Tubercular Miasm & Its Clinical Application

The word miasm has originated from the Greek word "Miasma" which means a stain, pollution, defilement of an obnoxious atmosphere or infective material. Hahnemann, in his lifetime, discovered that a "noxious agent" was responsible for the persistence of the disease condition which he named as miasm. During the evolution of the discovery of chronic disease, he came to the conclusion that the disease condition cannot arise, persist or even worsen, if the miasm is not present. Hence, he named three basic miasms, ie Psora, Sycosis and Syphilitic miasms. Furthermore, Dr Tomas Paschero said: "A miasm is not an infection or an intoxication, but a vibratory alteration of man's vital energy, determining the biological behaviour and general constitution of the individual."

If we look into the evolution of the history of miasm, Dr Hahnemann perceived the miasm on the physical plane based on clinical observations. It was further extended and given a philosophical touch by Dr J T Kent who raised the miasmatic theory to the state of mind, which required deep- seated perceiving. Dr Robert and Dr Speight made an analytical study of symptomatology of diseases and correlated the miasms with symptoms. Dr C M Boger generalized the symptoms and converted them to pathological generals eg keloid, gangrene, desquamations, etc. He also stressed form, function and structure of any disease condition. He was of the opinion that disease evolves dynamically from Psora to Sycotic to Tubercular to Syphilitic phase. He was the first person to corelate pathology to miasms.

Dr J H Allen introduced the tubercular miasm. In his book "The Chronic Miasms" he described psora, pseudopsora and sycosis. He stated that the miasms-psora and syphilis gave rise to tubercular miasm and called it pseudopsora. He added that when sycosis is added to tuberculosis, it gives rise to a malignant hue. In other words, miasm is a concept whereas pathology is a fact operating on the concept. Pathology is reflection of miasm and is the evidence of the presence of miasm.

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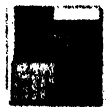
Understanding, how the knowledge of Tubercular miasm (or other miasms) is useful in clinical practice:

1) It helps to identifying the state of pathology.
2) It helps to make a fair judgment of the state of susceptibility.
3) It helps to prognosticate the case in advance.
4) It helps to judge the further evolution in the state of pathology.
5) It helps to plan the second prescription.
6) It helps to recognize suppression.
7) It helps to find the similimum.
8) It helps to differentiate between two seemingly similar remedies.
9) It helps to choose the Intercurrent remedy.
10) It helps to Select the Potency.
11) It helps a better understanding about repetition of drug.
12) It helps to identify the predisposition and disposition of the case.

Now let us focus our attention on the tubercular miasm. We will discuss the predisposition, disposition, diathesis, generalities, modalities and pathology.

PREDISPOSITION:

The predisposition is obtained by the homoeopath from the family and past history of the patient who may have one or more of the following diseases / states suggestive of tubercular miasm viz tuberculosis of lungs, pleura, meninges, bones, joints, glands, blood vessels, collagen



tissue, teeth, GI tract and genito-urinary system, etc; one child sterility (secondary sterility), diabetes mellitus, suppuration and recurrent abscess, sinuses, fistula, haemorrhagic diathesis, tendencies and caries, white spots on nails or any relapsing re-occurring state.

DISPOSITION:

The word disposition means "a tendency" or "inclination to". It may be also coined as "type", "typology", "temperament" or "constitution" of an individual.
It may be defined as "an aggregation or collection of attributes, trials, qualities of an individual on the intellectual, mental and physical plane which is hereditary and also partly acquired through the patients life".
Disposition may be studied under various headings:
a) Emotions b) Intellect c) Dreames d) Physical factors.

a) Emotions :

Heightened, unstable emotions – easily offended, weeps easily, changeable moods, and sensitive to inputs of noise, touch, jar, movement etc.
Anxiety, fear, fright, apprehension (anticipatory & agitational type) grief, craves for sympathy and gives it, desire to be magnetised, very hopeful – optimistic, sentimental, suppressed anger, friendly nature but unpredictable.
All desires of sex and love are heightened, giving rise to sexual perversions and very strong attachment to objects and persons, but the performance is poor, resulting in impotency and disappointment in love. Poor will, motivation and drive are also seen.

b) Intellect : Acute perception–ESP, and at the extreme end, also present is clairvoyance, clariaudience, where all responses are sharp, quick but erratic, not long lasting but with changeability, alterations and oscillations.
Strong / heightened imagination–artistic and intellectual precocity (cognition)
Strong / heightened perception–acute / altered with illusion, hallucination and delusion.

c) Dreams :

Amorous, frightful, violent, prophetic, distressing, gloomy and dreams of shame. Cries out in dreams.

d) Physical factors :

Marked Hypersensitivity to all sensory inputs like touch, light, noise, odour. Also hypersensitive to weather, temperature changes, lightening, thunderstorm, moonlight. Immune levels are low, hence prone to environmental influences causing diseases.
All discharges are profuse, white or sero-sanguinous in nature with a musty, mouldy odour. Increased appetite, but yet looks emaciated and marasmic. Craving for indigestible things and pica during pregnancy with marked aversion to meat.

BUILD / CONSTITUTION :

The person is tall, thin, lean (body growth is disproportionate to height), fair in colour and venules can be seen under the skin, with blue sclera, blond hair and long eye lashes. They are emaciated, stooped shouldered with narrow chest and depressed sternum, winged scapula, curved spine with drawn clavicles and a drum belly, yet attractive with blond or red hair, long delicate fingers and fine silky hair especially down the spine with white spots or ridges on nails and posterior cervical glands are enlarged, small and shotty.

DIATHESIS :

Comptom J Burnett was the first person to describe this state. He called it "comsumptiveness" and he wrote a book called "New cures for consumption by its own virus".
The word "Diathesis" can be explained as a borderline state between disposition and expression or it can be defined as a borderline state between normal susceptibility and expression of the disease.
Hence two types of diathesis can be described :
a) TUBERCULAR DIATHESIS OF

TUBERCULINISM: the French called it "elat tuberculinique". This diathesis is found in offsprings of those who had suffered from tuberculosis. It may also be observed in some individuals who do not respond to anti-tubercular treatment.

b) SCROPHULOUS DIATHESIS: similar to tubercular lymphadenitis ie there is induration leading to sinus or fistula formation with subsequent healing by scar formation.

GENERALITIES:

c) A strong predisposition to Koch's, pleural effusion, Pott's disease, tubercular glands, tubercular meningitis etc.

1) Increased activity at all levels-mental and physical followed by debility.
2) Erraticity, periodicity, hyperdynamicity, changeability, fears and alteration of emotions, desires and dispotion in time and space is well marked.
3) In the third phase of disease progression, all the responses are fast.
4) Superficial disturbances of circulation are seen - bluish pallor, purple condition of extremities with chilblains and hypotension.
5) Increased catabolism and decreased anabolism with poor assimilation is seen.
6) Emaciation rapid and pronounced; loss of muscle mass despite eating well. Takes cold easily without knowing how and where.
7) Pains are variable, generally throbbing in affected parts or sore, bruised, aching which are relieved by warmth and movement.
8) Sexual precocity is marked with lasciviousness, nymphomania etc.
9) Recovery takes along time due to weak system - has not been well since.
10) Where there is a lack of reaction in a given case, when too many medicines have been given or a deep acting medicine acts only for a few weeks.

MODALITIES:

Ailments From: Suppressed foot or axillary sweat, suppressed eruptions especially ringworms, dentition troubles, anticipation, loss of vital fluid and exposure to damp weather.

Aggravation:
Exposure to cold, sitting in a draft, becoming fatigued, mental excitement or exertion, overeating, overwork, early morning on awakening, from a warm room, from evening till midnight, rest, standing, before and during a thunder storm, weather changes, night, warm damp weather, rainy weather, after sleep, before breakfast, uncovering, scratchinc, studing, bathing, seaside, 7 pm and 5 pm, riding in a carriage, 10 am to 11 am, high altitude, during menses, cow's milk, potatoes, meat and sunset.

Amelioration:
Open air, fresh air, motion, walking, heat, heat of fire, eating, noose bleed, rest, quiet place, sleep, natural discharges ie diarrhoea, sweat, nose bleed etc, though chilly longs for fresh air and open windows.
Pains are ameliorated by hot applications and in the daytime.
Eruptions are better by bathing.

PATHOLOGY:

Caseation is present with giant cells in the center surrounded by macrophages (often endothelial cell), which is further surrounded by few collagen strands and lymphocytes.

ON CLINICAL GROUNDS the pathological findings suggestive of tubercular miasm are:

1) CBC : Leucocytosis with lymphocytes and mononuclear cells.
2) BLOOD SUGAR: Increased levels of fasting and / or post prandial blood sugar levels.
3) URINE ROUTINE : Increased specific gravity (1.016 to 1.023) or fixed at 1.010. Presence of urates, sugar, acetone blood and casts.
4) STOOL EXAMINATION: Tarry stools with fresh or occult blood with presence of E.histolytica, Giardia Lambia and other helminthic infestations.

5) SPUTUM EXAMINATION: May show presence of AFB.
6) MANTOUX TEST: Induration, redness and erythema seen after 48 to 72 hours-7 to 10 mm or more induration is definitely positive.
7) X-RAY CHEST: It may show caseous hepatization of lungs / military mottling, tenting of diaphragm. Heart shadow is narrow, slender, tubular, with calcified aortic knuckle. Pulmonary artery is relatively wider than the aorta.

RELATIONSHIP TO THE HOMOEOPATHIC MATERIA - MEDICA :

A) **Compatible Drugs:** *Bell, Bry, Calc-carb, Calc-phos, China, Hydrastasis, Kali-sulph, Psor, Puls, Sepia and Sulphur.*
B) **Drugs That Follow Well:** *Calc-phos, Calc-carb, Calc-silicata, Bar-carb Silicea.*
C) **Antidotal Drugs:** *Phos, Puls and Sepia.* If the drug *Tuberculinum* produces a fearful aggravation, *Calc-carb or Calc-phos* in low potency may check the effect (Homoeopathic Recorder November 1928).

Thus, after having perceived the essentials of the tubercular miasm, we can now summarise:

1) Onset: insidious.
2) Pace: fast
3) Speed: rapid
4) Intensity: heightened
5) Pattern: erratic
6) Frequency: irregular
7) Sensitivity: increased
8) Reactivity: increased with an erratic and unpredective response
9) Process: chronic
10) Immunity: low
11) Susceptibility: moderate to high
12) Depth: deep due to pathological changes
13) Pathology: chronic inflammations, exudations, suppuration, sinus / fistula formation, discharges acrid thick yellowish green in colour with a musty / mouldy odour.

Thus, in clinical practice the first step is to understand the miasm, to identify the dominant miasm and the fundamental miasm as evident from the presenting complaint, family and past history, respectively.

While treating a case in which the fundamental miasm is tubercular in origin, further management requires proper understanding of the tubercular miasmatic activity during the treatment, which alters morbid susceptibility and brings about cure. Very rarely it can occur with a few doses of homoeopathic medication, but it requires total eradication of the miasmatic activity. Thus, after the first prescription, one has to observe the frequency and duration of the chief complaint, including the pathology, which will gradually decline. The miasmatic activity will come under control only when the patient's complaint travels from tub ➔sycotic / ➔ psoric plane while getting cured. In the follow-up period the complaints will remain low in intensity, will be less frequent and there will be a change in the type of discharges like that of Sycotic / Psoric miasm. Therefore adequate follow up of the case is essential to observe all these changes.

An in-depth understanding of the Tubercular miasm with the help of a homoeopathic physician is essential to effect a gentle and permanent cure. ☐

Let me be thankful for. . .
A lawn that needs mowing, windows that need cleaning, and gutters
That need fixing, because it means I have a home.
All the complaining I hear about the government,
Because it means that we have freedom of speech.