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Part I: Philosophy & Utility of Miasm

Miasmatic Philosophy: There are several chapters in this section : e.g. Keywords; Terminologies; Rationality; Clinical & Practical Utility; Miasmatic layers; Ancestral & Clinical Tips and Discussions on Common Misconceptions :

Example of two chapters are given below :

MIASM: DR. BANERJEA'S DEFINITION

I define miasm as an invisible, inimical, dynamic principle which permeates into the system of a living creature, creating a groove or stigma in the constitution which can only be eradicated by a suitable anti-miasmatic treatment. If effective anti-miasmatic treatment does not take place then the miasm will persist throughout the life of the person and will be transmitted to the next generation.

MIASM: DR. BANERJEA'S TEN PRINCIPLES

- I. Miasm is a dynamic energy which cannot be seen.
- II. Every living creature on earth, bacteria, virus etc., has its own miasm.
- III. Miasm is hostile to the life preserving energy (inimical to the vital force) of any living creature.
- IV. It is dynamic, as it affects the dynamic plane and thereby dynamically deranges the life preserving energy of any living creature.
- V. The basic pre-condition of a miasmatic infection is susceptibility.
- VI. When a person or any living creature is susceptible (characterised by hypo-immunity = psora) the inimical, invisible dynamic principle of miasm gets the chance to permeate into the body (as the immunity is low and thereby the person is susceptible to receive such infection), this is known as miasmatic infection.
- VII. After entering in the body, it tends to join the fundamental miasms already existing in the body.
- VIII. Then it takes the upper hand; as the miasmatic force from outside plus the miasmatic force already dormant in the body conjoin together and dynamically affect the vital force (life preserving energy) thereby dynamic derangement of the vital force occurs.
- IX. So the miasmatic force dynamically deranges the vital force, and that results in disease. There is always a battle going on inside the body between the vital force and the miasmatic force; in health the vital force wins and in disease, the miasmatic force wins.
- X. The miasmatic force creates a stigma or vacuum in the constitution, which can only be eradicated by suitable anti-miasmatic medicine, otherwise it is transmitted to the next generation. Miasmatic dissection and incorporation of the same in each case will help **(a)** to open up a case, where there is a scarcity of symptoms due to various physical, emotional or iatrogenic suppressions, by the centrifugal action of deep acting anti-miasmatic medicines. Also of importance is the value of selecting an anti-miasmatic medicine which covers the nature and character of the individual in absence of any recognisable totality. Thus, the anti-miasmatic medicine covers the essence of the person and opens up the case; **(b)** to be more confident in prescribing by including the surface miasm in the consideration of the totality, as miasm, the dyscrasia of the person, constitutes a major part of the totality; **(c)** to evaluate the

necessity of change of the plan of treatment or change of the remedy; as few symptoms have disappeared after the first remedy, yet the miasmatic totality indicates the preponderance of the same miasm in the surface which was originally covered by the initial remedy, therefore it foretells that we can stay with the previous remedy; **(d)** to evaluate the homoeopathic prognosis of the case, as removal of layers of suppression manifest as clarity of symptoms and can be accompanied by a quantum jump in the sense of well being; **(e)** to fulfil Hahnemann's three injunctions of cure: rapid, gentle and permanent; and **(f)** anti-miasmatic medicines help to clear up the suppressions (in relation to the past); clear up the presenting symptoms from its root or origin (in relation to the present); and clear up the susceptibility to get infection and thereby strengthens the constitution (in relation to the prophylactic aspect or future).

INTRODUCTION:

THE UTILITY AND INCORPORATION OF MIASM IN PRESCRIBING:

The consideration of miasms is of paramount importance in effective homoeopathic prescribing particularly in this world of multi-suppressions where perceiving a clear picture of disease is becoming increasingly difficult.

Disease pictures can be complicated for several reasons, and the chart below shows the three pictures which may arise. These pictures are expanded upon within this chapter as an important starting point in understanding the value of miasms and miasmatic prescribing in modern homoeopathic practice.

- a) Contaminated Picture: the disease is contaminated or masked (through a lack of expression of symptoms or manifestations due to emotional, physical or iatrogenic suppressions).
- b) Conjoint Picture: the original malady exists upon which symptoms of various drugs are superimposed.
- c) Scarcity of Symptoms: conditions in which it is difficult to ascertain a totality of symptoms, i.e. one-sided diseases such as insomnia, migraine, fatigue syndromes etc.

a) Contaminated Picture:

The disease picture is contaminated by various forms of suppression, which can be recognised in either of two ways:

- i) A lack of expression of symptoms which have been driven inside by heroic suppressive measures.
- i) A contaminated picture formed by the original disease together with a lack of expression caused by physical or emotional suppressions. E.g. an extrovert receives disappointing news and their natural inclination is to sob loudly to recover. Circumstances however forbid this and they are forced to bottle up their feelings - their emotions therefore become suppressed.

b) Conjoint Picture:

In these cases, the symptoms of the original disease are superimposed with symptoms of the artificial drug disease. Conjoint pictures may arise as follows:-

- i) The original disease is joined by an artificial chronic disease (due to allopathic medical malpractice §78).
- ii) The original disease is joined by an artificial chronic disease (due to homoeopathic medical malpractice, e.g. as in cases of polypharmacy, too frequent repetition of doses or the usage of combinations where the action of such applications has not been proved on healthy human beings).
- iii) The original disease is joined by an artificial chronic disease produced by vaccinations and serums.

c) Scarcity of Symptoms:

A scarcity of symptoms will be apparent in cases of 'one-sided disease', of which Hahnemann makes us aware in §173 of The Organon. These are diseases with too few symptoms, such as insomnia, anorexia and cases of hyperactive, restless children. They also include the so called modern illnesses such as Chronic Fatigue Syndrome, where there are only one or two symptoms showing on the surface of the case. In a case of insomnia, for example, where loss of sleep is due to anxiety and nothing more, we are unable to make a totality. We cannot prescribe successfully on the basis of one or two symptoms and it is due to suppression that only one or two symptoms are visible. It follows therefore, that the manifestations and expressions of the patient must have been suppressed.

We know that in the modern world, the causes of suppression are many. They do however fall into the three main categories as follows. Examples are given under each category although it should be noted that these examples are by no means exhaustive.

PhysicalSuppressions e.g. suppression of perspiration by antiperspirants.

Emotional Suppressions e.g. broken relationships; disappointments in love; pecuniary embarrassments.

Iatrogenic Suppressions

- i) Suppressions by non-homoeopathic remedies e.g. antibiotics, steroids etc.
- ii) Suppressions by homoeopathic medicines e.g. daily repetition of doses over a prolonged period, polypharmacy, quick alternation of remedies, the use of combinations.
- iii) Widespread vaccination.
- iv) Suppressions caused by the use of serums (anti-sera preparations) such as the contraceptive pill and H.R.T.

So we can clearly see that manifestations of one-sided diseases are either contaminated, conjoined with artificial disease symptoms, or hindered and suppressed. Clinical experience of the classical prescribers and my own ancestral wisdom has shown that the best way to

open up these cases is from the miasmatic viewpoint. That is to say, we perceive the surface miasm and treat it accordingly. The surface miasm itself being diagnosed by considering the symptoms showing on the surface of the case as presenting complaints.

Uncovering the Layers:

It is apparent therefore, that it is necessary to understand the soil, the very dyscrasia of the person, and the miasm, which represents the stigma, groove or pollution in the system. This stigma/groove/pollution, call it what you will, can only be corrected through constitutional, anti-miasmatic treatment, and through such treatment, the complete annihilation of symptoms and perfect restoration of health will ensue.

In order to make a miasmatic assessment, we need to uncover the layers of predisposing weaknesses, which can be attributed to the different layers of suppressions. These reflect the miasmatic weakness of the individual.

I like to compare these different layers of miasmatic dyscrasia with the lotus flower. The outermost layer or petal reflects the surface miasm, that is, the presenting manifestation of the person. On the basis of the totality of symptoms, together with the miasmatic totality, the constitutional anti-miasmatic remedy is then selected for that presenting totality. This not only removes the surface symptoms but also the corresponding miasmatic dyscrasia, which was being manifested on the surface at that time.

Once the outer layer of the flower is removed the second layer is revealed. This second layer in turn becomes the surface miasm, reflecting a different group of symptoms. Dr. Kent guides us here, stating that there now has to be a change in the plan of treatment. This means that if the previous outermost layer was sycosis (and accordingly an anti-sycotic remedy was given which annihilated all the symptoms of that layer), the next miasmatic layer, which rises to the surface, has also to be addressed by its own presenting symptoms. The totality of the case needs to be reassessed and the next prescription selected on the basis of the totality of symptoms including the miasmatic symptomatology.

The skill of a homoeopathic physician is to recognise the differing layers present as they reveal themselves through the surfacing of symptoms. The remedy they select should not only cover the symptomatic totality as manifested through the surfacing of symptoms in the outermost layer but also the miasmatic totality. In such a way 'layer upon layer of predisposing weakness' can be peeled off, taking with them the layers of suppressions and corresponding miasma, and the miasmatic dyscrasia can be nipped in the bud.

Classical Miasmatic Prescribing:

MTEK is a useful memory aid to arriving at a correct prescription.

M = Miasmatic Totality

T = Totality of Symptoms

E = Essence (should include gestures, postures, behaviours etc)

K = Keynotes (which should encompass PQRS symptoms, refer §153 and §209 of Hahnemann's Organon)

When the above criteria are considered and the steps below followed, a correct prescription can be made.

Step I Make the miasmatic diagnosis of the case i.e. ascertain the surface miasm.

Step II Assess the Totality of Symptoms + Essence + Keynotes and PQRS of the case and formulate the indicated remedy.

Step III Ensure that the indicated remedy covers the surface miasm, as diagnosed in Step I (refer Miasmatic Weightage of Medicines, the last section of this book).

Step IV Administer the remedy, which encompasses miasm as well as the Totality of Symptoms.

By such a prescription, which covers the miasmatic dyscrasia of the person, the chances of recurrence are eradicated and the axiom of 'rapid, gentle and permanent recovery' (Hahnemann's Organon §3) is encompassed. In cases of one-sided disease with a scarcity of symptoms, the action of the anti-miasmatic remedy is centrifugal, and by bringing the suppressed symptoms to the surface allows a proper totality to be framed.

The miasmatic consideration is therefore of great importance as demonstrated in the following example:-

A person is suffering from features of gastric ulcer, which has been confirmed by radiography. As ulceration is syphilitic, the surface miasm is therefore syphilitic also. Let us say that the totality of symptoms (physical, emotional and essence) of the person reflects towards Kali Bichromicum, an anti-syphilitic remedy. The choice of remedy is therefore simple, as Kali Bich covers both the totality of symptoms and the surface miasm of this gastric ulcer case. Kali Bich will peel away the outer layer and reveal a second layer underneath. This second layer may manifest perhaps through the appearance of warts or moles on the face, an indication of suppressed sycosis and the next assessment of the case should include this new surface totality. Following Kentian ideology we now know that there needs to be a change in the plan of treatment, that is, the previous syphilitic plan needs to change to a current sycotic plan, and a new anti-sycotic medicine needs to be selected based on the presenting totality.

Why Should We Know Miasm?

A thorough dissection and incorporation of miasm in each case will help a homoeopathic prescriber in the following ways:

- (i) A deep acting anti-miasmatic medicine by virtue of its centrifugal action will open up such cases (brings to the surface the suppressed symptoms) where the totality of symptoms cannot be framed due to a scarcity of symptoms (i.e. one-sided cases), and those cases with conjoint or contaminated pictures due to various physical, emotional or iatrogenic suppressions.

(ii) Also of importance is the value of selecting an anti-miasmatic medicine, which covers the psychic essence, nature and character of the individual in absence of any recognisable totality. For example, a patient presents with insomnia with no distinguishing modalities or other characters to complete the symptom. By ascertaining that person's psychic essence or character (for instance, suspicious, jealous and exploiting in nature, representing sycosis) we can prescribe an anti-miasmatic medicine to cover the insomnia and open up the case. Thus, the anti-miasmatic medicine covers the essence of the person is capable of surfacing the suppressed symptoms and then we can easily frame the totality.

(iii) To be more confident in prescribing by including the surface miasm of the case in the consideration of the totality, as miasm, the dyscrasia of the person, constitutes a major part of that totality. Miasm and the symptoms are nothing but the two sides of the coin, and one cannot be considered whilst ignoring the other. In fact, the totality of symptoms cannot be said to be total until and unless the selected remedy covers the miasm.

(iv) To evaluate the necessity of a change in the plan of treatment or a change of remedy; when few symptoms have disappeared after the first remedy has been administered, yet the miasmatic totality shows the preponderance of the same miasm on the surface as that which was originally covered by the initial remedy. It indicates that the prescriber can stay with that initial remedy, as can be seen from the following example: a patient came with the presenting symptom of facial wart, for which Causticum was prescribed. As this medicine covers the miasm (here in this case, sycosis) as well as the symptom, the wart has fallen off; and the next suppressed layer, perhaps a profuse yellowish leucorrhoea (which was previously suppressed by cauterisation) comes to the surface. This symptom too is a sycotic manifestation, and if also covered by Causticum, then that remedy will totally eradicate the problem. So knowledge of miasm guides us to stay with the remedy and to allow its full and complete action.

(v) To evaluate the homoeopathic prognosis of the case, as removal of layers of suppression are manifested as clarity of symptoms and also reflected by a quantum jump in the sense of well being. Deep acting anti-miasmatic medicines by virtue of their centrifugal action will remove the layers of suppression which can be evidenced as follows:

- a) A quantum jump in the sense of well being.
- b) Improved energy.
- c) Increased appetite.
- d) Better quality of sleep.
- e) Harmony and tranquillity of temperament.
- f) Stability (in obese people) or weight gain in under weight subjects.
- g) Clarity of the existing or presenting symptoms or even lighter symptoms.
- h) Suppressed symptoms (even of years ago) reappear on the surface and are permanently eradicated. This reappearance can be in a very transient form, which may not even be visible to the naked eye.

(vi) To fulfil Hahnemann's three injunctions of cure: rapid, gentle and permanent.

(vii) Anti-miasmatic medicines help to clear up the suppressions (in relation to the past); clear up the presenting symptoms from their root or origin (in relation to the present); and clear up the susceptibility to get infection and thereby strengthening the constitution (in relation to the prophylactic aspect or future).

And so we return to the key points of this introduction - the utility and incorporation of miasm in prescribing. Miasm represents the past, the present and the future - the past in terms of the layers of suppression and their removal, the present by the removal of these layers, which leads to a clear assessment of the totality of symptoms, and the future where the patient becomes stronger as a whole and is more able to resist morbid influences. Even in this modern world of heroic suppressions, a proper constitutional, anti-miasmatic treatment is capable of achieving the following results:-

PAST

In one-sided cases, the centrifugal action of the anti-miasmatic remedy brings suppressed symptoms to the surface and in so doing allows the proper totality to be framed. A correct anti-miasmatic prescription is also effective in cases where the picture of the disease is either conjoint or contaminated. In such cases, it organises the symptoms and frames a clear picture by removing the blocks.

PRESENT

Removal of the different layers of suppression one after another through changes in the plan of miasmatic treatment according to the presenting surface miasm and corresponding symptomatic totality. Thereby the miasmatic dyscrasias are corrected, which in turn lessen the susceptibility to become sick. Thus we achieve the Hahnemannian ideology of permanent restoration of health.

FUTURE

Clearance of the miasmatic stigmas and dyscrasias serves to improve the immunity and strengthen the constitution.

The proper miasmatic diagnosis of each case can uproot the underlying cause and nip the bud of increased susceptibility to diseases! Miasmatic prescribing is therefore both curative and preventive.

KEY WORDS AND CRITERIAS:

BASIC CRITERIA OF THE FOUR GREAT MIASMS:

KEY WORD		MIASM	CRITERIAS
IRRITATION		PSORA	LACK, SCANTY & ABSENCE
Either physical or mental			e.g. atrophy, anaemia, ataxia, anorexia etc.
Physical	Mental		

KEY WORD		MIASM	CRITERIAS
Physical irritation is characterised by itching	Mental irritation leads to mental turmoil characterised by		Therefore any diseased condition characterised by deficiency, scantiness or absence, and all 'hypo' conditions reflect psora
e.g. itching all over the body	e.g. anxiety alertness apprehension (especially of impending misfortune), which manifests as fear. Psora has the most fears of all the miasms.		So deficient immunity resulting in increased susceptibility to catch infections i.e. 'hyper sensitivity' is a psoric criterion.

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KEY WORD		MIASM	CRITERIAS
INCOORDINATION		SYCOSIS	HYPER
Either physical or mental			
Physical	Mental		All hypers and excesses are sycotic.
Incoordination in development	Incoordination in the sensorium or comprehension		e.g. hypertrophy, hyperplasia, hypersexuality, excess working (workaholics).
Proliferation or excess	e.g. absentmindedness		
e.g. tumours, fibroids, warts and any growths.	Whilst concentrating on studies the mind is abstracted and wanders off elsewhere.		

KEY WORD		MIASM	CRITERIAS
DESCSTRUCTION & DEGENERATION		SYPHILIS	'DYSES' AND IRREGULAR MANIFESTATIONS
Either physical or mental Physical Characterised by structural destruction and degeneration i) Ulceration (where there is cellular destruction and degeneration)	Mental Characterised by destruction and perversion i) Love for one's own life is destroyed		All hypers and excesses are sycotic. e.g. dystrophy, dysplasia, dysphagia Irregular manifestations such as irregular peristaltic movement resulting in dysenteric spasm and stool, or high systolic and low diastolic blood pressure in one individual. Such manifestations reflect irregularity in the circulatory mechanism.

KEY WORD	MIASM	CRITERIAS
<p>(suicidal tendencies).</p> <p>ii) Pus formation (characterised by degenerated cellular debris)</p> <p>iii) Necrosis (characterised by structural degeneration)</p>	<p>ii) Perverted sex and sexual cravings.</p>	

KEY WORD	MIASM	CRITERIAS
<p>DISSATISFACTION</p> <p>Either physical or mental</p> <p>Physical</p> <p>i) Person craves sugar but this makes them sick and they become dissatisfied.</p> <p>ii) Perverted sexual cravings or profuse masturbation make the person exhausted (this is from the syphilitic component of the miasm), or the person enjoys sex but exhaustion does not permit so they remain unsatisfied.</p>	<p>TUBERCULAR</p> <p>Mental</p> <p>i) Changeable mentality (e.g. wants new clothes, changes occupation, studies, jobs partners etc. very frequently and is never satisfied).</p> <p>ii) Vagabond mentality (e.g. likes to travel often, cannot stay in one place).</p>	<p>ALTERNATING, PERIODIC, ONE-SIDED AND VAGUE MANIFESTATIONS</p> <p>i) Alternation — e.g. constipation alternates with diarrhoea.</p> <p>ii) Periodicity — e.g. headache comes on every seventh day.</p> <p>iii) One sided diseases — e.g. insomnia, anorexia, migraine, fatigue etc.</p> <p>iv) Other conditions which present with ill-defined symptoms or too few symptoms.</p> <p>v) All allergic manifestations such as food and dust allergies.</p> <p>vi) All haemorrhages.</p> <p>vii) All recurrent problems.</p>

PART II: MIASMATIC DIAGNOSTIC CLASSIFICATIONS

Miasmatic Diagnostic Classifications : 22 Chapters in this section: e.g. Comparison of Mental; General Characteristics; Nature; Vertigo; Head & Scalp; Eye; Nasal; Facial; Cardiac; Abdominal; Rectal; Sexual; Nail; Modalities etc.

Example of one chapter is given below :

MIASMATIC DIAGNOSIS:

COMPARISON OF CHARACTERISTICS AND NATURE

<i>Key Word</i>	<i>Psora Sensitising Miasm</i>	<i>Sycosis Miasm of Incoordination</i>	<i>Syphilis Degenerating Miasm</i>	<i>Tubercular Responsive, Reactive Miasm</i>
1. General Manifestations	i) Psora develops itch.	i) Sycosis develops catarrhal discharges.	i) The syphilitic miasm has virulent open ulcers.	i) The tubercular miasm has haemorrhages.
	ii) Unhealthy skin with burning and itching represents psora.	ii) Oily skin with thickly oozing and copious perspiration, represents sycosis.	ii) Ulcerated skin with pus and blood represents syphilis.	ii) Oily skin with coldness represents the tubercular miasm.
	iii) All 'hypos' are mainly psoric.	iii) 'Hypers' are sycotic.	iii) 'Dyses' are syphilitic.	iii) Allergies are tubercular.
	iv) Hypoplasia is psoric.	iv) Hyperplasia is sycotic.	iv) Dysplasia is syphilitic.	iv) Alternation of 'hypo' and dysplasia is tubercular.
	v) Atrophy, ataxia, anaemia and anoxaemia are psoric.	v) Hypertrophy is sycotic.	v) Dystrophy is syphilitic.	v) Dystrophy with haemorrhage is tubercular.
	vi) Hypotension is psoric.	vi) Hypertension is sycotic.	vi) Irregular, arrhythmic pulse is syphilitic.	vi) Intermittent pulse is tubercular.
	vii) Lack, scanty, less and absence denote psora.	vii) Exaggeration or excess denotes sycosis.	vii) Destruction and degeneration denote syphilis.	vii) Alternation and periodicity is tubercular.
	viii) Weakness is psoric.	viii) Restlessness (especially physical) is sycotic.	viii) Destructiveness is syphilitic.	viii) Changeableness is tubercular.
	ix) An inhibitory tendency is psoric.	ix) An expressive tendency is sycotic.	ix) Melancholic, depressive and suicidal	ix) A dissatisfied tendency is tubercular.

			tendencies are syphilitic.				
x)	Dryness of membrane denotes psora.	x)	Augmented secretion denotes sycosis.	x)	Ulceration denotes syphilis.	x)	Haemorrhages and allergies denote the tubercular miasm.
xi)	Psora does not assimilate well.	xi)	Sycotics are over-nourished.	xi)	Syphilitics have disorganised digestion.	xi)	Tubercular types crave the things, which make them sick.
xii)	The secretions of psora are serous.	xii)	Sycotic secretions are purulent.	xii)	Syphilitic secretions are sticky, acrid and putrid.	xii)	Tubercular secretions are haemorrhagic.

2. General Nature of the Miasm

Hyper-sensitivity (basically psora is 'hypo' in expression which leads to low immunity resulting in hyper-susceptibility. This manifests as an exalted sensitivity to external allergens and environment).

Sycosis produces incoordination everywhere, resulting in over-production, growth and infiltration in the form of warts, condylomata, tumours and fibrous tissues etc.

Syphilis produces destructive disorder, which manifests as perversion, suppuration, ulceration and fissures.

The tubercular miasm produces changing symptomatology and confusing vague symptoms (e.g. dyspepsia, weakness, wasting and fever). Manifestations are variable, shifting in location, alternating in state and contradictory.

Itching, irritation and burning lead towards congestion and inflammation with only functional changes.

The capacity to produce hypersensitivity or in other words the sensitising property of psora is the basic nature. By dint of this property it makes the organism susceptible to all sorts of environmental conditions and diseases, as well as to allergens.

3. Key Words and Expressions

Hypo-immunity.
Anxiety.
Apprehension.
Alertness.
Fears.

'Hyper' — mental and physical.
Hypertrophy; growths; incoordinations.

Destruction — physical and mental.
Degeneration.
Necrosis and ulceration.
Putridity and acidity.
'Dyses'.

Dissatisfaction.
Alternation; changeability; migratory.
Periodic.
Recurrence.
Allergic.

	Irritation - mental and physical. Sensitivity.		Irregular; arrhythmia.	Vague manifestations. Craves the things, which make them sick.
4. Diathesis	i) Eruptive diathesis.	i) Rheumatic and gouty. ii) Lithic and uric acid. iii) Proliferative diathesis.	i) Suppurative or ulcerative diathesis.	i) Scrofulous diathesis. ii) Haemorrhagic diathesis. iii) Allergic diathesis.
5. Organs and Tissues Affected	Ectodermal tissues. Nervous system, endocrine system, blood vessels, liver and skin.	Entodermal and soft tissues. Attacks internal organs, pelvis and sexual organs, and the blood (producing anaemia).	Mesodermal tissues. Soft tissues and bones; glandular tissues particularly the lymphatics.	Glandular tissue. Patient is poor in bone, flesh and blood.
6. Nature of Diseases	i) Deficiency disorders.	i) Deposition and/or proliferation of cells/tissues.	i) Destructive, degenerative disorders, deformities, fragility.	i) Depletion. ii) Drainage and wastage. iii) Alternating disorders.
7. Pace of Action	i) Hyperactive. ii) Dramatic development of symptoms.	i) Extremely slow, insidious. ii) Silent or even surreptitious in its manifestations.	i) Usually midway in pace, i.e. moderate. Though sometimes rapid and/or sometimes can be insidious. ii) Generally more overt in its manifestations.	i) Depends according to preponderance of psoric or syphilitic miasm.
8. Constitution	Carbonitrogenoid (excess of carbon and nitrogen).	Hydrogenoid (excess of water).	Oxygenoid (excess of oxygen).	Changeable constitution with alternation and periodicity.
9. Psychic Manifestations	a) The person The sterile philosopher who has lots of ideas but cannot materialise them. Theoretical persons with no sense of practicality at all. Dishonesty, secretiveness, wickedness and impurity play a large part in the psoric nature.	Deceitful, sullen, cunning persons are sycotic. They are very practical, have a tendency to exploit others and care only for their own benefit and pleasures.	Syphilitic persons seem to have one emotion only -the urge for destruction. They lack any sense of realisation, duty and understanding. Syphilitics are the committed criminals and cold-blooded murderers. They suffer from a vitiated mentality,	The tubercular person is always dissatisfied and changeable. They display both a lack of tolerance and of perseverance.

			which impairs their sense of judgement.	
b) The nature of the miasm and the person	Psora is the sensitising miasm in that, hyperactivity and hypersensitivity of the mind and body result from increased susceptibility due to hypo-immunity.	Sycosis is the miasm of 'hyper' and incoordinations. These 'hyper' states result in abnormal behaviours and mental incoordinations such as extreme jealousy, loquacity and selfishness.	The destructive syphilitic patient has no love for their own life and either destroys themselves or kills others. They can be both suicidal and cold-blooded murderers. Syphilitics lack mercy and sympathy and may be called iconoclasts.	The changeable tubercular miasm results in dissatisfied patients who are changeable both mentally and physically.
c) Work	Quickly fatigued with a desire to lie down is characteristic of the psoric miasm. Patients may also be indolent.	Sycotics are hyper-workaholics.	Syphilitic patients show no interest in work due to their lack of realisation and understanding.	The changeable, impatient tubercular types are unable to concentrate on work.
d) Behaviour	Psora is fearful, anxious, alert and apprehensive. Nervous persons are psoric.	Sycosis is quarrelsome, jealous, selfish and cunning with a tendency to harm others and to harm animals. The sycotic patient may be ostentatious and fatuous, suspicious of his own work and surroundings. Mischievousness, meanness, and selfishness summarise the essence of sycosis.	Syphilis is cruel, destructive and perverted and may do harm to themselves or others.	Fearlessness and an absolute lack of anxiety are denominating features of the tubercular miasm. Patients are careless, unconcerned and indifferent about the seriousness of their sufferings and always hopeful of recovery.
e) Memory	Weakness of memory indicates psora.	Absentmindedness is sycotic. Patients lose the thread of the conversation. They are apt to forget the recent events but can remember the events of the past.	Forgetfulness is syphilitic. There is a kind of mental paralysis, the patient may read but cannot retain the information. The mind is slow.	Changeableness of thought and perception is tubercular.
f) Death	Fear of death is psoric There is also anticipation and anxiety regarding death.	Suicidal patients are mainly syphilo-sycotic. The sycotic patient will plan their death but are unlikely to commit suicide as their attachment to life and will to live is usually too strong.	The syphilitic patient dwells on suicide, has suicidal thoughts and dreams and experiences the urge to commit suicide. Love for their own life is destroyed. When syphilis is coupled with sycosis it becomes the basis of most suicides and criminal inanities, and a preponderance of syphilis results in	Dissatisfaction with life, changeableness and a vagabond mentality can lead to suicidal impulses. The tubercular instinct for self-destruction is characterised by carelessness.

			sullen, smouldering persons likely to break out into dangerous manifestations.	
g) Selfishness & Deprivation	Psora's selfish impulses lead them to deprive others (a trait which is also strongly present in sycosis). Deprivation may also manifest in the sense of presenting a false or pseudo-image of themselves. They donate (though not voluntarily), large sums of money to charity, hoping to benefit in some way from their 'generosity'.	Sycosis is present in all varieties of deprivation and rudeness. In a factory for example, where labour unrest is common, the sycotic manager tries to deprive the workers out of a concern for his own benefit. A sycotic person will always act in a most selfish way to deprive others.	The syphilitic lack of realisation results in patients who are unlikely to deprive others for their own benefit. However, a criminal, for example will not realise the impact that his time in prison will have on his family and is therefore selfish only in the sense of being focussed in one particular direction. The syphilitic patient with their destructive impulses, tend to forget or ignore other responsibilities.	Irritable and outrageous behaviour with a lack of tolerance can be reflected as the selfish nature of the tubercular miasm.
h) Fear	All varieties of fears are classed under psora and manifest as anxiety, alertness and apprehension of impending misfortune. Mental restlessness is one of the expressions of psoric fear.	As a result of incoordination of thoughts, sycotics manifest some fears. A millionaire for example can develop a constant fear of poverty, which is expressed as selfishness, suspicion and physical restlessness.	Syphilitic fears are not properly manifested due to a lack of realisation and expression. The only possible outward feature one might expect from a syphilitic person is of anguish.	Fearlessness is characteristic of the tubercular miasm and is expressed by the patient as a complete indifference regarding their health e.g. even at the height of fever they will say, "I am fine and don't need the doctor!" There is one fear only and that is of dogs and sometimes other animals.
i) Expression	Psora is full of ideas and philosophical expression. They pile up books and switch from one to another reading only superficially. Psoric patients rarely go into any topic in depth, and although various ideas crowd their minds there is no practicality. This constant flow of ideas is a result of mental restlessness.	Jealousy and suspicion are very evident in sycotic expression, as are the tendencies to suppress and conceal. This innate suspicion means that sycotic patients do not trust anything and repeatedly check everything.	The introverted, close-mouthed syphilitic patient keeps their depression to themselves and it only becomes apparent after they have committed suicide. They have a tendency to suppress and conceal and an inability to realise and express their symptoms. Any true form of expression is lacking. Syphilitics have a desire to escape from themselves as well as	With the tubercular miasm, the mental symptoms, in particular anger, are especially aggravated after sleep. A feeling of dissatisfaction is clearly manifested in their face after sleeping. Changeability, a lack of tolerance and impatience are the expressions of this miasm.

from others. Their own idiocy, ignorance and obstinacy lead to melancholia and gloominess.

A desire for solitude can lead to depression and melancholia, resulting in suicidal impulses.

10. Key Words of Mental Manifestations

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|--|--|---|
| <ul style="list-style-type: none"> i) Anxious and fearful. ii) Philosophical. iii) Irritability with anxiety. | <ul style="list-style-type: none"> i) Suspicious and jealous. ii) Arrogant. iii) Irritability explodes into anger — the patient may bang the table and throw things and restlessness results. | <ul style="list-style-type: none"> i) Destructive and melancholic. ii) Close-mouthed. iii) Irritability with cruelty. |
| <ul style="list-style-type: none"> iv) Sadness. v) Nervous. | <ul style="list-style-type: none"> iv) Moaning. v) Chaos = Syco-Syphilo-Psora. | <ul style="list-style-type: none"> iv) Lamenting. v) Madness = Syphilo-Syco-Psora. |
| <ul style="list-style-type: none"> vi) Thoughtful but no practical sense. | <ul style="list-style-type: none"> vi) Thoughtfulness focussed for their own personal benefits. | <ul style="list-style-type: none"> vi) Vanishing of thoughts. |
| <ul style="list-style-type: none"> vii) Lack of concentration and weakness of memory | <ul style="list-style-type: none"> vii) Incoordination in concentration and absentmindedness. | <ul style="list-style-type: none"> vii) Total destruction of concentration; forgetfulness. Dullness is expressed as a weakness in perception. |
| <ul style="list-style-type: none"> viii) Malicious = psora-syphilo-sycotic. | <ul style="list-style-type: none"> viii) Mischievousness = syco-syphilo-psora. | <ul style="list-style-type: none"> viii) Hatred = syphilo-syco-psora. |
| <ul style="list-style-type: none"> ix) Wariness of life = psora-syphilitic. | <ul style="list-style-type: none"> ix) Tendency to exploit everything from life = sycotic. | <ul style="list-style-type: none"> ix) Loathing of life = syphilo-psora. |
| <ul style="list-style-type: none"> x) Illusions. | <ul style="list-style-type: none"> x) Delusions. | <ul style="list-style-type: none"> x) Hallucinations and deliriums. |
| <ul style="list-style-type: none"> xi) Sadness and depression. | <ul style="list-style-type: none"> xi) Irascibility, rudeness and ill manners. | <ul style="list-style-type: none"> xi) Sentimental and closed-mouthed. |
| <ul style="list-style-type: none"> xii) Psora initiates many schemes but there are always loop-holes and plans are seldom realised. They may plan a robbery but it is unlikely to happen. | <ul style="list-style-type: none"> xii) Sycosis is cunning and practical and benefits at the expense of others. They can fill the loopholes and benefit from crime without appearing to be actually present. | <ul style="list-style-type: none"> xii) Syphilis attacks the guard and is the hired criminal. These patients fail to realise that if they are caught they will be sent to prison and that there will be no one to look after their family! |
| <ul style="list-style-type: none"> xiii) The psoric memory is poor but the patient is studious and once they have learnt their subject they will remember it. | <ul style="list-style-type: none"> xiii) Sycotics have an active memory and are able to record everything — the journalist type. | <ul style="list-style-type: none"> xiii) Syphilitic patients cannot remember recent happenings but can recall past events in chronological order. |

PART III: MIASMATIC DIAGNOSIS OF CLINICAL CLASSIFICATIONS

Miasmatic Diagnosis of Clinical Classifications : 15 Chapters in this section : e.g. Comparison of Psychiatric;

Ophthalmological; Respiratory; Gastric; Urinary; Sexual; Dermatological; Mixed Miasmatic Clinicals etc.

Example of one chapter is given below :

MIASMATIC DIAGNOSIS: CLASSIFICATION OF MIXED MIASMATIC CLINICAL

<i>Psora-Sycotic Clinical</i>	<i>Psora-Sycotic-Syphilitic Clinical</i>	<i>Psora-Syphilitic Clinical</i>
1. Abusive.	1. Anasarca.	1. Abrupt.
2. Asthma.	2. Audacity.	2. Angina pectoris.
3. Concentration difficult.	3. Bright's disease.	3. Chronic ulceration.
4. Confusion.	4. Carcinomas with proliferation, ulceration and metastasis.	4. Contemptuous.
5. Ecstasy.	5. Chilblains.	5. Diabetes.
6. Fear and anguish.	6. Congenital markings of the skin.	6. Dullness, imbecility and idiocy.
7. Fleshy growths.	7. Courageous soldier.	7. Hatred.
8. Foolish— childish, mania to be ridiculous.	8. Dropsy.	8. Malicious.
9. Frivolity.	9. Eczema exfoliata.	9. Scrofulous conditions.
10. Industrious.	10. Elephantiasis.	
11. Irritable.	11. Erysipelas.	
12. Jealous.	12. Family history of azoospermia, sterility, abortions, death with cerebral and cardiac attacks, insanity, cancer.	
13. Lamenting, moaning.	13. Fish scale eruptions (dryness of psora + squamous character of syphilis + thickened skin of sycosis).	
14. Morose.	14. Haughtiness.	
15. Propensity to frown.	15. Herpes zoster.	
16. Rheumatic heart diseases.	16. Hypocrisy.	
17. Rheumatism.	17. Ichthyosis (dryness of psora + squamae of syphilis and moles and warty eruptions of sycosis).	
18. Stupefaction.	18. Impertinence.	
19. Talking to oneself.	19. Lascivious.	
20. Tumors.	20. Lupus.	
21. Warts.	21. Madness — chaotic and insanity.	
	22. Mental confusion.	
	23. Mischievous.	
	24. Naevus.	
	25. Psoriasis (tri-miasmatic but predominantly psora + sycosis).	
	26. Rectal carcinoma.	
	27. Rectal prolapse.	
	28. Tinea berbae.	
	29. Tinea vesicular.	

PART IV: MIASMATIC ANCESTRAL TIPS

Miasmatic Diagnosis : Ancestral Tips : 12 Chapters in this section:
 e.g.Natural Characteristics; Paediatric; Dementias;Bronchospasms; Cancers; Rheumatism;
 Eczemas & Aids etc.

Example of two chapters are given below :

MIASMATIC ANCESTRAL TIPS:
 CLINICAL TIPS ON BRONCHOSPASM

<i>Psoric</i>	<i>Sycotic</i>	<i>Syphilitic</i>	<i>Tubercular</i>
<p>1. Hypersensitivity of the tracheo-bronchial tree to any allergen is psoric.</p> <p>2. Often associated with a family history or a past history of allergy such as rhinitis, eczema or urticaria. Food allergies may also have been indicated.</p> <p>3. Nasal allergies lead to sneezing followed by cough, dyspnoea and expectoration.</p> <p>4. Asthma, which starts in winter, is psoric.</p> <p>5. The psoric patient is averse to open air and suffers aggravation during the early morning and in the evening. Amelioration comes from sweating.</p>	<p>1. Sycotic asthma is devoid of any allergic history.</p> <p>2. Hereditary bronchial asthma is generally sycotic.</p> <p>3. Dyspnoea starts with a cough, which is followed by expectoration. There is no nasal allergy or rhinitis.</p> <p>4. Starts or aggravates in rainy weather.</p> <p>5. There is a preference for open air and early morning or late morning aggravation. Amelioration is from movement and lying on the abdomen, although some authors suggest that sycotic</p>	<p>1. No nasal allergies are present in the syphilitic patient.</p> <p>2. F/H (family history) of syphilis.</p> <p>3. Bronchial conditions begin with dyspnoea (nasal allergies are not initially present).</p> <p>4. Asthma, which starts in the summer, is syphilitic.</p> <p>5. Summer, warmth, midnight, sweat, lying down and the period of time before going to bed all aggravate. Dyspnoea occurs before going to bed or while lying down.</p>	<p>1. Tubercular patients are always tired, catch cold easily, and are debilitated and often anaemic. They suffer from painful dyspnoea.</p> <p>2. F/H (family history) of tuberculosis.</p> <p>3. Nasal blockages lead to mouth breathing and tubercular patients are poor breathers in general. There is no desire to take a full respiration and the patient cannot fully expand the chest which is often narrow (pigeon chest), lacking not only in width laterally but also in depth antero-posteriorly. The sub-clavicular spaces are hollow, one lung is larger than the other and there is a constant desire to hawk.</p> <p>4. The tubercular patient is subject to recurrent colds despite their great desire to be in the open air.</p> <p>5. Dyspnoea occurs on ascending stairs.</p>

	asthma is better by lying on the back. The patient is compelled to move, a sycotic characteristic, and asthma, pneumonia, bronchitis, coughs and colds are all aggravated in humid, moist atmospheres and during the rainy season. Stitching pains in the chest with different types of aching are ameliorated by pressure.		
6. There is frequent congestion of the throat with the accumulation of much mucus or phlegm. Expectoration is usually mucus, which is scanty and tasteless.	6. Discharge and expectoration are yellow or greenish/yellow and there is profuse expectoration with asthma, which is worse during the early morning.	6. Ulcers are present in the respiratory passage.	6. Expectoration is yellowish and smells of sulphur or has the odour of old cheese.
7. A dry spasmodic cough results from the suppression of measles, skin diseases etc. and leads to affectation of the lungs.	7. The coughs of sycosis are usually bronchial.	7. There is a paroxysmal cough with tasteless, yellowish, greenish or clean, sticky, threads-like discharge.	7. Teasing cough with expectoration, which is sticky, viscid, pus-like, offensive and tastes sweetish or salty.
8. The overall prognosis is favourable.	8. Asthma alternates with skin symptoms but the prognosis is favourable.	8. The overall prognosis is unfavourable.	8. The overall prognosis is unfavourable.

MIASMATIC ANCESTRAL TIPS:
CLINICAL TIPS ON RHEUMATISM

MIASMATICS OF RHEUMATIC MANIFESTATIONS:

<i>Psora</i>	<i>Sycosis</i>	<i>Syphilis</i>	<i>Tubercular</i>
1. Various types of inflammatory rheumatism, e.g. osteitis.	1. Rheumatism with numbness and paralytic weakness of extremities. Anatomical abnormalities like six fingers may be evident.	1. Pain in the long bones aggravated at night. Aching pain in bones of limbs. The syphilitic stigmata can affect the bony structure, which may be changed. Various deformities (arthritis deformans) and atrophy or emaciation of the extremities may occur.	1. Lack of strength of bones. Delayed milestones. Sense of great exhaustion, easily made tired, never seems to get rested. Tired even after a sleep. As the sun ascends, their strength revives a little; as it descends, they lose it again. Rickets, marasmus and delayed walking in children.

2. Psoric rheumatic pains are generally associated with neuralgic pains; which are sore, bruised and pressive in character.	2. Joint pains are Sycotic. Easy spraining of joints while walking. Joints and connective tissues are affected.	2. Bony pains (esp. in the long bones) are syphilitic.	2. Tubercular rheumatic pains are recurrent and periodic; often associated with new moon and full moon phases.
	3. Stitching, pulsating and wandering pains are sycotic Pallid, oedematous, puffy. Stiffness, soreness and lameness are characteristic. The gouty diathesis is sycotic.	3. Burning, bursting and tearing pains are syphilitic. There is a lack of nutrition of the bones.	

MIASMATICS OF RHEUMATIC MODALITIES:

<i>Psora</i>	<i>Sycosis</i>	<i>Syphilis</i>	<i>Tubercular</i>
<p>Acute inflammatory rheumatic pain, which is better by quiet, rest, and warmth and worse by motion. Aggravated in winter — wants warmth externally and internally. Aggravated between sunrise to sunset, by cold and from standing.</p> <p>Ameliorated in summer, from heat, by natural discharges such as urine, sweat, menstruation etc. and through physiological eliminative processes such as diarrhoea. Also ameliorated by hot application, scratching, crying, eating and the appearance of suppressed skin eruptions.</p>	<p>Aggravated by rest, damp, rainy, humid atmosphere, during thunderstorms, changes of weather and from meat.</p> <p>Ameliorated by motion, unnatural discharges through the mucus surfaces, such as leucorrhoea and nasal discharge (which are generally greenish/yellow). Physiological elimination however does not ameliorate. Amelioration by slow motion, or by stretching, in dry weather, lying on stomach or with pressure and the return of suppressed normal discharges (e.g. menses). Ameliorated when warts or fibrous growths appear, and from the return or breaking open of the old ulcers or sores. Markedly ameliorated by the return of acute gonorrhoeal manifestations. The sycotic patient is a barometer —when it rains, he has pains, and he suffers.</p>	<p>Acute rheumatic pain, osteomyelitis, degenerative and ulcerous inflammations, necrotic and carious changes in the bone with burning pains, all are aggravated from sunset to sunrise, perspiration (through natural discharges), seaside, and sea-voyage, and from thunderstorms. Also aggravated by warmth, during the summer, at night, from the warmth of the bed, movement, sweat, and extremes of temperature.</p> <p>Amelioration occurs between sunrise and sunset, from a change of position, in lukewarm climates, and from any abnormal discharges (such as. leucorrhoea or coryza). Amelioration during the cold of winter, and through the discharge of pus (if old ulcers open up).</p>	<p>Aggravated by thunderstorms, at night and by milk, fruits, and greasy or oily foods. Aggravation also occurs in closed rooms, and the patient is unable to tolerate any pressure to the chest.</p> <p>Ameliorated in dry weather, open air and during the daytime. Temporarily ameliorated by offensive foot or axillary sweat which when suppressed induces lung trouble.</p> <p>Tubercular manifestations are always ameliorated by nose bleeding. Other modalities depend upon the preponderance of the psoric or syphilitic miasm.</p>

PART V: MIASMATIC REPERTORY

Miasmatic Repertory: 20 Chapters in this section : e.g.Miasmatic Repertory of Mental; General Characteristics; Vertigo; Head & Scalp; Eye; Nasal; Facial; Mouth; Cardiac; Abdominal; Rectal; Sexual; Urinary; Skin; Nail; Extremities;Sleep; Modalities etc.

Example of one chapter is given below:

MIASMATIC MIASMATIC REPERTORY OF HEAD SYMPTOMS

DIAGNOSIS:

Head Symptoms	Psora	Rubric	Sycosis	Syphilis	Tubercular	Mixed Miasms
Discharge	behind ears, from, aggravated. by working in water				✓	
Eruptions	in scalp, with pus, aggravated by washing			✓		
Eruptions	in scalp, aggravated by heat of bed					Psora-syphilitic
Eruptions	in scalp, aggravated in open air	✓				
Eruptions	in scalp, burn	✓				
Eruptions	in scalp, burn, aggravated in open air and evening	✓				
Eruptions	in scalp, do not suppurate	✓				
Eruptions	in scalp, dry	✓				
Eruptions	in scalp, dry, brown and become dead scales	✓				
Eruptions	in scalp, moist			✓		
Eruptions	in scalp, ulcerative			✓		
Eruptions	in scalp, warts		✓			
Eruptions	pus, in scalp, oozing			✓		
Fontanelles	open			✓		
Hair	a thick heavy crust					Syphilo -tubercular
Hair	after an illness, falls out	✓				
Hair	after childbirth, falls out				✓	
Hair	alopecia in circular spots		✓			
Hair	alopecia, after acute illness	✓				
Hair	breaks and splits, rough, harsh and sticks together				✓	
Hair	dandruff, bran-like					
Hair	dandruff with thick yellow crust					Syphilo-tubercular
Hair	difficult to comb	✓				
Hair	dry, dead like hemp	✓				
Hair	eyebrows, eyelashes and beard, falling from			✓		
Hair	fishy odour		✓			
Hair	from beard, falls out			✓		
Hair	immature greyish hair		✓			
Hair	in bunches, tendency to fall			✓		

Hair	in-growing			✓		
Hair	in-growing eyelash, causing much irritation in conjunctiva			✓		
Hair	lustreless, dry	✓				
Hair	matted	✓				
Hair	moist, gluey			✓		
Hair	odour, sour					Syco-syphilitic
Hair	of beard, often in-growing and suppurating			✓		
Hair	of elderly people, eyelashes break and turn inward			✓		
Hair	oily					Syphilo-tubercular
Hair	on midline of head, grey	✓				
Hair	over scapula					Psora-sycotic
Hair	premature grey hair, too much		✓			
Hair	split at ends, breaks	✓				
Hair	spotty, baldness		✓			
Hair	thin	✓				
Hair	too early, becomes grey					Psora-sycotic
Hair	white in spots, becomes	✓				
Hair	with offensive odour, greasy			✓		
Head	devoid of perspiration	✓				
Head	long in comparison to body			✓		
Head	odour like old hay, sweat				✓	
Head	of fishy odour, sweats		✓			
Head	of musty odour, sweats					Syco-tubercular
Head	of offensive odour, sweats				✓	
Head	sour, odour		✓			
Head	uncovered, cannot bear				✓	
Headache	after midnight, aggravated		✓			
Headache	after sleep, ameliorated	✓				
Headache	aggravated at night, occipital			✓		
Headache	aggravated by rest, occipital			✓		
Headache	aggravated by rest, temporal			✓		
Headache	at night, aggravated by lying down			✓		
Headache	lying down and rest, aggravated by			✓		
Headache	night, aggravated at			✓		
Headache	sleep, ameliorated before			✓		
Headache	base of brain, at			✓		
Headache	before and during, hunger					Psora-tubercular
Headache	being quiet and sleep, ameliorated by					Psora-tubercular
Headache	bilious attacks, with	✓				
Headache	changing place, ameliorated by					Syphilo-sycotic

Headache	cold, ameliorated by			✓		
Headache	cold application, ameliorated by			✓		
Headache	despondency, with				✓	
Headache	dull, heavy					Syphilo-sycotic
Headache	during, child knocks or pounds head					Syphilo-tubercular
Headache	during, hungry				✓	
Headache	during new or full moon				✓	
Headache	during sleep, aggravated			✓		
Headache	during, strikes head				✓	
Headache	eating, ameliorated by				✓	
Headache	especially after midnight, aggravated early morning		✓			
Headache	especially on holidays, extremely painful				✓	
Headache	examinations, aggravated by preparing for				✓	
Headache	exertion, aggravated by			✓		
Headache	for days, lasts			✓		
Headache	from hunger	✓				
Headache	from meeting strangers				✓	
Headache	from sun	✓				
Headache	frontal		✓			
Headache	gentle motion, ameliorated by		✓			
Headache	head, bands around				✓	
Headache	heat, aggravated by				✓	
Headache	in vertex		✓			
Headache	into the pillow, with boring the head				✓	
Headache	lying down, aggravated by		✓			
Headache	long standing				✓	
Headache	meeting and entertaining strangers, aggravated by				✓	
Headache	morning, aggravated in	✓				
Headache	morning, ameliorated in			✓		
Headache	motion, ameliorated by		✓			
Headache	movement, aggravated by			✓		
Headache	movement, ameliorated by		✓			
Headache	new and full moon, during				✓	
Headache	nose bleed, ameliorated by				✓	
Headache	not amenable to treatment				✓	
Headache	of extremities, with coldness				✓	
Headache	in morning, persistent	✓				
Headache	in morning, returning	✓				
Headache	on head, during, cannot bear heat	✓				
Headache	on head, with offensive sweat			✓		
Headache	one-sided	✓				

Headache	one-sided, at base of brain			✓		
Headache	paroxysmal	✓				
Headache	periodical				✓	
Headache	persistent					Psora-tubercular
Headache	preparing for examinations, aggravated by				✓	
Headache	profuse offensive sweat, on head, associated with			✓		
Headache	red face, with	✓				
Headache	rest, aggravated by			✓		
Headache	rest, ameliorated by					Psora-tubercular
Headache	rest and warmth, ameliorated by	✓				
Headache	riding, aggravated by			✓		
Headache	riding in a carriage, aggravated by				✓	
Headache	rolling of head, with					Syco-tubercular
Headache	rush of blood, with				✓	
Headache	sleep, aggravated by			✓		
Headache	sensation of heat and flushing, with					Psora-tubercular
Headache	sensation of heaviness, with		✓			
Headache	severe	✓				
Headache	severe, with sensation of band					Tuberculo-syphilitic
Headache	sharp	✓				
Headache	suppressed eruptions, from				✓	
Headache	temporal			✓		
Headache	throbbing	✓				
Headache	warmth of bed, aggravated by			✓		
Headache	with cold and cough				✓	Psora-sycotic
Headache	with coldness of body		✓			
Headache	with crying				✓	
Headache	with extreme weakness		✓			
Headache	with fever					
Headache	with hot extremities				✓	
Headache	with involvement of gastric tract		✓			
Headache	with restlessness		✓			
Headache	with sadness					Psora-sycotic
Headache	with very cold extremities				✓	
Headache	with weakness					Psora-sycotic
Headache	with worrying					Psora-sycotic

PART VI: MIASMATIC WEIGHTAGE OF MEDICINES

Miasmatic Weightage : 2 Chapters in this section:
e.g.Miasmatic Weightage of 446 Medicines; Leading Anti-Miasmatics.

Example of few medicines are given below:

Medicine	Psora	Sycotic	Syphilitic	Tubercular	Chilly or Hot
ABIES CANADENSIS	++	+	+	++	C++
ABIES NIGRA	++	+	+	+	
ABROTANUM	++	+++	++	+	C+
ABSINTHIUM	++	+	++	+	
ACALYPHA INDICA	++	+	+	+++	
ACETANILIDUM	++	++	+	+	C++
ACETIC ACID	++	+	+	+++	C++
ACONITE NAPELLUS	++	+	+	++	C+
ACTAEA RACEMOSA	+	+++	+	+	C+
ACTEA SPICATA	++	+++	++	+	C+
ADONIS VERNALIS	++	++	+	++	
ADRENALIN	++	++	+	+	
AESCULUS HIPPOCASTANUM	++	++	+	+	H++
AETHUSA CYNAPIUM	++	++	+	+	H++
AGARICUS MUSCARIUS	+	++	+	+++	C+++
AGNUS CASTUS	+	+++	+	+	C+
AILANTHUS GLANDULOSA	+	++	++	+++	
ALETRIS FARINOSA	++	+	+	+	C++
ALFALFA	++	++		+	
ALLIUM CEPA	++	++	+	++	H++
ALLIUM SATIVA	++	+	+	+++	C+
ALNUS	++	+	+	++	
ALOE SOCOTRINA	++	++	+	++	H++
ALSTONIA SCHOLARIS	++	+	+		
ALUMINA	++	+	+	+	C+++
ALUMINA SILICATA	++	+	++	+	C++
AMBRA GRISEA	+	+			C+
AMBROSIA	++	+	+	++	
AMBROSIA	++	+++			
AMMONIUM BENZOICUM	++	++			C+
AMMONIUM BROMATUM	++	+		+++	C++
AMMONIUM CARBONICUM	++	+	++	+++	
AMMONIUM CAUSTICUM	++	+	++	+++	

AMMONIUM IODUM	++	++			
AMMONIUM MURIATICUM	++	+++			H+
AMMONIUM PHOSPHORICUM	++	+++			
AMYLENUM NITROSUM	++		+	+	H++
ANACARDIUM	++	++	++	+	H+
ANAGALLIS	++	+++	+	+	
ANATHERUM	++	++	++	+	
ANGUSTURA VERA	++	+++	+++	+	
ANTHRACINUM	++	+	+++	++	C+
ANTHRAKAKOLI	++	++	+	+	
ANTIMONIUM ARSENICOSUM	++	++	+	++	
ANTIMONIUM CRUDUM	++	++	+	+	C+
ANTIMONIUM TARTARICUM	++	++		+	C+
APIS MELLIFICA	++	++	+	+	H++
APOCYNUM CANNABINUM	+	+++	+	+	C+
APO MORPHIA	++	+	++		
ARAGALLUS LAMBERTI	+	++	+	+	
ARALIA RACEMOSA	++	++	+	++	
ARANEA DIADEMA	++	+++	+	++	C+++
ARBUTUS ANDRACHNE	++	+++			
ARGEMONE MEXICANA	++	++			
ARGENTICUM METALLICUM	+	++	++	+	H+
ARGENTICUM NITRICUM	+++	+++	+++	+++	H++
ARNICA MONTANA	++	++	++	+++	C+
ARSENICUM ALBUM	+++	+++	+	++	C+++
ARSENICUM BROMATUM	++	+++	+	+++	
ARSENICUM IODUM	+++	++	+	+++	LH+
ARSENICUM METALLICUM	++	+	+++	++	
ARSENICUM SULF. FLAVUM	++	+	++		
ARTEMISIA VULGARIS	++		+++	++	
ARUM TRIPHYLLUM	++		++	++	C+
ARUNDO	++	+	++	++	
ASAFOETIDA	++	+	+++	+	H++
ASARUM EUROPAEUM	++	+	+		C++
ASCLEPIAS TUBEROSA	++	++	+	+	
ASIMINA TRILOBA	++	+	++	+	
ASPARAGUS OFFICINALIS	+	++	++	++	

ASPIDOSPERMA	++	++	++		
ASTACUS FLUVIATILIS	++	+		+	C++
ASTERIAS RUBENS	+	+++	+	+	C+
AURUM METALLICUM	++	+	+++L	++	C++
AURUM MUR. NATRONATUM	++	+++	++	+	
AVENA SATIVA	+++	+	+	+	
AZADIRACHTA INDICA	++	++	+		C++
BACILLINUM	++	+++	++	+++	LH+
BADIAGA	++	++	+	++	C++
BALSAMUM PERUVIANUM	++	+	+	++	
BAPTISIA TINCTORIA	++		++	+	H+
BARYTA CARBONICUM	++	++	+	+++	C+++
BELLADONNA	+++		+	+++	C++
BENZOIC ACID	+	+++	+		C+
BERBERIS VULGARIS	+	+++	+		C+
BORAX	++	++	+		H++
BOVISTA	++	+		++	H+
BROMIUM	+		++	++	H+
BRYONIA ALBA	++	+++	+	++	H++
CACTUS GRANDIFLORUS	++	+	+++		H+
CALADIUM	+	++		+	C+
CALCAREA ARSENICUM	++	+	+	++	C++
CALCAREA CARBONICUM	+++	+++	++	+++	LC++
CALCAREA IODUM	++	+++	+	+++	H++
CALCAREA PHOSPHORICA	++	+	++	+++	C++
CALCAREA SULPHURICUM	++	+	++	++	H++
CALENDULA	++	+	+++	+	C+
CAMPHORA	++	+		++	C++
CANNABIS INDICA	++	+	+		H++
CANNABIS SATIVA	++	+++	+++	+	C+
CANTHARIDES	++	+	+++	++	C+
CAPSICUM	++	+	+	++	C+++
CARBO ANIMALIS	+	+++	++	+++	C++
CARBO VEGETABILIS	++	+	++	+++	C++
CARBOLIC ACID	++	+	++	+	C++
CAULOPHYLLUM	++	+++	+	++	C+
CAUSTICUM	+++	+++	++	+++	C++
CHAMOMILLA	++	++	++	+	H++
CHELIDONIUM MAJUS	++	+	++		C+
CICUTA VIROSA	++		++		C++
CINA	++	++	+	++	H+
CINCHONA OFF	++	++	+	+++	C++
CINNABARIS	++	+	++		C+
CISTUS CAN	++	++	+	+++	C++

CLEMATIS	+	++	+++	+	C++
COCA	++	+	++	++	C+
COCCULUS	++	+	+	++	C++
COCCUS CACTI	+	+	++	+	C++
COFFEA	++	++		+	C++