

Correlation of Pathology and Homoeopathic Theory of Miasm

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Abstract:

Hahnemann the father of homoeopathy lived in an age when the science of pathology was still in its primitive stage. It was since about two decades after the death of Hahnemann that the science of pathology started to progress by various scientists. Today we find pathology with facts and daily enriching itself with new ones. Many persisting old terms have mostly changed. The keen and logical observer Hahnemann observed and deduced many facts and conditions for expressing which the modern terms were not available with him so he had no way other than to use some descriptive phrases or to use the various terms in current parlance of his time for denoting his observed or deduced facts and conditions. In this article an attempt has been done to co-relate the homoeopathic concept of disease with modern concept of medicine.

Thus is Greek theory of disease, pathos is a manifestation of three factors.

1. First of all disease involves a pathogen, the negative dynamic influence which disrupts the state of health. A pathogen may be a disturbing physical, environmental or psychological influence that affects any of the three levels of being. It includes the exciting causes of acute diseases as well as the fundamental cause of chronic diseases.
2. We have the disease process which is a combination of specific nature the pathogen and the general reaction of the vital force against it. This includes the progression of a disease through its natural stages and cycles. This is normally called pathology, which includes signs and symptoms.
3. Thirdly a disease includes Ponos, the Greek word for toil. This is the strain that the pathological process places on the constitution and its energy reserves as it fights to restore the state of health. The general wear and tear on the organism due to continuous adaptive and defensive reactions of the vital force against pathogenic influence also produces concomitant symptoms in the organism. If a disruption of normal homeostasis remains unresolved it leads to disorders of the mind and all systems of the organism.

Co-relation of Pathology and Homoeopathy: Hahnemann tells us in the Organon that the complete expression of every symptom is that of sensation, location, and modality. Location of symptom is an element in pathology and many times it is the sole element. Pathology is one of the symptoms of the disease, as well as any other of its manifestations and if we do not consider it we are not prescribing in accord with the totality of symptoms. We also do not individualize the case if we do not properly consider pathology. Remedies prescribed for the disease when there is present only one of the important elements of the prescription, namely a symptomatic similarity or a pathological similarity, cannot cure and all that can be expected of them is to relieve temporarily or to palliate.

When we come across any disease condition as a Homoeopathic physician, two basic pathological conditions will be observed and they are Reversible pathology and Irreversible pathology. These

pathological changes are further classified in to Inflammation, Proliferation and Degeneration. The detail understanding of nature and characteristics of each of them can be correlated with miasmatic diseases.

Inflammatory changes and Theory of Miasm: All symptom syndrome where septicaemia or toxaemia are present having Psora in the background.

Proloferative changes aand Theory of Miasm: All such subacute infalmmatory changes have psoric origin and end pathological changes are classified under sycosis miasmatic disease.

Degenerative changes and Theory of Miasm: All such cellular changes indicate destruction in the background along with the loss of normal structure and loss of normal functions which indicated syphilis miasmatic disease.

Conclusion:

on the basis of above discussion we conclude that

1. Pathology indicates pathogen, disease process and response of individual towards this process.
2. Psora, Sycosis and Syphilis are chronic miasmatic diseases.
3. Only nosological terminology is not sufficient to corelate the the hahnemannian concept of Miasm with pathology. The origin, development, stage of disease and clinical manifestations are to be considered while corelating the concept of miasm with pathology.

References:

1. Dey, Text book of Pathology, New Delhi.
2. Ortega, Notes on Miasm, B jain Publication, New Delhi.
3. Symposium Volumes, ICR Publications.
4. [www. similia. Com.](http://www.similia.com)

Introduction:

Hahnemann the father of homoeopathy lived in an age when the science of pathology was still in its primitive stage. It was since about two decades after the death of Hahnemann that the science of pathology started to progress by various scientists. Today we find pathology with facts and daily enriching itself with new ones. Many persisting old terms have mostly changed. The keen and logical observer Hahnemann observed and deduced many facts and conditions for expressing which the modern terms were not available with him so he had no way other than to use some descriptive phrases or to use the various terms in current parlance of his time for denoting his observed or deduced facts and conditions. In this article an attempt has been done to co-relate the homoeopathic concept of disease with modern concept of medicine.

The Greek theory of suffering Pathos and Ponos:

The classical Greek naturalists believed that the life force within all living thing was a manifestation of the fiery ethereal pneuma, the most subtle form of energy in the universe. In their view it was this subtle fire that provided the heat witnessed in all living creatures and the coldness of death was related with its absence. The ancients felt that health was the dynamic balance of the mind, the vital breath and the organism within an environment that was in constant movement and change. When this harmony is disrupted by a psychological or physical stressor it is the reaction of the vital energy that produces the signs and symptoms we normally call disease. The great patriarch Hippocrates taught 2400 years ago that disease was not only pathos, the symptoms of suffering, but also Ponos, the toil involved in the fight to restore the state of health.

The ancient Greek word for disease was “pathos” which means the experience of suffering in all its aspects. The theory of pathos is not limited only to the cellular tissue changes as it also includes the pathogen [cause of disease], the pathology [entire disease process] and the Ponos [the constitutional fight to recover]. Thus is Greek theory of disease, pathos is a manifestation of three factors.

1. First of all disease involves a pathogen, the negative dynamic influence which disrupts the state of health. A pathogen may be a disturbing physical, environmental or psychological influence that affects any of the three levels of being. It includes the exciting causes of acute diseases as well as the fundamental cause of chronic diseases.
2. We have the disease process which is a combination of specific nature the pathogen and the general reaction of the vital force against it. This includes the progression of a disease through its natural stages and cycles. This is normally called pathology, which includes signs and symptoms.
3. Thirdly a disease includes Ponos, the Greek word for toil. This is the strain that the pathological process places on the constitution and its energy reserves as it fights to restore the state of health. The general wear and tear on the organism due to continuous adaptive and defensive reactions of the vital force against pathogenic influence also produces concomitant symptoms in the organism. If a disruption of normal homeostasis remains unresolved it leads to disorders of the mind and all systems of the organism.

Homoeopathic Stalwarts view’s on Pathology and its relation to Homoeopathy:

H.A.Robert further concludes that it is to be remembered that Hahnemann never slighted any symptoms of a case in making a prescription. He had the genius of giving each symptom its true place in the picture without destroying totality. While it is inconceivable that Hahnemann ever did keynote prescribing. It is also beyond our knowledge of Hahnemann’s thorough mind that he eliminated the chief complaint in building up the symptom image. If we can find a remedy that has the more striking, particular, unusual and in addition covers the chief complaint for which there is clear pathological foundation, we may consider ourselves as having a sound basis for the prescription of the simillimum.

Richard Hughes who dominated homoeopathy in England was practicing on pathological approach and accepted all the principal tents of Hahnemann says that the similarity which he will seek to establish between the drug action and disease would be in the main pathologically.

E.A.Farrington in his book says physician have at times when unable to fit the totality, have chosen the remedy that suits those characteristics upon which the entire disease seems to depend. In this manner we have to learn to employ chelidonium for many diseases when a congestion of the lower bowels with piles is obtained. Functional changes precede pathological structural tissue changes in the human organism. If we do not tackle the problem in functional stage, we have to face with structural disorders when patient would not recollect individualizing characteristic symptoms. For many such complaints like ulcer, hernia, the patients will go to take help other system of medicine. At this stage the pathological approach could be used.

Co-relation of Pathology and Homoeopathy:

There are always controversies regarding the importance of the knowledge of pathology among homoeopaths. When we administer a drug to a healthy individual it produces certain symptoms, which cannot be seen, cannot be smelt, can not be touched, but can only be described by patient. These are called subjective symptoms. Besides these certain other systemic changes are produced which can be

determined by physical examinations. These are nothing but pathological changes because they are the results of deviation from normal- the out come of the deranged vital force. We cannot have the totality of the effect of a drug on the system until we know the pathological changes produced therein, otherwise we would be mere symptomatologist.

Symptom is the reaction of an organism to an irritant. If the irritation has progressed sufficiently far a definite abnormality in all structure and function results, which is termed as pathology. This includes various mechanisms involved in the production of symptoms. They may be either due to drug action or to disease. These mechanisms may be of many kinds. They usually consist of process of stimulation or depression acting directly upon a given organ or through its nerve supply. They may also be due to an inflammatory state terminating in real tissue change, definite pathological conditions. These mechanisms may be excited or called in to action by absorbed drugs circulating in the blood stream, by toxins of disease, by anaphylactic antigens, psychic influences or by idiopathic factors.

With the help of drug proving we can get a vast amount of information regarding drugs and their effects or symptoms. But our information concerning many of other drugs are still incomplete. There are two factors of a correct and scientific homoeopathic prescription. One of them is symptom similarity and other is pathological similarity. The later one is most neglected. The word pathology has been used in its narrow sense. The prescription should include within its pathogenesis, the symptoms of disease and the pathology. When we are prescribing for a disease, which presents symptoms due to a pathological change in our broadest term, cure can and ought to be accomplished.

It is not incompatible with the Hahnemannian theory to consider “Pathology” in our prescribing. **Hahnemann tells us in the Organon that** the complete expression of every symptom is that of sensation, location, and modality. Location of symptom is an element in pathology and many times it is the sole element. Pathology is one of the symptoms of the disease, as well as any other of its manifestations and if we do not consider it we are not prescribing in accord with the totality of symptoms. We also do not individualize the case if we do not properly consider pathology. Remedies prescribed for the disease when there is present only one of the important elements of the prescription, namely a symptomatic similarity or a pathological similarity, cannot cure and all that can be expected of them is to relieve temporarily or to palliate.

When we come across any disease condition as a Homoeopathic physician, two basic pathological conditions will be observed and they are Reversible pathology and Irreversible pathology. These pathological changes are further classified in to Inflammation, Proliferation and Degeneration. The detail understanding of nature and characteristics of each of them can be correlated with miasmatic diseases.

Inflammatory changes and Theory of Miasm:

The dictionary meaning of the word Inflammation suggest: A localized physical condition with heat, swelling, redness, and pain, esp. as a reaction to injury or infection. The inflammation is further classified in to Acute. Subacute or Chronic.

a. In acute inflammation the onset is sudden and the course is short. Clinically classical signs of inflammation are present associated with constitutional changes. Microscopically it is characterised by vascular changes, exudation of fibrinous fluid and presence of large number of neutrophils. Acute stage may be subside or may proceed to subacute or chronic stage. When we try to correlate the acute inflammation with acute disease [Homoeopathic aspect], which is having sudden onset due to sudden explosion of latent Psora, fast progress and ends in to death or recovery. Such changes are commonly

observe in to all the acute inflammatory diseases. The nosological terminology varies but the basic cellular changes remain the same. The examples are acute tonsillitis, pharyngitis, salpingitis etc. So we can say the all the acute disease conditions where acute inflammatory changes are observed are broadly classified under Psoric origin. The acute inflammation is further classified in to catarrhal inflammation [upper respiratory tract, urinary tract], fibrinous inflammation [pleura, pericardium and peritonium], serofibrinous inflammation and suppurative inflammation [cellulitis or localized abscess]. The spread of acute inflammation leads to cellulitis, lymphangitis or pyaemia or septicaemia. The death usually occurs due to toxemia or involvement of vital organ. **So all symptom syndrome where septicaemia or toxemia are present having Psora in the background.**

b. In subacute inflammation it lasts for 1 to 6 weeks or more. It is less explosive and last longer as compared to acute inflammation. Microscopically vascular exudative as well as proliferative changes are present in it.

Proliferative changes and Theory of Miasm:

The dictionary meaning of the word Proliferation suggest: Reproduce; increase rapidly in numbers; grow by multiplication, produce (cells etc.) rapidly. These increase in number of cells or grow by multiplication suggest extra or excess than normal so **all such subacute inflammatory changes have psoric origin and end pathological changes are classified under sycosis miasmatic disease.** This type of inflammation is usually observe in inflamed appendix or fallopian tubes.

c. The chronic inflammation lasts for months or years as the injurious substance continues to produce irritation. Chronic inflammation may follow acute inflammation either due to persisting inciting stimulus or due to interference in the normal healing process. Another way of chronic inflammation is very smoldering and creeping infection of which the host is completely unaware of it.

Microscopically the changes are characterised by proliferation of connective tissue and blood vessels. Pus is also present in chronic suppurative inflammation. In many cases of chronic inflammation necrosis of small areas may be present along with the process of repair marked by fibrosis. **Miasmatically such inflammatory process will not only comes under one miasmatic changes but it begins with sycosis and ends in to Syphilis. [Proliferation to Degeneration]**

Degenerative changes and Theory of Miasm:

The dictionary meaning of the word Degeneration suggest: Having lost the qualities that are normal and desirable or proper to its kind; fallen from former excellence This indicates pathological changes which occur in the cell or tissue in the process of sickness due to non fatal injuries or adverse influences. These injuries have two effects upon the cells and they are a. Direct toxic action upon the components of the cells and b. secondary changes resulting from deranged intracellular metabolism characterised by accumulation of substances. The main causes of degeneration are trauma, excess of heat or cold, arsenic, bacteria etc. Different grades of degeneration are cloudy swelling, fatty degeneration, necrosis and other degenerative changes.

Cloudy swelling is the commonest and mildest form of detectable illness of cell. It affects the protein constituent of the cell and the change is easily reversible to bring the cell to normal state of health if the noxious substance is withheld. It is seen in any acute infection, fever, toxic condition or anoxia of variable degrees. Microscopically the cells are swollen, granular and eosinophilic. Parenchyma cells of the liver, kidney or sometimes heart are affected. **As the changes are observed in acute infection and are reversible, they belong to Psoric miasmatic disease.**

Pathological fatty changes causing reversible nonfatal injurious derangements in cell metabolism is included under various morphological changes. It is an early stage of fatty infiltration and in both conditions fat is brought to the cell by plasma. The cytoplasmic protein is converted in to numerous fat droplets which donot displace the nucleus. Fat accumulates in a sick cell and fat droplets occupy less space, nucleus is never displaced and quantity of fat is much less in the form of small drplets. Such changes may observe in Liver, Kidney and Heart. **As there is excess fat accumulation it belongs to Sycosis miasmatic disease.**

Necrosis means microscopic death of a cell in the living body due to disease, toxin or injury and indicates the most serious irreversible effect on the cell. The responsible causes are loss of blood supply, bacteria and allied infecting agents and physical and chemical agents. Cellular changes in necrosis are characterised by swelling and loss of the details of the cell with cytoplasmic and nuclear changes. Cytoplasm is dense, opaque, homogeneous or coarsely granular with loss of fine granularity. The cellular outline is obliterated. The nucleus is shrunken and condensed in to a small deeply stained chromatin mass. The nuclear detail are lost. **All such cellular changes indicate destruction in the background along wih the loss of normal structure and loss of normal functions which indicated syphilis miasmatic disease.**

CASE: 30

Name: XYZ`

Age: 40 years Sex: Female Occupation: Housewife Marital status: Married.

Religion: Hindu Address: Thamna.

History of Present illness:

Location	Sensation	Modality	Concomitant
1. Left great toe	1. Swelling. 2. Stiffness. 3. Pain.	1. < Night. 2. < Winter. 3. < Touch. 4. < Movements. 5. < Weight while walking. 6. > Rest.	1. Weakness of body.
2. Left ankle joint.	1. Stiffness. 2. Pain. 3. Swelling.	1. < Night. 2. < Touch.	

Physiological Function:

Thirst: Thirsty/every hour one glass/dryness felling in mouth.

Bowel: Three times in a day/incomplete sensation/slimy, sticky.

Thermal reaction: Hot.

Menstruation: 30 days/bright yellow/absent clots.

General modalities: Aggravation: Night, winter, touch, movements, weight on it.

Amelioration: Rest.

Past history:

Conditions	Affected system	Age	Duration	Treatment
1. Chronic bronchitis	Respiratory	38	3 months	Allopathic

Family history:

Person	Condition	Alive	Dead
1. Father	Gout	+	
2. Mother	Backache	+	
3. Brother	Heart attack		+

Systemic examination:

Locomotor system:

Inspection:

Affected joint: Left great toe.

Position of joint: Swollen.

Signs of inflammation over joint: Present.

Palpation:

Local temperature: Warm.

Tenderness: Present.

Swelling: present.

Movements: Pain and Restriction on movements: present.

Investigations:

Blood examination: Serum uric acid: 8 mg/100 ml.

Radiological examination:

Capsular swelling of joint. Synovitis. Developing Tophi.

[Inflammation and Proliferation]

Disease diagnosis: Gout.

Started with great toe. Stiffness, pain and swelling of great.

Physical examination. Clinical investigation.

Diagnosis of phase of disease: Chronic fully developed.

Dominant miasm:

Affected system: Locomotor.

Pace of disease development: Moderate.

Involved parts: Left great toe, left ankle.

Pathological changes: Inflammation, Proliferation.

Affected function: Movements.

Expression: Pain.

Dominant miasm: Sycosis.

Fundamental miasm:

Family history	Psoric disease	Miasmatic	Sycosis disease	Miasmatic	Syphilis disease	Miasmatic
1.Father-Gout			+			
2.Mother-Backache	+					
3.Brother-Heart attack			+		+	
Past history						

1. Bronchitis		+	
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Fundamental miasm: Sycosis.

Susceptibility:

General level: Moderate. Physical level: Moderate.

Mental level: Moderate. Immunity level: Moderate.

Comment: On the basis of this history and miasmatic analysis reportorial totality was formed and because of progressive disease condition and common physical symptoms it was advisable to use B.B.C.R. and after final differentiation with the knowledge of Materia medica Sepia was given as an indicated medicine. Because of gradual onset and progress and moderate susceptibility it was advisable to start with medium potency.

Follow up Table:

Date	Base of Prescription	Observation and Interpretation	Prescription
20-11-23	1. Left sided. 2. Joints were affected. 3. < Winter. 4. < Touch. 5. < Motion. 6. Anemic patient. 7. Yellowish discharges.	1. Chronic condition. 2. Gradual onset. 3. Moderate susceptibility.	1. Sepia-200 B.D. for 7 days.
27-11-23	1. No change at all.	1. Status quo.	1. S.L. B.D. for 7 days.
4-12-23	1. Better in joint pain.	1. Amelioration in general.	1. S.L. B.D. for 7 days.
18-12-23	1. Again pain was there in great toe.	1. Status quo.	1. Sepia-200 B.D. for 7 days.
25-12-23	1. Felt better in general.	1. Amelioration in general.	1. S.L. B.D. for 7 days.
1-1-23	1. Better in general.	1. Amelioration in general.	1. S.L. B.D. for 7 days.

Result: Patient was improving from her complains by given medicine.

Conclusion: on the basis of above discussion we conclude that

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