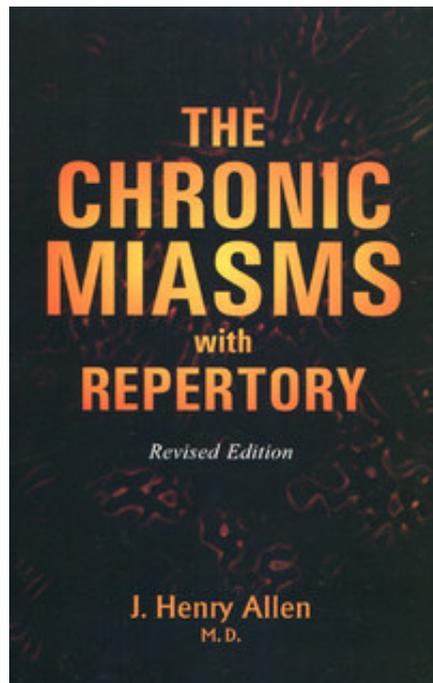


John Henry Allen

The Chronic Miasms with Repertory

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HEART

In our study of this organ, we find few tubercular diseases or manifestations. The psoric and the sycotic element strongly pervades in organic or even functional disturbances of the heart. Here is where the *sycopsoric* element predominates, especially in valvular and cardiac changes which so frequently bring about a fatal issue in our own day. We have many psoric symptoms that manifest themselves in sensations, such as sensations of weakness, gone-ness, fullness, heaviness and soreness about the heart. A rush of blood to the chest, in the young; or rapidly growing youth is often a tubercular symptom, just as they have a rush of blood to the face or to any part of the body. Violent palpitation with beating of the whole body, is found in both the tubercular and psoric patients. In psora, they have violent hammering and beating about the heart, due to reflexes, such as gastric disturbances, flatulence and uterine irritation. Sycosis produces the same, from reflex rheumatic troubles, especially if local applications are employed to relieve the pain. Sensation as of a band about the body in the region about the heart, may be said to be due to psora. The mental and heart symptoms often alternate and vie with each other. It may be said that the majority of psoric heart symptoms can be attributed directly to psora, while in sycosis or syphilis, they are secondary or are due to secondary causes. A psoric patient suffering with cardiac troubles, has more or less anxiety, more or less fear in heart diseases, while the syphilitic or the sycotic have very little mental disturbances, none to speak of, even at critical periods of the disease. They may have heart trouble for

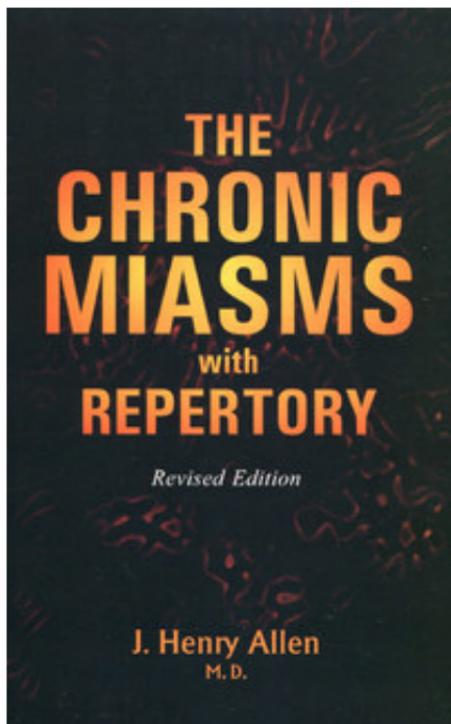
years, which causes them no special inconvenience, save perhaps occasional dyspnoea, or some pain. These patients die suddenly with no warning; they are those whose lives snuff out like a candle. Very many of the *psoric* heart troubles are functional, and are accompanied with much anxiety, mental distress, with pain and neuralgia, often of a sharp, piercing, cutting nature. The heart troubles of tubercular are accompanied with fainting, temporary loss of vision, ringing in the ears, pallor and great weakness, worse sitting up and better lying down; the psoric patient is better by keeping quiet, lying down usually; the sycotic patient is better by motion, as walking, riding, gentle exercise. The tubercular patients, suffering with heart troubles, can not climb mountains at all, as the disturbed circulation affects the brain and they become, dizzy, faint, often fainting away when they reach a rarified atmosphere. The brain becomes anemic at a high altitude. The oppression and anxiety of psoric patients is worse in the morning, usually, and their pains are worse from motion, laughing, coughing, etc. The stitching pains almost kill the patient when he moves. Heart affections from fear, disappointment, loss of friends or over joy are psoric; these patients think they have heart trouble and are going to die, but the sycotic and syphilitic patients as a rule deny that they have cardiac troubles, or they are usually unaware of it. We have psoric heart difficulties from eating or drinking, generally worse in the evening or soon after eating. Heart difficulties at night, palpitation on lying down, after eating or during digestion, which are relieved by eructations of gas, but worse on going to sleep and lying on the back; heart pulsations shake the body, and are accompanied with great anxiety and sadness. In sycotic heart troubles, we are more apt to have less demonstration of action than in psora. We have fluttering, throbbing with oppression and difficult breathing at intervals. There is

seldom much pain or suffering, unless in rheumatic difficulties, when we may find severe pains, but they are not so constant or persistent as those of psora. Under sycosis we may find much soreness and tenderness which is often worse by motion of the arms. Pain from shoulder to heart, or from heart to scapula, in rheumatic cardiac troubles, is quite frequently met with in sycosis. Often in sycosis the pulse is soft, slow, easily compressible. We notice it is full, bounding in psoric fevers; and small, thread-like and quick in the tubercular. In fevers of sycotic patients, we do not find the tone or tension as seen in the psoric. Under the prolonged action of hereditary or acquired or tertiary sycosis, the valves become roughened, due to the acid condition of the system, the walls enlarged, the muscles flabby, soft and lacking power, therefore the pulse lacks that tension and that thrill is not present when we press upon the radial pulse. The sycotic patients are as a rule, fleshy and puffy; their obesity often lies at the bottom of their dyspnea and they are constantly gaining in flesh. In the heart troubles of the pseudo-psoric patient the reverse of this takes place and there is a constant and gradual falling away of flesh, rush of blood to the chest and face; frequently the sycotic face becomes blue, cyanotic indeed, there is apt to be a venous congestion or rather stagnation. The dyspnea of the psoric or the pseudo-psoric is often painful, which is seldom the case in the sycotic. The dropsies, or the anasarcas, of psora or pseudo-psora are always greater than the sycotic, they smother or drown the patient before death takes place; but not often so in the sycotic, their life is snuffed out when you are not looking for it and when you least expect it; they drop out of existence as quickly as an electric light is turned off perhaps with one or two severe thrusts of pain, or without pain. We hear of just such cases every day in the higher walks of life among the wealthy. Of course this state of

things is hastened or intensified by diet, especially when much meat is consumed, or in wine drinkers. Whiskey or beer does not affect the gouty diathesis as do wines, especially imported or spiced wines. Beer is less harmful than the other drinks mentioned, as it is more apt to prevent the deposition of salts of the blood, that deposit themselves in the tissues in the typical tertiary sycosis or gouty diathesis, although all are decidedly hurtful to the organism in the end. This will be more clearly seen in Volume II, as we take up the study more fully, studying each disease under this miasm (that is of sycotic origin). In psora, we must study the pulse, the circulation, the pains, the tension, the neuralgias, the palpitation and the thousand and one sensations. If the beat is not regular in psora, he soon finds it out, where in sycosis, he may never discern it until the case is far advanced and becomes truly organic, then we have the fear of psora, the restlessness, the anxiety, and the cardiac dyspnea, the pain and many other symptoms already dwelt upon so fully. There are many other symptoms to which we might give attention, but space prevents us from dealing with them farther, as we have a number, of other subjects with which to deal.

ABDOMEN

In this region we have many symptoms that are quite similar to those recorded of the stomach, such as fullness, distension, flatulence, rumbling of gas, constant commotion and movement in the colon, that keeps the patient awake at night; pain may, or may not, be one of the symptoms, but if so, the pains are often sharp, shooting or colicky. The true colic, or colic in its worst form, as found under Plumbum or Colocynthis, is very apt to have a sycotic element present. We see this in the colicky pains of Rheum and Chamomilla



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Psora and Pseudo-Psora - Volume I & II

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