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Spectrum of Homeopathy 2010-3, Miasms 1828 - 2010

Sample text

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Narayana Verlag is a publisher of books on homeopathy, alternative medicine, and healthy living. We publish works by top-class, innovative authors such as Rosina Sonnenschmidt, Rajan Sankaran, George Vithoulkas, Douglas M. Borland, Jan Scholten, Frans Kusse, Massimo Mangialavori, Kate Birch, Vaikunthanath Das Kaviraj, Sandra Perko, Ulrich Welte, Patricia Le Roux, Samuel Hahnemann, Mohinder Singh Jus, and Dinesh Chauhan.

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A PRACTICAL TOOL

The main thing when evaluating the value of the theory is its practical usefulness in choosing the remedy.

INTERVIEW ¦ Rajan Sankaran



The ideas of Dr. Rajan Sankaran have had a major influence on homeopathy in recent times. In particular, his view of illness as "delusion," the inclusion of symptoms of mind and dreams, his classification of remedy pictures into natural kingdoms, and his understanding of miasms have made him famous. He himself views the discovery of the vital sensation as the decisive milestone in his development. From the connection of this level of experience with his concept of miasms, he developed his own model to classify plant families.

Dr. Sankaran is clear that the decisive aspect of the concept of miasms is its relevance for our day-to-day practice:

"I don't see miasm as something that is separate from the disease that needs to be healed. It is a classification of a state, rather than an individual entity that needs to be treated or corrected – like in milk which is white and liquid. They are not separate. You don't treat the liquid first then the white later – you treat milk. If you want to know what milk is, then you classify it according to color and consistency. Consistency is the sensation, color is the miasm – something like this."

SPECTRUM: We would like to talk with you about miasms since they play an important role in your work – although not in the same way as in classical homeopathy.

SANKARAN: The traditional homeopathic Hahnemannian understanding of miasm is that it is an etiology of disease. I looked at it and I rejected it from the beginning. I said: "It's a theory. I don't want to hear this. Hahnemann has given us the tool of totality, let's stick to that." But when I saw the possibility that it may not be only an etiological classification, or a theory of disease origin, but rather can be used as a classification of states and remedies, then I perked up because this would be useful in practice.

For me, miasm is basically something that should be practical, and it can be practical only if it helps us to find a remedy. I don't see miasm as a theory. That is the fundamental difference between Hahnemann's writings and what I am proposing about miasm. In his theory of chronic disease, he proposed that diseases were created from suppression of scabies, suppression of gonorrhea and syphilis.

For me, this theory is not so useful in finding remedies, which is our main job. Miasm can only be of value if we use it as a help in finding remedies. So I thought: "How can it help?" Only if we can classify patients' states into miasms, and remedy states into miasms too. And thus it can make our choice easier. If we find a patient is in a particular miasm, we only need to look at remedies of that miasm. Then I had to understand how this can happen. If we have symptoms and sensations, etc., then what is the role of a miasm? Somehow I understood that the miasm must represent the different pace and desperation perceived in a given situation. And in this way we can identify ten different types of pace and desperation that are possible.

SPECTRUM: Can you tell us more about these types of pace and desperation?

SANKARAN: One is a pace that is acute and panic. It is sudden and disappears suddenly. The reaction is instinctive – there is no time to think. So this kind of pace is an acute miasm.

Another is typhoid, which is a crisis situation. That means things happen very intensely. You need to do something very, very quickly in the moment in order to recover your position – whether it is a



According to Sankaran, a miasm expresses the dynamic and intensity of experience and reaction associated with illness and others situations of stress. He differentiates ten different types of reaction. At the beginning, there is the panic of the acute miasm, in which the patient is exposed to a sudden and existential threat, is rapidly alarmed, and reacts instinctively and forcefully. This miasm includes Aconitum napellus – commonly known as monkshood, wolf's bane, or monk's blood – from the buttercup family (Ranunculaceae).

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THYPOID

This plant from the family of melons, gourds, or cucurbits (Cucurbitaceae) is known as white bryony, and is assigned to the typhoid miasm. In the typhoid miasm, stress is experienced as acutely threatening and critical, but as manageable if immediately faced up to and dealt with.

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loss in the stock market or whether it is a child who has lost its parents and is trying to get them again, etc. So this is a typhoid miasm. Why did I say typhoid? Because I found out that among all diseases that are natural, typhoid is a particular disease infection that has this kind of crisis. It comes, it is intense for two or three weeks and then it ends either in death or recovery. So there is an intense crisis here. The pace is like a typhoid. And then I found that remedies that are prominent for typhoid, the disease, have in homeopathy that kind of pace and desperation – like Bryonia, Chamomilla, Nux Vomica etc. So I classified these remedies into the typhoid miasm.

So after having gone through a classification of ten miasms (acute, typhoid, ringworm, psora, sycosis, malaria, tubercular, leprosy, syphilis and cancer), we could classify states according to this kind of pace and desperation and remedies according to this kind of pace and desperation. That makes it easier.

SPECTRUM: What happened to psora, which is not listed in your schema on plants and miasms?

SANKARAN: When you make this classification and classify remedies, by studying each individual remedy in its mind-state, in its symptomatology, in its pathology, etc., I found that very few remedies would be classified under psora, because the pace of psora is: some problem is there, it is solvable with some effort, it is solved and there is always hope or optimism. This kind of state that I am talking about, this kind of pace I found in very few remedies. Sulphur is one of them, but otherwise very few. All the other remedies which were previously classified as anti-psoric I put into typhoid or ringworm or some other miasm, so the differentiation is even clearer, and because there were so few remedies that I put under psora, I probably didn't find the need to put a whole column for it in the schema.

SPECTRUM: According to Hahnemann more than 85% of chronic diseases are due to psora – for you, it is obviously quite different. Is there any common denominator between Hahnemann's ideas about miasms and yours or is it just keeping the name?

SANKARAN: I think my ideas are derived from Hahnemann's ideas, except that I didn't see miasm as an etiology of disease, but more as a classification of disease. If you look at Hahnemann's ideas as a classification of disease, it's brilliant. Because then you have a pace like syphilis, which is destructive, a pace like gonorrhea which is rather fixed, which sticks with you – doesn't kill you, but just stays with you and produces limiting illnesses like gonococcal arthritis and things like that, and a pace of disease which is optimistic. He also had a separate classification, acute disease, which comes suddenly. So his classification – if you consider it as a classification rather than as an etiology – is highly useful, because then you can classify remedies which have a syphilis-like pace, like Hepar sulph, Mercury, Aurum metallicum or things like that. You can have remedies that have a fixed or gonorrhea-like pace, like Thuja, Medorrhinum, Causticum, Silicea, etc.

Or you can have remedies that have an acute pace, like Aconite, Belladonna, Stramonium, etc, or remedies which he classified as psoric. But I found that if you can make it even finer, then those remedies he put under psoric could be put under sub-groups, like typhoid, ringworm, malaria, etc. They get divided, more finely differentiated, rather than clumping 85% of remedies into psora – it doesn't help you so much, because then everything is anti-psoric, except a few anti-sycotics and a few anti-syphilitics. It's not helping that much, by saying the majority is like that.

So maybe using the same idea of Hahnemann of a syphilis-like pace, a gonorrhea-like pace, I thought: are there some other possible types of pace? And one of them I found was this crisis kind of pace. Then I tried to look at which natural infection would have that pace and I came up with typhoid, because that is the one that starts acutely, builds up a very, very strong, intense tempo, high remittent fever and then it ends in total recovery or destruction.

So then looking at another kind of pace, I came to ringworm; another kind of pace, malaria. I approximated the closest kind of natural infection that has that specific type of pace and desperation. And naturally, the remedies in homeopathy that are known for that particular infection will have that same pace and desperation. So it becomes easy. And this classification has helped a lot.

In *The Other Song*, I avoided the name miasm and I put there: "crisis type," "panic type," "possible type." This is another way of putting it but I like the term miasm, because all the remedies that we classify as the sycotic miasm **are** the sycotic miasm remedies of homeopathy. The syphilitic miasm **is** the syphilitic miasm of homeopathy; the tubercular miasm **is** the tubercular miasm of homeopathy. It is very helpful to stick to "miasm" because the classification of remedies according to the homeopathic miasm is the same. So I don't want to change either the nomenclature of it or the name of the infection, because they are exactly what they are. And I do believe that if Hahnemann's theory of miasms is used more as a classification than an etiology, it is far more useful in practice. And if the same idea can be expanded and more finely refined with more miasms, it is even better.

SPECTRUM: Of course the question comes: are there more than ten?

SANKARAN: In the last fifteen years of practice, from when I started with miasms in 1993 or so (in the book The Substance of Homeopathy I mentioned all of them), a lot of years have passed and I haven't found the eleventh one. Because all natural disease states affecting man, all the remedy states, can be put under one of these ten.

It is not simply that another infection comes, and we have to find a new miasm. Somebody says: why not an AIDS miasm? Somebody says: why not a hepatitis B miasm? Miasm is not simply the naming of a disease – any infection comes, and you make a miasm. Somebody says: why not a drug miasm? A vaccination miasm? You can say anything, but for me, since it is not etiological, therefore I don't feel the need to create more miasms according to the diseases existing or occurring. For me, it is the pace and desperation that is being classified. So, AIDS might go in the syphilis miasm. But for me, AIDS the disease doesn't get classified. The miasm is also very important to know, but miasm is not a classification of disease; it is a classification of the state of the person.

So an AIDS person, or even a syphilis sufferer, a person suffering actual syphilis, might not be in the syphilis miasm, according to me. His state may be one of, let us say, cancer miasm or leprosy miasm or tubercular miasm or even sycotic miasm. So therefore I don't see the need to create more miasms according to more infections that are occurring, or drugs or whatever. You will say vaccination miasm only if you think that miasm denotes etiology. So every illness caused by vaccination is a vaccination miasm. I don't see it like this. And I also don't see miasm as something that needs to be treated or eradicated by giving anti-miasmatic medicines or nosodes or whatever you may call it – that I have to give Thuja or Mercury in order to treat that miasm. For me, you are either in a Lac caninum state or a Lachesis state. If you are in a Lac caninum state, then you are in the sycotic miasm. If you are in a Lachesis state, you are in the syphilitic miasm. I don't see that the miasm needs to be treated at all – it's simply a classification.

SPECTRUM: So the theory that when you get better, you will go down in miasms from syphilis to sycosis or psora does not apply for you?

SANKARAN: No, it doesn't apply. I don't see miasm as something that is separate from the disease that needs to be healed. It is a classification of a state, rather than an individual entity that needs to be treated or corrected – like in milk which is white and liquid. They are not separate. You don't treat the liquid first then the white later – you treat milk. If you want to know what milk is, then you classify it according to color and consistency. Consistency is the sensation, color is the miasm – something like this. For example, if a person belonged to a state of Rhus tox, then automatically he is categorized under the typhoid miasm. So you don't have to treat the typhoid miasm. The moment you say Rhus tox, it already means you have

understood his miasm, and that is his classification. When you give Rhus tox, you are automatically treating his miasm, because it is not something separate – you are treating the state.

SPECTRUM: Would you expect to see a change of miasm in a person?

SANKARAN: No, a state will get less intense, that is all. But he will still remain in the same categorization as long as he has that state. If that state changes to some other state, it may belong to some other miasm.

SPECTRUM: When you came up with the schema of miasms and plant families, people were very happy because you provided a co-ordinate system for the plant kingdom, which we can use in a similar way to the periodic table for the mineral kingdom. Then everybody was waiting for a co-ordinate system for the animals to come. Why is miasm in plants so useful and not so useful in animals or minerals?

SANKARAN: Because in plants, basically there is no other way of determining which individual remedy in that family is useful in that patient. Every remedy in that family shares a common sensation. That sensation will go through and through. If you want to know which remedy out of all those remedies in that family the patient should get, miasms become mandatory. Because only the pace and the intensity of that sensation in a given patient will determine which remedy is useful in that case. Whereas in animals and in minerals we have completely different methods of determining which remedy is needed.
For example, in the animal kingdom, we know whether it is a mollusc, a reptile, a bird or a mammal according to the survival patterns. Here we don't need miasms. And once we come into the survival pattern of reptiles, there are further sub-divisions according to the survival patterns of individual groups of reptiles. These are far more effective and far more sure than determining the miasm. Therefore we don't use it so much. However, we have a very fair idea that, for example, many of the Lacs are around the sycotic miasm, many of the reptiles are around the syphilitic miasm, many of the birds are around the tubercular miasm. So that gives a very good idea where we are looking. A spider is automatically tubercular, an insect is automatically tubercular – the restlessness and the busyness and the changing position all the time of the insect already implies its tubercular nature, whether you know it or not. And even if you don't know it, you are already taking that into account in knowing its remedy. So you don't specially have to know that it is tubercular. In its survival pattern it is already implied. So why complicate it? This is the idea.
And in the periodic table, you have the qualities of the rows and you have the qualities of the columns. This is very mathematically pinpointing you to the remedy. After that, once you come to the remedy, you don't need the miasm, because miasm, after all, is only to help you come to the remedy. If you can come to it so



clearly already using the rows and columns, why do you need miasms?

SPECTRUM: So it's also not helpful to give miasms to certain columns, like Scholten has been doing?

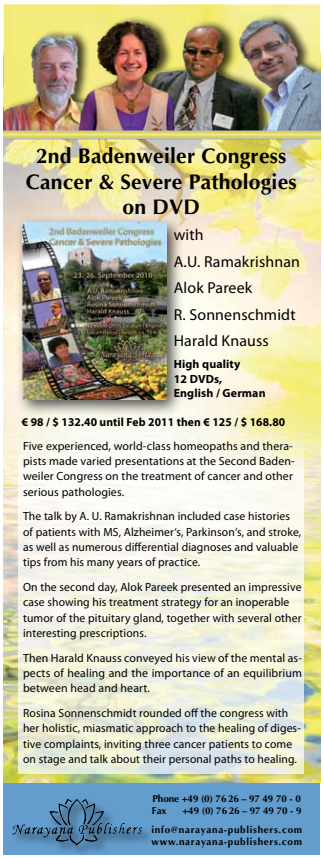
SANKARAN: I think it's unnecessary.

SPECTRUM: It's over-systematic?

SANKARAN: It is unnecessary, because already with the qualities of rows and columns you can come to the remedy. Of course, we have already classified the remedies according to miasms. I have mentioned this in my book. In *The Structure of Homeopathy*, there is a whole chapter called "Miasms of the Mineral Kingdom." And here much work has been done by Roger Morrison, so I have taken a lot of data from him, because he is concentrating on miasms at the moment.

SPECTRUM: One important aspect of Hahnemann's psora theory was suppression, which he thought was part of the etiology of chronic disease. In your work, do you think suppression is a concept that is useful or is it not useful?

SANKARAN: First of all, I don't think I know the whole truth. And whatever I say can only be my own experience and my vision of how things are. The way I look at it is that whether there is suppression or no suppression, whether it exists or doesn't exist – what we need to treat is what we see. It may have resulted from suppression; it may have resulted from some suppressed diseases centuries ago; it might have resulted from past karma; it might have resulted from genetic anomalies; it might have resulted from past situations; it might have resulted from any source which we don't know. Anything is possible.
But Hahnemann gave us a very simple way of looking at diseases: don't make theories about their origin, just see what is. The totality of symptoms indicates the state within. That state needs to be treated – where it came from is theory. Look at the state within, treat it with a remedy which is similar and you have done your job. This is the law of homeopathy: similia similibus curentur means you treat what is with what is similar – end of story. Hahnemann has told us very simply: don't make theories, look at the totality of the phenomena and that will indicate the remedy. And that appeals to my logic. Whether there is suppression or whether there is a miasm – whatever there is has to be expressed in the totality of symptoms. And there is nothing besides the totality of symptoms that we are capable of knowing. The rest is theory. You can only suppose. What you cannot see and observe can only be supposition. And then you are treating a supposition – that is totally unscientific. I want to obey Hahnemann's instruction not to theorize.



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