

# Miasm in the Mineral Kingdom

Roger Morrison, MD

**Abstract:** The author proposes miasmatic relationships (based up the miasmatic concepts of Sankaran) of the mineral remedies and organic compounds, synthesizing the work of Jan Scholten and Rajan Sankaran.

**Keywords:** miasm and the mineral kingdom, miasm and organic compounds

## Introduction

What is presented here is a working hypothesis and a set of aphorisms concerning the use of miasm (as described by *Sankaran*) in the mineral kingdom. It is by no means a finished piece of work, but I hope it might offer some pointers in some difficult cases and serve as a basis for further exploration of this topic. It is indeed with great caution that one must present such a hypothesis for many reasons.

Implicit in this hypothesis is the validity of the modern trend of categorizing remedies into various groups. This categorization is done to study the properties of these groups to aid in case analysis. This trend appears to go against the dictates of *Hahnemann* and many living authorities as well. Hahnemann specified that the knowledge of a mineral remedy's chemistry could not be used in determining its medicinal properties. However, in Hahnemann's time, the knowledge of chemistry was severely limited. There was no periodic table and even the identification of well-known chemicals was difficult, as Hahnemann himself discovered to his chagrin. We are much further along now and the experience of chemists with the use of the periodic table has shown its great predictive value in chemistry for well over a century. Furthermore, every mature science begins as merely a collection of observations – like our provings. Later these points of observation become “dense” enough that patterns become obvious and finally hypotheses are formed that are predictive of phenomena. This is the path of all developing sciences. Many current homeopaths (myself included) believe that such a transition has taken place in homeopathy.

The second reason this material is presented cautiously is that it builds upon the work of truly ingenious thinkers in homeopathy – mainly Jan *Scholten* and Rajan Sankaran. Yet the material presented below has not been approved by either author. Therefore it is with great deference to these authorities that these aphorisms are presented. Dr. Sankaran has nearly completed his

landmark work, *Insight into Plants*, which shows the use of miasm in patients requiring plant remedies. One may reasonably ask if we need further assistance in the analysis of mineral cases since we have the conceptual framework provided by Dr. Scholten. For myself, I find I am never unhappy to have further means of verifying my choice of remedy.

This hypothesis is useful only to those fully familiar with the miasms as described by Sankaran and the use of the periodic table. As we all know, the full understanding of the use of these power conceptual tools is not yet finalized. Mixing two not-fully-developed concepts is problematic. The discussion of these two landmark hypotheses is outside the scope of this article and the reader is directed to the original works of Sankaran (*System of Homeopathy*) and Scholten (*Homeopathy and the Elements*). For the sake of this article, the miasms begin with the *acute miasm* which is then followed by *typhoid*, *malaria*, *ringworm*, *syccosis*, *cancer*, *tuberculosis*, *leprosy* and, finally, *syphilis*. Many will be repelled by the absence of *psora* from this list (please note that Dr. Sankaran has not made this elimination). It must be understood that *psora* has simply been sub-categorized into cancer, tubercular, and leprosy miasms. Furthermore the acute and “subacute” miasms of Hahnemann are roughly equivalent to acute, typhoid and malarial miasms. The justification for these miasms is found mainly in their clinical usefulness. By attempting to amplify the use of miasm in mineral remedies, only clinical successes will justify this material. The order of these miasms is from “lightest” to “deepest” and the order is important.

## Aphorisms

With these caveats in mind, I present these aphorisms about miasms in the mineral kingdom: The miasm of remedies within each row deepens as one travels from the left (i.e., column one) to the right (column 18) and

from above downwards (sounds like *Hering's* law). Furthermore, in each progressively heavier row, the deeper miasms are reached more quickly in this left to right progression. For example, in the sixth row, the syphilitic miasm is reached by column 9 (*Iridium*) whereas in the first three rows, syphilis is not reached at all except in various salts.

In any ionic salt, the miasm is almost completely determined by the anion (that is the negatively charged ion). In homeopathy, the anion is always the second name of a salt remedy. For example, in *Natrum muriaticum*, the chloride (*muriaticum*) is the anion.

In covalent minerals (that is mainly carbon compounds) the miasm is determined by structure of the elements – not their constituents. For example, all of the pure alcohol remedies (such as *Alcoholus*, *Carbolic acid*, *Kreosotum*, etc.) are seen to belong to the sycotic miasm. Yet all the carboxylic acids (such as *Acetic acid*, *Oxalic acid*, *Benzoic acid*, etc.) are found to belong to the typhoid miasm. The elements are the same: carbon, oxygen and hydrogen. Yet the miasm is completely different. Thus in covalent minerals, the configuration of the elements is equally or more important than which elements are present.

Now I would like to explore these aphorisms in more detail. Please note that if the miasm is stated definitively it generally comes from Sankaran, when the term “proposed miasm” is used, it is based upon my own clinical observations; less definite language implies some degree of guesswork. Obviously it is important to state that miasm may not be at all distinctive in all cases requiring a mineral remedy. In each case we use the information that is most strong and reliable. It is often futile or even confusing to spend energy trying to define the miasm of a patient when the miasm is not obvious or to try to force the information in a case to fit the “right” miasm in order to justify a remedy chosen upon another clear basis.

## I. Miasm deepens from left to right and from above downward

Briefly, the first two (and often more) columns are only found as salts, never in their pure elemental form in nature. Thus to specify the miasm of pure elements in these columns would be spurious. These remedies will be discussed mainly in the context of the second aphorism below.

In the first row of the periodic table there are of course only two elements (*Hydrogen* and *Helium*) and they are both seen to belong to the acute miasm.

In the second row, *Beryllium* and *Boron* remain in the acute miasm. *Carbon* is a special case and is discussed later under the fourth aphorism. The miasm of the remedies *Nitrogenium* thru *Neon* is not known with clarity (at least not by me).

Thus the first row in which we have clearly under-

stood remedies is the third row. Beginning with the third column, we do not have much data about pure aluminum – only its salts, of which our famous remedy *Alumina* is in the syphilitic miasm. I conjecture that this is due to its complex salt nature, not from the aluminum itself. Next we have *Silica*, one our best-known sycotic remedies. There is no cancer miasm remedy in this row (again excepting salts). Next is *Phosphorus*, one of our best-known tubercular remedies. Hahnemann and all other authorities have specified the next remedy, *Sulphur* as psoric. Sulphur is found in both covalent and ionic forms and the miasm differs accordingly. The miasm of *Chlorum* and *Neon* is not known. To summarize, we see a hint of movement from left to right going to deeper miasms in the third row.

Turning to the fourth now, we begin with *Scandium* through to *Zincum*, all of which remedies I propose as belonging to the ringworm miasm. *Gallium* is proposed to be sycotic. *Germanium* and *Arsenicum* are seen to correspond to the cancer miasm. *Selenium* is proposed as tubercular. The miasm of *Bromium* is proposed to correspond be leprosy and *Krypton* is syphilitic. Thus, in the fourth row we find very clearly the movement toward progressively deeper miasms as we move from the third column to the eighteenth.

In the fifth row we begin with *Yttrium* in the ringworm miasm. *Zirconium* through *Argentum* belong to the sycotic miasm. *Cadmium*, the well-known cancer remedy, is followed by *Indium* (unknown) and *Stannum*, which I propose to be in the tubercular miasm. Pure *Antimony* is relatively unknown except its salts; consequently the miasm is undetermined. *Tellurium* may also be a tubercular remedy. *Iodum* is clearly in the leprosy miasm and *Xenon* is unknown but likely to be syphilitic.

In the sixth row *Lanthanum* appears to correspond to the ringworm miasm (the miasm of the various lanthanides I leave until we are more experienced with these remedies). I propose that *Hafnium* and *Tantalum* are possibly of the sycotic miasm. *Tungsten* is proposed as cancerinic and *Rhenium* tubercular. *Osmium* appears to be in the leprosy miasm. *Iridium* and the following remedies belong to the syphilitic miasm.

Finally, the seventh row and its radioactive elements are all proposed as syphilitic.

## II. In Salts, the Miasm is Entirely Determined by the Anion

The vast majority of mineral remedies are found as salts. Many homeopathic authorities from *Farrington* onward have discussed the essential similarities of the various salts of a particular element (i.e., *Kali* salts and *Calcarea* salts). The cation or positively charged ion is the first element named in our homeopathic remedies (*Kali*, *Natrum*, *Ferrum*, etc.). *The cation appears to set the theme of or the challenge facing the patient,*

and the anion sets the way the challenge or theme is faced. Perhaps this is the reason the anion determines the miasm.

Our salts are comprised mainly of the *arsenicums* (about equally divided between arsenites and arsenates), the *bromatums* (bromides), the *carbonicums* (carbonates), the *cyanicums* (cyanides), the *fluoricums* (fluorides), the *iodums* (iodates), the *muriaticums* (chlorides), the *nitricums* (both nitrates and nitrites), the *oxydatums* (oxides), the *phosphoricums* (phosphates), the *silicatums* or *silicicums* (silicates), the *sulphuricums* (sulfates) and *sulphuratums* (sulfides), and various organic salts (i.e., acetates, oxalates, tartrates, etc.).

Nearly all of the *arsenates* fall in the cancer miasm.

Nearly all of the *bromatums* fall in the sycotic miasm.

Nearly all *cyanatums* fall in the syphilitic miasm.

Nearly all of the *iodatums* fall in the leprosy miasm.

The *muriaticums* fall into both the malarial and ringworm miasms. In salts with positive one charge (i.e., especially with elements in the first column such as *Natrum* or *Kali*) the remedy is in the malarial miasm. In salts with a plus 2 charge (i.e., column two elements like *Calcarea*) the miasm becomes ringworm. A similar shift occurs in *sulphuricums* and *silicicums*.

Nearly all of the *nitricums* fall in the cancer miasm.

Nearly all of the *phosphoricums* fall in the tubercular miasm.

The *silicatums* or *silicicums* fall into both the ringworm and sycotic miasms – divalents fall into the ringworm miasm and univalents the sycotic miasm.

The *sulphuricums* fall into the ringworm and sycotic miasms. In univalent salts, the miasm is nearly always sycotic (*Natrum sulphuricum*); in divalent salts it is ringworm (*Calcarea sulphurica*).

Nearly all of the *sulphuratums* fall in the syphilitic miasm.

The salts of the various organic anions (acetates, etc.) are discussed below.

One last observation: In *alkaloid chemicals* (that is, complex plant-derived chemicals), these rules do not apply. The anion balancing the alkaloid plays little part in the symptomatology of the remedy. For example, the miasm of *Morphinum sulphuricum* or *Morphinum muriaticum* cannot be deduced from the anion. Apparently the structure of the alkaloid far outweighs the particular salt in significance.

### III. The Carbon Based Minerals and Organic Anions

The complex structures of organic chemicals are discussed in more detail in my book, *Carbon: Organic and Hydrocarbon Remedies in Homeopathy*. I present here an abbreviated index that I neglected to include

in the book. One striking characteristic of the organic remedies is their flexibility: all miasms are represented within the organic group. Organic compounds that are composed only of carbon and hydrogen are known as hydrocarbons. Unsaturated hydrocarbons, or paraffins, generally fall into the ringworm miasm. However, the majority of organic compounds are not pure hydrocarbons. As mentioned above, the miasm of these organic compounds does not depend upon the number or arrangement of carbon atoms. Rather the distinguishing characteristics are provided by the attachments or moieties. These attachments are of several varieties containing other elements besides carbon and hydrogen. The most common of these moieties are alcohols, amines, carbonyls, carboxylic acids, nitrates, nitriles, sugars, terpenes.

The miasms of single moiety compounds appear quite direct. Here's an overview of miasmatic relationships:

Most *alcohols* fall in the sycotic miasm.

Most *amines* fall in the leprosy miasm.

Most *carboxylic acids* and their salts fall in the typhoid miasm.

Most *nitrates* fall in the cancer miasm.

Most *nitriles* fall in the syphilitic miasm.

Most *sugars* fall in the malarial or typhoid miasm.

Most *terpenes* fall in the tubercular miasm.

However many of the organic (carbon-based) remedies are quite complex. Many have two or even more moieties and thus the miasm cannot be deduced but only observed at this time. For example, *Picric acid* contains both an alcohol moiety (sycotic miasm) and three nitrate moieties (cancer miasm), and thus we cannot be certain of the miasm until examining provings and cured cases. Knowing the remedy fairly well, we can understand that its miasm is cancer. Is this because there are three nitrates versus a single alcohol?

A list of miasms for most of the organic compounds and salts is provided below.

#### Acute

*Aetherum. Camphora. Carboneum oxygenisatum.*

#### Typhoid

*Acetic acid. Aconitic acid. Ammonium aceticum. Baryta acetica. Benzoic acid. Benzinum petroleum (also called Gasolinum). Butyric acid. Calcarea acetica. Calcarea oxalica. Carbo vegetabilis. Carboneum dioxygenisatum. Carboneum hydrogenisatum. Citricum acidum. Cuprum aceticum. Gallic acid. Kali aceticum. Lactic acid. Oxalic acid. Tartaric acid. Terebinthina. Zincum aceticum.*

#### Malarial

*Carbo animalis. Chloralum. Methylenum bichloratum. Petroleum. Saccharum album.*

## Ringworm

*Anthrokokali. Graphites. Paraffinum.*

## Sycotic

*Adamas. Aethylum bromidum. Alcoholus. Camphora bromata. Carbohc acid. Kali ferocyanatum. Kreosotum. Natrum salicylicum. Salicylic acid. Thy-mol. Zincum ferocyanatum.*

## Cancer

*Aethylum nitricum. Ammonium picricum. Amyl nitrosum. Benzinum dinitricum. Benzinum nitricum. Calcarea picricata. Glonoinum. Natrum cacodylicum. Nitri spiritus dulcis. Picric acid. Trinitrotoluene. Zin-cum pircatum.*

## Tubercular

*Eucalyptus. Mentha piperita. Oleum jecoris. Pix liquid. Succinic acid. Thiosinaminum.*

## Leprosy

*Alloxanum. Anilinum. Indolum. Mercurius methyl-enus. Skatolum.*

## Syphilitic

*Carboneum sulphuratum. Cuprum cyanatum. Hydrocyanic acid. Kali cyanatum. Mercurius cyana-tus. Zincum cyanatum.*

## Conclusion

In conclusion, Sankaran's miasms have yielded a marked improvement in my own clinical results, and Dr. Sankaran has earned my deepest gratitude for his contribution. Dr. Scholten's pioneering work on map-ping the use of the elements has opened many cases and has proven invaluable. Combining these two powerful methodologies, I believe can facilitate remedy choice in many cases. I welcome discussion regarding more accurate categorization of the elements based upon clinical experience.

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*About the author: Roger Morrison, MD, is a founding mem- ber of the Hahnemann Medical Clinic and a faculty member of the Hahnemann College of Homeopathy (Albany, Cali- fornia). He has lectured extensively throughout the United States and Europe. He studied homeopathy extensively with George Vithoukas in the United States and Greece. Dr. Morrison is also the author of "Desktop Guide to Keynotes and Confirmatory Symptoms" and "Carbon: Organic and Hydrocarbon Remedies in Homeopathy." A7H*

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