

# APPEARANCE AND CIRCUMSTANCE

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*APPEARANCE AND CIRCUMSTANCE*

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For Louise

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A scorpion wanted to cross a river so he asked a frog if he would carry him.

"No," replied the frog, "for if I let you on my back you might sting me, and the sting of a scorpion means certain death."

"Now where," asked the scorpion, "is the logic in that? For if I were to sting you, I would drown."

Convinced, the frog allowed the scorpion on his back. But then, in the middle of the river, the frog suddenly felt a terrible pain and realised that the scorpion had stung him.

"Why did you sting me?" asked the frog. "For now we will both surely die?"

"I know," replied the scorpion, "but frog, I am a scorpion. It's my nature."

*Proverb*

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## INTRODUCTION

**A** book is the culmination of a thousand different ideas and theories.

Often they begin with nothing more than a faint flicker, a “what if” or a throw-away line. Most of the time, very little comes from these postulations, but occasionally one idea won’t go away, it keeps building and evolving until it takes off like a wildfire and develops a life of its own; this book is the result of one of these ideas.

I would love to tell you a tale of development like that of Newton and the apple tree or Galileo and the pendulum, a precise moment of time when an idea was conceived. Perhaps a case of serendipity? A chance occurrence where one’s perspective is changed forever. But such a story would be untrue, for the development of this miasmatic model had humble origins. The truth is, I am uncertain as to how it all started – but it did and now I find the way I practise homoeopathy has changed, and the world has become a far more interesting, yet at the same time more understandable place in which to live. The development of this miasmatic model has been the single greatest learning tool in my understanding of homoeopathy and life in general. What started as an attempt at understanding a few more remedies has become a way of life, a guiding philosophy that helps me understand why things happen and to whom they are most likely to occur.

In the past I knew the miasms were important only because Hahnemann had said so, however for much of the time they were seldom applied in practice. Miasms played little part in the process of case taking and even less in remedy selection. Patients with distinctly syphilitic backgrounds were receiving doses of Nat Mur for their depression or perhaps Sulphur because they looked unkempt or were philosophical. Others were being administered Aurum because of a sense of responsibility even though their spirit was as light as helium. I look back at many of my past prescriptions, cases that I can now see clearly were screaming out their miasm but falling on ears as

deaf as a post. Today as my results show, I can tell a different story, one of vastly improved accuracy and professional confidence, a story where, as a practitioner, I am in control of the case from start to finish. I don't always get it right of course, but my chances have significantly improved and this is solely due to miasmatic awareness and the categorization method.

As a lecturer of classical homoeopathy, I am in a privileged position. Not only am I constantly reviewing *Materia Medica*, but I frequently reread texts like the *Organon*, *Kent's Lectures* and other traditional works. I know well Hahnemann's story, his twelve years of labor formulating the doctrine of the miasms. At its conclusion, Hahnemann believed he had the answer to what lies behind all chronic disease, a working model that, in his opinion explained the balancing act between health and illness. Here, thought Hahnemann, was the answer to that most elusive of medical questions: "Why do we get sick?"

Things happen when they are meant to. Year after year I read the *Organon* in class with students when one day, the bell rang. To understand the miasms is to understand what sickness is, as miasms and disease are one and the same thing, there is only *one* true sickness in any individual's life and that is the miasm that dominates them. Everything else is simply how that miasm manifests; this starting point highlighted three major questions:

1. What is a miasm?
2. How do I recognize it?
3. What do I do with it?

The development of this model is based on my attempt to answer these three questions.

Beginnings were modest, no thoughts of lectures, much less a book, the drive was an effort to be a better homoeopath and to understand, as much as one individual can, this system that we all admire and love so much.

There are always fears and reservations when venturing into new ground, and even more about presenting new ideas publicly, but the remarkable increase in the precision of my constitutional prescriptions provides a confidence that allows me to do so. Nonetheless there are some uncertainties I would like to address. These include the following.



**1. Miasmatic themes.** There was some hesitation as to how much detail a miasmatic theme should contain. By design a homoeopathic theme is an attempt to standardize individual characteristics for easier recognition. But it sometimes can reduce temperament to a cliché profile. A theme is a premise, a foundation on which other facts are built. The problem with personality profiles as a foundation is they are not concrete, they are just one demonstration of an assortment of possibilities, and as a consequence, themes can lead you astray if you view them as set rather than flexible. Themes may shift and yield, like the water in our remedies, and as a consequence take on and mold themselves to an influencing character. For example, Arsenicum is a remedy of many varied keynote, fastidiousness being only one of them, however to expect to see this trait in every Arsenicum case is just as naive as expecting fastidiousness to always be associated with neatness. This will lead to as many failures as successes. At the same time many wonderful cures have only been made possible by drug pictures such as “Mr Arsenicum”. In much the same way clinical cases have both exposed and confirmed distinct miasmatic issues. These issues often belong not solely, but certainly disproportionately, to a particular miasmatic group. These themes or issues are best understood if viewed as drives or energies rather than caricatures. This energy will influence decision-making and can often be most accurately seen via events and patterns continually recurring throughout an individual’s lifetime. Rather than portraits, miasmatic themes symbolize a power or quality that lies behind the conditions and actions that take place in accordance with the laws of attraction and repulsion. They are magnets that draw equivalent people, happenings and dramas.

**2. Varying opinions.** There are a number of ways miasms can be interpreted, many of which are different to what I am submitting in this book, but that is to be expected. No creation is ever entirely original and this book is no exception, it builds upon foundations already laid down. I will show, by highlighting passages scattered throughout the homoeopathic classics, that many other authors were arriving at the same conclusions in reference to miasmatic understanding. One of the main principles in the book is the theory that there is a single dominant miasm within every individual. This will unfortunately place the book in a position of disagreement with other authors whose miasmatic understanding varies from this, but differing opinions are a healthy sign of a thinking profession and should be viewed as such.

**3. References outside of homoeopathy.** I have drawn many thoughts and opinions for the extension of this miasmatic model from areas outside of homoeopathy. These areas include Christianity, Buddhism, the Kabbalah, traditional shamanism, Rosicrucian mysticism, psychology and quantum physics. Aspects of all of these have helped formulate a comprehensive theoretical model that defines a miasm.

**4. Facial feature recognition.** It needs to be clarified that when I talk of reading a face or understanding facial features as miasmatic indicators, I am not referring to either physiognomy or Siang mien. Both of these arts recognize individual facial features as external guides to internal character traits. Therefore both systems claim a degree of emotional diagnosis that is not undertaken here. I have read many of their texts and have become acquainted with both systems during the research for this book, but in both cases I have found them inappropriate for our specialized homoeopathic needs. It soon became apparent that the best way to develop a model that specifically catered for the needs of the homoeopathic profession was to start the whole model from scratch. Therefore any crossover information is purely coincidental. Miasmatic prescribing through facial feature recognition gives a practitioner firm footing and confidence to place their patients into a miasmatic group, it does not define character.

With all these points in mind, I present to you my understanding of the miasms.

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# **PART ONE**

## **MIASMS**

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The miasms are like enemies entrenched.

*J H Allen*

*Chapter 1*

**METHODOLOGY**

Try to master this: Diseases must not be looked upon from a few symptoms that the patient may possess but from all the symptoms that the whole human race brings out. It is just as improper to look upon psora from a few symptoms as it is to look upon a remedy from a few symptoms. Just as you see the image of a remedy from all the symptoms, including the peculiar symptoms, so psora must be considered from its characteristics, the features that constitute psora. Remedies are adjusted as to appearance; the appearances of the remedy expressed in symptoms must be adjusted to the appearances of the diseases expressed in symptoms. When you have finished psora, take up sycosis, and spend much time in gathering together all the symptoms that sycotic patients have felt, all the suffering and all the ultimates. Group them as one, and look upon them as one miasm. Then go to the Materia Medica again and make an anamnesis. Take each symptom and place opposite it all the remedies that have produced that symptom. You can readily see that the remedies that run through most strongly will be anti-sycotic remedies, i.e., the remedies that have the essentials of the disease or the nature of sycosis in them.

*J T Kent*

**W**

hilst I stated in the introduction that I am unsure as to how the miasmatic identification process first began, I can recall a few years ago, pondering on whether or not down-turned eyes could be a distinguishing feature of psora? I had recently treated some patients who had responded extremely well to Pulsatilla and was at that time won

dering if this appearance could be an external manifestation of Pulsatilla as a remedy as two of my three Pulsatilla patients had this facial feature. However after this I changed track and began wondering if rather than belonging to Pulsatilla, could down-turned eyes belong to the broader category of psora? If this was so, then other miasms would also have signature features. Soon I had another psoric patient that responded well, and they too had down-turned eyes. Could it be that certain facial features belong to specific miasmatic groups? Knowing that there is nothing new under the sun I began to search for comments on the subject by other homoeopaths either past or present.

I was not expecting to find a comprehensive study, but if this thought process was credible there should be some previous reference to it. The first was found in J H Allen's book *The Chronic Miasms and Pseudo-Psora*, one of the most universally respected and comprehensive books ever written on the subject of miasms, it is full of details, descriptions and examples that highlight the validity of facial features as an indicative basis in which to identify a particular miasm. I reached a conclusion; miasms exert their influence just as comprehensively on the outside as they do on the inside, it simply cannot be any other way. It is not possible that one's outside appearance can bear an entirely different relationship to the miasmatic/genetic factors that formulated it. Every facet of our lives is governed by our genes, including our appearance; our miasm influences our genes, so our miasm can be depicted by our appearance.

As a student I was taught that a skin rash is the outward manifestation of some inner turmoil, and yet for some reason the concept that a miasm could influence, let alone determine someone's appearance seemed farfetched. It is now implausible for it to be any other way. The underlying dominant miasm in each and every one of us is as plain as the nose, mouth, eyes and everything else on our face.

At this point I believe it prudent to highlight one of the many examples from J H Allen.

How generally we see the landmarks of one of these chronic miasms stamped upon the organism. We see it in every feature and every physiological process; in the shape and contour of the body; upon the visual expression, the face, nose, lips, ears, mouth, upon the hair, its growth, luster and general beauty or lack of it. We see it upon the skin in its colour or shadings, its local temperature, yes, we can tell the miasm often by a touch, by that response in our very inner being, the mental, the moral, even the spiritual, give us responses of its presence and of its influence.

Allen leaves us in no doubt of his belief that a miasm imparts an indelible imprint on the organism. He reasons that the miasm is so much a part of genetic material that it can alter us in accordance with its own unique but destructive form. As a consequence, the dividing line between miasm and DNA erodes into non-existence as one is deemed an expression of the other. Hence for this model, miasmatic influence and genetic predisposition are recognized as interchangeable terms.

Hints regarding miasmatic facial features occur not just in Allen's book, but throughout Roberts' *Art and Principles of Cure by Homoeopathy*. For example, in Chapter 23, regarding psora he writes:

Psora alone never causes structural changes, and the psoric head is normal in size and contour. The hair and scalp are dry, rarely perspiring; the hair is lusterless and so dry that it cannot be combed without wetting the comb. The hair falls out after an illness. It becomes gray too early, or white in spots; it breaks and the ends split. [And again in the same chapter:] The shape of the psoric face is that of an inverted pyramid ... The lips are red, often red to bluish, parched and dry.

In reference to syphilis Roberts writes:

In the mouth we find the characteristic tell-tale of the syphilitic taint, even though the child may appear well otherwise. Pathological and structural changes take place in the dental arch and the teeth come through deformed, irregular in shape and irregular in order of eruption. The teeth often decay before they are entirely through the gums ... The appearance of people suffering from the syphilitic stigma often tells the story at a glance, for we observe that the head is large and bulging, the hair is moist, gluey, greasy ...

Reference regarding appearance is also found in more recent works from authors such as Donald Foubister:

My interest in Carcinosis was aroused by a chance experience: that of having in the out-patient department simultaneously two children born of mothers who were, during the pregnancy, suffering from cancer of the breast. These children presented a remarkably similar appearance, having blue sclerotics, a cafe au lait complexion and numerous moles.

Further on following the same line of inquiry he writes:

It soon became apparent that children of what we came to regard as the "Carcinosis appearance" did not show the kind of family history we had almost expected to find. In many instances there was a strong family history of cancer,

but in others there was a strong family history of tuberculosis, of diabetes and pernicious anemia, or a combination of all these more strongly represented than in the average family...

Although he does go on to highlight that more research is needed into the area of distinguishing characteristics, Foubister does affirm his belief in an “appearance trend”.

It is clear that practitioners like Foubister, Roberts and Allen believe that far more than just pathology is influenced by the miasms. They, along with many other authors, past and present, go further than just disease outcomes when describing what a miasm is. These authors believe an individual’s whole demeanor and psychology is molded by their dominating miasm. Where both Allen and Roberts differ from other writers on the subject, is in the importance they place on physical appearance as miasmatic indicators.

This book is a continuation of the theme and work that originated with these two great homoeopaths.

A frequently asked question is: “Why such a focus on the face? Surely a miasm should exhibit its influence everywhere on the body, height or weight or hair coloring.” And this is absolutely true, the miasms influence everything including all of the above; in reality a practitioner should be able to tell the dominant miasm from a patient’s toenail if they had the knowledge of how to do it, but the face has been chosen as the most accurate transmitter of miasmatic information for two primary reasons:

1. The face can be easily examined. Unlike a toenail, the face is exposed and can be viewed directly by the practitioner during the consultation, indeed good eye contact and facial response is expected during a homoeopathic consultation, anything less and it could be perceived by the patient that the practitioner is uninterested. Hence the face can be examined openly and at length.

The face is expressive and exposed; it is also one of the only body parts that an outsider is allowed to continually look at without disturbing custom and social etiquette.

2. The face is by far our most characteristic and expressive feature, it expresses every emotion we have, the moment we have it. Or to the contrary, it may remain poker faced when it should be expressive; either way the face speaks volumes in regards to personality and position. As



with most things, it's the extremes that pose the greatest challenge. In the case of the face, it is the extreme ends of age, the very young or the very old, that are always the most difficult to determine. But for most of our patients it is true to say that the face offers us the best observable account of their genetic inheritance combined with their life experience. Both are etched into the face just waiting to be examined. Genetic/miasmatic inheritance will be evident in the bone structure and design of the face, while their life experience shows itself through the lines and contours. Because the face has a varied and extensive musculature, it will readily contort itself in accordance to the emotions we feel. A facial expression is a reactive observable response designed to convey the internal emotion being experienced. Just as a body builder regularly works on a particular muscle group to achieve a distinct shape, so the muscles of our face also become sculpted and developed. Consequently they will take on the corresponding shape formed by the exercise/emotion they perform most regularly. In short we are responsible for the tired or angry or worried countenance that we bear. Only the face chronicles with such precision an individual's life potential and their outcomes. No other area of the body allows us an insight into capability and condition like that provided by the face.

In earlier times when there was less reliance on technology and a greater reliance on observation, practitioners, both homoeopathic and allopathic, noticed reproducible trends that not only ran through families but often ran through sufferers of a particular disease. Hahnemann was the greatest and most well-known observer of pathological trends and this skill is how the whole concept of the miasms started their life. But he was not the only person to notice distinctive patterns left behind by specific diseases. The on-going hereditary ramifications of syphilis were not just recognized by Hahnemann alone, indeed acknowledgement of this trend fathered the now almost lost discipline of syphilology. Part of this medical specialization was heredosyphilis – the study of the observable familial traits to indicate that syphilis had visited a family.

In his book titled *Modern Clinical Syphilology* written in 1926, doctor and author John H Stokes comments about heredosyphilis in babies and highlights the importance of structural recognition. The clinical picture he writes, “will include snuffles, causeless crying and screaming” and “a café au lait coloring...As the patient gets older they may display features like a saddle across the nose and wide separation of the eyes”. Any or all of these

signs alerted an astute physician to the possibility of syphilitic infection. Blood tests were then taken and a positive or negative infection decision was made. However these physicians were looking for the actual disease of syphilis and with a failure to accept the theory of latency, clinical tests would be forever highlighting the “spurious” nature of facial feature recognition; hence it was never highly regarded as a therapeutic tool and as a consequence remained a dormant and undeveloped application.

Homoeopaths, however, understand the importance of latency and predisposition. We understand that the failure of a particular disease to manifest physically does not mean freedom from its miasmatic influence. We understand as Donald Foubister highlighted, that there are other possible disease results, all of which are understandable and predictable if one just substitutes the words “trend” or “possibility” for “specific outcomes or consequence”. What is important is to understand that the same facial features that indicated the presence of syphilis in John H Stokes’s day are just as valid today. These features are as common and distinctive now as they were then. What has been lost is our ability to recognize and interpret them.

In the past, for allopaths, “pathological facial features” such as the ones just described indicated the possibility of syphilis, for present-day homoeopaths who understand predisposition, these facial features still indicate the possibility of syphilis, not as a disease but as a miasm.

The course of action now was to concentrate on cataloguing a patient’s salient features and deciding to which miasmatic family each patient belonged; in that way a comprehensive dossier could be built for each miasmatic group.

Before I explain how the information was gathered, I wish to emphasize one important point: as few previous works in this field exist, much of the data had to be gathered and expanded upon through successful clinical cases. Validation of all relevant information has taken place via the “trend spotting” method only clinical practice can provide. Everything in this book in regards to themes and facial features has been arrived at via this manner, no provings have been conducted. When a patient had a good constitutional result, that is, a significant improvement in their health, energy and happiness, their circumstances had changed for the better and a major amelioration in the general features of the case occurred, then and only then would that patient be considered appropriate to learn from.

In order to gain the information needed clinically, two important benchmarks were laid down:

1. All the consultations and prescriptions to be considered must be from a constitutional prescription, not organic. The definition of the two differing approaches being, constitutional prescribing prioritizes mental outlook, emotional responses and all the relevant generals of a case without concentration on pathology, whilst an organic prescription satisfies itself by directing its focus on the nature of the presenting complaint or by centering on the most primary organ under stress.
2. There had to be obvious physical pathology in every case under consideration by which an accurate measure as to the success of the remedy could be made. Only those who responded both mentally and physically were further analyzed in reference to their backgrounds, heredity and physical makeup.

This second point is vital as experience shows that patients can feel better in themselves while pathology can remain untouched. Functional and structural pathology are vital indicators of positive change. Patients will often remark how they feel “better already” before the remedy is even given but this does not necessarily flow on to actual physical change. Kent in his writings suggests that once the patient feels better in themselves, the rest will automatically fall into place. But I am going to be impertinent and suggest that physical symptoms should reduce in conjunction with and at the same corresponding level to the mental symptoms of the case. Oftentimes patients get to release or come face to face with emotions and beliefs that have evaded or tormented them for years, in some cases for a whole lifetime. The weight that is lifted from their shoulders before any medicine has even been given cannot be overestimated, but that lifted weight will rarely change structural pathology, only the appropriate homoeopathic remedy can take it that one step further.

In regards to taking down the heredity details, the formula was uncomplicated, merely a few simple questions regarding parents and grandparents, a brief health history – cause of death and their age when they died, from both sides of the family. If a patient could take their lineage further that would be a bonus, but few could, in fact most patients were stumbling when it came to grandparents let alone going any further.

Once a case was deemed successful, the next step was to photograph the patient. This was done on a digital camera and transferred to computer for closer scrutiny. From here, the major “stand out” features were identified

and allocated to their appropriate miasm. The photograph of a patient should be examined on a computer screen rather than viewing the patient's actual face as digital photographs allow you to highlight and zoom in on certain features, which would otherwise be too invasive and confrontational.

In the beginning, the most important cases were those in which a remedy from an unmistakable miasmatic group was successful, so results from remedies like Sulphur or Mercury or Thuja, etc., became of prime importance. Establishing a base line of this type is important as it forms a platform on which more lateral concepts can be experimented with.

Step two in the examination process was to collate all the successful Thuja and Medorrhinum and Sepia cases into one sycotic file and after a sufficient quantity of photographs had been gained, patient's faces were closely examined in relation to each other. Here all Sulphur and Psorinum cases were compared, all Mercury and Aurum, etc.

This process allows the distinctive facial features that belong to each particular miasm to emerge. For example, slightly protruding or exophthalmic eyes began to surface as a sycotic feature, showing itself in a number of patients who had responded well to sycotic remedies. This process uncovers commonality rather than individuality. Therefore if exophthalmic eyes are seen in both Medorrhinum and Thuja patients, then exophthalmic or protruding eyes become an observable clinical sign as to the presence of sycosis. This observation is clinically tested against a number of patients before confirmation is given. Hence the process of facial feature identification begins when a characteristic facial feature shows itself enough times in patients who have responded to remedies belonging to the same miasmatic family.

While some patients with exophthalmic eyes also showed other quite observable sycotic characteristics, others displayed features already classified into other miasmatic groups. For a while I was toying with the idea that two miasms could share the same facial feature, for example a patient who presented with the exophthalmic eyes of sycosis but also had the domed or curved forehead of syphilis could still be fully sycotic if a bulging forehead was sycotic as well as syphilitic. The range of possible explanations includes:

1. Exophthalmic eyes belonged to both sycosis and syphilis.

2. A bulging or domed shaped forehead may belong to both sycosis and syphilis.
3. A dome-shaped or curved forehead was never part of syphilis in the first place, it had been sycotic all along.
4. Exophthalmic eyes had never been sycotic they should have been placed in the syphilitic group.

I also postulated as to whether a layers type approach should be adopted as it provided an obvious solution. This means that the patient's facial features indicate that both the syphilitic and sycotic miasms are present and that perhaps remedies from both miasms will be needed alternately throughout the management of the case.

But patients with exophthalmic eyes and other trademark sycotic features, had responded exceptionally well to sycotic remedies alone without any alternation. The solution lay in rethinking and remodeling the number of miasms that conventional homoeopathic literature claims exist. If one stays with the traditional notion of four major miasms, five if cancer is included, then the problem becomes almost insurmountable, but when this number was extended, the explanation became clear.

As with all things homoeopathic, the answer lay inside the pages of the *Organon*.

Hahnemann himself saw that two dissimilar chronic diseases could co-exist forming a chronic disease complex with its own unique make-up and nature. In Aphorism Forty he writes: "Or the new disease, after having long acted on the organism, at length joins the old one that is dissimilar to it and forms with it a complex disease." Hence, two chronic diseases or miasms, provided they are of equal strength (otherwise the stronger will repel the weaker) can join together to make a separate, combined or complex miasm.

The basis of all chronic disease, according to Hahnemann, belonged to infection by one of the chronic miasms. As can be seen in *The Genius of Homoeopathy* by Stuart Close (quoting Hahnemann):

If we deduct all chronic affections, ailments and diseases that depend on a persistent unhealthy mode of living, as also those innumerable medicinal maladies caused by the irrational, persistent, harassing and pernicious treatment of diseases often only of trivial character by physicians of the old school,

all the remainder, without exception, result from the development of these three chronic miasms, internal syphilis, internal sycosis, but chiefly and in infinitely greater proportion, internal psora, each of which was already in possession of the whole organism ...

All chronic illness has its foundation in the miasms, each miasm will alter the body in its own inimitable fashion, but two dissimilar miasms can join together to form another miasm just as unique. These miasms come from and retain many of the qualities of their parent miasms yet exhibit an idiosyncratic flavor.

Many books, Allen's in particular, give numerous accounts of a syco-syphilitic or syco-psoric miasm at work. References to "complex miasms" may also be found in more modern texts on the subject such as *Miasmatic Diagnosis* by Subrata Banerjea, in which clinical details of the "psora-sycotic" are discussed.

The explanation as to why some patients show signs of sycosis as well as signs of syphilis is because they contain elements of both. Many of these perplexing patients belonged to a complex group, they were not sycotic or syphilitic they were syco-syphilitic. I did not understand until much later that single miasmatic facial features do not indicate an equal footing of the particular miasm they represent. Hence one syphilitic feature amongst six other sycotic facial features does not make a patient syco-syphilitic – a six to one ratio only serves to show the dominance of sycosis.

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We are what we think. All that we are arises with our thoughts. With our thoughts, we make the world.

*Buddha*

*Chapter 2*

## WHAT IS A MIASM?

All cases present early mental symptoms, and there is always a trail of symptoms, mental and nervous, until the development of tuberculosis is well established; then the mental symptoms disappear, and in most cases there has been an absence of mental symptoms for a period before the beginning of the deposits. This leads to the opinion that there is in nearly all cases a predisposition to tuberculosis, and it is this predisposition that is inherited. If this is absent, protection is quite positive.

*J T Kent*

**D**efining the exact nature of a miasm is a task more difficult than it may at first seem. No wonder there is confusion in applying the miasms clinically when there seem to be so many different definitions of what they actually are. It is often presumed that Hahnemann's belief about the miasms is the same as Kent's or Roberts's, but this is not the case. What's more, the differences between them can be quite remarkable and those differences have an enormous impact on the way each clinical practice is conducted. Defining a miasm is of the utmost importance as each differing definition brings with it its own therapeutic process and system based on its interpretation, and these different understandings are not as



interchangeable or complementary as one might think. Indeed in some circumstances, the acceptance of one miasmatic viewpoint may preclude the belief in another as they are so different.

Hahnemann believed that miasms arose from organic infective agents like syphilis or leprosy which, when combined with medical mismanagement and suppressive treatments served to drive the localized disease inwards where it then became systemic and permeated every cell in the body, tormenting its sufferer until the end of their days. This previously localized disease became internalized when inappropriate medical treatments such as salves for the scabies eruption or cauterization of a syphilitic chancre prevented the body collecting all the internal poisons into one localized spot or area. If the body's attempt at capturing the poison is prevented, Hahnemann asserted that the disease became liberated from its prison and escaped into any or all of the internal areas of the body it could occupy. The sufferer is now entirely infected and a miasm has been formed. A miasm then is a disease that has overcome the body's defenses and is unable to be removed; it is now free to impart its influence.

Hahnemann believed two different chronic diseases/miasms of equal strength could exist in the same body at the same time, but one of two outcomes would occur:

1. Two miasms would cohabit the same body each occupying the body system or area best suited to it and leaving the other miasm alone to do the same.
2. The two different chronic diseases would join together to form a complex disease.

In summary, Hahnemann's view of a miasm is one where a contagious infection has been medically mismanaged and in consequence becomes a systemic illness that permeates the entire physical body to such an extent that the disease imprint can now be genetically transferred from one generation to the next.

It is often stated, that Kent was a strict Hahnemannian, following exactly the laws and principles laid down by Hahnemann; in fact no one states this fact more often than James Tyler Kent himself, but the truth is Kent often deviated from Hahnemann and frequently added his own flavor. One of the areas in which he did this is the miasms. Hahnemann not only believed

that the miasms were of microbial origin he also believed that psora was so contagious that *nearly* everybody had it. Kent however introduced a different variation on the subject:

Psora is the underlying cause, and is the primitive or primary disorder of the human race. It is a disordered state of the internal economy of the human race. This state expresses itself in the forms of the varying chronic diseases, or chronic manifestations. If the human race had remained in a state of perfect order, psora could not have existed. The susceptibility to psora opens out a question altogether too broad to study among the sciences in a medical college. It is altogether too extensive, for it goes to the very primitive wrong of the human race, the very first sickness of the human race, that is the spiritual sickness, from which first state the race progressed into what may be called the true susceptibility to psora, which in turn laid the foundation for other diseases. If we regard psora as synonymous with itch, we fail to understand, and fail to express thereby, anything like the original intention of Hahnemann. The itch is commonly supposed to be a limited thing, something superficial, caused by a little tiny bit of a mite that is supposed to have life, and when the little itch mite is destroyed the cause of itch is said to have been removed. What a folly!

From this we can derive three very important facts regarding Kent's personal definition of a miasm.

1. He regards the idea that psora is indistinguishable from and originated from scabies to be "folly".
2. Kent is clearly addressing everyone when he uses terms like the human race. Hence he considers everyone to be psoric.
3. Kent regards the whole topic of the miasms beyond the scope of medicine, as the roots of psora extend beyond the physical into the metaphysical. They are, as he points out, of "spiritual" origin and certainly not bacterial.

Kent in relation to psora believed that the true underlying miasm is the evil or sin that is within us.

Hence this state, the state of the human mind and the state of the human body, is a state of susceptibility to disease from willing evils, from thinking that which is false and making life one continuous heredity of false things, and so this form of disease, psora, is but an outward manifestation of that which

is prior in man. It was not due to actions of the body, as we find syphilis and sycosis to be, but due to an influx from a state, which progressed and established itself upon the earth, until we can see it as but the outward manifestations of man's very nature.

All the physical psoric symptoms we see are the predictable consequences and manifestations of incorrect thinking. According to Kent we are all caught in an addiction of negativity, a sin as Kent prefers to put it, and because of its hold on us we comply with its wishes habitually. Every life is dominated by its craving and all emotional and physical weaknesses exist because of it. We are all slaves to the fears and insecurities the miasms impart to us, in fact everything that takes away our freedom to be who we really want to be, the "I'm not good enough", that creeps in with every plan, the "I'm different", "worse", "less capable", "misunderstood", etc., each one of these negative self-images, along with a veritable library of others is what Kent referred to when he spoke of the true essence or understanding of the nature of psora.

Dr Ortega in the introduction to his book on the miasms writes:

When we come to understand in all their amplitude the meaning of the terms psora, sycosis and syphilis – in the far-reaching definition given them by Hahnemann – we will have answers to all the questions which can be formulated in medicine and biology. This will enable us to deduce everything relating to man's conduct and the expression of his being... Here and now we must warn against even beginning to read these pages with a concept of illness, especially chronic illness or miasm, as something material which is encrusted onto, or added to, the complex functioning of the human entity. Instead, it should be seen as a manner of being of this entity, one state of existence out of the many which can be adopted or produced by this invisible entity... An understanding of the miasmatic, is in our judgment, the ultimate concern of the physician, because it involves nothing less than a maximum understanding of the human, both with respect to the qualities which lead him to persist and to realize his full potential, and with respect to those defects which hinder him...

My definition of a miasm is in harmony with this; miasms are a non-contagious spiritual anomaly present in every human being that may manifest in various forms but always contain the same underlying themes together with the universal result of inhibition, fear and hatred. It is my intention to show that miasms are the homoeopathic equivalent of Buddhism's ego and Christianity's devil. Miasms are the defects and irregularities present in each

and every one of us from birth. They influence who we think we are, what we think we like to do and who we think we relate to. They are the sum total of our fears and phobias. They do *not* contribute anything of positive value. They are inhibitors that serve no other purpose than to place doubt where none should exist. It is true that some negative emotions have a justifiable origin. For example, not all guilt is inappropriate, sometimes it is a protest from a higher consciousness telling us to desist from our current course of action or else we and others will suffer. If that suffering should already be occurring, guilt is needed to remind us of what actions led us down this path so they are not repeated. But there is also unjustifiable guilt, a continuous nagging that makes a person feel responsible for everything that occurs around them and encourages self-blame and torment. Fear has a legitimate and valuable place, it serves as a great protector, but continuous fear only leads to a life un-lived, it dominates choice of surroundings and choice of partner, it can dominate decision-making and a whole life can be designed around it or to achieve relief from it. Whether one lives a life dominated by one's miasmatic passions or a life dedicated to avoiding them the result is still the same – the miasm is dictating the terms.

Miasmatic understanding for me started with a personal attempt to try and come to terms with a subject that for the most part was confusing and academic. In time I came to understand that the miasms were far more than potential disease patterns, and the model began to show that psychological outlooks always accompany chronic disease. While this is not new or exclusive to homoeopathy it is still enthralling to see it in action. What is new, however, is that facial features can give an accurate account of the most prevalent miasm in a person, and in addition each miasm has a predictable psychological theme. From a patient's appearance it is now possible for a practitioner to determine what miasm is dominant and as such, understand the most likely prime motivating factors in their life. I now understand why some people place extreme importance on things that others will hold in contempt. A study into the miasms will show that in the timeless argument of nature verses nurture, nature wins hands down. Depression, fear, even a calm rational attitude under pressure owe their existence to an instinctive stress response dictated by the miasm. The miasms are the pre-existent state that Kent spoke of, this "thing" that comes before all others of which everything else is either an expression or consequence. Thought always precedes the action; the will always comes before the outcome.

Everything and everyone has an energy into which the physical will

soon manifest. Ancient mystics spoke in terms of how each person, thing and event that happens here on earth, has already occurred in the higher planes. Energy comes first and once in place becomes increasingly dense until the physical takes form. Energy means circumstances are already in motion before the thought has even occurred. An event like a body merely grows into the space provided by the pattern that preceded it.

As practitioners we are privy to very personal information, details of events and secrets many thought they would take to the grave. From this privileged vantage point we are able to see how events continually repeat themselves. Some people know nothing but drama in their lives, others nothing but love. With some, a random violent act is no great surprise while to someone else it is something that happens to others. Everyone has an energy about them that will attract similar energies into their life and this energy can manifest as a person, disease or event. After the appropriate remedy circumstances begin to change, jobs begin to be offered to individuals who had been unemployed, bad relationships end so good relationships can begin.

Clinical experience has shown this truth so many times, that now during a follow-up consultation, no matter how much a person may claim to be better, if negative circumstances continue to occur I will disregard my previous prescription and search out a new and better one. None of this is a conscious decision, of course, no one wakes up in the morning and contemplates how they can make their life worse, but it is vital to understand at a subconscious or energetic level that any thing or event that occurs continuously is most assuredly coming from the energy of that person. This patterning determines life events, it does not occur the other way around; once the miasms are fully understood a predictability can be seen running through all these random events. This is not a fatalist attitude, miasmatic patterning can be changed, but it takes either a major lifestyle or mindset change. By far the easiest way to achieve this change is by the right homoeopathic remedy.

The same can be said about physical pathology; potential always precedes outcome. No one can exceed their genetic potential either physically or intellectually, one can live up to it but to exceed it is to venture beyond design and that is simply impossible. Whether a person's latent potential fulfils itself is up to the free will of the individual.

An energy surrounds each and every one of us and this energy influences the way we feel about ourselves and the events that occur in our life, indeed

listening to the sequence of events in a patient's life is often the best way to determine the type of energy that exists around them. Listen to their choice of words, recognize the type of people they draw towards them, the type of work they do, the hobbies they have, hear about the worst things that have happened to them and the "accidents" that have befallen them, for there will be a pattern, and "pattern" is just another name for miasm. This pattern is discernible, inherited and treatable.

We are all going to reach our destination one way or the other, either we will apply experience and wisdom to make our transition or else life will take control and teach us through experience. However, as with Hering's law, each time a symptom/lesson is driven into the system or ignored, it is replaced by new symptoms or events more serious and dramatic than the one that preceded it. The purpose of a remedy is to help experience become wisdom as quickly and easily as possible; in this way the same mistakes do not need to be repeated over and over again, the remedy can give insight, enabling an individual to break patterns and to take charge of their life. Perhaps it will assist them to accept what is, either way it will do what is most required for the benefit of that person.

What is the difference between miasms and karma? The short answer is, there is no difference at all. Miasmatic knowledge is nothing more than the age-old laws of karma with a medicinal application.

I understand that a conclusion such as this regarding the miasms takes it out of the realm of science, and some homoeopaths will feel uncomfortable with that, but the truth is, I have had these conclusions forced upon me. I have not devised a model to fit a pre-existing belief. Some homoeopaths want to ally themselves with scientific medicine and that is their prerogative, some take it further and have made an incorporation with allopathy their mission. Homoeopathy, rightly so, should be taken seriously and it should be validated, it is a successful integrated system that changes lives for the better, but it does not need outside validation; only the homoeopathic profession itself can bestow the credibility it deserves.

My personal opinion is that homoeopathy is a reproducible medical miracle, it is not an allopathic analogue. What homoeopathy offers is outside the realms of allopathy, its whole philosophical belief system is so profound and distinct that the two systems simply cannot "complement" one another. Both parties should leave well enough alone and be content. We should be proud and uncompromising about who we are. Reread

Hahnemann or Kent or Roberts, they all knew that homoeopathy is a separate and unique system and they defended that difference with all their energy. They knew a fact that we sometimes overlook; doctors do not make the best homoeopaths, nor do psychologists or naturopaths, homoeopaths make the best homoeopaths. Kent, for example, knew all too well that homoeopathy transcended standard medical beliefs and methods, he grasped very quickly there was far more to this new system than the nuts and bolts mechanics of “old school” thinking.

I have stated that karma and the miasms are interchangeable aspects of one another, but this is only in respect to the law of similars. Karma is the product of countless lifetimes; some consider it a debt, others more a lesson, while others consider it a resolution. I don't know if the miasms are the same as this, I'm not even sure if I believe in past lives the more I begin to understand about cellular memory, but where karma and the miasms do blend is in the understanding that everything has its prior cause. Karma means that what you put out, you will have returned; not revenge, just logic. In this way each individual becomes their own moral judge to hand down their own sentences until we are forced to address ourselves. Buddhism calls it karma, science calls this cause and effect, homoeopathy calls it the law of similars.

Homoeopathy has other principles like the minimum dose, the infinitesimal dose, totality of symptoms, Hering's law of cure, etc. But every one of these rests on the soundness of the law of similars. Without the law of similars there is no homoeopathy. But it would be a mistake to just look at this law from the perspective of what can create an illness can also cure it, for this is selling the law short. Likes not only *cure* likes, they also attract likes. Why? Because the cure exists in the similitum.

A problem that is unrecognized is a problem that cannot be fixed. If we have some part of our nature that needs to be addressed and overcome, the only way of recognizing its existence is to have it forced in our face at a level that cannot be ignored; that is what we call a problem. This problem will have the same character as the miasm that is in us. A problem is the externalization of the miasmatic pattern that surrounds us. A suspicious person who drives their partner crazy with their questioning begins to lose the love and respect they once had because their partner feels mistrusted and controlled, the self-fulfilling prophecy. In the Hawaiian shamanic system called Huna, they declare that, “energy flows where attention goes”.

Everyone has a distinct miasmatic energy around them and this energy

governs much of our personality. That means that much of our character is merely the miasm at work. This can be seen by predictable problems and generic thought patterns by different patients from the same miasmatic group. At first I found this lack of individuality disturbing. I was raised on the philosophy that every individual is like a clean slate, no words have been written on it, everything is yet to be formed, everything is in the process of becoming but nothing has been determined. There is comfort in this philosophy: it means everything about you, your outlook, your temperament, whether you are a happy person or not, a fatalist or an optimist, all this and more will be formed throughout the course of your life by the random events and circumstances that happen to you. No wonder so much emphasis is placed on education, stimulation and upbringing. Every one of us has the potential to become successful, learned, well-paid leaders if we want it badly enough. This view is not unlike the Freudian concept where our personalities become the sum of all the collective domestic dramas that occurred through our formative years.

Both philosophies share the belief that events dictate personality. These theories have been readily adopted as they serve a useful purpose. Like the Pasteurian “germ theory” they are empowering, though it is true that Pasteur’s theory only really empowers the medical profession. The “clean slate” empowers every individual as it places the future into the hands of the individual. Historically this is significant because after centuries of feudalism and class oppression the average person finally had a philosophy that didn’t run them down or predetermine their future. The only problem with the theory is that it is wrong.

The miasms show that people are anything but “clean slates”. Every one of us at the moment of conception receives massive amounts of information, every possibility is catered for before we take our first breath, within the embryo, the old man already exists. It is a fallacy to assume that life circumstances alone turned a happy child into a depressed adult, without acknowledging an inherent potential towards depression. Was there ever a stage, from the embryo onwards, when a Down’s syndrome child was not Down’s syndrome? At no stage in our life from first breath to last can we ever extend beyond our potential. There was a case recently where a little girl suffered a “breakdown” after viewing a horror movie. Of course many were up in arms about the nature of the movie itself and cries of tougher censorship were called for. I am not saying the movie was blameless but it can only trigger something that already exists.



I don't believe the miasms determine our future in a fatalistic way, but they most certainly determine our instinctive response to stress. Not only do I think that effects of stress are miasmatically determined but so are the causes of the stress. To clarify by example, syphilis has around it an element of violence. This does not mean they are violent people, as an aura or energy is not necessarily a literal thing, but violence in any of its forms has the potential to follow the syphilitic around. This aura or energy in relation to the miasms is referred to in this book as a miasmatic theme, an energy that encircles and saturates the person. For example, if two people, were walking down the street, one psoric the other syphilitic and a mugger was lurking, the syphilitic person would most likely be the one they would target. It must be stressed here that I am talking about statistical likelihoods *not* absolute certainties. Because a robbery or mugging is a violent act, the chance of the syphilitic, whose miasmatic theme contains violence, being the victim is significantly higher but certainly not exclusive.

Some people have things happen to them on a regular basis that are completely foreign to others. Some sit open-mouthed, completely awestruck at the continuous trend of bad luck experienced by others. This is a miasmatic theme. A series of events sewn together by a common thread that unless broken will recur over and over again.

You cannot run away from a miasmatic theme and it is almost impossible to eradicate. If we take our syphilitic patient as an example, she cannot decide to simply remove herself from the community in an effort to escape the violent segment of her miasm, for in each miasmatic theme there is a range of action and response. Violence may indeed belong to syphilis but so too does isolation.

The trends or themes that run throughout a miasm are varied, and more about this will be discussed, but it is important to address a few issues.

1. When discussing miasmatic themes we are not talking about certainties.
2. Miasmatic themes are *not* prophecies.
3. Miasmatic themes are varied and the ways they can be exhibited innumerable.
4. Miasmatic themes are issues not caricatures.

Miasms offer the practitioner a valuable insight into their patient's lives and help clarify why certain events and misfortunes occur. So integrated into us have the miasms become that discovering the dividing line between the miasm and true nature is almost impossible, but Hahnemann has left with us a legacy that transcends even his expectations. Thanks to homoeopathy we have a chance at being able to decipher the real from the illusion.

I would like to take a quote from *The Tibetan Book of Living and Dying*. Of course there is no reference to the miasms per se but here the term ego could easily mean the same as miasm.

Two people have been living in you all your life. One is the ego, garrulous, demanding, hysterical, calculating; the other is the hidden spiritual being, whose still voice of wisdom you have only rarely heard or attended to... As the voice of your discriminating awareness grows stronger and clearer, you will start to distinguish between its truth, and the various deceptions of the ego... more and more, then, instead of the harsh and fragmented gossip that has been talking to you all your life, you will find yourself hearing in your mind the clear directions of the teachings, which inspire, admonish, guide and direct you at every turn... A new life utterly different from that when you were masquerading as your ego begins in you... When your amnesia over your identity begins to be cured, you will realize finally that *dak dzin*, grasping at self, is the root cause of all your suffering.

The miasm, like the ego, is a trickster. Because the miasm is in our genes we identify with it and believe that we and it are one and the same, but this is a mistake, in fact nothing could be further from the truth. The very fact that I am able to talk about miasmatic themes at all is because there is a noticeable predictability about them. Each miasm has similar likes and dislikes, people will tell you about their drives and motivations not realizing that these are common to many others from their miasmatic group. Even the type of words a patient may choose to describe their life can become hauntingly familiar. These things have commonalities to them, even though we may think they are us, this thinking is false. Hahnemann wrote the most important things in a case are the rare, strange and peculiar, as they are the symptoms that tell us about the patient rather than the disease, and the same process is in motion here. We need to find out what is common to the miasm in order to see what is truly individual within each person. Homoeopaths have always been wise enough not to fall into the trap of donating all one's time and energy to the study of

common pathological symptoms as they tell you nothing but the bare minimum about the sufferer. Why should the miasms, the basis of all illness, follow different rules to every other malady? These are the rules of nature and as such are set and incontrovertible whether acute, chronic or in this case genetic.

People talk in language common to their miasm. People have dreams common to their miasm. They have taste buds common to their miasm. They have facial features common to their miasm. People have hobbies, interests, musical tastes, sexual preferences, aspirations and goals, common to their miasm. But a miasm is a disease and should always be treated as such. We know it's a disease because it does what all diseases do, it destroys individual character. Alzheimer's disease ravages the individual until there is nothing left but senility. Some diseases replace life with pain; others will substitute an old well-known personality with another nowhere near as pleasant. Disease can make people bitter, helpless or lonely. Some diseases destroy while others torment. There are no good diseases, and there are no good miasms. A disease and/or a miasm share one goal; to take away vitality and to use your energy for its own selfish growth, just like a virus. All diseases inhibit and erode growth, freedom and individuality. All diseases stem from the chronic miasms, so at its most fundamental level it would be true to say there are only seven real diseases in existence, each one of them a miasm. All the multitude of pathologies that fill the medical libraries are merely expressions of the miasms. All diseases, irrespective of name and title, belong to a miasmatic group.

Consider the following quote by Kent:

A patient of twenty-five years of age, with gravest inheritances, with twenty pages of symptoms, and with only symptoms to furnish an image of sickness, is perfectly curable if treated in time. After being treated there will be no pathological results; he will go on to old age without any tissue destruction. But that patient if not cured at that early age will take on disease results in accordance with the circumstances of this life and his inheritances. If he is a chimney sweep he will be subject to the disease peculiar to chimney sweeps. If she is a housemaid she will be subject to the disease peculiar to housemaids, etc. That patient has the same disease he had when he was born. This array of symptoms represents the same state before the pathological conditions have been formed as after. And it is true, if he has liver disease or brain disease or any of the many tissue changes that they call disease, you must go back and procure these very symptoms before you can make a prescription. Prescribing

for the results of disease causes changes in the results of disease, but not in sickness except to hurry its progress...We will see peculiarities running through families. In the beginning is this primary state which is presented only by signs and symptoms, and the whole family needs the same remedy or a cognate of that remedy; but in one member of the family the condition runs to cancer, in another to phthisis, etc., but all from the same common foundation. This fundamental condition which underlies the diseases of the human race must be understood.

According to Kent a miasm exists long before any pathological result develops. A miasm is the predisposition to get sick as well as the direction that the sickness takes; he has no real regard for the name of the disease and even less for simple organic explanations regarding its origin. As can be seen from the above quotes, to Kent the miasms are inherited tendencies toward disease development.

Notice that Kent mentions in the last quoted paragraph two potentially fatal chronic diseases originating from the same familial or miasmatic weakness. The disease classification or term, whether it be acute or chronic, is only relevant to a certain degree. When a disease like cancer occurs in a family we must not automatically assume that the cancer miasm is dominant, for in Kent's example another member of that same family also acquired tuberculosis. The main trend is one of destruction and that is what a miasmatic prescriber would focus on.

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As the internal is so is the external, and the external cannot be except as the result of the internal...The internal state of man is prior to that which surrounds him; therefore, environment is not cause; it is only, as it were, a sounding board; it only reacts upon and reflects the internal... Things flow in the direction he wants them to flow... The image of his own interior self comes out in disease.

*J T Kent*

*Chapter 3*

## **HOMOEOPATHIC GENETICS MIASMATIC INHERITENCE**

Just as when the ground luminosity dawned at the moment of death, here too in the *bardo* of *dharmata*, liberation cannot be taken for granted. For when the brilliant light of wisdom shines out, it is accompanied by a display of simple, comforting, cosy sounds and lights, less challenging and overwhelming than the light of wisdom. These dim lights – smoky, yellow, green, blue, red, and white – are our habitual, unconscious tendencies accumulated by anger, greed, ignorance, jealousy and pride. These are the emotions that create the six realms of *samsara*... The cosy lights, the invitation of our habitual tendencies, lure us toward a rebirth, determined by the particular negative emotion that dominates our karma and our mindstream.

*The Tibetan Book of Living and Dying*

**T**his quote from *The Tibetan Book of Living and Dying* more than any other passage outside of homoeopathic literature highlights the true essence of exactly what a miasm is. All miasms, not just psora, are grooves and faults. They are the imperfections that influence and modify potential, they dictate life events and direct their consequences. In the opening quote, when a person dies, the soul leaves its body behind and spends a certain amount of time by itself. This isolation can be confusing and confronting. Soon some colors or sounds begin to emerge. These colors and sounds are manifestations of emotion, visible or audible representations of the negative instinctual passions that have tortured us

for lifetimes. Unrecognized in regards to their emotional association, these tones or colors feel comforting, seductive and strangely familiar. Drawn towards the colour or tone we resonate with the most, we suddenly find ourselves ensnared into yet another rebirth, again burdened by the stigma of this negative emotion we are seemingly unable to overcome. If we had transcended our individual instinctive tendencies all the colors and all the tones would be unappealing, they would not beckon us and we would be free to move on.

Understanding this concept of rebirth via an emotional manifestation into colour, allows us to appreciate what is termed “karmic vision”.

How is it that we come to be alive as human beings? All beings who have similar karma will have a common vision of the world around them ... Each one of us is a complex summation of habits and past actions, and so we cannot but see things in our own uniquely personal way. Human beings look much the same but perceive things utterly differently, and we each live in our own unique and individual worlds.

This statement has such resonance and profundity to our homoeopathic purpose that if the language was changed into homoeopathic terms it would be one of the best descriptions of the homoeopathic constitution yet written.

“All beings who have a similar karma will have a common vision of the world around them...” this is a perfect and precise description of what is meant by a miasmatic theme. A miasmatic theme is a common idea, fear or desire shared by those who have a similar karma, or in homoeopathic terms belong to the same miasmatic group. Hence there will be themes or trends, as themes can also be physicals, which most people who belong to a miasm will share.

Another way of comprehending the ramifications and impact of a miasm is by understanding that everything that is ever done within a person’s lifetime, everything they ever see and everything they ever hear will be influenced by the miasm that interprets it. If a person is psoric, then everything will have a psoric accent. This means that while it can never be said that only psorics will do this or all sycotics will do that, it is true to state that even though a psoric and a sycotic person may team up to accomplish the same thing, how they accomplish the task, what they expect to gain from it as well as what motivated them to take it on in the first place will be entirely different. Miasmatic understanding is not about outcomes, it is about understanding motivations.

A miasmatic theme is our version of karmic vision. Once rebirth occurs a person who has been drawn into the green spectrum, for example, will return with the same old instinctual tendencies that all greens suffer from. This pattern is desperately hard to break as it involves seeing yourself and the world through different eyes from the ones you've been given in order to have any hope at all of liberation. A green sees the world and everyone in it, each and every event that occurs, through green and only green eyes. Each individual may see the same event, but how it is interpreted will be entirely different.

Interpretations are based entirely on previous experience. One can only make an evaluation by reference to the past. Imagine trying to explain to someone that you have just seen a life form from outer space, but this life form has no similarity to anything that has ever existed on earth, it is completely unique, indeed even its colour is a colour that you have never seen. It has no odor and it made a sound that could not be imitated. How can you explain what you have seen without a previous comparison to equate it to? Everything that is ever seen or done is always matched and reviewed against previous experience. A new experience must have some similarity to a past event otherwise it will disorient the senses. Most new experiences have only a slight variation from the ones of the past so the event can be accepted. This is how a body of knowledge is built; it takes time to gain experience and experience to gain wisdom.

What if someone's past experience is entirely different from your own? If their memories and truths are completely different? Obviously their world as well as what exists in it will be different from the world you inhabit. Let's take it a little further; what happens if beliefs gained through experience are inherited? If acquired knowledge from previous generations is handed down genetically rather than buried with the corpse? After all, every other facet of our make-up is transferred and stored genetically, why would knowledge, the most important survival tool of all, be the only exception? That would mean that the way any individual will view the world and how they interact with it, together with the type of energy they will most likely emit were formed at the same time as the transference of every other piece of genetic material. Again this exemplifies why a person who is psoric is so from the moment of conception until the end of their time, but psora like all the miasms is a range of potential possibilities none of which is inevitable. Circumstance is the bridge between potential and development.



This may seem fatalistic at first but that would be a misconception. Free will survives and flourishes within this construct. The miasms inform us in advance of what the most likely consequences of our negative actions will be should we choose to continually succumb to them. Miasmatic themes are just words. Free will is their placement to form the story they will tell.

Miasmatic understanding shows that there is purpose in life, that life is not a series of random events or luck. It cannot explain everything of course, even homoeopathy has its limits, but it does provide as deep an understanding of human behavior as any philosophy devised. Homoeopathy proves that there is a spiritual nature to mankind, how else can the infinitesimal dose work? To deny or shirk this understanding because it's embarrassing or because it conflicts with scientific medicine is to deny the truth. Homoeopathy shows that God is not a dirty word or an embarrassing one. Life does have meaning and events are not random.

As homoeopaths we understand that the cure is within the cause, not only in medicines but also in events. Only by recognizing patterns do we finally ask ourselves "Why are these things happening?" It is not human nature to become self-reflective when everything is wonderful. Repeating events show us where and what to look for.

Why, then, cannot this vital force, efficiently affected through homoeopathic medicine, produce any true and lasting recovery in these chronic maladies even with the aid of the homoeopathic remedies which best cover their present symptoms; while this same force which is created for the restoration of our organism is nevertheless so indefatigably and successfully active in completing the recovery even in severe acute diseases? What is there to prevent this?

*Samuel Hahnemann*

**Chapters 4 – 23 missing from this sample**

# BIBLIOGRAPHY

## APPEARANCE AND CIRCUMSTANCE

256

### Part 1 – Miasms

#### 1 METHODOLOGY

Allen, J H, *The Chronic Miasms Vol. 1 – Psora and Pseudo-Psora*, Author, Chicago, 1910; reprint, B Jain Publishers, New Delhi, 1994.

Banerjea, Dr Subrata Kumar, *Miasmatic Diagnosis: Practical Tips with Clinical Comparisons*, B Jain Publishers, New Delhi, India, 1991.

Close, Stuart, *The Genius of Homoeopathy*, Homeopathic Publications, New Delhi,

Foubister, Donald, *The Carcinosis Drug Picture*, Macrepertory Reference Works

Hahnemann, Samuel, Wheeler, C E (trans.) *Organon of the Rational Art of Healing*, J M Dent & Sons, London, 1913.

Kent, J T, *Lectures on Homoeopathic Philosophy*, Thorsons Publishers Limited, Wellingborough, 1979.

Roberts, *The Principles and Art of Cure by Homoeopathy*, Health Science Press, Whitstable, Kent, 1942.

Stokes, John H, *Modern Clinical Syphilology: Diagnosis, Treatment, Case Studies*, W B Saunders, Philadelphia, 1926.

#### 2 WHAT IS A MIASM?

Kent, J T, *New Remedies, Clinical Cases, Lesser Writings, Aphorisms and Precepts*, Ehrhart & Karl, Chicago, 1926.

Kent, J T, *Lectures on Homoeopathic Philosophy*, Thorsons Publishers Limited, Wellingborough, 1979.

King, Serge Kahili, *Hawaiian Huna Shaman Training, Course Transcript, 'Tranceformations'*, 1990 (see also [www.huna.org](http://www.huna.org)).

Ortega, Dr P S. *Notes on the Miasms* (1st English edn), National Homoeopathic Pharmacy, New Delhi, 1980.

Rinpoche, Sogyal, eds Patrick Gaffney and Andrew Harvey, *The Tibetan Book of Living and Dying*, Rider, Random House, London, 1998.

#### 3 HOMOEOPATHIC GENETICS – MIASMATIC INHERITANCE

Rinpoche, Sogyal, eds Patrick Gaffney and Andrew Harvey, *The Tibetan Book of Living and Dying*, Rider, Random House, London, 1998.

257

## BIBLIOGRAPHY

#### 4 THE VARIOUS WAYS MIASM ARE CLINICALLY APPLIED

Hahnemann, Samuel, *Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure*, B Jain Publishers, New Delhi, India, 1992.

Ortega, P S, *Notes on the Miasms*, National Homoeopathic Pharmacy, New Delhi, 1980.

Sankaran, Rajan, *Bombay Seminar 2002: Souvenir*, Homoeopathic Medical Publishers, Bombay, 2002

Vithoulkas, George, *The Science of Homoeopathy*, Vol. 1, ASOHM, Athens, 1978 (B Jain Publishers, reprint edn 1992).

#### 5 THE SINGLE DOMINANT MIASM THEORY

Allen, J H, *The Chronic Miasms Vol. 1 – Psora and Pseudo-Psora*, Author,

Chicago, 1910, 1994 reprint.

Boger, C M, *Collected Writings*, Churchill Livingstone, Edinburgh, 1994.

Hahnemann, Samuel, *Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure*, B Jain Publishers, New Delhi, India, 1992.

#### 6 PATHOLOGY AND THE MIASMS.

Close, S. *The Genius of Homoeopathy*, Homeopathic Publications, New Delhi.

Phatak, S R, *Materia Medica of Homoeopathic Medicines*, Indian Books and Periodicals Synd., New Delhi, 1977.

#### 7 THE NUMBER OF MIASMS

Allen, J H, *The Chronic Miasms Vol. 1 – Psora and Pseudo-Psora*, Author, Chicago, 1910, B Jain Publishers, 1994 reprint.

Boger, C M, *Collected Writings*, Churchill Livingstone, Edinburgh, 1994.

Campbell, A, *The Two Faces of Homoeopathy*, Robert Hale, London, 1984.

Hahnemann, Samuel, *Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure*, B Jain Publishers, New Delhi, India, 1992.

Hahnemann, Samuel, Wheeler, C E (trans.) *Organon of the Rational Art of Healing*, J M Dent & Sons, London, 1913; 5th and 6th edition with Dudgeon, B Jain Publishers, 1992 (reprint edn).

MacRepertory 5.7, Complete 45 repertorization, skin-warts (see also [www.repertory.org](http://www.repertory.org))

Morningstar, Sally, *Divining the Future: Discover and Shape Your Destiny by Interpreting Signs, Symbols and Dreams*, Anness Publishing Inc., 1998.

Morrison, R, *Desktop Guide to Keynotes and Confi rmatory Symptoms*,

*APPEARANCE AND CIRCUMSTANCE*

258

Hahnemann Clinic Publishing, Albany, 1993.

#### 8 THE DEVELOPMENT OF THE NEW MIASMS

Handley, R, *In Search of the Later Hahnemann*, Beaconsfi eld Publishers Ltd, Beaconsfi eld, 1997.

Morrison, R, *Desktop Guide to Keynotes and Confi rmatory Symptoms*, Hahnemann Clinic Publishing, Albany, 1993.

Vermeulen, F, *Synoptic Materia Medica*, Merlijn Publishers, Haarlem, 1992.

#### 9 FURTHER DEVELOPMENT OF THE EXISTING MIASMS

Handley, R, *In Search of the Later Hahnemann*, Beaconsfi eld Publishers Ltd, Beaconsfi eld, 1997.

Kent, J T, *Lectures on Homoeopathic Philosophy*, Thorsons Publishers Limited, Wellingborough, 1979.

#### 10 COLOUR CODING THE MIASMS

Bleeding Gums Murphy, The Simpsons.

Hahnemann, Samuel, *Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure*, B Jain Publishers, New Delhi, India, 1992.

Kent, J T, *Lectures on Homoeopathic Philosophy*, Thorsons Publishers Limited, Wellingborough, 1979.

#### 11 FACIAL FEATURES AS INDICATORS OF THE MIASM

Allen, J H, *The Chronic Miasms Vol. 1 – Psora and Pseudo-Psora*, Author, Chicago, 1910; reprint, B Jain Publishers, New Delhi, 1994.

#### 12 HOW TO USE THE MIASMS IN CLINICAL PRACTICE.

Woman the carrier of creation. Pub. McDonald Bayne Consultants. 1991 ed.  
Kent, J T, *New Remedies, Clinical Cases, Lesser Writings, Aphorisms and  
Precepts*, Ehrhart & Karl, Chicago, 1926.

## Part 2 – Miasmatic Themes

### 14 MIASMATIC THEMES – PSORA (YELLOW)

Kent, J T, *Lectures on Homoeopathic Philosophy*, Thorsons Publishers  
Limited, Wellingborough, 1979.

MacRepertory 5.7, Complete 45 repertorization (see also [www.repertory.org](http://www.repertory.org))  
259

#### BIBLIOGRAPHY

### 15 MIASMATIC THEMES – SYCOSIS (RED)

Banerjea, Dr Subrata Kumar, *Miasmatic Diagnosis: Practical Tips with  
Clinical Comparisons*, B Jain Publishers, New Delhi, India, 1991.

Luscher, Dr Max, and Scott, Ian A (ed), *The Luscher Color Test*, Jonathan  
Cape, 1970.

Vermeulen, F, *Synoptic Materia Medica*, Merlijn Publishers, Haarlem, 1992.

### 16 MIASMATIC THEMES – SYPHILIS (BLUE)

Luscher, Dr Max, and Scott, Ian A (ed), *The Luscher Color Test*, Jonathan  
Cape, 1970.

Nikiforuk, Andrew, *The Fourth Horseman*, Penguin Books, 1991 and 1996.

Roberts, *Principles and Art of Cure by Homoeopathy: A Modern Textbook*,  
Homoeopathic Publishing Company, London, 1936.

### 17 MIASMATIC THEMES – SYCO-PSORA (ORANGE)

Luscher, Dr Max, and Scott, Ian A (ed), *The Luscher Color Test*, Jonathan  
Cape, 1970.

MacRepertory 5.7, Complete 45 repertorization (see also [www.repertory.org](http://www.repertory.org))

Phatak, S R, *Materia Medica of Homoeopathic Medicines*, Indian Books and  
Periodicals Synd., New Delhi, 1977.]

### 18 MIASMATIC THEMES – SYCO-SYPHILIS (PURPLE)

Clarke, J H, *A Dictionary of Practical Materia Medica*, Homoeopathic  
Publishing Co., London, 1925. (New issue.). (ReferenceWorks).

Luscher, Dr Max, and Scott, Ian A (ed), *The Luscher Color Test*, Jonathan  
Cape, 1970.

MacRepertory 5.7, Complete 45 repertorization (see also [www.repertory.org](http://www.repertory.org))

Zandvoort, Roger van, *The Complete Repertory*, Millenium Edition,  
ReferenceWorks.

### 19 MIASMATIC THEMES – TUBERCULAR (GREEN)

Luscher, Dr Max, and Scott, Ian A (ed), *The Luscher Color Test*, Jonathan  
Cape, 1970.

MacRepertory 5.7, Complete 45 repertorization (see also [www.repertory.org](http://www.repertory.org))

Nikiforuk, Andrew, *The Fourth Horseman*, Penguin Books, 1991 and 1996.

Vermeulen, F, *Concordant Materia Medica*, Merlijn Publishers, Haarlem,  
1994.

#### APPEARANCE AND CIRCUMSTANCE

260

### 20 MIASMATIC THEMES – CANCER (BROWN)

Clarke, J H, *A Dictionary of Practical Materia Medica*, Homoeopathic  
Publishing Co., London, 1925. (New issue.)

MacRepertory 5.7, Complete 45 repertorization (see also [www.repertory.org](http://www.repertory.org))  
Vermeulen, F, *Synoptic Materia Medica*, Merlijn Publishers, Haarlem, 1992. \_\_