An Analysis of the Concept of Miasm in the Light of the State of Medicine as Existing in 18th Century Europe

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Abstract: This paper reviews the circumstances in which the concept of miasm (acute and chronic) evolved and how subsequent developments in the field of medicine, most notably in the realm of infectious disease, have improved our understanding about the nature of diseases and brought into question the validity of the miasm theory. It concludes with an emphasis on the need to further refine the homeopathic concept of disease.
Keywords: acute miasm, germ theory, Louis Pasteur, Koch's postulates, psora

The concept of miasms is one of the most controversial aspects of homeopathy. Their origin, exact nature, and how they cause acute and chronic diseases are areas where opinions of homeopaths are divided. In order to understand the evolution of the concept of miasm and its significance we have to study the state of medicine that was prevalent during the time of Hahnemann.

Concept of Acute Miasm

In Hahnemann's time very little was known about the etiology and pathogenesis of diseases, especially acute infectious diseases. Although the scientific world was aware of the existence of microorganisms, their relation to diseases was not fully appreciated. But because of their unvaried clinical presentation, the acute infectious diseases were recognized as distinct clinical entities even before the discovery of their exact causative factors. Hahnemann used the word 'Acute miasm' for all such acute infectious diseases, such as cholera, yellow fever, measles, etc. In Aphorism 73 of the *Organon* (6th edition) (1) he described acute miasms as recurring in the same manner and thus able to be identified by a specific name. Hahnemann opined that the acute miasms resulted when the vital force was deranged by the 'dynamic influence' of a morbific agent inimical to life (Aphorism 11). (1) Hahnemann explained the term 'dynamic influence' in the footnote to Aphorism 11 in this way: "just as a child with small pox or measles communicates to a near, untouched healthy child in a invisible manner (dynamically) the small pox or measles; that is, infect it at a distance without anything material from the infective child going to or capable of going to the one to be infected." He used the word dynamic to explain all those entities and phenomena that cannot be seen and hence cannot be explained. Hahnemann was not optimistic about finding causative factors for acute diseases inside the body of the patients, nor was he in favor of treating these acute diseases as distinct clinical entities. He tried to resolve the age-old question of how acute diseases were caused and how they were transmitted from one person to another by ascribing the causation to dynamic influences. There were two basic factors behind Hahnemann's ideology. The first one was the vain attempt by old-school physicians to attribute the source of acute miasms to the tissues and morbid discharges of the patients. Physicians at that time were severely crippled due to the lack of technological advances during that period, even though much before Hahnemann, Anthony Leeuwenhoek (1632-1723), a Dutch textile salesman, invented the microscope through which he saw microorganisms in his own bodily secretions. He, being a layperson, did not associate germs to any human disease; he simply reported his findings with the help of drawings without giving any theoretical interpretations. The absence of a clear understanding of the etiological factors and pathogenesis of these diseases created fertile soil for speculative theories, most of which were totally absurd. As a result, several equally absurd and often hazardous methods were employed to treat these acute diseases. Often the treatment was

worse than the disease.

The second factor was Hahnemann's discovery of the Law of Similars which enabled him to treat acute infectious disease conditions in a safe and effective manner. The splendid results he obtained convinced him that his approach was the only correct way of treating acute diseases, and the failure of old-school physicians gave him ample reason to discard their theories that some material within the body was responsible for acute diseases. (Example: Aphorism 13) (1)

After practicing his new system for a few years and applying the Law of Similars to varied clinical conditions, Hahnemann realized that while the law could be successfully applied in the treatment of acute diseases, medicines prescribed according to the same law failed to give lasting relief in many cases of chronic disease. This failure to cure chronic diseases brought Hahnemann face to face with the same dilemma that the old-school physicians were trying to solve - the cause and nature of diseases. But while the old-school physicians continued their search for the cause in the bodily tissues of the patients, Hahnemann, encouraged by his success in the treatment of acute diseases, continued on his path of studying disease on purely clinical grounds.

The "causative factor of disease" remained a Pandora's box for the old-school physicians until the second half of the nineteenth century when an important breakthrough was achieved with the consolidation of the germ theory of disease by Louis Pasteur and Robert Koch in the late 1870's. (2) Even before Pasteur and Koch, many people laid the groundwork for the germ theory. Beginning in 1796, Edward Jenner took a major therapeutic step - the development of vaccination. In his paper "An inquiry into the causes and effects of the Variolae Vaccinae, known by the name of the cow pox,"(3) which was first published in 1798, he reported how, over a period of years, he had noticed the immunity provided by cow pox against the infection of small pox. Hahnemann also mentioned Jenner's observations in his *Organon* (Aphorism 46). Although, like Hahnemann, Jenner had no theoretical insight into the biological mechanism of resistance to diseases, vaccination became a lasting prophylactic technique on purely empirical grounds. We now understand more about a host's immunological response to a cross-reacting virus variant. It was the germ theory, which is credited to Pasteur and Koch, that set a new course for studying and contending with infectious diseases. Louis Pasteur explained many biological processes, the mechanisms of which, even though they had been observed for centuries, were not known. Before Pasteur, putrefaction and other similar processes were often perceived as being spontaneous phenomena. Pasteur demonstrated that both putrefaction and fermentation were due to the growth of microorganisms. He also argued that these microorganisms could not appear spontaneously, but had to come from the surrounding environment, thus discrediting the theory of spontaneous generation. Pasteur's research on fermentation and so-called spontaneous generation inevitably led him to the study of infectious diseases. He had only recently succeeded in demonstrating that if environmental yeasts were prevented from being deposited on grapes, the juices of these grapes would not ferment, when he wrote, "By analogy, is it unreasonable to hope that the day will come when easily administered preventive measures will be able to stop the scourges which terrify and decimate populations, such as yellow fever and the bubonic plague?" In other words, infectious diseases, like fermentation, were probably due to 'germs,' making it possible to protect human beings against them as one could protect grapes against yeast. (4)

Pasteur's work on the microbial basis of fermentation and similar biological processes gave strong credence to the hypothesis for a microbial origin of disease. Although he demonstrated the microbial nature of infectious diseases, the evidence of the role of specific microbes in specific diseases was still lacking. By the end of nineteenth century the causative agents of various infectious diseases were being reported by different investigators in such profusion that it was necessary to introduce criteria for proving the claims. These criteria, first indicated by Henle, were enunciated by Robert Koch. According to "Koch's postulates," a microorganism can be accepted as the causative agent of an infectious disease only if the following conditions are satisfied:

The bacterium should be constantly associated with the lesions of the disease

It should be possible to isolate the bacterium in pure culture from the lesions.

Inoculation of such pure culture into suitable laboratory animals should reproduce the lesions of the disease.

It should be possible to re-isolate the bacterium in pure culture from the lesions produced in experimental animals.

An additional criterion introduced subsequently requires that specific antibodies to the bacterium should be demonstrable in the serum of patients suffering from the disease. (5,6)

Even today, Koch's postulates are considered in detail whenever a new infectious disease (such as AIDS), arises. Koch placed the germ theory of disease on a firm experimental footing. He experimentally demonstrated the causative organisms of tuberculosis and cholera. His techniques of disinfection and sterilization not only enabled laboratory research but also quarantine and other public health measures such as the use of water filtration in the control of cholera and typhoid. (7) Ultimately, the mechanism that was considered to be 'dynamic or invisible' by Hahnemann and his con-

temporaries remained no longer invisible. Infectious diseases were once thought to be caused by the wrath of the gods, the configuration of stars, or miasmas. After a struggle that lasted for almost a century and included stupendous work from people like Pasteur and Koch, they were proved to be caused by microorganisms. The germ theory of disease not only provided a suitable ground for developing appropriate treatment for infectious diseases, but also gave an opportunity of reducing their incidence in the community by controlling the spread of causative microorganisms. Thus was born the idea of 'preventive medicine.'

Homeopathic physicians also achieved great success in treating cases of acute infectious diseases, but the homeopathic world largely remained oblivious of the growing knowledge about the nature of infectious diseases and their relation with microorganisms. As a result, homeopathic physicians had no answer to problems like the treatment of a carrier or a sub-clinical case of infectious disease, prevention of infectious disease, etc.

The Concept of the Chronic Miasm

From the time of Hahnemann homeopathy has always been a clinical science. When old-school physicians were baffled about the cause of both acute and chronic diseases, Hahnemann was trying to figure out why his new system was not effective in treatment of chronic diseases. But what possible avenues were open for a clinical observer like him who wanted to explore the cause and nature of all chronic diseases, especially when he was living in an era when much of the knowledge in the field of medicine was nothing but pure speculation? For him the only possible way was to closely study all the varied clinical events occurring in patients with chronic diseases in order to find the cause behind them. In those times the old-school physicians used to prescribe, for the quick relief of disease symptoms, substances that were too strong and injurious. The clinical disease, which disappeared initially, very soon either reawakened with greater vigor or was followed by a deeper ailment. This gave birth to the idea that ailments could result from the suppression of some prior ailment, which, again, might be caused by the suppression of a prior ailment. The process of the "suppression of disease" was a common observation of many physicians, including Hahnemann.

Hahnemann studied the chronology of all clinical events in many patients, linking former events to latter ones as having a cause and effect relationship, and ultimately he tried to extend this thinking to the first illness in the life of patient. That first illness was regarded by Hahnemann as the mother of all illnesses. He observed that in the majority of patients the first illness was an itch disease .(8) In his *Chronic Diseases* (page 22 to 40) Hahnemann quoted from about a hundred allopathic authorities who believed in the truth of this psoric or itch theory and, from these sources, provided illustrations of various chronic diseases resulting from suppressed eruptions. (9)

But there were serious flaws in this retrospective study of chronic illnesses. First, the study tried to establish a cause-and-effect relationship between clinical illnesses, which, we now know, are of entirely different character and lack any known relationship between them. Second, the precise mechanism of the 'phenomena of suppression' was never explored. The phenomenon of suppression is a fundamental concept, which, according to the concept of the itch theory, explains how a single entity called psora leads to a multitude of chronic diseases. We do not know what factors, other than the dosage of medicine, govern the process of suppression and to what extent it is applicable. Third, diseases prevalent in younger populations and transmitted rapidly, infecting a large proportion of the population, were likely, according to Hahnemann's theory, to be implicated as the 'fundamental illness' even though they were but acute, transient illnesses; for example, Tinea infections, scabies, louse infestations, etc., all very common in Hahnemann's time. Fourth, and perhaps the biggest flaw, is that unlike Koch, Hahnemann never proved his 'Theory of Miasm' on an *experimental basis* as he did the efficacy of the 'Law of Similars.' The concept of miasm has largely remained philosophical speculation. This probably is the reason he never explained how psora influences the action of homeopathic medicines in the treatment of chronic diseases. Homeopathic cures occurred before the advent of the psora theory, and of the fifty remedies named in 1828 as antipsorics twenty-two had been previously incorporated in our materia medica and cured cases without being labeled antipsorics. (10) Besides this, no criteria were postulated to indicate which medicines should be designated antipsorics, although knowledge of materia medica and a growing knowledge about diseases enables us to deduce an explanation.

If we study the list of antipsoric medicines provided by Boenninghausen, (11) we find that almost all of them (except *Belladonna*) influence several organ systems in the body and give rise to a large spectrum of signs and symptoms. Many of these symptoms have their origin in deep-seated pathologies. These drugs therefore can be used in chronic diseases. In contrast, the acute or non-antipsoric medicines have a narrow spectrum of signs and symptoms; for example, almost all the symptoms of *Aconitum napellus* reflect a state of active inflammation, congestion or hyperemia. Its symptoms do not reflect a state of toxemia, septicemia, tissue necrosis, or any other deep-seated pathology. A typical chronic disease may present with a diverse group of signs and symptoms, and acute drugs like *Aconite* can cover only a fraction of their clinical

spectrum. If we consider, for example, patients suffering from a chronic disease like rheumatoid arthritis, these patients characteristically have inflammation in multiple joints; in addition, most of them also have anemia and osteoporosis. A few of them also suffer from extra-articular features like vasculitis, pleuritis or Sjogren's syndrome, etc. Therefore a typical case of rheumatoid arthritis will present with a wide array of symptoms consistent with these conditions. In order to cover this varied symptomatology and any associated peculiar symptoms, medicines with a similar range of symptomatology must be employed; acute medicines simply will not suffice. This hypothesis can be experimentally verified by comparing the action of acute and chronic medicines in such deep-seated cases.

It was Hahnemann's genius that from a simple law he developed a complete system of healing. He gave Homeopathy a solid start by proving a large number of drugs such that the law could be applied in a large number of diseases, both acute and chronic. Challenges remain ahead of us however. Recent advances in the field of medicine and serious deficiencies in homeopathic disease theory point out a need for a reconsideration of the homeopathic concept of disease and relevant experimental study.

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