humours thereby produced give rise to a multitude of vesicles, which, on being rubbed, or when the thin watery fluid they contain has evaporated become covered with scabs. This is not an opinion adopted in order to get rid of a difficulty, but it is based on experience... The cause of itch given above is the only true one, the only one that is founded upon experience. These exceedingly small animals are a kind of mite.

Yet Hahnemann never refers to scabies in relation to psora. Many have assumed Hahnemann to be referring to scabies when he talks of the itch eruption. Even Künzli, in his translation of the 6th edition of the *Organon* into English, has erroneously used the term scabies in place of itch eruption.<sup>80</sup> Even in the standard English translation (Boericke) of the 6th edition of *Organon*, the word scabies has wrongly been used, once.<sup>81</sup> However, when we refer to the German, it does not mention scabies, rather "itch eruption" in the same place. Wesselhoeft's English translation<sup>82</sup> of the 6th edition *Organon* properly uses itch eruption whereas Hochstetter<sup>83</sup> also makes the mistake (probably from having just copied others before him) of using the term scabies in this aphorism. So, from improper consideration, the meaning of Hahnemann has been misunderstood and misrepresented repeatedly. As Richard Haehl says:<sup>84</sup>

This shows clearly that Hahnemann meant something very different by his "psora" from the ordinary itch [scabies – GD] with which he had been acquainted for a long time.

And again we read from Otto Leiser:<sup>85</sup>

It is naturally to be considered that Hahnemann included much more under the conception of itch than what we know as the effect of *Acarus scabiei*.

We have already shown that from a very early stage in his medical career, Hahnemann knew of the itch-mite scabious eruption, and yet, he never once mentions it in his writings on psora and its associated itch eruptions; indeed, he mentions other eruptions as representing primary manifestations of the internal psora. It is obvious that Hahnemann's use of the terms itch, the itch, and itch eruption was in a very broad sense<sup>86</sup> (as was in general use at that time), rather than to describe the specific disease of scabies. This is very conclusive evidence that Hahnemann

did not associate the itch-mite dependent eruption of scabies, with psora. Unfortunately, many still suggest that Hahnemann equated the primary manifestations of psora with scabies. This is simply not true. Indeed, it is this very point which even R.E. Dudgeon, who gives us an otherwise quite accurate and thorough assessment of Hahnemann's chronic disease theory, has confused in his lectures.<sup>87</sup>

If we look carefully at the eruptions which Hahnemann lists as representing the primary itch eruptions of internal psora – herpes, tinea capitis, milk crust, tetter, etc. – we notice that the contagious miasm of psora to which Hahnemann refers, and which resides in the humour (liquid) expressed from the vesicles of these abovenamed eruptions, is today known to be more than just a single organism. For example:

Herpes (HSV/HZV)

Tinea capitis (several Trichophyton & Microsporum fungal species)

Milk crust (this is, today, an inflammatory, non-infectious disease not associated with any organism)

Tetter<sup>88</sup> (this term remains unclear today, and was used in reference to many chronic skin conditions, including eczema, pityriasis, psoriasis, tinea, amongst which some conditions have no organism associated.)

Today we know Hahnemann would be incorrect in suggesting that milk crust, in the form we see today, was a contagious disease. But Hahnemann is clear in suggesting that the only mode of propagation of this internal psora disease was following contact<sup>89</sup> and subsequent infection with the miasm via the fluid contained in the vesicles of the primary itch eruption. This necessitates our exclusion of what we know as milk crust as a primary itch eruption.

Perhaps the error stemmed from the translation of the original German into English? But when we look at the German<sup>90</sup> we find Hahnemann used the word "Milchkruste" which correctly translates to "milkcrust". Some distinction needs to be made as to what Hahnemann really observed as contagious eruptions, and which eruptions he simply assumed to be contagious due to their similarity of appearance. In the case of milkcrust, it may be he either made one of his very few errors in observation, or, more likely, the milkcrust of his time differed from that of today.

So what was the real eruption of itch? How did Hahnemann recognise the itch of psora? In fact, according to Hahnemann<sup>91</sup> the real basic eruption of itch was known to him by two diagnostic features:

1. An itching vesicular eruption which compels the patient to rub violently enough to open up

the vesicles and infect the surroundings.

2. The peculiar sweet-bitter (Gr = Glykypikron<sup>92</sup> as Plato called it) itching which began with a voluptuous itch (Grimmen<sup>93</sup> – this is the ‘sweet’ part) compelling the patient to rub, and resulting in a long-continued burning (this is the ‘bit-ter’ part) sensation.

These are the two and only specific signs with which Hahnemann diagnosed the primary eruptions of psora, and thus, form the determinants of psoricity<sup>94</sup> of the primary disease.

If we assemble all this information and try to draw an accurate image of Hahnemann’s psora model, based on his own written records, it then seems best to limit the diagnosis of primary psoric itch eruptions to those vesicular eruptions which are characterised by the sweet-bitter itching, and that are also known to be infectious; this is what was really meant by Hahnemann. We should therefore exclude such conditions as eczema, psoriasis, milk crust, etc.; and include tinea, herpes, etc. (and any others with similar character and similar mode of propagation).

Another problem with Hahnemann’s model is that he often based his belief that a patient had been infected with the psora miasm, on the fact that there was some history of a slight vesicular eruption, and further assumed that the fluid contained in these vesicles always contained the infectious matter. Today we know that non-infectious (sterile) vesicular eruptions can result following allergic or immunologic reactions, fever, etc. (although these may not necessarily display the characteristic sweet-bitter itching attributed to psora), and that therefore, such eruptions in the history (and even early history) of a patient’s life, especially when it’s specific character was unremembered, could not add support to the idea that they had been infected with the itch miasm.

It is probable that the universal,<sup>95</sup> ubiquitous nature attributed to the psora miasm (and its subsequent disease) by Hahnemann is not an accurate assessment; and there is no doubt that such universality was postulated on an inadequate data base.

Hahnemann continues his discourse (pages 39-43) by telling us how the internal psora continues to develop from within, its worsening skin symptoms reflecting this growing internal development (except in cases where the skin is particularly unreactive and the eruptions stay small whilst the internal psora continues to grow). He also suggests that the older it is, the longer it has been since initial infection, then the more severe are the results of a suppression of the cutaneous eruptions. Do not forget that we are still speaking of the primary skin eruptions of the psora disease.

He is also clear, not only in the main text of his

book, but also throughout the 97 examples of suppressed itch he cites in footnotes,<sup>96,97</sup> that the disappearance either spontaneously or from a superimposed natural disease, or the artificial expulsion by use of ointments, etc., will, in time (i.e. after a longer or shorter latent period), precipitate the development of the secondary stage of psora disease. We read:<sup>98</sup>

But the remaining secondary symptoms of the Psora, which in time manifest themselves after the disappearance or the artificial expulsion of the eruption,...

The internal psora disease, according to Hahnemann, continues to develop and grow internally, but does little or no harm to other areas whilst the external itching eruptions are able to be expressed they act as a sort of relief-valve for this disease. Any removal, whether incidental or otherwise, of these eruptions will cause the diseased organism to seek relief through other and usually more devastating expressions of pathology (secondary symptoms). The pace of development, as well as the specific nature and severity of these secondary symptoms will depend on hereditary factors as well as on circumstances.<sup>99</sup>

“We must not imagine or invent, but discover the acts and properties of nature.”

Francis Bacon

Novum Organum, second book, §10

## Notes

76 Refer also On the Venereal Disease and its Ordinary Improper Treatment (1816), in HLW, p.649

77 CD, vol.1, p.31

78 CD, vol.1, p.39

79 Haehl, R.: Samuel Hahnemann, His Life and Work [HHL], vol.2, p.159

80 Künzli, et al.: Organon of Medicine... [KOM]

81 Organon §204

82 Organon of Medicine... [WOM], §204

83 Organon of Medicine [HOM], §204. In his Prologue, Hochstetter does say “Only sometimes the expression “Miasm” could be replaced by toxins or infectious substances.”

84 Samuel Hahnemann, His Life and Work [HHL], vol.2, p.160

85 Textbook of Homœopathic Materia Medica [LMM], p.32

86 HHL, vol.1, p.143

87 Lectures on the Theory and Practice of Homœopathy [DLH], Lectures IX and X, pp.242-301

88 Refer to our lengthy discussion in rubric no. 1824 of The Bönninghausen Repertory... [TBR].

- 89 CD, vol.1, p.37-38  
90 Die Chronischen Krankheiten... [CK], e.g. p.41  
91 CD, vol.1, pp.38-39  
92 CD, vol.1, p.10 footnote. This term should more correctly read Glykopikros, from the Greek, "γλυκόπηκρος" (γλυκό = sweet + πικρος = bitter).  
93 CD, vol.1, p.38  
94 I have herein coined this specific term to mean the determination of a remedy or disease as being 'psoric' (anti-psoric).  
95 CD, vol.1, p.9  
96 CD, vol.1, footnotes to pages 20-30  
97 CD, vol.1, p.12 footnote  
98CD, vo l.1, p.39  
99 CD, vol.1 pp.17, 48 footnote, 51,77; Organon §81 +

footnote  
100 Organon §§8,14

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