Kishore Mehta
Miasms - The Devious Intrigue

Reading excerpt

Miasms - The Devious Intrigue
of Kishore Mehta
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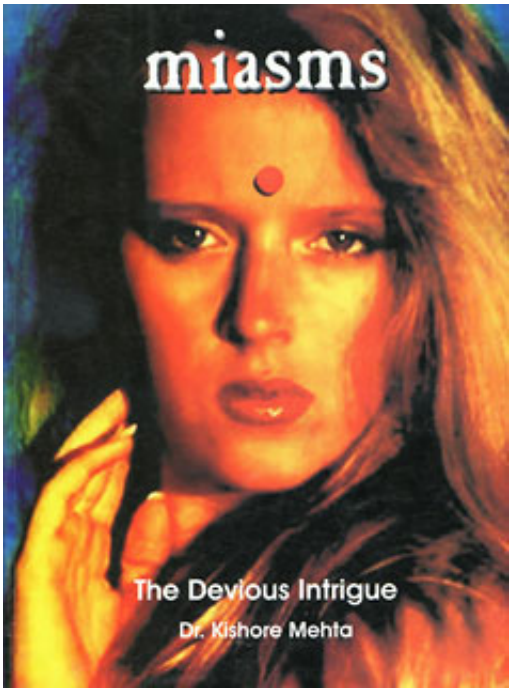

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7 Identification of the Miasm

Identification of miasm requires exploration of three main areas.

1) Type of pathology developed in affected systems/organs/tissues of body affected

2) Pace or speed of the development of disease including the pattern of response i.e. erratic, irregular, periodic, uncertain or alternating etc.

3) Characteristic symptoms of the disease.

Psora miasm can be identified by:

Acute Inflammation, Hypersensitive reaction, Allergy and functional disturbances primarily of skin, mucus membrane, and coverings of body(envelopes) such as pericardium, pleura, capsule of joints, periosteum, meninges, omentum conjunctiva etc. but it can affect any other systems or organs also.

Sharp, sudden, intense, reversible, hyperactive periodical and alternating state of symptoms.

Throbbing, pulsating, and shooting pain.
Redness, swelling and congestion along with ample characteristic symptoms and modalities.
Profuse discharges which ameliorate all complaints.

Chilliness, aggravation at night and on standing, relief or amelioration with application of warmth and pressure, are some characteristic symptoms of Psora.

Sycosis miasm can be identified by

Chronic inflammation, autoimmune inflammation and Indurations.
New growths or overgrowths, (benign as well as malignant).
Rheumatic state, Hypertrophy or atrophy and Exudation of Glands (Lymphatic or Endocrine), Joints,
Metabolic and Reticulum Endothelial system (RES),
A tendency for calculi formation or water retention.

Hypersensitive reaction but with sudden or slow onset, progress and duration of disease or symptoms, sluggishness, backwardness retardation, retention, stasis of all the functions and pathology,

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Cramps, convulsions, spasms, colic, edema, obesity warts, moles,
Damp weather and meat aggravation,
Amelioration from pathological discharges and offensive, sour and staining of discharges is characteristic expressions of sycosis.

Tubercular miasm can be identified by

Hypersensitive reactions, chronic inflammation, autoimmune inflammations, suppurations, haemohrrages, atrophy, slow healing processes ulcerations, of skin, mucus membranes, glands(Lymphatic and Endocrine), bones and joints, nerves and CMS, lungs, liver, kidney, and heart, blood and blood vessels,

Erratic, irregular, uncertain and unpredictable, symptoms.

Prolepses, Piles, Fissures, Fistulae and Sinuses.
Debilitating, acrid profuse, offensive discharges.
Emaciations, metastasis, slow or not healing processes confirm the presence of tubercular miasm.

Syphilitic miasm can be identified by

Hypersensitive chronic inflammation; Autoimmune inflammation; Slow or non healing ulcerations with lardaceous base; Degeneration, Deformity; Congenital disease; Ischemia; Infarct; Necrosis; Putrefaction; Pathology of Nerves; Glands (lymphatic and endocrine); R E S; CNS. Lungs, Heart; Valves, Blood and Blood vessels; Liver; and Kidney confirm the presence of Syphilitic Miasm.

In acute case the activity of miasm is focused on chief complaint.

Therefore the active miasm will be identified from chief complaint.
The drug selected must cover up characteristic symptoms and active miasm.

In chronic cases dormant as well as active miasm must be considered in establishing totality of symptoms. In certain cases the dormant miasm, Family History and Past history, may not be covered by indicated drug, still one can prescribe the drug if it covers active miasm plus the constitution.

For chronic case you have to identify dormant as well as active miasm both

First identify dormant miasm in the following manner

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List all the diseases of patients in a vertical column, one below other.
Classify each one of them and identify the miasm of each trouble
The identification of miasm from family history will depend on our understanding of symptoms and pathology of clinical condition.
We may not get exact miasmatic identification but only some idea since it is not possible to get all the dimensions required for the exact classification i.e. pace, pathology and characteristic symptoms.
Similarly list all the diseases of past history of patient in the chronological order of their appearance. This will allow us to infer Hering's law of direction of cure during the course of treatment.
Give three marks to the miasm which covers up maximum diseases from family and past history of the patient.
Give two marks and three marks to other miasms according to their numerical strength.

E.g. Sycosis 3, Syphilis 2, and Psoral
or
Syphilis 3, Sycotic 2, and Psoral

In chronic case it is rare to find Psora in higher grade. But since it is present as an integral part of all the miasms, its consideration is necessary during treatment.

It is also possible in chronic case that more then one miasm may have the same marks. This speaks of greater load and the gravity of miasmatic influence on patient.

Next ascertain the **Active miasm**

For this take all the symptoms of chief and associated complaints.
Classify their miasms and give them gradation as per the above cited manner.

The selected medicine must have activity of active miasm of the chief and associated complaints and fundamental miasm of constitution, diathesis, past and family history of the patient.

In some cases it is possible that all the three miasms may be present in equal strength. This is called as mixed miasm.

The other possibility is that the active and dormant miasm could be same in some cases.

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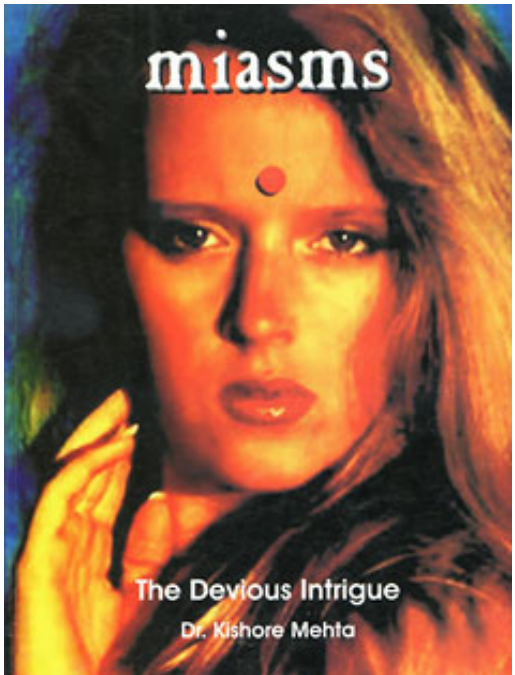

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