

Syphilis: Microbe and Miasm

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Abstract: Modern research science shows that syphilis is only occasionally cured by antibiotic treatment. What do biologists now know about the microorganism associated with the disease named syphilis? What is the outcome of antibiotic treatment? How do Hahnemann's observations compare to current knowledge of the natural history of this disease? What is the relevance of the term "chronic miasm" in relation to mainstream scientific language? Can homeopathy fully cure syphilis? This paper will begin to address these issues.

Keywords: syphilis, spirochetes, chronic miasm, symbiosis

Introduction

It is a surprise to me that a current (2009) establishment science journal publishes the following statement: "We caution that the antibiotic treatment may be effective only in the earliest stages of these spirochetoses. Indeed antibiotics such as penicillin and its derivatives induce round body formation and quiescence of symptoms rather than cure...we question the accuracy of screening tests and clinical diagnoses for *Treponema pallidum* (the syphilis 'germ'). Particularly vulnerable to misinterpretations are immunological tests in cases of reinfection, later secondary or tertiary syphilis."⁽¹⁾

Evidently, new facts and information exist about the bacteria involved with the disease called syphilis that are not in current textbooks. As more people accept the fact that antibiotics do not cure syphilis, what does homeopathy offer? Currently, it is mostly illegal and unethical not to use antibiotics in a case of syphilis, at least in first world countries. Homeopaths must be very certain of what they can claim in such cases.

The Microbe

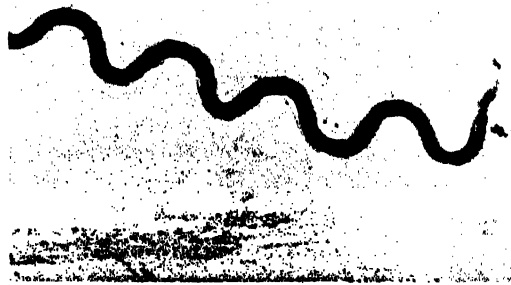
The germ theory of mainstream medicine says that syphilis is caused by a venereal infection with a spirochete bacterium called *Treponema pallidum*. In Greek, these words mean twisted thread and pale. This is its appearance when seen in a microscope, an event that first occurred in 1905. It is corkscrew or spiral shaped,

always found in animal tissue where it is motile, swims with structures called flagella.⁽²⁾

The routine growth of *T. pallidum* outside of the warm, nutritious mammal body has not been achieved; so this spirochete is called an "obligate pathogen."⁽³⁾ Since it can't be grown in a test tube, it cannot be genetically manipulated, and no molecule of the pathogen has been identified as the reason for its virulence. The sequence of the genome of *T. pallidum* became completely known in 1998. It has 1,100 genes—one of the smallest bacterial genomes known. In spite of this exact knowledge, it is unknown how such a fragile

bacterium can be so destructive and persistent inside its host. Other spirochetes that live outside the body of animals have at least four times as many genes and produce all necessary components, but *T. pall.* "does very little by itself; it survives only on rich human tissue as its food."⁽⁴⁾ It seems that *T. pall.* lost its genes as it became a parasite. Figure 1 shows the spirochete appearance under a microscope.

It takes 10-57 spirochetes to cause permanent infection. Fifty percent of people do not contract the disease following sexual contact with the infectious syphilitic lesions. Spirochetes remain below the host's immunologic radar while in the skin, called the pre-clinical phase of the disease, but may be infectious. The bacteria spread through the blood before the appearance of the primary lesion called a chancre. The pathogens



The Syphilis Microbe

enter the brain early on. It is a well-recognized observation that secondary syphilis lesions appear when the chancre is resolving, but scientists are unable to explain this puzzle.(5)

The Disease

Syphilis infection starts from a break in moist skin or mucus membrane. Primary syphilis is announced with the appearance of the skin lesion called the chancre at the point of infection some three weeks later. The lesion disappears in two to six weeks. Secondary syphilis begins five to twelve weeks after the chancre. It consists of lesions of the skin and mucus membranes, such as gummas, from mild to severe, along with fevers that imitate malaria, typhus or typhoid. All tissues are liable to suffer. This stage can last up to six months.(6)

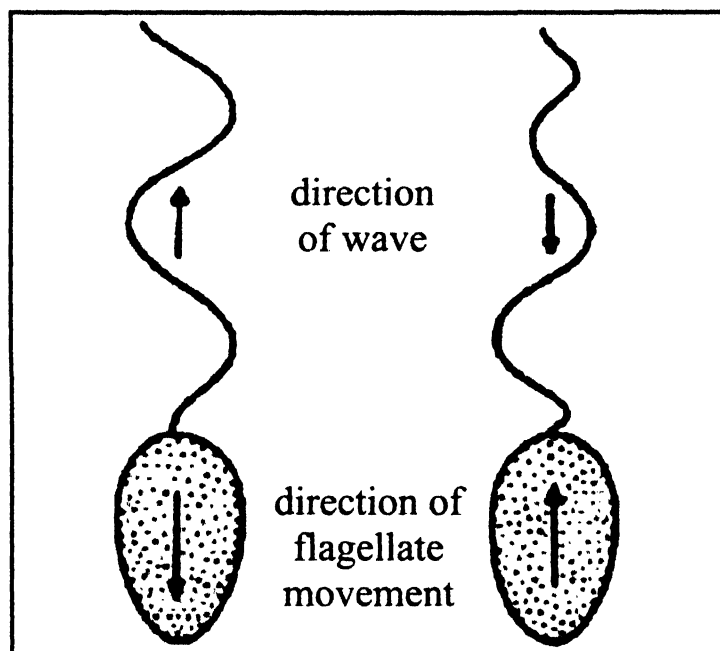
Allopaths maintain that a person is not infectious after two to seven years and relatively few spirochetes are found, but, then, years or decades later new symptoms appear that are finally recognized as tertiary syphilis. This stage of disease attacks the inner structures of the body such as the aorta and the brain resulting in paresis, tabes, hearing loss and dementias of neurosyphilis. However, historically,

“Nineteenth-century homeopaths, rightly emphasizing that the decades before tertiary syphilis deserved a discrete category, defined four stages.”(7) This in-between stage is called the latent stage. Does the latent stage mean that the disease is inactive or is it a chronic relapsing disease? Scientists did not believe syphilis could cause disease decades later. Mainstream medicine is “unable to explain the conundrum of latency.”(8)

The earliest reports [European] of syphilis date back to the return of Columbus and his crew from the New World [1493].(9) At first it was quite virulent in its manifestation and easy to track just as the new infections that Columbus brought to the American Indians were often lethal. Now the early stages seem less severe.

Mercury was first used in Europe for syphilis treatment in 1497. “Hawkers of remedies, or quack-salvers

(those who quacked about their salves), became known as ‘quacks,’ deriving in particular from those itinerant vendors who pushed toxic mercury salve, known as quicksilver or quacksilver.”(10) It became impolite to record who did or did not have syphilis or possibly no one recognized it in the 18th century, but it returned to the recorded literature again in the 19th century, with mention of attacks on the central nervous system. A doctor following patients over a lifetime observed that syphilis “manifests in various forms with no apparent connection to the primary disease.”(11) Syphilis became known as the Great Imitator disease. It mimics many other conditions. No part of the body is free of symptoms.



Sperm tail as flagella

By 1905, the bacterium was seen and named. It is about as long as a red blood cell is wide — 4-20 microns. It has flagella that allow it to swim easily. It multiplies by dividing lengthwise every 30-33 hours at first, then more slowly. (12) By 1913, spirochetes were found in the brain, and the forced treatment of sexual partners began. In 1943, the first case of syphilis was treated with penicillin.(13)

The Penicillin

The current textbook dogma states that benzathine penicillin is effective in treating syphilis.(14) However, current research findings construct another story. The corkscrews disappear with penicillin, but tiny, shiny round bodies (cysts), the apparent remains of “dead” spirochetes are found. Now studies show, whether treponemes are seen or not, penicillin “is not an effective and permanent cure,”(15) except very early in the course of the disease. The round bodies can revert back to an active, swimming form after weeks or months if the environment is conducive.(16) “Spirochetes can be harbored in any tissue for decades and can move from latency to reproductive stages; their survival in any host and despite any known therapy is nearly certain(17).”

Another author says that penicillin kills spirochetes, but not all of them. They remain in “treponemal sanctuaries,” such as the brain, eye, lymph nodes and temporal arteries.(18) “The CNS may serve as a sanctuary from which infection could re-emerge following

inadequate therapy.”(19)

Even the accuracy of screening tests and clinical diagnoses is now called into question. There is an “absence of any reliable test or single diagnostic.” The test to detect syphilis is negative in advanced stages in known syphilitics.(20)

These findings are not a surprise to most homeopaths. Authors such as George Vithoulkas have predicted and warned that antibiotics do not fully cure the whole person: “Being infected with syphilis... simply taking penicillin does not eliminate the problem... These people’s infections should be treated as something very serious, and if penicillin is prescribed, special care, attention and support should be given to the immune system with alternative methods of treatment, especially Homeopathy, until the patient has completely recovered.(21)”

It has been one hundred years since the bacterium *Treponema pallidum* was identified, but it is still not understood. The researchers say even now that the relationship between the presence of the bacteria, syphilis symptoms, the immune response, secondary infection, sexual behavior and claimed cures is largely unknown in current science and medicine.(22)

The Chronic Miasm

By 1828, Hahnemann confirmed that not all chronic diseases are due to improper lifestyle or wrong allopathic treatments. He describes his careful observations in the book *The Chronic Diseases*.(23) He noticed that some people retained symptoms of sickness no matter how well their acute illnesses were treated with homeopathy and no matter how perfect their diet and life habits. He perceived that certain illnesses began through dynamic contagion and would never leave the whole person without accurate, long-term homeopathic treatment. He named this chronic disease-producing process “chronic miasms,”(24) and he detailed a method to cure these miasms.

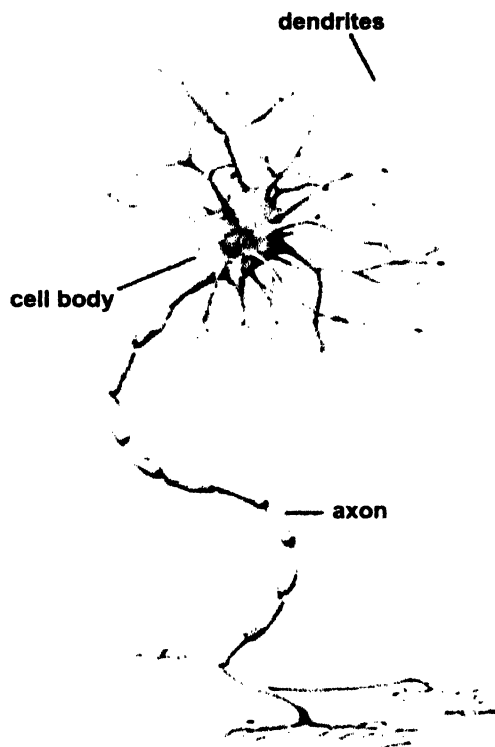
The process of the dynamic contagion is described in terms of the host response. Hahnemann wrote at a time before bacteriology, but the current “germ theory” places undo emphasis on the pathogen. The pathogen is not the disease. It is one part of a disease process

that requires a living person. It is time to re-emphasize observations about the whole person.

There are three moments in the process of dynamic infection according to homeopathy. First: the infection takes place in one single moment. Second: the infectious process pervades the whole person. Third:

there is an external outbreak of the malady when the whole organism is completely sick.(25) These observations emphasize that contagion is more accurately described by dynamic actions, rather than chemical physiology. These conclusions are still ahead of our time, still waiting for scientific confirmation.

In the homeopathic syphilis miasm, the external outbreak of the third “moment” in chronic disease is called a chancre. The whole syphilis disease is already developed within the living organism before the chancre can appear. The disease dwells in the body from the first moment of infection. At the same moment of contact that “takes,” it is, at that very same moment, local no more. The whole living body has perceived it. When the whole living body is loaded down by the internal malady, then does nature bring forth the local symptoms. The chancre soothes the internal



Note Axon Shape

suffering.(26)

Compare this to current mainstream theories that require reproduction over a longer time for the contagion to spread. One experimenter in history found spirochetes throughout the blood within five minutes, and a current observer comments that it must have been “due to inadvertent intravascular injection,” but does say that his experiments show, “for practical purposes, there is probably no appreciable time during which a syphilitic infection can be regarded as confined to the focus of entry.”(27)

Hahnemann observed that the venereal miasms required friction in the tenderest part of the body, such as the genitals or a wound, to begin; whereas the psoric miasm only required a touch to the epidermis. (28) Hahnemann stated that the chancre appeared 7-14 days after contact, was painful, and did not disappear if left totally alone.(29) Modern textbooks say that the chancre appears 10-90 days after exposure, is painless, and disappears in a couple of weeks.(30) In current science, these differences are explained by the fact that bacteria mutate over time, and so the clinical appear-

ance of disease would change also.

If the chancre is treated allopathically or “driven away” from the surfaces of the body, then the chronic internal disease intensifies and after several months appears as secondary syphilis with so many possible manifestations that many homeopathic remedies must be considered. If untreated at this stage, a latent stage begins in a few weeks. Al-

lopaths say that a “majority of cases do not progress beyond the latent stage, even without treatment.”(31) Homeopaths have a more overarching view of chronic disease: the whole person is sick; killing some bacteria does not end the illness in the whole person. The disappearance of the chancre does not mean less disease. The spirochete is not the whole disease. The latent stage is not a time of no disease according to homeopathy, but the time when the disease is more slowly damaging the person internally.

Material Thing or Dynamic Process

The word syphilis is used by modern medicine to name a disease caused by a bacterium. The name syphilis is used by Hahnemann to describe a dynamic process initiated by a contagion. One syphilis is a pathogenically determined disease; the other syphilis is a descriptive name given to many clinical observations involving a skin eruption called a chancre. The disease name syphilis is a fixed form of common symptoms and same bacteria. The miasm syphilis is a formative process of continuous modifications of a dynamic contagiousness. The syphilis disease focuses on what the spirochete does. The syphilis miasm describes how the whole being changes. The syphilis disease is an object/thing. The syphilis miasm is a metamorphosis: it is a dynamic that appears in an endless variety of forms. Syphilis the disease is a classification; syphilis the miasm is modification of a unifying process.(32,33).

Symbiosis

The general meaning of symbiosis is a living together of different organisms. For example, lichen is a life form made up of algae and fungus. Symbiosis has been divided into types such as parasitism, where one life thrives at the expense of another; commensalisms, mutualism, metabolic symbiosis, or behavior symbio-

sis, where there is more equal benefit. The type of symbiosis that applies to syphilis is called symbiogenesis or genetic symbiosis. It is defined as symbiosis acting

as an evolutionary force or a means of evolutionary change.(34)

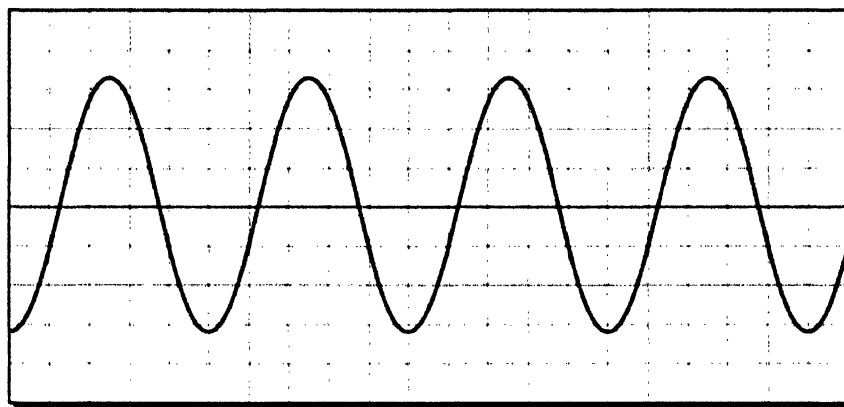
Early life forms with a nucleus incorporated blue-green bacteria (cyanobacteria) through the evolutionary process of symbiosis. These new life forms

became the forerunners of green algae and plants. The blue-green bacteria became known as chloroplasts—that part of a plant where photosynthesis takes place. (35) Mitochondria were once free-living, oxygen-breathing bacteria and now are the energy-providing organelles of the cell. There is, “Rigorous experimental evidence that mitochondria and chloroplasts originated as symbiotic bacteria that had entered a host cell hundreds of millions of years ago...symbiosis in evolution.”(36) The evidence consists of several types: they reproduce independently of the nucleus by the bacterial process of budding; their DNA is not the DNA of the nucleus of the cell - it is made up of bacterial genes in a typical ring; their DNA is inherited only from the mother.(37) Most convincingly for modern researchers is that the rRNA of mitochondria resemble bacteria and not nuclear DNA.(38) This accepted explanation replaces the previous theory that mitochondria, etc., were always parts of cells and arose by DNA-genes that were pinched off from the nucleus.(39) Symbiosis adds a new dimension to the mechanisms of evolution. There is not only the classical branching evolution, but there is now fusing evolution.

Spirochetes in Symbiosis

Evolution by symbiosis makes a further claim. Organisms like bacteria have no nucleus. The first organisms that did have a nucleus evolved from symbiosis of spirochete-like bacteria and another bacteria.(40) The spirochetes are the “speedsters of the microbial world.”(41) They contribute motility to a cell. The spirochetes are ancestors to sperm tails and all flagella and cilia. (see Figure 2) Their remnants are in microtubules that make up axons and dendrites of nerve cells. (42) (see Figure 3)

Mitochondria and chloroplasts are not infectious today, but may once have been. When spirochetes first



The Dymame of Miasm (possible)

invaded other organisms, they were probably more aggressive, killing more cells, but leaving others alive to carry the invader. Those organisms that remained alive would multiply and nourish the invader. The new population co-evolved with the spirochete, becoming a new organism.(43)

Chronic Miasms are Symbiosis

“Infections by spirochetes in humans, when seen in their evolutionary and ecological context, are examples of cyclical symbioses that have evolved over geologic time.”(44) Some parts of the spirochete genetic material now co-exist with our normal healthy self, but complete co-existence is not accomplished. Co-evolution developments continue. The dynamic process of symbiosis produces signs and symptoms of what homeopaths call chronic miasms. The on-going human-spirochete symbiosis that causes disease will be permanent for each sick person without accurate homeopathic treatments. If the remaining small genome of *Treponema pallidum* has not settled into cooperation with the human genome after all these centuries, then the practitioner must intervene to relieve suffering.

Modern researchers of the syphilis bacteria recognize a characteristic that they call “immune evasiveness.” It is as if the *Treponema pallidum* surface were “antigenically inert.” The body’s humoral defenses do not recognize a foreign invader. It is as if the outside molecules of the bacteria mimic molecules that the body already has. No vaccine can be prepared because of this.(45) The body does not recognize the spirochete as totally foreign. It is as if it were a part of the body. A homeopath thinking about similars would not find this so strange.

Syphilis and HIV

“We posit that the spirochete disease syphilis persists in the human population where its signs and symptoms may be overlooked or misinterpreted for those of AIDS,”(46) say the same modern researchers who have no connection or interest in homeopathy. They base their statement on several factors. The screening tests for later syphilis don’t work. The treatment with penicillin doesn’t work. Both are venereal diseases. They go further in their thinking. Human immunodeficiency virus (HIV) is a retrovirus—a single strand of RNA that can copy itself and paste its own genes into the host’s cell’s DNA. It turns out that eight percent, or maybe a lot more, of our normal DNA is a retrovirus structure. Every human has DNA that is like an HIV gene sequence. What does the body use it for? The HIV retrovirus segments in the healthy DNA are used to code for the structure that forms the barrier between mother and fetus in the placenta.(47) The normal HIV in the healthy body allows the mother to not recognize the growing baby as foreign and not reject the tissue.

This is considered an example of a persistent virus that entered into long-term co-evolution with an ancient host.

What activates HIV to provoke infectious behavior [again]? The current researchers’ answer is that the environment, such as other infections, cause viral change.(48) Compare this to the similar explanation by George Vithoulkas, who implicates multiple venereal infections from multiple sex partners treated with immune system modifying treatments such as multiple antibiotics.(49) All these factors change the body’s resistance and transform the microbes involved. HIV is a reactivated common virus.(50) There is a high rate of co-infection of HIV and syphilis. Syphilis is “a major cofactor for the transmission of HIV.”(51) “Even now [written 2007] there is an absence of any reliable test or single diagnostic.”(52) The conclusion is drastic: syphilis is still common by other names.(53)

Homeopathic Cures of the Syphilis Miasm

Mainstream research now observes that antibiotic treatment of syphilis causes “immune suppression.”(54) How similar this is to Vithoulkas’s detailed descriptions of suppression resulting from allopathic treatments where there will be more Alzheimer-like dementias and neurosyphilis.(55) Most likely, mainstream medicine will resort to even stronger and more prolonged antibiotic treatment rather than abandon the germ theory approach, but sooner or later this strategy will prove suppressive also. Homeopaths must know exactly what they can offer humanity when the time comes. Hahnemann offers the following experiences:(56)

He describes three states of syphilis for the homeopathic clinician. 1) Syphilis alone with the chancre present. 2) If the chancre is gone. 3) If syphilis is complicated with long illness—psora—even if the chancre is still present. A popular book on syphilis quotes Hahnemann: “In that stage of the syphilitic disease, where the chancre is yet existing, one single dose of the best ‘mercurial’ preparation is sufficient to effect a permanent cure of the internal disease together with the chancre in the space of a fortnight.”(57) In reality, the present day practitioner sees no patient fitting this stage 1.

In clinical state 2, the chancre has been driven off by treatment, but there is no psora. Hahnemann says that *Mercurius* is not certain to cure. I have never seen a patient with syphilis treated by allopathy who did not have psora. This leaves virtually every case that the practitioner will see as qualifying for state 3.

The chancre-disease (syphilis) is difficult to cure if complicated with psora, says Hahnemann. “It is impossible to cure the venereal disease alone.” Standard treatment makes the psora worse too; so it is compli-

cated. Allopathic treatment contributes to the disease picture; plus there is uncured syphilis. Syphilis must be freed from psora to make it curable, and psora remains incurable if the syphilis has not been extirpated, says Hahnemann. To treat this double (or triple) disease state requires several steps according to Hahnemann:

- a) Lifestyle changes must be made, such as no sex.
- b) Give the best anti-psoric to treat the medicine disease first.
- c) Then give a second anti-psoric to treat the purer remaining psora.
- d) When the second treatment has run its course, the mercurial remedy must be used for 3-7 weeks aimed at the syphilitic miasm.
- e) But in difficult cases with continued symptoms, more anti-psoric remedies must be given.
- f) After the psora is gone, *Mercurius* in another potency must be used for the secondary syphilis symptoms, but these symptoms are so changeable that cure is uncertain unless chancre remnants are there and then totally disappear.(58)

This treatment adds up to a minimum of five remedies given at the right time in the right potency in the right order, in addition to requiring the complete cooperation of the patient. Accomplishing such a task will require a new generation of trained, experienced master homeopaths in a transformed culture that has revised priorities.

Conclusion

Since modern biological researchers now conclude that penicillin rarely cures syphilis, they reaffirm homeopathic experience and principles. It does not mean, though, that homeopathic remedies easily cure chronically sick people with syphilis. Hahnemann points this out in exacting detail.

By extrapolation, Hahnemann also predicts that one remedy, often called the genus epidemicus, will not fully cure people in the next pandemic. People will recover from the acute disease with correct homeopathy, but their chronic disease will surface with more symptoms.

The homeopathic observation about the dynamis aspect of the dynamic contagion of miasms awaits clinical verification by the mainstream. In the meantime, consider Figure 4. It is a very simplified energy sketch of a possible dynamis of a miasm that resembles the physical shape of a spirochete.

The mechanism of symbiosis in evolution is a relatively new development in science. It offers a non-judgmental description of the presence of microbes associated with chronic miasms. No theories need to be invoked: no punishment for sins or karma, no wrong thoughts, no learning a lesson in life; no need to fabricate ideas about symbolism or archetypes or psychological types. When different life forms interact, the

result is the material and immaterial physics of action and reaction.

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