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GUEST EDITORIAL

Miasms and modern pathology

One of the greatest barriers limiting dialogue between orthodox and homeopathic medicine is the homeopathic classification of chronic diseases, miasms. Hector Montfort-Cabello's bold attempt, in this issue of *Homeopathy*, to marry miasmic theory to modern pathology and genetics is to be welcomed as opening debate.[1] The concept of miasms appears alien and anachronistic to contemporary western medicine. It was based on Hahnemann's observations and influenced by the limited pathological knowledge of his time. Hahnemann rejected medical ideologies such as Boerhaave's eclecticism and Brown's stimulus theories, opting instead for a disease explanation matching the simplicity of the similimum theory. He classified diseases as 'specific' miasms of epidemic disease requiring 'disease-specific' remedies, while 'all the other innumerable diseases exhibit such a difference in their phenomena that we may safely assert that they arise from a combination of several dissimilar causes (varying in number and differing in nature and intensity)'[2] needed different treatments. Later, in 'The Chronic Diseases' he asserted 'the only real fundamental causes' of almost all chronic diseases are three miasms, the major (causing 7/8 of diseases) of which is *psora*, which affects the skin then penetrating inside the body and causing major damage to vital organs; a theory echoing that of his contemporaries Autenreith and Wenzel. Many speculate he based this on the multiform evolution of the then prevalent infection, scabies, although Hahnemann himself references leprosy as a connection. Despite being seemingly wrong according to subsequent scientific knowledge, exteriorisation of much pathology eg pruritus in renal or liver failure or immune disorders is indubitably a correct assumption even today.

For many, from a rational and scientific standpoint, the simile principle does not need outdated theories to survive. Indeed, Hahnemann opened his Organon by asserting 'the physician's high and *only* mission is to restore the sick to health, to cure' and 'not to construct so-called systems, by interweaving empty speculations and hypotheses concerning the internal essential nature of the vital processes and the mode in which diseases originate in the interior of the organism …'. In his view such explanations 'for what might be supposed to be the probable general character of the case of disease; whether it was spasm, or debility, or paralysis, or fever, or inflammation, or induration' were conjectures which the old school deemed 'causal' and were 'too fallacious and hypothetical to prove of any practical utility, incapable, even had they been well grounded, of indicating the most appropriate remedy for a case of disease.'[3] Yet he does refer to natural laws governing vital processes, and his assertion of their elusive 'internal essential nature' has fresh validity today in the light of recent scientific emphasis on biological complexity and chaotic systems.[4]

Thus it has been suggested that the term miasm is outdated and misleading,[5] and that applying old classifications to mechanisms (often still imperfectly understood) of chronic diseases may be neither useful nor correct. We know disease results from external influences eg pathogens or radiation acting on genotypic variation in humans with different predispositions, exacerbated by lifestyle and environmental factors. We recognise molecular, cellular and systemic mechanisms by which diseases can be 'explained' and/or classified, albeit arbitrarily, to facilitate transmission of knowledge on progress, prognosis and treatment options between physicians. Such explanations and classifications utilise immune responses and physiological responses in various body systems at different levels—genetic expression/suppression, cell receptor activation/down-regulation and tissue atrophy/proliferation—which become manifest as functional disease or pathology with tissue loss or replacement. Recent theories give new emphasis to complexity of biological systems: for example asthma and many other chronic diseases may be treated as 'stuck', semi-stable, states of organisms' complex networks, in other words as pathological dynamic attractors.[4,6]

Hahnemann did not know of such modern biochemistry and pathology, his uni-causal view of one disease is therefore dated: disease arises in *some* circumstances and in *some* individuals in response to different stimuli in different patterns and timescales. But Hahnemann's acute observation on the importance of skin manifestations are still of great importance in a world slow to relinquish Cartesian duality, despite mounting evidence of psychoneuro-immunology where the skin is the ultimate externalisation of internal disorder and manifestation of autonomic and cytokine disturbance.

The practical success of homeopathy during two centuries has not been dependent on a miasmatic pathological theory, but on its unique pharmacotherapy, which ignores internal disease mechanisms and utilises careful observation of symptoms and application of simile rule. Drugs have biphasic actions, or paradoxical actions, they produce a series of

phenomena (primary action) which are changed in their opposite effects (indirect secondary action) by the reaction of the body. Consequently, if a drug produces primarily the same symptoms of the disease, the reaction aroused secondarily would tend to remove the natural disease. This is still the basis for homeotherapeutics, but there is no theoretical obstacle to the incorporation of new scientific knowledge—genetic, biochemical and microbiological factors—into this conceptual framework. If Hahnemann observed pharmacology so accurately, perhaps he also observed pathological phenomena which we should not dismiss.

Many homeopaths still feel miasm theory empirically observable and useful in prescribing, others prescribe with no reference to it. However, according to some homeopathic observations, matching observed psoric disease traits with remedies (principally Sulphur) initiates recovery in so many disorders that this phenomenon is not to be dismissed lightly. As bioscientific medicines gain acceptance by efficacy studies accelerated when their mechanism of action is understood, so might homeopathy gain acceptance by a kind of 'similimum principle' paradigm if a pathological or biochemical basis substantiates the ideas of miasms.

We may debate Montfort-Cabello's suggestions: if semantically psora, sycosis and syphilis invite ridicule from biomedicine, do terms such as "*dys molecular reactional mode*" convey a more valid meaning? Are asthma, epilepsy and high blood pressure definable as 'a defect in molecular repair'? And are many 'psoric diseases' (Table 1 of Montfort's paper) caused by a defect of protein, cell or tissue repair or rather general homeostatic derangement? Can stroke be considered predominantly a process of necrosis and repair, or is it truly resulting from metabolic (dyslipidemia) or haemodynamic (hypertension) malfunction? Most of these diseases are highly multifactorial, so the narrow limitations and errors of the psora concept at inception may not be easily overcome by widening to singular new concepts like necrosis and apoptosis.

Have miasms only persisted due to the academic and scientific isolation of homeopathy? Or would they not have been completely discarded if untrue or unhelpful? The miasm/modern science debate is fundamental to homeopathic theory and should provoke further debate from the wide church that is modern homeopathy. Montford-Cabello may make unsubstantiated statements regarding lack of ATP synthesis from mutated DNA as the origin of sycosis, but he has challenged us: do miasms exist? Are they inheritable? Most of all, are they useful?

Paolo Bellavite
Dipartimento di Scienze Morfologica-Biomediche, University of Verona Ospedale Policlinico, 37134 Verona, Italy
E-mail: paolo.bellavite@univr.it

Anne Pettigrew
E-mail: anne.pettigrew@renver-pct.scot.nhs.uk

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