A Miasmatic Approach to Endometriosis

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Summary: The purpose of this paper is to point out the miasmatic nature of a condition known as endometriosis and to suggest a possible approach in the homeopathic treatment of endometriosis. It is not intended that this paper present a cured case of endometriosis.

As such, a general discussion of endometriosis as regards its nature, etiology and pathophysiology will be touched upon and a homeopathic interpretation based on miasmatic theory will be offered, and a case that responded dramatically to miasmatic prescribing will be presented.

Keywords: endometriosis, miasmatic prescribing, sycosis, *Nitricum acidum*.

What is Endometriosis?

Endometriosis is the growth of cells similar to those that form the inside of the uterus (endometrial cells), but in a location outside of the uterus. Endometrial cells are the same cells that are shed each month during menstruation. The cells of endometriosis attach themselves to tissue outside the uterus and are called endometriosis implants. The implants are most commonly found on the ovaries, the Fallopian tubes, outer surfaces of the uterus or intestines, and on the surface lining of the pelvic cavity. They can also be found in the vagina, cervix, and bladder, although less commonly than other locations in the pelvis. Rarely, endometriosis implants can occur outside the pelvis, on the liver, in old surgery scars, and even in or around the lung or brain. Endometrial implants are generally benign (not cancerous).[1]

Characteristics of Endometriosis

The following are some of the most common characteristic symptoms of endometriosis:

Aggravation of many symptoms before, during, or after menses.

Periodicity of four weeks; the cycles are frequently shortened to three weeks, showing a poor development of the corpus luteal phase of the menstrual cycle and a weak progesterone phase.

Bleeding and/or vaginal discharge - brown, bloody, black, copious watery, color and nature varying with the phase in the cycle. The watery, gushing and slightly bloody discharge can occur during ovulation.

Insidious onset, usually in the mid thirties.

There is a close association with infertility.

An extended period of time of not being pregnant can precede onset.

Worsens with time and regresses after menopause; regresses during pregnancy and lactation.

Pain may be severe and may be felt in the abdomen, suprapubic area, back, down the thighs (referred pain), rectum, etc., depending on the location of the cysts.

Dyschezia (pain when passing stools), especially before, during, and after menses, and dysparunia (pain during intercourse) may be present. These symptoms may be due to the endometriotic lesions in the pouch of Douglas.

Associated problems include emotional upsets (usually suppressed emotions), digestive problems from dyspepsia to colitis, the mildest being irritable bowel syndrome though severe disturbances can occur; e.g., mucous colitis and adhesion colic.

Consequences

Infertility. Debility – an inability to assume normal activities for two weeks of the month, every month.

A constant cycle of pain, recovery, a short period of feeling relatively well, then a repetition.

Body aches and tiredness, as well as inability to cope are frequently associated with this condition when severe.

Pathological changes are blood cysts in the ovaries, fallopian tube adherence to the intestines and/or adhesions within the uterus; blocked tubes, and resulting consequences such as hydrosalpinx.

Occasional malignant change.

Emotional upsets and relationship problems

There are many theories as to the causation of endometriosis. I believe that the primary determinant is genetic and that the illness, rather than being localized to the reproductive system, it is of larger scope and involves the immune

system.

Genetic studies have shown that endometriosis may have a genetic basis, just like diabetes and hypertension. Studies on a species of monkey that spontaneously develops endometriosis are being done to demonstrate this.[2]

Immune system involvement in endometriosis was researched in a survey with the following conclusion:

"Hypothyroidism, fibromyalgia, chronic fatigue syndrome, autoimmune diseases, allergies and asthma are all significantly more common in women with endometriosis than in women in the general USA population."[3]

Most of the diseases mentioned here are related to a defective immune system and to auto antibodies. It is possible that all of them are related to a defective immune system except we do not have all the information about many of these conditions yet. While it is not stated that hypothyroidism is an autoimmune disease, there is an autoimmune thyroiditis - Hashimoto's Thyroiditis, which eventuates in hypothyroidism.

Two main theories exist for the pathogenesis of endometriosis. One theory is that endometrial tissue is spread by retrograde menstruation or by vascular and/or lymphatic spread. The second theory holds that the serosal epithelium of the peritoneum undergoes metaplastic differentiation into endometrium-like tissue.[4]

Endometriosis is a chronic disease that has established itself by the time a diagnosis is made. While I have not been able to find any researcher who links endometriosis to pelvic infections, there is evidence that patients with endometriosis do have infections.

In infected endometriotic cysts, Schmidt, *et al.*, found pathologic evidence of infection in 11 of 510 endometriotic cysts (2%). The patients had a mean age of 34.7 years and typically presented with fever and lower abdominal pain; about half had a history of pelvic inflammatory disease. Histologic examination revealed endometriotic cysts that contained a fibrino-purulent exudate, microabscesses, and inflammatory cells other than neutrophils, such as plasma cells. All of the patients who had one or both fallopian tubes removed at the same operation had histologic evidence of acute and/or chronic salpingitis.[5]

A Miasmatic Theory of Endometriosis

In Webster's dictionary, the term "miasm" is followed by these meanings: "a vaporous exhalation (as of a marshy region or of a putrescent matter), formerly believed to contain a substance causing disease (as malaria)," "a pervasive influence or atmosphere that tends to deplete or corrupt." Its Greek root is "miainein" which means "to defile." "To defile" means "to make something dirty or no longer pure," "to damage something holy or sacred".

According to Shahrdar:

"From Hahnemann's writings, it is evident that he also uses the word 'miasm' simply to describe an infectious and contagious disease with a specific cause and pattern of growth which can appear in different forms of propagation such as sporadic, endemic or epidemic. In his view, a miasm may be acute or it can be chronic with ever progressing effects on the individual. Speaking in Hahnemann's language, it should be noted that what is now known as a miasm is actually a chronic miasm".[6]

Hence , a chronic miasm is a disease that keeps progressing even when a prescription has been made that covers the presenting symptom; for, according to Hahnemann, there is a hidden process that needs to be prescribed on and an unmasking of the original symptoms before a miasmatic prescription can take place. I have made a graphic presentation of what I understand about Hahneman's chronic disease theory; to learn more, please visit the minutus.org library and study Dr Shahrdar's writings.

The terms 'ponos' and 'pathos' are from the writings of Hans Selye[7] and have been adapted by Shahrdar; hence I have placed them in quotations. Ponos is the acute disease - a reaction to the pathogen. Pathos is Latin for suffering and refers to secondary symptoms as the patient's body adjusts to a state of incomplete resolution after encountering a pathogen. Miasmatic remedy refers to the remedy that is chosen based on the combined symptoms of many patients who are affected by a similar pathogen (Shahrdar uses the term *genus epidemicus*).

Dr. Shahrdar has proposed that the most important group of pathogens that can cause a chronic state are viruses. He has written *Materia virosum* and *Repertorium virosum* that discuss these theories at great length and shows how they can be applied to treat cases miasmatically. I will show how this can be applied in the case we will be discussing shortly.[8]

Figure 1

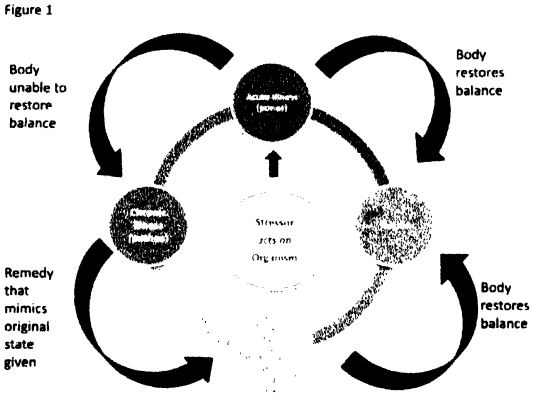

Figure 1 Miasmatic Approach

When a person is infected by a pathogen, there is an acute illness (ponos) which is an acute disturbance caused by the pathogen. In acute diseases, the infection usually resolves (or the patient succumbs) and the patient returns to the nor-

mal optimal state. When this recovery does not take place, the patient develops more suffering and the illness becomes chronic (pathos). Chronic illness is an adaptive state where the health is compromised and the body develops ways to adapt to the compromise in health in order to survive. An example of this happening is when a splinter is in the flesh and the body deals with the splinter at first by suppuration. This is the ponos reaction and, then, when the splinter still remains, the body acts by depositing fibrous tissue and sending white blood cells to continue attacking the splinter, and the person develops a foreign body granuloma - this secondary reaction is the pathos.

In the state of *pathos*, the disease progresses much as we frequently see in many chronic diseases, such as rheumatoid arthritis, systemic lupus erythematosus, diabetes, etc., and will become increasingly complex because of the presence of the unhealed chronic miasmatic state that has been hidden under the pathos. A homeopathic remedy that can heal this person has to address the original unmasked hidden state; that is, the remedy must correspond to the underlying, often hidden, miasmatic condition and not simply to the general adaptive symptoms of the patient

The Case of S.M.: Endometriosis with Primary Infertility

S.M. was a patient of a homeopath in India. Since I reside in Malaysia, I served as a consultant, helping the Indian homeopath analyze the case history he obtained. The patient suffered from primary infertility due to endometriosis, which was discovered after she was married. She did not get pregnant in the two-and-a-half years of marriage and had undergone both homeopathic as well as allopathic management before I was consulted. She had been diagnosed with endometriosis by ultrasound as well as by laparoscopy. This was important since a diagnosis of endometriosis by clinical picture or ultrasound alone is not conclusive. Note also that the ultrasound was performed intravaginally, which made it more accurate; however, since I did not know at what point in the menstrual cycle it was performed, it did not provide a reliable indication of the progress of the endomentriosis.

Unless indicated as allopathic, all the doctors mentioned were qualified homeopathic doctors (BHMS)

Age: 27. Married for two-and-half years. No children. Fair complexion. Height 5 ft, weight 46 Kg, of medium build.

Menstrual Cycle every 28 days, lasting one to two days during most recent menses. Last menstural period, 2nd June 2007. Associated with soreness in the lower abdomen with pain in both legs. Occasional pain in both ovaries. Occasional leucorrhea (thick and lumpy).

History and Background

1. Severe injury to the head when seven or eight years old.
2. Headaches for the last ten to twelve years, aggravated by sunlight, tension, concentration, long journeys.
3. Left-sided pain after sitting for a long time in front of computer for last four years.
4. Homeopathic treatment for her headaches commenced after marriage in February 2005. She had an E. Coli infection in March 2005. After eight months of homeopathic treatment for her headaches she began having menstrual pain. Dysmenorrhea accompanied with fever. Her headaches improved subsequently (under a different homeopath).
5. Her dysmenorrhea did not improve after continued homeopathic treatment until June 2006, one-and-a-half years later.

   Her homeopath, who died in July 2006, had prescribed the following medicines in chronological order: *Arnica montana* 1M, two doses, *Cannabis Sativa* 1M, two doses (For E. coli infection), *Tuberculinum* 1M, two doses, Belladonna 2C, *Syphillinum* 10M, one dose, *Rhus toxicodendron* 1M, two doses, *Kali bichromicum* 1M, two doses, *Antimonium crudum* 1M, three doses, *Sulphur* 30, one dose, *Pulsatilla* 1M, two doses, *Calcarea phosphorica* 1M, eight doses, *Sabina* 30, *Colocynthis* 200, *Bovista* 200, three doses .
6. At the end of July 2006, the menstrual pain became very severe, particularly in the left ovarian region. An ultrasound performed in July 2006 diagnosed a chocolate cyst of the left ovary of size 3.7cm x 3.2 cm. Uterus anteverted.
7. A new doctor was consulted who gave *Viburnum opulus* 6C to be taken twice daily. The following period her menstrual pain was less, but the flow lasted for only one day. The patient was bedridden with severe ovarian pain.
8. Another doctor was consulted. He gave *Lachesis* 30C, three doses, repeated 30C, three doses, after ten days and then repeated 200c, two doses, after fourteen days. The first and second doses were very helpful, but the 200C caused an adverse reaction with severe pain in both ovaries. The doctor said the medicine had been overdosed.
9. She referred to yet another doctor in August 2006. He gave *Camphor* 200, two doses, to neutralize *Lachesis* and gave *Apis* 200, three doses. She was better after *Apis*, then given *Pulsatilla* CM. Again, the pain started.
10. An ultrasound scan on September 2006 (two months after first scan) showed the cyst of left ovary had increased to 6x5.5cm and the in the right ovary a new chocolate cyst (3.2 cm) had developed.
11. The allopathic doctor immediately recommended a diagnostic laparoscopy in September 2006. During laparoscopy the endometrial cyst contents from the right ovary was aspirated.

Reports:

Dye Test: Spillage in both sides, endometriosis and adhesions were found,

Hysteroscopy showed uterine cavity and cervical canal appeared normal, Both ostea visualised. Bulky uterus with endometriosis and adhesions.

12. She was given an injection of GNRH, and advised to pursue superovulation.
13. Homeopathic treatment was again commenced on November 2006 under the same physician. She was given the following medicines in chronological order: *Bacillinium* 10m, one dose, with *Calcarea phosphorica* 6x and *Ashoka* Q, *Cimicifuga* 1M with *Bellis perennis* Q, and *Oophorinum* 30c, *Calcarea phosphorica* 200C with *Bellis perenis* Q and *Ashoka Q*; *Bryonia* 0/2 with *Ustilago* Q.
14. She again underwent ultrasound examination on 23 April 2007. The following findings were found: Uterus anteverted, normal in shape, size and outline; mymetrial echo pattern was homogeneous; the cavity was empty. Middline echo was normal; endometiral thickness of 0.5cm; cervical canal normal. The right adnexal region showed a partly solid and partly cystic space occupying lesion, measuring 5.4 x 6.3 cm. Left adnexal region showed a cystic mass measuring 5 x 5.8 cm. Both of the space occupying lesions (SOL) were adherent to the uterus.

Impression: Bilateral ovarian cyst (chocolate cyst). Features of pelvic endometriosis

Present complaint

- Headache (much reduced from homeopathic treatment)
- Occasional vertigo, occasional nausea in the morning
- Nails, yellowish-blackish, with spoon type shape
- Nerve stimuli (kind of nerve shock) of mainly the right leg during sleep, after which the leg could not be straightened for one minute. Then the affected leg became sore for one to two days. This happened about six times in the preceding two years.
- Both breasts were sore, worse before the periods and better afterward.
- Itching eruptions in the elbow joint (anterior side), aggravated by perspiration.
- Piles. Constipation.
- Mild pain in the ovarian region after urination and stool. She could not control the urge to stool (her entire stomach became stiff, and movement and standing difficult, until and unless stool was passed).

Physical Generals

Warm. Consolation ameliorated. Heavy perspiration under the arms and face. Desires: cold food and water, salty food, eggs (although she could not tolerate an omelette). Appetite normal. Cold palms, occasionally.

Mental-Emotional

She was mild and wept easily. She would become fearful from shouting quarrels. Religious. Good-natured. Her family life was comfortable. She experienced irritability before the period. She was depressed (better after *Pulsatilla* 200).

Family History : migraine in mother, diabetes in maternal uncle.

Past History : vaccination, typhoid (detected in early stage), injury to head, hand and collar bone.

Another ultrasound was done before she started treatment with me; here is the report:

6 July 2007

Uterus is antiverted, normal in shape, size and outline. Myometrial echo pattern is homogeneous. Cavity is empty. Midline echo is normal. Endometrial thickness is 0.4 cm.

Cervical canal is normal. A thick walled cystic SOL, measuring 2.9 x 5.2 cm; another rounded thick walled cystic SOL measuring 3.4 cm x 4.2 cm. is seen in the Pouch of Douglas. Both cystic SOLs show low level internal echoes.

Impression: Bilateral ovarian cyst (?Chocolate cyst).

After discussing her case with her husband, I discovered that Sumita was very sensitive to homeopathic remedies and often suffered aggravations after remedies given repeatedly. Also, since I knew endometriosis has a miasmatic background, I felt that I had to identify a remedy that matched both her miasmatic background and her presenting symptoms, signs and modalities.

Endometriosis is a sycotic condition because of the nature of the disease which involves the pelvic organs and the sexual organs. It has cysts and fibrosis, which are also sycotic.

Here is a brief description of the general nature of the principle miasms:

General Nature of the Miasms (from JH Allen)

A: Psoric Miasm: Itching, burning, inflammation leading to congestion - philosopher, selfish, restless, weak, fears.

B: Sycotic Miasm: Overproduction, growths like warts, condylomata, fibrous tissue; attacks internal organs, pelvis, and sexual organs (These are characteristic of endometrosis).

C: Syphilitic Miasm: Destructive, disorder everywhere, ulceration, fissures, deformities; ignorance, suicidal, depressed, memory diminished.

D:Tubercular Miasm: Changing symptomatology, vague, weakness, shifting in location, depletion; dissatisfaction, lack of tolerance, careless, "problem child," cravings that are not good for them.

Here I quote an article (with permission) by Dr. Ardavan Shahrdar on miasmatic analysis:

"1. Miasmatic analysis is the process of referring to Genus Epidemicus of infectious states to complete the image which is needed for the selection of simillimum.

2. This type of analysis is actually based on the Hahnemannian definition of the miasmatic prescription. In some schools of homeopathy you may see different miasmatic categories instead of what is here called Genus Epidemicus. Here, the term miasm means infectious disease, as termed by Hahnemann.

3. By 'infectious diseases' I am not referring to 'infectious agents': 'Infectious disease' is the dynamic state following the stress caused by an 'infectious agent.' The infectious 'state' can persist without the presence of the infectious agent."

I would like to point out that by 'Sycosis' I mean sycosis according to what Hahneman wrote in chronic diseases and not the sycosis that has been defined by various authors according to their own notions of what sycosis is. Hahneman refers to sycosis as the fig wart disease, and we now know that it is the venereal wart, which is condyloma acuminatum.

Here is another quote that might bring more clarity to the meaning of sycosis:

"Now we clearly know that the figwart part of Sycosis is actually Condyloma acuminata. HPV, the virus related to condyloma acuminata, does not cause urethritis and gonorrhea in common terminology. The type of gonorrhea that Hahnemann linked to Sycosis is actually the urethritis caused by Herpes Simplex Virus type 2 (HSV-2), which can occur as co-infection with HPV. That's why Hahnemann states that the figwart is not always associated with gonorrhea."[9]

Hence, the sycosis that is meant by Hahnemann is actually an HPV infection that has been complicated by a Herpes Simplex type 2. This is merely a theory of Shahrdar that I chose to accept in analyzing cases and Sumita's case is one of many that I have successfully treated applying the same theory. The reason for choosing Sumita's case was that in this particular case the records were complete and I also had a history of her previous remedies.

Shahrdar has compiled a *Materia Virosa* in which he has collected from various sources the pathology that is produced by various viruses. Below you can see how Sumita's symptoms correspond to the HSV2 viral state and the HPV viral state. Note that I am not saying she has these two infections, only the viral state which Hahneman named miasm. J.H. Allen in his book *Chronic Miasms and Pseudopsora* clearly stated that the sycotic miasm affects the pelvic organs, such as we see in cases of endometriosis in general and in Sumita's case in particular. Hahnemann differentiates sycotic gonorrhea from what he called the common gonorrhea. A careful reading of his description of the initial stages of sycosis in his book *Chronic Diseases* will show that he distinguishes simple gonorrhea from the more complex gonorrhea of sycosis.[10]

"The gonorrhoea dependent on the figwart-miasma, as well as the above-mentioned excrescences (i.e., the whole sycosis), are cured most surely and most thoroughly through the internal use of *Thuja*,* which, in this case, is Homœopathic, in a dose of a few pellets as large as poppy seeds, moistened with the dilution potentized to the decillionth degree, and when these have exhausted their action after fifteen, twenty, thirty, forty days, alternating with just as small a dose of nitric acid, diluted to the decillionth degree, which must be allowed to act as long a time, in order to remove the gonorrhoea and the excrescences; i.e., the whole sycosis. It is not necessary to use any external application, except in the most inveterate and difficult cases, when the larger figwarts may be moistened. every day with the mild, pure juice pressed from the green leaves of *Thuja*, mixed with an equal quantity of alcohol." [*Chronic Diseases* - page 84]

Figure 2 is a repertorization of Sumita's case using *Repetorium Virosum* to ascertain viral states. Note that the rubrics chosen are:

Female: Leucorrhea
Female: Itching
Buttock: Pain, shooting
Rectum: Constipation
Rectum: Hemorrhoids

Analyze

Symptom	HSV-2	HSV-1	EBV	MCV	SAHF	HPV
Degree	13	12	3	2	3	1
Coverage	5	4	3	2	1	1
Female Leukorrhea	3	3	1	.	.	.
Female Itching	3	3	.	1	.	.
Buttock Pain, shooting	3	3	.	.	.	.
Rectum Constipation	3	3	1	1	3	.
Rectum Hemorrhoid	1	.	1	.	.	1

Figure 2: Repertorium Virosum analysis of SM's symptoms.

The general nature and brevity of the symptoms employed is compelled by the manner in which *Materia Virosa* is recorded – very brief clinical symptoms only. Another limitation of the *Materia Virosa* is that it does not record secondary symptoms; for example, there is no entry for dysmenorrhea or endometriosis. The only entry relating to the endometrium is endometritis, which is an acute state and not related to endometriosis; it would, however, be related to fibroid uterus, which is actually a culmination of chronic inflammation, which, as it turns out, Sumita experienced. Thus, the *Repertorium Virosum* has many limitations:

1. Few and brief symptoms.
2. Lacking most secondary symptoms, which must be deduced.

In spite of these limitations, in the hands of a person who can translate secondary symptoms back to their primary symptoms, the software is a great tool for deducing the viral state that is still active. Please note that viral state is another name for viral miasm, which can be said to be a subgroup of the original miasms of Hahnemann.

In this analysis, the virus that has all the rubrics is HSV2. HPV has only one rubric, but knowing the Human Papilloma Virus's affinity for the pelvic mucous membrane as well as its being implicated in Hahnemann's original sycotic miasm, I was inclined to think that this was at the time an active miasm.

Below are the *Materia Virosa* entries of the two viral states that I mentioned above.

Papilloma Viruses/Human Papilloma Virus (HPV)

Main Regions: Skin, Male organs, Female organs, Mind, Extremities, Larynx, Respiration.
Modalities: Aggravations: Night.
Mind: Sadness. Taciturnity. Loathing at life. Dullness. Anger. Irritability.
Head: Crusty eruptions. Occipital pressing pain.
Eye: Conjunctivitis. Pressing pain.
Vision: Dim vision
Nose: Catarrh. Yellow discharge.
Mouth: Condyloma.
Throat: Mucous. Pain on swallowing.
External Throat: Cervical lymphadenopathy.
Stomach: Increased appetite. Eructations.
Abdomen: Distention and rumbling. Cramping pains.
Rectum: Hemorrhoids. Burning pain after stool.
Prostate gland: Enlarged prostate.
Urethra: Burning pain during urination.
Larynx: Altered cry in children. Hoarseness.
Respiration: Distress. Stridor.
Female organs: Cervical cancer. Maculopapular eruptions. Warts.
Male organs: Maculopapular eruptions. Warts. Increased sexual desire.
Expectoration: Increased.
Extremities: Warts. Painful plantar warts. Itching of lower limbs. Weakness of knee.
Back: Stiffness in cervical region.
Sleep: Sleeplessness. Falling asleep late.
Skin: Warts. Painful warts.
General: Weakness. Lack of vital heat. Burning pains. Stitching pains. Yellow discharges. Aggravation at night.
Antimiasmatic remedies: *THUJ, NIT-AC, CALC, LYC, Nats, Staph, Sabin, Sars.*

Herpes Simplex Virus 2 (HSV-2)

Main Regions: Skin. Genital organs. Rectum. Extremities. Chest. Eye. Head. Mind. Urinary system.
Modalities: Aggravations: Cold.
Mind: Irritability. Anger. Excitement. Dullness. Weakness of memory.
Vertigo
Head: Encephalitis. Meningitis aseptic. Headache pressing, stichting. Frontal headache. Occipital pressing headache. Headache aggravated by stooping. Crusty eruptions on head. Moist eruptions. Falling of hair. Heaviness.
Face: Herpetic eruptions. Heat.
Eye: Chemosis. Retinitis. Ophthalmitis. Chorioretinitis. Conjunctivitis pustular. Dendritic lesions of cornea. Keratitis. Retinal necrosis. Pain burning, pressing, stitching. Photophobia. Blepharitis.
Vision: Blindness. Blurred. Dim.
Ear: Pain stitching.
Nose: Catarrh. Coryza. Purulent discharge. Dryness inside nose. Internal sore pain. Scurfy nostrils.
Mouth: Gingivitis. Stomatitis. Ulceration. Ulceration of tongue.
Throat: Exudation. Pharyngitis. Tonsillitis. Ulceration. Stitching pain.
Esophagus: Dysphagia. Odynophagia.
External throat: Cervical lymphadenopathy.
Stomach: Diminished appetite. Increased appetite. Nausea. Vomiting. Eructations. Pain pressing.
Abdomen: Hepatitis. Distention. Rumbling. Cramping pain.
Inguinal region: Tender lymphadenopathy. Herpetic eruptions.
Rectum: Constipation. Diarrhea. Discharge. Necrosis. Pain burning, after stool. Proctitis. Tenesmus. Ulceration. Excoriation. Weakness of anal sphincter. Hemorrhoids. Hemorrhage. Itching.
Stool: Frequent.
Bladder: Enlarged bladder. Enuresis. Dysuria. Frequency. Retention.
Urethra: Discharge gleety.
Urine: Cloudy.
Larynx: Hoarseness of voice
Chest: Vesicular eruptions. Axillary lymphadenopathy. Substernal pain. Interstitial pneumonia. Pneumonitis. Irritation in trachea. Oppression. Stitching pain.
Cough: Dry. Short.
Female organs: Endometritis. Herpetic eruptions. Pustular eruptions. Vesicles. Salpingitis. Ulcers. Inflammation. Excoriation. Itching. Leukorrhea. Menorrhagia.
Male organs: Herpetic eruptions. Impotency. Prostatitis.
Extremities: Arthritis, monoarticular. Edema of fingers. Herperic eruptions on thighs. Pustular eruptions on fingers. Vesicular eruptions fingers. Erythema of fingers. Tenderness of fingers. Shooting pains. Tingling. Herperic whitlow. Coldness and perspiration of feet and hands. Cracking in joints. Heaviness of lower limbs. Itching of lower limbs. Stitching pain in knees. Right side.
Back: Stiffness of cervical region. Anesthesia or hyperesthesia of lower back and sacral region.
Buttock: Herpertic eruptions. Shooting pain. Tingling.
Perineal region: Anesthesia. Hyperesthesia.
Sleep: Falling asleep late.
Dreams: Anxious.
Skin: Eruptions. Erythema multiforme. Herpetic eruptions. Tubercles. Boils. Ulcers. Itching.
Fever: Fever.
General: Anorexia. Hemorrhage. Hyperesthesia. Hypothermia. Lymphadenitis. Malaise. Myalgia. Myelitis transverse. Radiculopathy. Sepsis. Weight loss. Thrombocytopenia. Dryness of mucous membranes. Weakness. Emaciation. Ulceration. Excoriation. Stitching pains.
Antimiasmatic remedies: *MERCURIUS, Natrum muriaticum, Petroleum, Nitricum acidum, Calcarea carbonica, Thuja.*

From the above note the genus epidemicus (miasmatic remedies for HPV are: *THUJA, NITRIC ACIDUM, CALCA-*

REA CARBONICA, LYCOPODIUM, Natrum sulphuricum, Staphysagria, Sabina, Sarsaparilla.

And the genus epidemicus (miasmatic) remedies for HSV2 are : *MERCURIUS, Natrum muriaticum, Petroleum, Nitric acidum, Calcarea carbonica, Thuja.*

Below is a repetorization using Hompath Classic, Version 8 .

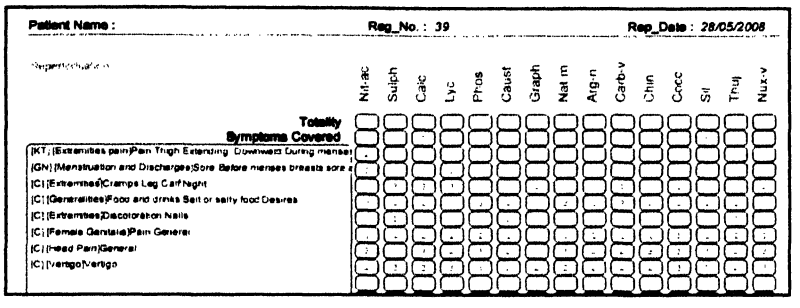

Figure 3: Repertorization with Hompath

Hompath rubrics were taken from almost all of the symptoms she was having at that point. These are the rubrics that I chose. The reason I chose them is because they were the symptoms of the underlying miasm which was active at that point in time. I had included some general symptoms, but ignored her pain after stools because it was a secondary symptom caused by adhesions due to endometrial lesions in her peritoneal cavity; such secondary symptoms are of no value in indicating the underlying miasm. Some of these symptoms can be found under the HSV2 in the *Materia Virosum*, as follows:

1. Rectum: haemorrhoids.
2. Head Pain: headache in general, sore bruised, sensitive to pressure
3. Female genitalia: pain general
4. Extremities: Cramps leg, calf night
5. Vertigo
6. Breast: sore before menses
7. Food and drinks: Salt, desires
8. Extremities: Nails, discoloration

The top five remedies are *Nitricum acidum*, *Sulphur*, *Calcarea carbonica*, *Lycopodium*, *Phosphorus*. The only remedy with all the rubrics is *Nitricum acidum*. This is also the remedy present in Shahrdar's *Materia Virosum* list for both HSV2 and HPV.

The remedy that seemed to be the closest similimum for Sumita in both her total self as well as the viral state (miasm) that was present was *Nitricum acidum*.

I instructed S.M. to take *Nitricum acidum* 200C in water, one dose on 9 July 2007, and another two doses on 10 July 2007. For the next five days she noted the following symptoms arise (in chronological order): slight pain in both ovaries with general sensation of heat; vertigo (crawling in head), drowsiness and mild temperature; constipation; hard then normal stool, then diarrhea (with vertigo and crawling in head); soft stool, stomach rumbling; stiffness, discomfort while breathing; slight discomfort in ovaries while walking, breathing, sitting.

After this report, I asked to wait before any further dosing; a record of her first follow-up, after her next menses follows. (Note the ultrasound findings.)

Follow-up:

After the remedy there was an aggravation for ten to twelve days which included the above symptoms.

Most recent menses occurred on 26 July 2007, 26 days after her last menses (interval was usually 28 days).

Just before menses, she passed stool four times, which aggravated the fissure and piles.

Heaviness of the lower abdomen before period, continuing for the first two days.

Slight pain in the ovary during menses. Normal flow, lasting two days.

Before menses: irritation, tension and weakness.

Four to five days before the period there was both leg pain and hand pain (shoulder to finger tip).

On fourth and fifth day there was diarrhea.

Breast soreness was always present, but very much less.

Heaviness of the head with headaches (slight), which seemed to arise at the vertex and move downward to the forehead (preceding two days).

When getting up there was a slight sensation (like air lock) in the right ovarian region.

When urinating, the urine felt as if it were flowing out of the lower abdomen.

For preceding two days there was a tendency to vomit, aggravated on seeing food and the smell of vegetables.

Itching eruption on antecubital fossae, worse from water and perspiration.

Abdominal flatulence.

Rectal fissure gone, but piles still present (which prolapsed and recede).

She could now control the urge to stool, although slight discomfort was still present. (Lower abdomen became stiff– as if filled with gas-during urge to stool).

No cough and cold.

There was slight soreness in the lower abdomen, noted during respirations.

Ultrasound report (intravaginal probe) of 2 August 2007:

Uterus is normal in size; cavities free. Right ovary: there is an organized cyst of 2.98 cm by 2.76 cm. Left ovary: there is cyst of 2.45 by 2.22 cm. Pouch of Douglas is free.

Impression: It was obvious that her endometriosis was on the retreat. The cysts were smaller and the lesions in the Pouch of Douglas had disappeared. She was given a repeat split dose of *Nitricum acidum* 200C again on 13-15 August

2008, and she subsequently became amenorrheic and was tested to be pregnant.

Here is a tabular record of her progress.

Date	Medicine	Main Events	Comments
8th June 2007	After *Pulsatilla* 200C (by another doctor)	Symptom date: 26th June 2007 Cyst size: right 2.9 x5.2 cm; left 5.9x4.8cm. Another rounded thick-walled cystic SOL measuring 3.4 x 4.2 cm. was seen in the Pouch of Douglas. Headache: agg on journey and tension, and from sunlight. Pain in ovarian region during/after urination and stool. Nerve shocks of mainly right leg during sleep, after which leg could not be straightened for one minute; affected leg become sore for one to two days. Could not control the urge to stool, as there was much stiffness of the lower abdomen. Menses lasting for one to twodays. During Menses soreness in lower abdomen with bilateral leg pain. Occasional pain in both ovaries during menses. Nail infection. Itching eruptions on anterior portion joints of hands. Constipation, piles with rectal fissure present, with pain after stool	The vaginal ultrasound showed the lesion progressing to the Pouch of Douglas.
9th July 2007	After *Nitricum acidum* 200C (60 ml , 3 split doses)	Right ovary: there is a organized cyst of 2.98 cm by 2.76 cm. Left ovary: there is a cyst of 2 45 by 2.22 cm. POD is free. Improvement in headache. Pain in ovarian region after urination and stool had been gone, but reappeared in last three days. Nerve shock happened once during period on awaking, and again on 10 August 07. Can control urge to stool but slight discomfort present. Heaviness of lower abdomen before period and continued for first two days. Flow lasted for two days; on third day there was slight flow. Normal Flow. Just before menses she had four stools, which aggravated her fissure and piles. Nail infection same. Itching eruptions on left elbow joint same, but not much itching.Right elbow joint itch seems to increase in area with more itching. No rectal fissure. Piles are present	She aggravated for twelve days after this dose. Many symptoms improved but started to reappear later; hence I asked her to repeat the dose after this report
13th August 2007	After *Nitricum acidum* 200C (3 split doses)	Sonography not done. N'o Headache, but a kind of heaviness (crawling sensation) was there, particularly on waking. Pain in ovarian region after urination and stool absent. Nerve shock of the legs had not occurred. Could control urge to stool now. Flow lasting for two to three days; first day was very scant (few drops); second day watery flow; third day clottted (slimy, thread-like). No heaviness, but on second and third day mild pain in lower abdomen. Nail infection same. Itching eruption of left side had reduced, but right side increased in area with more itching. Constipation and rectal fissure was not there. Piles present. NEW Symptom: tooth infection.	Her headache went away entirely, as did her ovarian pain after urination and stool, as well as the nerve shock. The dysmenorrhea was markedly reduced. She developed a toothache, which went away soon thereafter This was her last menstrual period before becoming pregnant. The nails have improved. When I got this report, we already knew she was pregnant. The pregnancy caused some of her symptoms to return, and she developed new symptoms, probably due to adhesions from the endometriosis, which had not had time to resolve

The chart above shows the ultrasound changes before and after treatment. There was only one ultrasound report after she took the miasmatic remedy and she subsequently became pregnant.

It may be argued that she might have become pregnant without the miasmatic treatment; however, if one compares her progress in terms of symptoms attributable to the cysts, which disappeared from the Pouch of Douglas only after *Nitricum acidum*, then it is most likely that she became pregnant because the cysts regressed.

Note also the improvement in her nails, as well as in her general symptoms of headache and vertigo. Her becoming pregnant so soon after receiving anti-miasmatic treatment, after having been infertile for two-and-one-half year, also seems to belie coincidence having played a role.

No doubt at this point she still needed homeopathic treatment. She had become pregnant too early after the miasmatic treatment started and she still had adhesions in her abdomen from the endometriosis. Also, while we did not know it at that time, she had small fibromas in her uterus that caused the placenta to implant in her lower uterus and hence the delivery was by caesarean section. The fibromata were discovered during the Caesarean section. I continued to prescribe homeopathic remedies throughout her pregnancy, and she managed to have a drug-free pregnancy even though she had some discomfort due to the adhesions.

Sumita gave birth to a healthy baby boy on 11 May 2008. I am continuing to record her progress and no doubt will have more to report when she starts to menstruate again and we can make a more accurate assessment of her reproductive system.

Discussion

Sumita had been under the care of homeopaths for a very long time before I took over. What was not done in her treatment was to look into the miasmatic nature of her disease and to prescribe accordingly. While treating her for headache earlier, even though the headache diminished, her menses became more and more painful and, as we saw later, her endometriosis became progressively more severe with more and more lesions found on subsequent ultrasound scans.

This is consistent with Samuel Hahnemann's observation in *Chronic Diseases*:

"It was a continually repeated fact that the non-venereal chronic diseases, after being time and again removed homoeopathically by the remedies fully proved up to the present time, always returned in a more or less varied form and with new symptoms, or reappeared annually with an increase of complaints. This fact gave me the first clue that the Homoeopathic physician with such a chronic (non-venereal) case, yea in all cases of (non-venereal) chronic disease, has not only to combat the disease presented before his eyes, and must not view and treat it as if it were a well-defined disease, to be speedily and permanently destroyed and healed by ordinary homoeopathic remedies, but that he has always to encounter only some separate fragment of a more deep-seated original disease." [1]

I decided upon *Nitricum acidum* based on the repertoriza-

tion and elimination from the lists of the *Materia Virosa* for the HSV2 state and the HPV state, and it proved to be a near perfect similimum for the miasm behind the disease. An aspect of the patient that was not addressed by the other homeopaths was her sensitivity to remedies. She only needed two doses of the remedy given in water as a split dose. She did not need multiple remedies either.

To take this one step further, if we chose to accept Shahrdar's viral miasms, this patient's symptoms are those of a viral state or a viral miasm. Sumita was suffering from the HSV 2 viral state and possibly the HPV state, although this was not terribly clear from the RV analysis. It is to be noted that at any one time, one state will predominate and the other state will manifest only when that dominant state is cured by the similumum. This is consistent with what Hahneman points out in *Chronic Diseases*. At this point in the treatment, I have not presented enough data to demonstrate this.

In Conclusion

In diseases like endometriosis, with the application of Miasmatic theory and prescribing accordingly, the disease can be not just palliated, but cured. It is my conviction that one day the medical profession will validate Dr. Shahrdar's theories[12] - viral infections cause miasms in the body. [13]

Final Note

It is now April 2010 and more than three years since I began treating Sumita in July 2007. Sumita has pain-free periods now. Her treatment is still under my supervision and she is still having symptoms of chronic miasmatic states. Were her endometriosis to have gone untreated, she would be expected by now to have developed multiple cysts with increasing pathological changes, including adhesions.

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