

REPERTORY OF MIASMS

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CHRONIC MIASMS
IN
HOMOEOPATHY
AND
THEIR CURE
WITH
CLASSIFICATION OF THEIR RUBRICS/SYMPTOMS
IN
Dr. KENT'S REPERTORY
(REPERTORY OF MIASMS)
By- Dr. Ramanlal P. Patel

TRIBUTE TO DR. RAMANLAL P. PATEL

Born: 1st August, 1926

Died: 25th December, 2019
due to cardiac arrest.



ABOUT THE AUTHOR

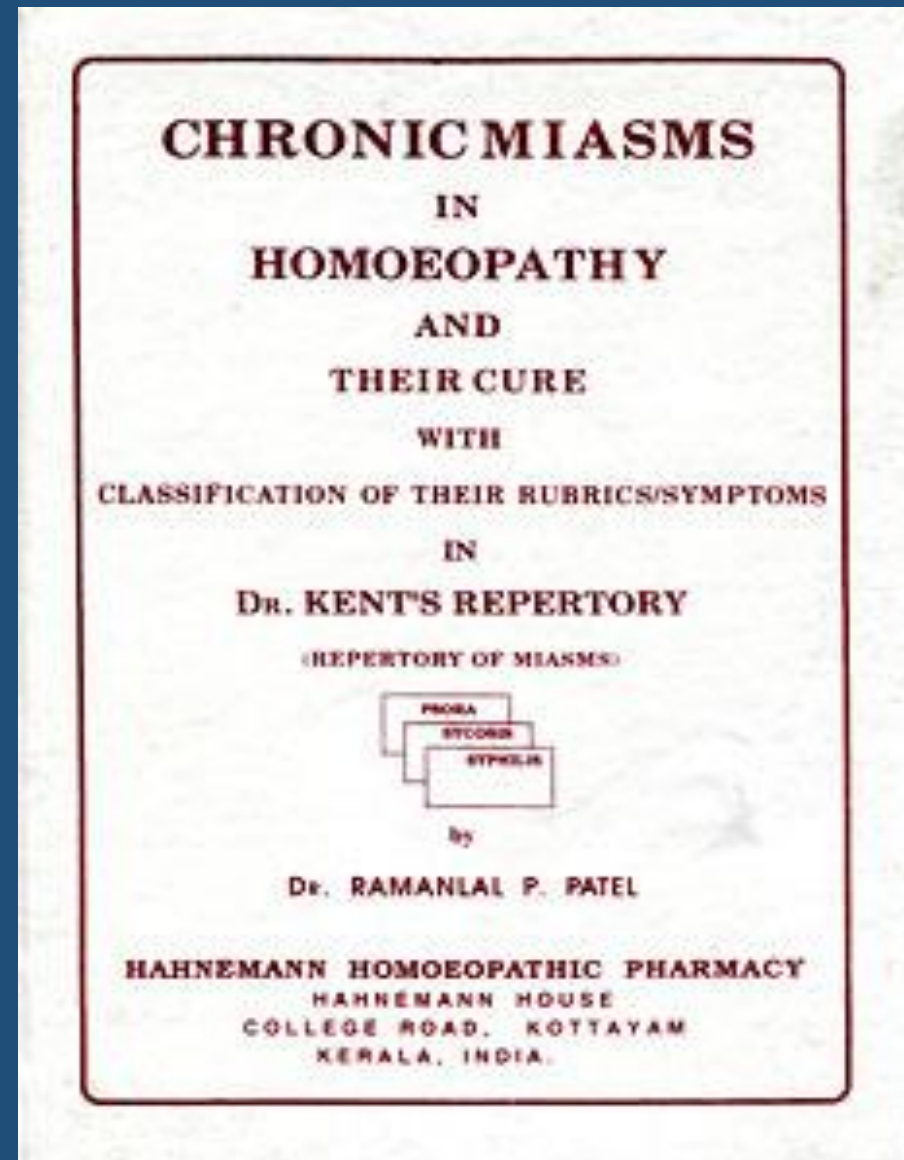
- Passed D. M. S. of General Council and State Faculty of Homoeopathic Medicine, Calcutta in 1951 with Hon's in Pathology.
- Attended Post- Graduate course at Royal London Homoeopathic Hospital, London, England.
- He worked in Glasgow Homoeopathic Hospital; Fr. Muller's Homoeopathic Hospital, Mangalore; Athurasramam Homoeopathic Medical College, Kerala.
- Some of his famous works are:
 - The Art of case taking and practical Repertorisation in Homoeopathy,
 - My Experiments with 50 Millesimal Scale Potencies,
 - Auto visual / audiovisual Homoeopathic repertory,
 - Additions in Kent's Repertory,
 - Kentian –software.

INTRODUCTION

- It is a work on miasmatic classification of rubrics of Dr. Kent's repertory.
- Published in 1996.
- Introductory part (Exhaustive exposition on miasms)



Miasmatic classification of rubrics/symptoms



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1. Preface
2. Introduction to chronic miasms
3. Chapter- I (Psora)
4. Chapter- II (Sycosis)
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7. Chapter- V (Cases and comments on miasmatic repertorisation)
8. Miasmatic classification of rubrics/symptoms in Dr. Kent's repertory

MIASM- The Disease Propensity

“Abnormal inherent ethereal force which manifests itself by abnormal function and sensation-disease.

And so Hahnemann reached his great conclusion-that the miasm is the basis of all true natural chronic disease

Miasm is not a disease- it is the factor which makes the disease- the symptom complex possible”.

DISCOVERY OF CHRONIC MIASMS

- Hahnemann devoted **twelve years** proving remedies, amassing facts from his observations on patients for before he discovered the nature and cause of all human sickness in the world.
 - Then he presented:
 - Psora- The non-venereal
 - Syphilis
 - Sycosis
- } Venereal

PSORA OR MIASM OF PSORA

- ...the only *real fundamental cause* and producer of all the other numerous, I may say innumerable, forms of disease,... (§80, Organon of Medicine, 6th edition)
- Beginning of manifestation : 6,7 or 10, perhaps even 14 days from moment of infection.
- Source- Skin contact.
- Primary manifestation is followed by secondary manifestation in any organ or part of body.
- Functional disturbance without structural or gross pathological changes.
- It is full of “**sensation as if**” with very clear modalities.
- Treatment- Anti-psoric remedies.

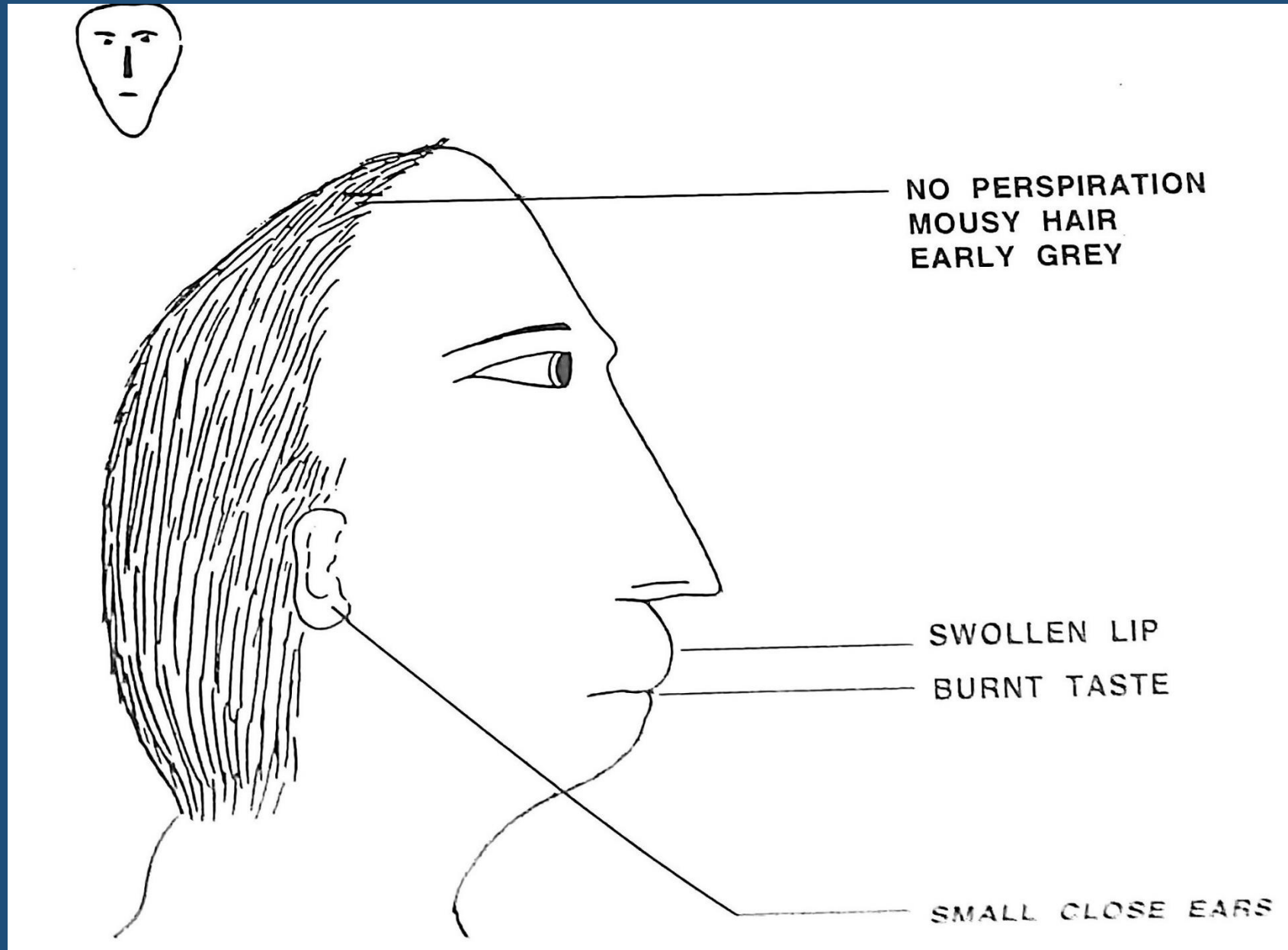
LATENT SYMPTOMS OF PSORA

- Symptoms which comes after the suppression of primary symptoms or may be hereditary in a patient(s).

HOW DOES THE LATENT PSORA AWAKE?

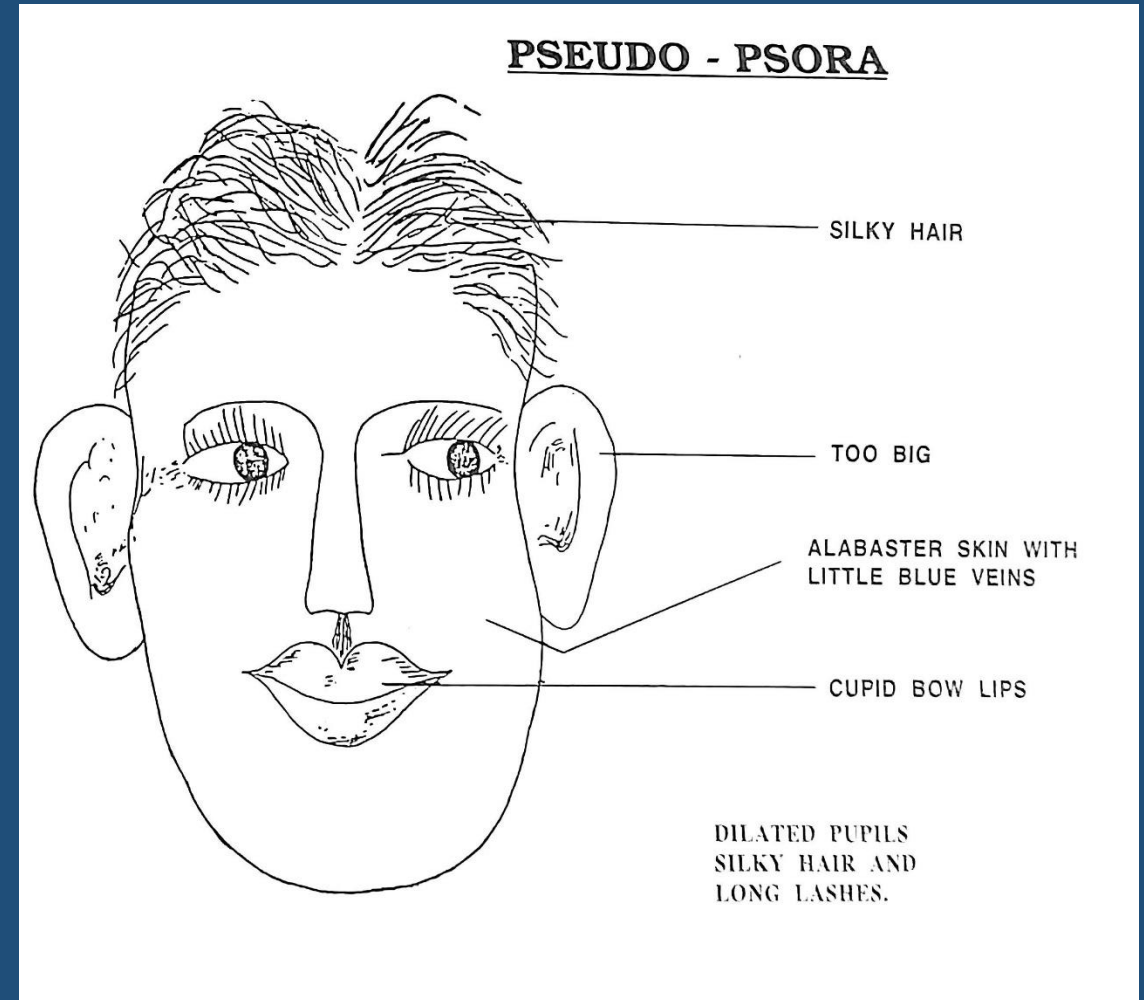
- Exciting,
- Maintaining, and
- Accidental causes

RECOGNIZE PSORA ON THE SPOT!



PSEUDO-PSORA

- Psora and syphilis are *perfectly combined* by hereditary transmission.



SYCOSIS OR MIASM OF SYCOSIS

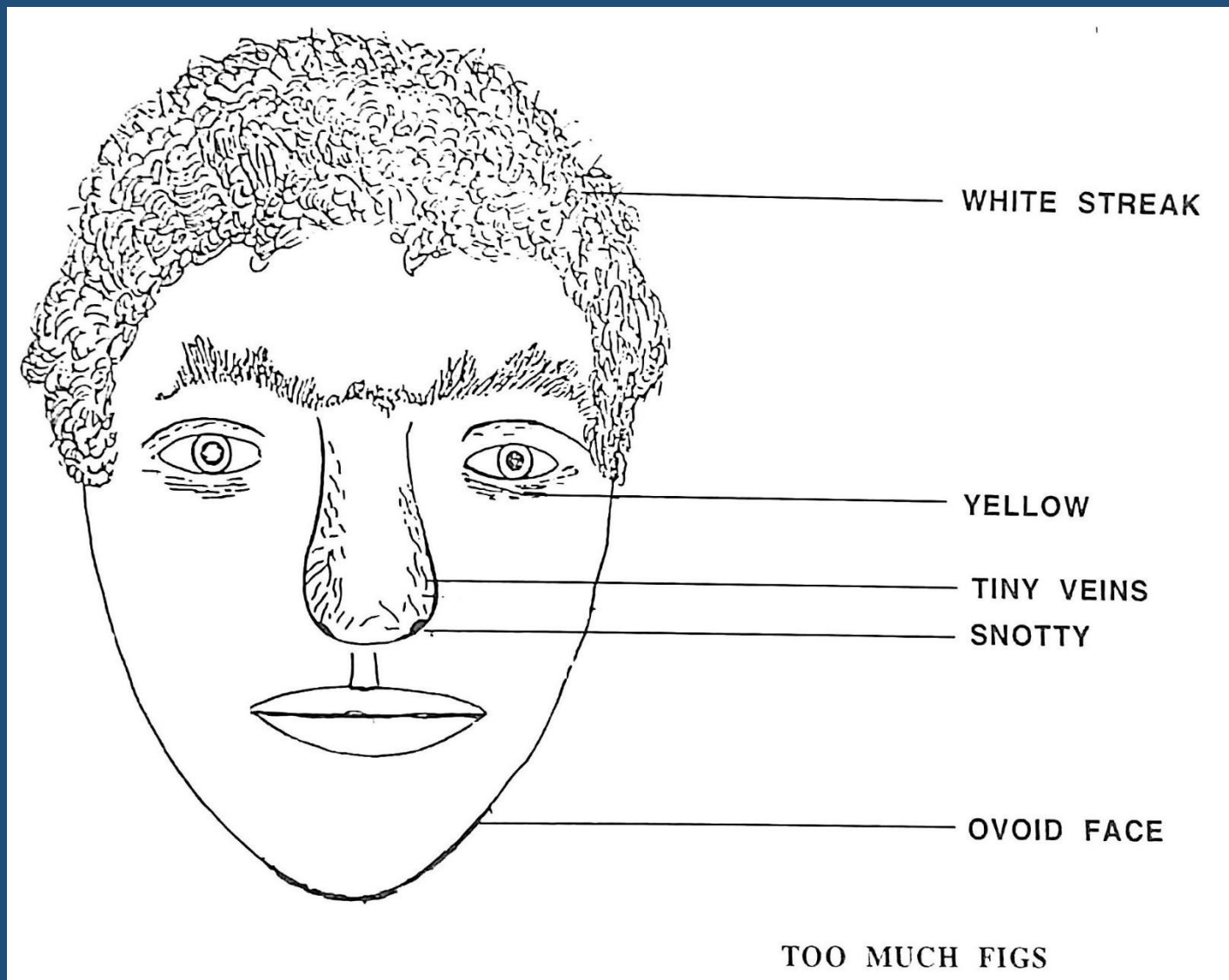
- Sycosis is a chronic miasmatic disease of a peculiar character which manifests its specific internal dyscrasia by cauliflower-like growths. (§79 & 80, Organon of Medicine, 6th edition)
- Beginning of manifestation : 5-10 days.
- Source- Sexual contact.
- First manifestation is on genitals.
- Inflammatory nature of disease that may be acute, sub-acute or chronic.
- It produces the hydrogenoid constitution.

- Treatment :

In choosing a specific remedy, two considerations :

- The most accurate examination of the entire symptoms of the disease.
- Minutest examination of the history of disease in reference to origin, previous treatment, and at present existing dyscrasia with complications.
 - ✓ Depends on individual symptoms
 - ✓ Anti-sycotic drugs
 - ✓ At times- Psoric and syphilitic drugs

RECOGNIZE SYCOSIS ON THE SPOT!



SYPHILIS OR MIASM OF SYPHILIS

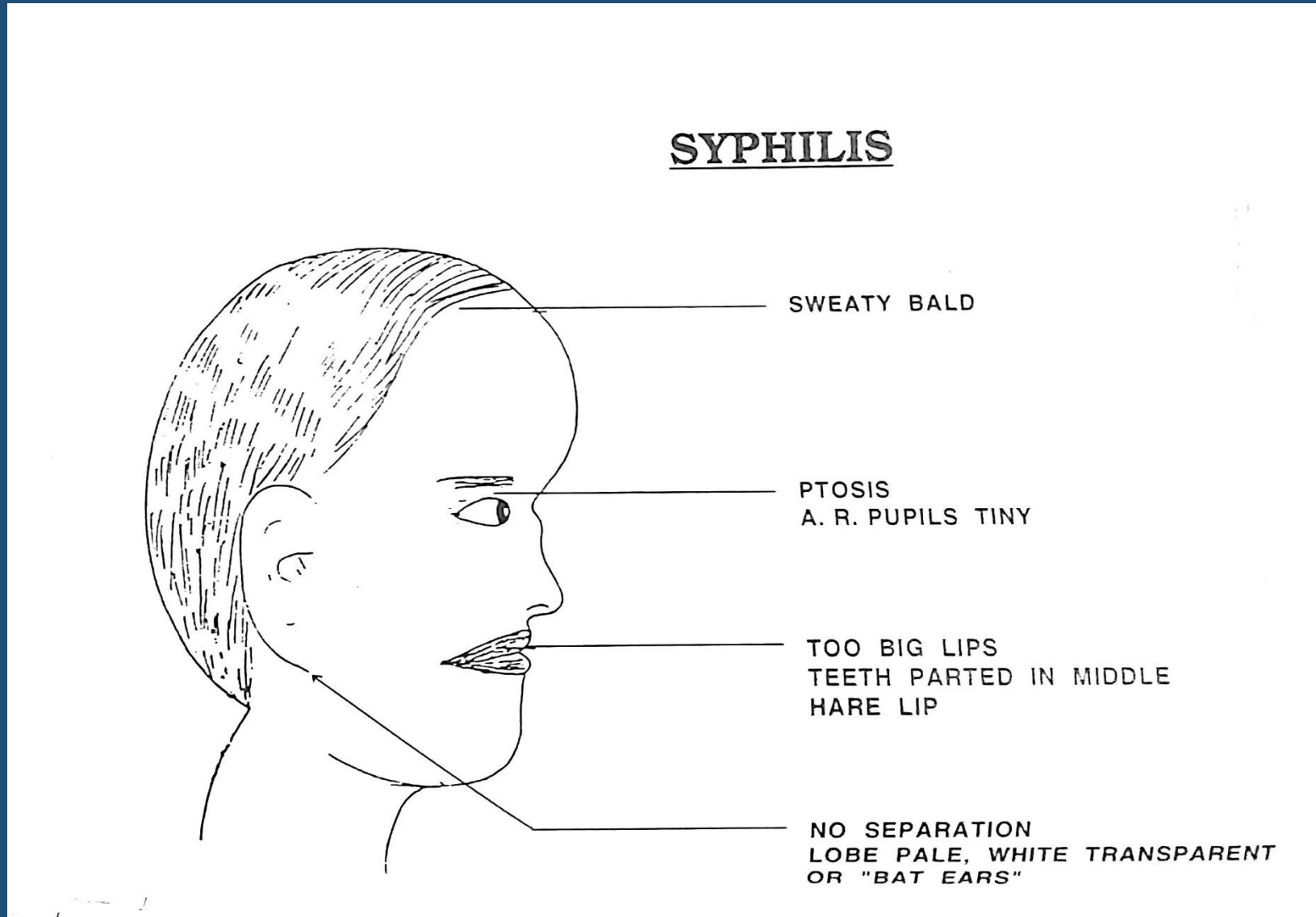
- Constitutional malady which starts as a superficial ulcer (chancre) at the seat of inoculation, and runs a prolonged and indefinite course, and is liable to breakout anew during the lifetime of the patient without fresh infection, even after many years of quiescence.
- Beginning of manifestation : 7-14 days.
- Source- Kissing or contact or coition.
- First manifestation is on genitals or extra genital surfaces like anus, groin, mouth, cheek, tongue, etc.

- Treatment

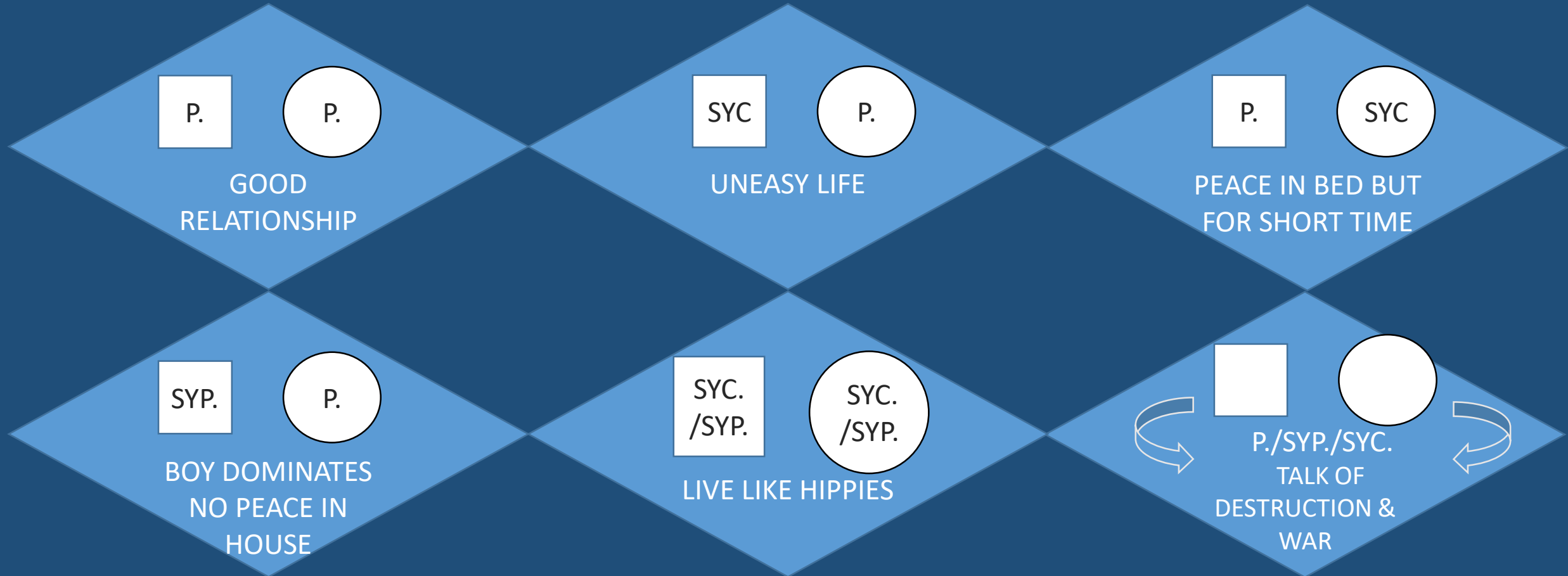
Three states are to be distinguished:

- When syphilis is still alone and attended with its associated local symptoms **the chancre**- One little dose of the best mercurial remedy.
- When it is alone indeed but has already been deprived vicarious local symptoms, the chancre (& the bubo)- One little dose of the best mercurial remedy.
- Complicated with psora (most difficult & **impossible to cure the venereal disease alone**)- Anti-psoric medicine then best mercurial remedy.

RECOGNIZE SYPHILIS ON THE SPOT!



HUMAN RELATIONSHIP AND CHRONIC MIASMS



CONTD...

- The authors and their books quoted in the column are denoted as:
 - First 1 (one) to 9 (nine) numbers and;
 - Alphabet 'A' to alphabet 'X'
- Not more than three authors are quoted.
- Two authors may differ in classification.

**CHRONIC MIASMS IN HOMOEOPATHY
AND
THEIR CURE WITH CLASSIFICATION OF THEIR RUBRICS
IN
DR. KENT'S REPERTORY**

References :

1) Hahnemann, Dr. Samuel.	- The Chronic Diseases, Their Peculiar Nature and Their Homoeopathic cure (Theoretical part)
2) Allen, Dr. J.H.	- The Chronic Miasms, Psora, Pseudo Psora and Sycosis.
3) Banerjee, Dr. P.N.	- Chronic Diseases, its Causes and Cures.
4) Robert, Dr. H.A.	- The principle and art of cure in Homoeopathy.
5) Kent, Dr. J.T.	- Lectures on Homoeopathic Philosophy.
6) Speight, Dr. Phyllis.	- A comparison of the Chronic Miasms.
7) Bernoville, Dr. Fortier.	- Syphilis & Sycosis.
8) Boericke, Dr. William.	- Pocket Manual of Homoeopathic Materia Medica with Repertory.
9) Patel, Dr. R.P.	- Handbook of Autovisual Miasmatic Repertory.
A) Kent, Dr. J.T.	- New Remedies, Clinical Cases, Lesser Writings, etc.
B) Kent, Dr. J.T.	- Lectures on Homoeopathic Materia Medica.
C) Kent, Dr. J.T.	- Repertory of the Homoeopathic Materia Medica.
D) Patel, Dr. R.P.	- Lectures on Homoeopathy.
E) Ortega, Dr. Proceso S.	- Notes on the Miasms.
F) Hahnemann, Dr. Samuel	- Organon of Medicine, 5th Edition.
G) Hahnemann, Dr. Samuel	- Organon of Medicine, 6th Edition.
H) Dhawale, Dr. M.L.	- Principles and Practice of Homoeopathy.
I) Paterson, Dr. John.	- Psora and Sycosis in Relation to Modern Bacteriology.
J) Bach, E & Wheeler, C.E., Drs.	- Chronic Disease, A Working Hypothesis.
K) Johnson, Dr. Wm. M.	- Introduction to Sycosis; its importance as a Miasm.
L) Bradley, Dr. F.J.	- Cancer and Miasmatics.
M) Bernoville, Dr. Fortier.	- Syphilis and Sycosis. (New Edition)
N) Patel, Dr. R.P.	- Analysis and Evaluation of Rubrics/Symptoms of Dr. Kent's Repertory.
O) Wheeler, Dr. C.E.	- An Introduction to the Principles and Practice of Homoeopathy.
P) Clarke, Dr. J.H.	- Dictionary of Practical Materia Medica.
Q) Bradford, Dr. T.L.	- The Life and Letters of Dr. Samuel Hahnemann.
R) Boericke, Dr. Garth.	- Principles of Homoeopathy.
S) Close, Dr. Stuart.	- Genius of Homoeopathy.
T) Nash, Dr. E. B.	- Leaders in Homoeopathic Therapeutics.
U) Barthel, H. and Klunker, Will, Drs.	- Synthetic Repertory.
V) Kent, Dr. J. T.	- Use of the Repertory.
W) Patel, Dr. R.P.	- The Art of Case Taking and Practical Repertorization.
X) Boenninghausen, Dr. C. Von.	- A Systematic Alphabetical Repertory of Homoeopathic Remedies.

VI

UTILITY

- To know and find out which miasm is predominant, prominent, supermost, serious and deep-rooted in the patient.
- Helps also to place symptoms in hierarchy (order).
- To know how miasmatic symptoms of each miasm have unfolded in a patient.

METHOD OF WORKING OUT A CASE

Form a totality of case



Arrange the symptoms as per repertorial totality of Dr. Kent



Refer each symptom/rubric and write against the rubric under the appropriate column



Total marks should be made under each column



Maximum number will tell the predominant miasm in the case



Knowledge of miasm will help to select the correct miasmatic remedy from repertorial result

CASE AND COMMENTS ON MIASMATIC REPERTORISATION

Miss. I, 35 yrs

1. Sleeplessness since 20yrs of age, brought on by excessive musical study, never taken any sleeping drugs. She lies quite awake at night; brain active all the time, especially after lights are out; often kept awake by persistent tunes, hardly ever falls asleep for three hours after going to bed; readily wakened by the least gleam of light; even if drowsy becomes sleepless immediately on getting into bed. Dreams always, nightmares.

General health has been good. Throat; painless hoarseness; all cold fly here.

Stomach: appetite good. Averse fats, milk; craves ices, cold food. Emptiness without hunger soon after getting into bed which might prevent sleep, <eating. Emptiness at 11 a.m.

Mental: very excitable to music; irritable; impatient; discontented. Fears; in a crowd, being hemmed in; fire, suffocation. Indifferent to people, especially relatives.

Depressed easily, chilly; hates the cold; <thunderstorms. (Dr. M. Tyler, Dr. J. Weir)

General and miasmatic analysis of symptoms:

S. No.	GENERAL ANALYSIS	MIASMATIC ANALYSIS		
	Mental generals	P.	SY.	SYP.
1.	Indifferent to people	1	1	
2.	Fears crowd	1		
3.	Fears suffocation	1		
4.	Fears, fire	1		
5.	Very excitable to music	1		
6.	Irritable	1	1	
7.	Impatient	1		
8.	Discontented	1		
	Physical generals			
9.	<cold	1		
10.	<thunderstorm		1	
11.	Averse, fats	1		
12.	Averse, milk	1		1
13.	Desires cold food	1		1
14.	Desires ices	1		1
15.	Sleepless after going to bed			1
	Particulars			
16.	Emptiness, 11 a.m. stomach	1		
17.	Emptiness without hunger	1		
18.	Hoarseness, painless	1		
Total marks		16	3	4

Result of repertorization :

Phos 31/15, Sepia 19/8, Nat-C 18/9

Choice of remedy : Phosphorus 31/15

Rubrics taken as RUPS for artistic method of repertorization:

1. Indifferent, relation to
2. Fear, suffocation of
3. Sensitive, music to
4. Cold <
5. Storm, during <
6. Aversion, fats
7. Aversion, milk
8. Desires, cold food
9. Desires, ice cream
10. Emptiness, 11 a.m., stomach

Result of repertorization :

Phos 22/10, Sepia 16/7, Nat-C.14/7

Choice of remedy : Phosphorus 31/15

Comments:

- Worked out from mental generals to particulars.
- More symptoms of psora than other misams.
- Subsequent prescription may require anti-syphilitic or anti-sycotic medicine depending on reaction of first prescription.

MERITS

- In the introduction part author has explained elaborately about **diseases** from Organon point of view.
- Probably it is the only repertory in which miasms are represented comprehensively.
- Each symptoms has been given with authentic source from which it has been taken.
- Based on Dr. Kent's repertory which is used most widely.

DEMERITS

- On the basis of this repertory, prescription can't be made.
- Miasmatic diagnosis can't be confirmed. We can get only an idea regarding the dominant miasm on the presenting complaints.
- Final diagnosis of miasm of a particular disease can't be confirmed.
- Time consuming process, initially classical repertorization followed by miasmatic.

CONCLUSION

- This repertory can be used only for reference purpose.
- To know about miasms.
- To find out which miasm is predominant, prominent, supermost, serious and deep-rooted in the patient.
- Miasmatic diagnosis helps in shortlisting some remedies which reduces the burden of physician in selecting similimum.
- For final selection, miasm is one of the criteria of similarity so this repertory will be helpful.

“I have gathered a bouquet of other people’s flowers and only the thread that holds them together is my own.”- MONTBIGE

THANK YOU