**Towards an Integration of Miasm with Epigenetics**

*“I asked the boy beneath the pines*

*He said, ‘the master’s gone alone,*

*Herb-picking somewhere on the mount*

*Cloud-hidden, whereabouts unknown.”*

Chia Tao (translated by Lin Yutang)

Hahnemann, the first master of homoeopathy, stepped alone into the mystery of chronic disease and returned with observations that became known within homoeopathy as ‘mismatic theory’, a consolidation of an idea that had prevailed in ancient Egypt, India and China i.e. that diseases such as cholera, plague, leprosy and malaria were caused by ‘bad air’, a toxic ‘fog’, or ‘mouldy vapours’. By the nineteenth century this line of thought had generally evolved into the Germ Theory of disease, as championed by Pasteur and Koch.

Hahnemann’s masterly text, *The Chronic Diseases, Their Peculiar Nature and Their Homoeopathic Cure* may well be the earliest treatise on what is now known as Epidemiology. It was first published in 1828 some twenty one years before John Snow published his paper, *On the Mode of Communication of Cholera*, which is more generally regarded as the founding study in the science of Epidemiology.

Hahnemann’s work contains much that should be of value to the modern homoeopath. Alas, many of us appear not to have engaged with it very thoroughly preferring, perhaps, to pay attention to the more overtly spiritual views of JT Kent or simply seeing miasm as an un-necessary irrelevance. This may go some way to explaining why the whole subject has remained misunderstood, wreathed in mist, ‘cloud-hidden’ and foggy. Scholten has written that ‘miasm is used in many different ways in homoeopathy’ (1). This is patently true and whilst our refusal or inability to decide on a common definition might have been useful to encourage developments within homoeopathy, it has not been helpful in our conversation with those outside of the profession; the people we really need to be talking with.

There may be a way out of the fog. Epigenetics is a relatively new stream of science which appears to have the potential to offer a significant validation of Hahnemann’s work on miasm, and even to begin to explain it. Meaning ‘upon genetics’, this stream refers to external influences that are capable of modifying DNA, and turning genes ‘on’ or ‘off’. These modifications do not change the DNA sequence but they do affect how cells ‘read’ genes. Epigenetic changes may occur in one person for life, or may be passed on to future generations. This begins to sound like an echo of Hahnemann’s ‘acquired’ and ‘inherited’ miasms.

For epigenetics to be useful to the evolution of homoeopathy the strong suggestion is for the profession to finally decide exactly what is meant by the term, miasm. Such clarity could connect miasmatic theory with epigenetics and provide common ground between mainstream and homoeopathic medical practitioners, ground upon which an equal and mutually beneficial conversation may be possible. This of itself could contribute to an increasing validation of homoeopathy as a viable and rational therapeutic modality and, in addition, might well improve the quality of homoeopathic treatment. If, and I acknowledge this might be a big if, we can arrive at a consensual definition then maybe we could work together with our more orthodox medical colleagues, in an integrated manner, on developing an understanding of the epigenetics of chronic disease. Homoeopathy has, I believe, much to contribute to such a conversation. Do we want to participate? Are we willing to reconsider our view of miasm? If so, where do we begin?

*‘Start close in*

*Don’t take the second step*

*Or the third,*

*Start with the first thing*

*Close in*

*The step you don’t want to take’.*

David Whyte

Let us begin with Hahnemann. In his *Lesser Writings* (written in 1831) he wrote about the development of Asiatic cholera:

*“The most striking examples of infection and rapid spread of the cholera take place, as is well known, and as the public journals likewise inform us, in this way; on board ships in those confined spaces, filled with mouldy watery vapours, the cholera miasm finds a favourable element for its multiplication, and grows into an enormously increased brood of the excessively minute, invisible living organisms so inimical to human life, of which the contagious matter of the cholera most probably consists.’*

A miasm was not a concept to Hahnemann, it was a real living thing, a natural phenomenon. Throughout his writings he used terms like ‘miasmic animalcules’, ‘germs’, ‘disease parasites’. He also used the terms ‘infection’ and ‘contagion’ to support his idea of the life force being ‘dipped into’ or ‘spoiled’ by an external impinging potence. He wrote of psora as being a ‘half spiritual miasma’ which ‘like a parasite seeks to inroot its hostile life in the human organism and continue its life there’. ‘Inrooting’, like ‘impinging’, is dynamic and can only occur when the organism is susceptible.

In his *Chronic Diseases* Hahnemann wrote clearly about the process of infection and disease.

Firstly, ‘the infection with miasmas takes place, without doubt, in one single moment’ at a time when the organism is most susceptible. The impingement is communicated dynamically to the whole of the life force ‘in the same moment’ so that the dynamic mistunement is instantaneous.

Secondly, there is a period of time ‘during which the entire organism is being penetrated by the disease’. I understand this to be the time taken for the dynamic mistunement to become embodied. Within orthodox medicine, this is referred to as the prodromal or incubation period.

Thirdly, the mistuned life force engenders symptoms as an expression of its mistunement, and also as its best attempt to preserve the integrity of the organism. An acute disease will then run its course, often through a fever, a crisis and an eruption, and the organism will either recover or die.

In the case of a chronic disease the primary symptom is external and local. These primary symptoms include an itching vesicle (psora) a tubercle (tuberculosis) a chancre (syphilis) a fig wart (sycosis). This is representative of the internal disease and acts as a safety valve for it, helping to ‘alleviate and soothe’, keeping it ‘latent and confined’. At this stage the disease ‘is most easily cured’ with appropriate homoeopathic treatment.

All of this equates with what we have learned about microbial infection by external impingeing potences now known as bacteria, viruses, fungi and parasites. In the past certain homoeopaths have dismissed this idea as being materialistic. Yet Hahnemann was not a materialist, he was a dynamist and understood that each microbe has a purely dynamic (‘half-spiritual’) aspect, its own dynamis or organizing principle (*2*). It is clear to me that Hahnemann was alive to the energy of microbes, to their potency, to what is now known as virulence.

It follows that each individual miasma or impingeing potence or microbe will induce a characteristic and recognisable mistunement and symptom complex within an individual human and within humans as a collective. (This is similar to the process in a proving when a medicinal potence impinges upon a healthy human life force to induce its own characteristic and recognisable mistunement and symptom complex).

To conclude on Hahnemann, he writes that ‘chronic diseases arise from dynamic infection by a chronic miasm’ adding that they are ‘implanted (in people) through infection or heredity’ (3).

Let us pause and consider some definitions of miasm.

The word *MIASMA* is Greek in origin and means stain, pollution or defilement.

A standard English dictionary definition will describe miasm as ‘infective material’ or ‘noxious vapours formally believed to cause diseases such as cholera etc.’ Ortega suggests ‘a predisposition to a characteristic form of illness’ (4). Vithoulkas defines a miasm as ‘something that can infect the human body and, after that, can be transmitted from one generation to the next’ (5). So far we have common ideas of infection and inherited disposition. Kent describes Psora as a ‘spiritual sickness’ whilst Sankaran uses the term for a way of feeling and reacting to a basic sensation; these do not appear to acknowledge the infective element yet hint at the inherited susceptibility or state. Jevtic seems to suggest that miasm is a powerful force or influence in the social evolution of the human species; ‘Psora saved humanity from remaining bound too closely to the natural food chain’(6). I understand this to be a thoughtful contribution to the discussion about changes within human susceptibility yet it has moved a long way from the original meaning of the word miasm. If we are going to use the word then I think it is important to be mindful of its actual meaning.

In aphorism five of his *Organon* Hahnemann asserts that the fundamental cause of a chronic disease mostly rests upon a chronic miasm. I am offering that a modernising of this assertion still makes good sense: the fundamental cause of a chronic disease mostly depends upon the effects of a preceding infectious disease (especially if suppressive treatment has prevailed) in an individual or ancestor. Consider the degree of suffering caused to humanity by leprosy, the plague, tuberculosis, syphilis etc. and the number of people killed by smallpox, influenza and malaria. Over millennia, through hundreds of generations and many millions of people, these diseases have ravaged the human organism. The inherited miasmatic attunement or inherited predisposition (the epigenetic consequence) is the effect and current expression of that ravaging.

In my own practice I have seen the after effects or consequences of infectious diseases such as influenza, glandular fever, TB, pneumonia and others and observed people taking an overly long time to recover. For over twenty years I have also observed the clear therapeutic effects of miasmatic prescribing, particularly of nosodes.

For the sake of clarity I offer the following definitions for consideration.

**Miasm:** An external impingeing potence or microbe capable of inducing a characteristic and recognizable dynamic disturbance (disease mistunement) and symptom complex in a susceptible organism or species.

**Miasmatic Infection:** The process whereby a microbe enters into intimate relationship with the life force of a susceptible organism or species. Both external potence and internal susceptibility are necessary.

**Miasmatic Disease:** The resulting characteristic and recognizable dynamic disturbance (disease) and symptom complex within an organism or species. This disease expresses the dynamic relationship between microbe and organism (or species) and may be acute or chronic in nature.

**Miasmatic Taint or Attunement:** The characteristic and recognizable epigenetic consequence of an infectious disease process; this may be acquired or inherited. This is the discernible predisposition to a characteristic form of disease.

**Miasmatic Nosode:** A specific medicinal potence prepared form the primary lesion of the disease process i.e. this includes elements of the microbe and the host cells.

Given that there is sound evidence that humans have evolved from bacteria, I think it reasonable to pay our evolutionary respects to Kingdom Monera and define miasm as above. *‘From the paramecium to the human race, all life forms are meticulously organized, sophisticated aggregates of evolving microbial life....for all our elegance and eloquence as a species, for all our massive frontal lobes, for all our music, we have not progressed all that far from our microbial forbears. They are still with us, part of us. Or, to put it another way, we are part of them’.* (7)

I am hoping that the definitions offered here may be useful. As far as I can tell, they include all the others offered before. A particular microbe may infect a susceptible organism and induce a characteristic and recognizable symptom complex. This in turn may induce epigenetic changes that can be passed on to offspring or which may last for one life-time only. These changes may be observable in the way a person feels or reacts to a basic sensation and may in the greater collective, contribute to changes in the susceptibility of the species itself.

When we meet with a patient in the clinical setting we can often make an accurate assessment of their ancestry e.g. on the basis of their childhood tendency to recurrent tonsillitis, their teenage incidence of glandular fever and their current tendency to catch chesty colds easily, we can suggest that an ancestor contracted TB. This can help the homoeopath to explain why the person also tends to catch chesty colds when the weather changes. Patients understand this and find it helpful, especially when we can also offer suggestions for their future healthcare e.g. given that an ancestor contracted TB you may have an inherited tendency to burnout and fatigue so it may be wise to give yourself time to convalesce after this bout of influenza.

On many occasions in my practice I have suggested that an ancestor had, for example, TB, and the patient response (either in the moment or on returning for a follow up having asked around the family) has been, ‘how on earth could you know that?’ The answer is because we homoeopaths have been observing this phenomenon for nearly two hundred years!

Finally, I propose that we un-hook ourselves from the use of the word *miasm*, that we consign it to an honourable place in the history of homoeopathy and move towards an integrated collaboration using the word *microbe* in its place. Continued use of ‘miasm’ keeps us in the nineteenth century and out of the twenty first century conversation on epigenetics (which is ironic given how Hahnemann was so far ahead of his time). I am confident that homoeopathic medicine would have a better chance of being taken seriously if we drop this Dickensian term; if we speak, for example, of the ‘epigenetics of syphilis’ rather than the ‘syphilitic miasm’. Just suppose we have an opportunity to demonstrate our knowledge of the epigenetic changes due to, say, Tuberculosis; imagine then having the opportunity to find out if continued treatment with the nosode could reverse those changes, could switch genes back ‘on’ or ‘off’?!

Use of the term ‘microbe’ would also open up the opportunities to identify other epigenetic states due to particular microorganisms (in old terminology, other ‘miasms’) such as, for example, the epigenetics of AIDS, Streptococcus, Meningococcus, Chlamydia.

In addition, because of Homoeopathy’s long experience of treating states that have been held within the organism over a long period of time (fright, shock etc.) and of treating children on the basis of the mother’s state, we have a valuable contribution to make to the conversation on the epigenetics of trauma (8) and, in time, a contribution to the future conversations on the epigenetics of poisoning and iatrogenesis. We have a powerful healing tool here and we need to let it be known!

I hope that you, the homoeopath, will at least consider the ideas presented here. You may disagree and I may be very wrong in what I propose. However, I would rather be clearly wrong i.e. wrong yet clear, than contribute any more fog to the conversation. This aspect of homoeopathic medicine seems to me to be so profoundly useful in many ways that it should not remain ‘cloud hidden’ any longer.

*For it is important that awake people be awake,*

*Or a breaking line may discourage them back to sleep;*

*The signals we give-yes or no, or maybe-*

*Should be clear: the darkness around us is deep.*

William Stafford

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9. Most other quotes are from The Chronic Diseases, Their Peculiar Nature and Their Homoeopathic Cure (Theoretical Part with Word Index); S. Hahnemann; B. Jain Publishers (P) Ltd., 2005.

Suggested reading: http://www.nature.co./news/epigenetics-the-sins-of-the-father-1.14816