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The concept of miasm—evolution and present day perspective

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This paper reviews the circumstances in which the concept of miasm evolved and how subsequent developments in medicine have improved our understanding of the cause of diseases. It concludes with an emphasis on the need to further refine the homeopathic concept of disease. *Homeopathy* (2009) **98,** 177–180.

Keywords: miasm; germ theory; Louis Pasteur; Koch's postulates; psora; syphilis; condyloma acuminatum

Introduction

The concept of miasm is one of the most controversial aspects of homeopathy. Their evolution, exact nature and how Hahnemann came to consider them the fundamental cause of both acute and chronic disease are areas where opinions of the homeopaths are divided. In order to understand the evolution of the concept of miasm we have to study the state of medicine during the time of Hahnemann.

Concept of acute miasm

In Hahnemann's time very little was known about the etiology and pathogenesis of any disease, including acute infectious diseases. Although scientific world was aware of the existence of microorganisms, their relation with diseases was not fully appreciated. But because of their uniform clinical presentation the acute infectious diseases were recognized as distinct clinical entities even before the discovery of their exact causative factors. Hahnemann used the term *'acute miasm'* for all such acute infectious diseases. In aphorism 73 of the *Organon* (6th edition)[1] he mentions acute miasm as recurring in the same manner and hence known by some traditional name. To explain the mechanism of spread of these acute miasms among people he wrote, explaining the term 'dynamic influence' in the footnote to the 11th aphorism of the *Organon* *''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 from the infective child going or capable of going to the one to be infected.''*

The above excerpt clearly indicates that he used the word dynamic to symbolize phenomena that cannot be seen and hence cannot be explained. Hahnemann was not optimistic about finding causative factors for acute infectious diseases inside the body of the patients. Neither was he in favor of denoting them as distinct clinical entities. He tried to deal with the question of how acute diseases are caused and how they are transmitted from one person to another by ascribing them to dynamic noxious influences (miasms). There were two basic factors behind Hahnemann's theory.

The first was the repeated but unsuccessful attempts made by physicians to identify the cause of these acute infectious diseases in the tissues and morbid discharges of the patients. As we now know, there were technological constraints: although much before Hahnemann, Anthony Leeuwenhoek (1632–1723), had invented the microscope through which he observed the presence of microorganisms in his own body secretions. But he and other workers did not relate them to human disease and simply reported their findings. The absence of a clear understanding of the etiological factors and pathogenesis of these diseases created a fertile soil for theories and assumptions many of which now seem absurd. As a result absurd and often hazardous methods were used in treating these acute diseases.

The second factor was the discovery of the Law of Similars by Hahnemann. This enabled him to treat acute infectious disease conditions in a safe and effective manner. The

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good results which he achieved in the treatment of acute diseases through the Law of Similars, convinced him that this approach was the only correct way of treating acute diseases. At the same time repeated failures met by allopathic physicians in treating the same acute diseases were reason enough for him to conclude that there is nothing hidden inside the body which causes disease (see aphorism 13 for example).[1] The endeavors of conventional physicians were therefore completely rejected by Hahnemann and his disciples.

The *'causative factor of disease'* remained a black box until the second half of 19th 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 1870s.[2] Even before Pasteur and Koch, Edward Jenner laid the groundwork for the germ theory. In 1796 he took a major therapeutic step towards 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] published in 1798 he reported how, over a period of years, he had observed the immunity provided by cowpox against small pox. Hahnemann refers Jenner's observations in the *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 the host's immune response to a cross-reacting virus variant.

But was the germ theory of disease, due to Pasteur and Koch that set a new course for studying and contending with infectious diseases. Louis Pasteur explained many well-known biological processes, whose precise mechanisms were unknown. Before Pasteur putrefaction and other similar processes were often perceived as dynamic phenomenon. Pasteur demonstrated that both putrefaction and fermentation were due to the growth of microorganisms. He also demonstrated that these microorganisms do not appear spontaneously but originate in 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 recently demonstrated that if environmental yeasts are prevented from being deposited on grapes, the juices of these grapes will 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 are, like fermentation, probably due to *'germs'* and it may be possible to protect human beings against them as one can protect grapes against yeast.[4]

Pasteur's work on the microbial basis of fermentation and similar biological processes gave a strong credence to the hypothesis for microbial origin of disease. Although he provided the clue towards the relationship between microorganisms and infectious diseases the experimental proof about the role of specific microbe in specific disease was still lacking.

By the end of 19th 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 that a microorganism isolated from a disease was indeed causally related to it. 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:

1. The bacterium should be constantly associated with the lesions of the disease.
2. It should be possible to isolate the bacterium in pure culture from the lesions.
3. Inoculation of such pure culture into suitable laboratory animals should reproduce the lesions of the disease.
4. It should be possible to reisolate the bacterium in pure culture from the lesions produced in the experimental animals.
5. 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 applied whenever a new infectious disease [such as human immunodeficiency virus (HIV) infection/acquired immune deficiency syndrome (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 like water filtration in the control of cholera and typhoid.[7]

The cause that was considered to be *'dynamic or invisible'* by Hahnemann and his contemporaries was no longer invisible. Infectious diseases were once thought to be caused by wrath of gods, 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 community by controlling the spread of causative microorganism. 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 uninfluenced by the growing knowledge about the nature of infectious diseases and their relation with microorganisms. As a result homeopathic physicians have no answer to problems like treatment of a carrier or a subclinical case of infectious disease, prevention of infectious disease, etc.

Concept of chronic miasm

For Hahnemann miasms were symbolic of disease cause. He always believed that actual cause will always remain hidden and will never be discovered. But Hahnemann

soon realized the drawback of not recognizing the cause of disease when he found that while the similia principle can be successfully applied in the treatment of acute diseases, medicines prescribed according to the same principle failed to give lasting relief in chronic diseases. This failure to cure chronic diseases brought Hahnemann face to face with the problem of the cause and nature of diseases. But while the conventional medical science continued to search for the cause in body tissues of the patients, Hahnemann, encouraged by his success in the treatment of acute diseases and his firm belief in the dynamic nature of cause, continued on his path of studying chronic diseases on purely clinical ground.

But chronic diseases are different from acute infectious diseases in being more diverse in their clinical presentation. Unlike acute infectious diseases it was extremely difficult to identify them as distinct clinical entities, let alone identify their cause. Hahnemann observed that when strong medicinal substances were prescribed for quick relief of disease symptoms, the symptoms disappeared initially, but soon either recurred with greater vigor or were followed by deeper ailments. This gave birth to the idea that new ailments can result from suppression of prior ailments, which in turn, may be caused due to suppression of ailment occurring prior to it. This process of *'suppression of disease'* was a common observation of many physicians including Hahnemann.

Hahnemann studied the chronology of clinical events in many patients linking former events to later ones on the basis of cause and effect relationship trying to reach 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 majority of patients the first illness was an itch disease[8] or psora. In his *Chronic Diseases* (pages 22–40) Hahnemann quoted from about a hundred authorities who believed in the truth of this psoric or itch theory and gives from their writings illustrations of cases of various chronic diseases resulting from suppressed eruptions.[9]

But there were serious flaws in this retrospective clinical study of chronic illnesses.

First it tried to establish cause and affect relationship among clinical illnesses, which now we know, are of entirely different origin and have no relationship. Linking all chronic illnesses through the concept of suppression created a great confusion, and made it impossible to explore their individual clinical course. The proof of multiplicity of causes (chromosomal mutations, environmental factors, disordered lifestyle, microorganisms, etc.) for chronic diseases would not have emerged if the idea of miasm had predominated.

The claim that psora is the cause of all chronic diseases lacks scientific coherence because if psora caused nearly all chronic diseases including various mental disorders, tumors, ulcers and inflammatory conditions, why did this multifarious disease producing cause not give rise to venereal chancre which was attributed to another chronic miasm syphilis?

The reason is apparent from Hahnemann's own writings. In aphorism 79 of the *Organon* he stated that hitherto syphilis was the *only* disease which was known to terminate in death if left untreated. Syphilis was first identified in Europe in late 15th century.[10] The characteristic hard chancre of syphilis was first described in 1514 by De Vigo and syphilitic and nonsyphilitic condylomata were differentiated in 1563.[11] The clinical course of syphilis was better elucidated by 18th century than most, and the disease was recognized as distinct clinical entity.

Undoubtedly there were many chronic diseases in that period were life threatening when left untreated but they were not recognized as distinct clinical entities as their clinical course was unpredictable. By declaring syphilis a miasm distinct from psora Hahnemann acknowledged syphilis as a distinct chronic disease. Still in the absence of definite laboratory test it was difficult to differentiate clinically the lesions of secondary syphilis such as arthritis, uveitis, hepatitis, etc. from nonsyphilitic conditions. These extra-genital features were erroneously ascribed to psora by Hahnemann who wrote that the disease is frequently complicated with psora.[9]

He identified another disease with the name of sycosis or fig-wart miasm which widely spread during Napoleonic Wars but later become rare.[9] According to the Hahnemann's description the disease seems to include condyloma acuminata infection (anogenital wart). Both syphilis and sycosis were known to be sexually transmitted and, because of morphological similarity between anogenital warts and the condylomata lata of secondary syphilis, were erroneously considered homogenous.[9] This proves that pure clinical study was inaccurate and unsuitable for exploring disease cause.

Second, the precise mechanism of the *'phenomena of suppression'* was never explored. The phenomenon of suppression is a concept fundamental to the Miasm theory because it explains how a single entity, psora, led to multitude of chronic diseases. But we know little about factors that govern the process of suppression and to what extent it is applicable.

Third, the diseases that are mainly prevalent in the people of younger age group and transmitted rapidly from person to person, so as to infect a large proportion of population, were more likely to be implicated as the fundamental illness even if they were acute illnesses; for example tinea infections, scabies, louse infestations, etc. all of which were very common in Hahnemann's time.

Fourth and perhaps the biggest weakness is that unlike the *'germ theory of disease'*, the *'Miasm theory'* has not been experimentally investigated, and largely remains philosophical speculation. This probably was the reason why Hahnemann could not provide any explanation as to how psora influences the action of homeopathic medicines in the treatment of chronic diseases. Homeopathic cures took place before the advent of the psora theory; of the fifty medicines named as antipsorics by Hahnemann in 1828 in the *Chronic Diseases*, twenty-two had been previously incorporated in the materia medica without the title of antipsorics.[12] The psora theory did not provide any criteria for determining which medicine is capable of curing chronic diseases and hence should be included in the group of

antipsorics. The effectiveness of these medicines can be explained with the help of knowledge of materia medica and growing knowledge of the pathogenesis of diseases.

If we study the list of antipsoric medicines provided by Boenninghausen[13] we find that almost all influence several organ systems and give rise to a wide spectrum of signs and symptoms. Many of these symptoms have their origin in deep-seated pathologies. In contrast the acute or non-antipsoric medicines, like *Aconitum napellus*, have a narrow range of signs and symptoms and can only cover a fraction of the clinical spectrum of a chronic disease. For example the patients suffering from rheumatoid arthritis characteristically have inflammation in multiple joints. But in addition to arthritis many also have anaemia, and some also suffer from extra-articular features including vasculitis, pleuritis or Sjögren syndrome, etc.

A typical case of rheumatoid arthritis has symptoms and signs of arthritis like pain in joints along with tenderness, swelling and limitation in mobility of joints, constitutional symptoms of anaemia like lassitude, fatigue, insomnia, breathlessness on exertion, etc. If in addition there are extra-articular features this may present in the form of polyneuropathy, cutaneous ulceration or petechiae in the nail bed. To cover this varied symptomatology and its peculiar symptoms medicines with a wide spectrum of symptoms covering multifarious disease pathologies are better suited than acute medicines.

Conclusion

The concept of miasm was an outcome of the inability of the medical profession to identify the real cause of disease. It was a hypothetical concept and disappeared from the conventional medical world with the advent of germ theory, which provided the rational cause for all acute and chronic infectious diseases. It still exists in Homeopathy because homeopaths never appreciated disease as a distinct entity and continued to build on the concept of miasm despite its lack of scientific coherence. The search for the cause of chronic disease has not ended, we still do not know the exact cause of many chronic diseases. We should move forward from hypothesis and look towards seeking causes that is rational and susceptible to experimental investigation.

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