

# MIASMATIC PRESCRIBING

Its philosophy, diagnostic classifications, clinical tips, miasmatic repertory, miasmatic weightage of medicines and case illustrations

**Second Extended Edition**



With  
**Free CD**  
on **Miasms**

**Dr Subrata Kumar Banerjea**

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MIASMATIC REPERTORY MIASMATIC WEIGHTAGE OF  
MEDICINES AND CASE ILLUSTRATIONS

SECOND EXTENDED EDITION

*by*

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## **PREFACE**

I was born and brought up in a homoeopathic family and in an environment of homoeopathic philosophy and am proud to say that homoeopathy is in my blood. I am a fourth generation homoeopath, my great-grandfather Dr Kalipada Banerjee was born in a town near Kolkata (India) in 1844 and was a practising homoeopathy for 38 years. His son, my grandfather, Dr Kishori Mohan Banerjee, was born in 1886 and followed in his father's footsteps qualifying as a homoeopath in Kolkata, which by this time had acquired a reputation as the 'Mecca of homoeopathy'. My grandfather however, had a great desire to broaden his knowledge and travelled to America where he learned the art of miasmatic prescribing directly from the great Dr John Henry Allen. After returning to his native country, Dr Kishori Mohan Banerjee founded The Bengal Allen Homoeopathic Medical College and Hospital in 1924 naming it after his much loved and respected tutor, Dr Allen. Sadly, he died at a young age of 55 but his legacy lived on through his son, my uncle, Dr Naba Kumar Banerjee, by whose inspiration my own love for homoeopathy was discovered and nurtured. Although my father Dr R.K. Banerjee is a pathologist, he has always rendered support in my study of this great art and science of homoeopathy, as has my aunt, Dr Kamala Banerjee, whose love and affection was key to many of my earlier academic laurels. My family have always held true to Hahnemannian-Kentian principles and since my grandfather's time incorporated miasmatic diagnosis into their plans of treatment. It is this approach, which I believe, was intrinsic to their success as homoeopathic physicians and I offer you this book not only in their memories but also for the future of homoeopathy.

The inclusion of miasm in a homoeopathic prescription is becoming more and more important in this modern world of suppression. Hahnemann with his infinite wisdom recognised some two hundred years ago the prominence of one-sided diseases with a scarcity of proper characteristic symptoms and the increasing usage of modern drugs has intensified this to a degree that such cases are becoming increasingly common today. There can only be one approach if a complete cure is sought and this is to systematically remove each layer of suppression and miasmatic dyscrasia before proceeding to nip the underlying cause of disease in the bud. This book is designed for homoeopathic practitioners and students alike and for this reason I am assuming a degree of knowledge as befits both. However, I feel it is worthwhile at the outset to define the homoeopathic context of the word miasm as an invisible, inimical, dynamic principle, an inherited weakness, a stigma or vacuum in the constitution and to share with you the analogy of the peeling away of petals from the lotus flower, a representation of the removal of each different layer of suppression or disease and their corresponding dyscrasia which I use in my lectures to demonstrate the curative art of miasmatic prescribing.

With proper application, miasmatic prescribing can uproot the underlying cause of disease and nip the bud of increased susceptibility to future diseases, so it is not only curative but also preventative, something for which our patients will surely thank us in the long run. There are no shortcuts to complete and permanent cure and it is up to us and our patients to play our parts in striving towards successful treatment in as many cases as possible. It is by the incorporation of miasmatic prescribing into our treatments that this can become possible.

There are six main sections to this book as detailed below:

Part I — Philosophy and Utility of Miasm: Here I have taken the opportunity to discuss the philosophical background of miasm and to share my views regarding suppression and the need for miasmatic prescriptions in the modern world. Key words are presented to reflect the miasmatic tendencies.

Part II — Miasmatic Diagnostic Classifications: Starting with the mental symptoms, this is a head to foot schematic classification of the four miasms, including my tips for rapid miasmatic diagnosis.

Part III — Miasmatic Diagnosis of Clinical Classifications: In this section, I have shared all the possible clinical nosological names under their respective miasmatic headings with a view to enable fast diagnosis of the corresponding miasm.

Part IV — Miasmatic Ancestral Tips: All the tips of my four generations of miasmatic prescribers.

Part V — Miasmatic Repertory : This is a totally new concept and once again aimed for your quick miasmatic diagnosis.

Part VI — Miasmatic Weightage of Medicines: A comprehensive guide to the weight, value or gradation of the medicines and listings of the leading anti-miasmatics.

I have worked for six years in completing this book and in last twenty-two years or so, have lectured on miasms all over the world wherever homoeopathy is known. It is always a pleasure to lecture on miasm as I can share my great love and passion for this subject. This venture however would not have possible without the constant support, care and co-operation, love and affection of my partner Janet and I am deeply touched and indebted to her.

I would also like to sincerely acknowledge the help given by Fiona Wray, who has painstakingly edited the contents of the book; would also like to extend my gratitude towards Debasish Mukherjee for his technical support in typing the manuscript and Manas Nayak for his help with the printing.

I welcome any constructive suggestion towards the improvement of future editions. All the information mentioned herein has some verifications and it is with this foreknowledge and my own experience that I have been successfully incorporating miasmatic prescribing into my practices for many years. I entreat you to publish the failure of miasmatic incorporation in prescribing, if any and if ever, to the world!

It is my hope that you will both learn from and enjoy this book; the benefits of prescribing miasmatically will be experienced by both yourselves and your patients.

Subrata Kumar Banerjea  
Essex, England.  
September 6, 2001  
(My birthday)

## **PREFACE TO SECOND EDITION**

By including three new chapters in this second edition, I have expanded upon the concepts in the original to make this book more comprehensive. On review, I decided that to include case illustrations and to expand on the ideas with a clinical, practical approach would be even more useful to the practising homoeopath.

Part VII — Practical approach - Classical Prescribing: In this chapter I have illustrated how to handle the cases that come to us in the current climate of suppression in a practical and useful way without deviating from the classical approach of prescribing. As I have stated throughout the book, time tested scientific miasmatic and classical approach to prescribing is a structured formula for solid reliable prescribing.

Part VIII — Case Illustrations: I have included a few cases to demonstrate how incorporation of miasm helped to reach the similitum when there were apparent close remedy possibilities. This method has proved to colleagues, my students and me over the years that this enhances the depth of the prescription and the certainty of good improvement in the case.

Part IX — Look and Diagnose; Personality assessment through Miasm: This is a chapter, which I have found interesting. The development of these ideas has revealed to me another aspect of miasmatic diagnosis and subsequent prescription. I was always encouraged by my teachers and my uncle to observe the attitude, posture, and behaviour of people and to refine those observational skills into the practice. I have applied those same principles of observing, for remedy selection, into observation of the dominant miasm and found it to be hugely beneficial.

I would like to sincerely acknowledge the constant support and love of my wife, Janet, which I treasure, say thank you to my student Kathryn who has typed some of the manuscripts and to Debasish Mukherjee for his technical support in typing the body of the manuscript, thanks also to Manas Nayak for his help with the printing.

I welcome any constructive suggestion towards the improvement of future editions and feedback on your success using the methods outlined here. All the information given in this book has been verified and it is with this knowledge and my own experience that I have been, successfully, incorporating miasmatic prescribing into my practice for many years.

It is my hope that you will both learn from and enjoy this book and that the benefits of prescribing miasmatically will be experienced by both yourself and your patients.

Subrata Kumar Banerjea  
Essex, England.  
September 6, 2006

**MIASM:  
DR BANERJEA'S DEFINITION**

*I define miasm as 'an invisible, inimical, dynamic principle which permeates into the system of a living creature, creating a groove or stigma in the constitution which can only be eradicated by a suitable anti-miasmatic treatment. If effective anti-miasmatic treatment does not take place then the miasm will persist throughout the life of the person and will be transmitted to the next generation'.*

**MIASM:  
DR BANERJEA'S TEN PRINCIPLES**

- I. Miasm is a dynamic energy which cannot be seen.
- II. Every living creature on earth, bacteria, virus etc., has its own miasm.
- III. Miasm is hostile to the life preserving energy (inimical to the vital force) of any living creature.
- IV. It is dynamic, as it affects the dynamic plane and thereby dynamically deranges the life preserving energy of any living creature.
- V. The basic pre-condition of a miasmatic infection is susceptibility.
- VI. When a person or any living creature is susceptible (characterised by hypo-immunity = psora) the inimical, invisible dynamic principle of miasm gets the chance to permeate into the body (as the immunity is low and thereby the person is susceptible to receive such infection), this is known as miasmatic infection.
- VII. After entering in the body, it tends to join the fundamental miasms already existing in the body.
- VIII. Then it takes the upper hand; as the miasmatic force from outside plus the miasmatic force already dormant in the body conjoin together and dynamically affect the vital force (life preserving energy) thereby dynamic derangement of the vital force occurs.
- IX. So, the miasmatic force dynamically deranges the vital force and that results in disease. There is always a battle going on inside the body between the vital force and the miasmatic force; in health the vital force wins and in disease, the miasmatic force wins.
- X. The miasmatic force creates a stigma or vacuum in the constitution, which can only be eradicated by suitable anti-miasmatic medicine, otherwise it is transmitted to the next generation. Miasmatic dissection and incorporation of the same in each case will help (a) to open up a case, where there is a scarcity of symptoms due to various physical, emotional or iatrogenic suppressions, by the centrifugal action of deep acting anti-miasmatic medicines. Also, of importance is the value of selecting an anti-miasmatic medicine which covers the nature and character of the individual in absence of any recognisable totality. Thus, the anti-miasmatic medicine covers the essence of the person and opens up the case; (b) to be more confident in prescribing by including the surface miasm in the consideration of the totality, as miasm, the dyscrasia of the person, constitutes a major part of the totality; (c) to evaluate the necessity of change of the plan of treatment or change of the remedy; as few symptoms have disappeared after the first remedy, yet the miasmatic totality indicates the preponderance of the same miasm in the surface which was originally covered by the initial remedy, therefore it foretells that we can stay with the previous remedy; (d) to evaluate the homoeopathic prognosis of the case, as removal of layers of suppression manifest as clarity of symptoms and can be accompanied by a quantum jump in the sense of well being; (e) to fulfil Hahnemann's three injunctions of cure: rapid, gentle and permanent; and (f) anti-miasmatic medicines help to clear up the suppressions (in relation to the past); clear up the presenting symptoms from its root or origin (in relation to the present); and clear up the susceptibility to get infection and thereby strengthens the constitution (in relation to the prophylactic aspect or future).



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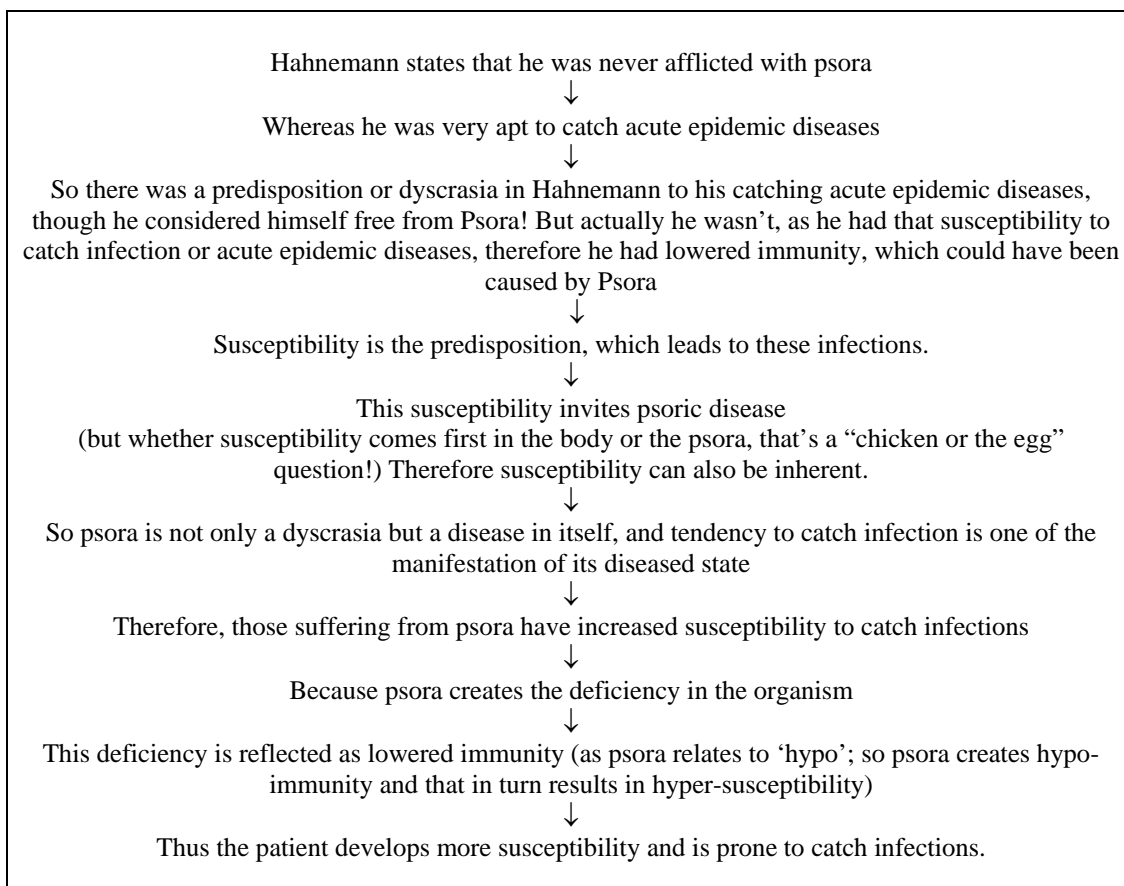
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**The Prior State or Predisposition is the Susceptibility:  
Dr. Banerjea's Explanatory Logic and Interpretation:**



Susceptibility is the pre-disposition to invite or be susceptible to change or influence. When life is given or begins there is a pre-structure, which allows it to change, along with processes known as LIFE. Life processes include creation, maintenance and destruction according to the Law of Nature, which are clearly experienced and visible. Susceptibility means vulnerability as opposed to resistance. There is vulnerability to the influences of life processes, which is inevitable. Although a certain amount of resistance is possible, eventually signs of vulnerability or susceptibility become evident, e.g. ageing. It is inevitable that a baby, given appropriate condition, grows into maturity, and then maturity develops into old age. Within the inevitable life cycle there is susceptibility to other influences. One such influence is the miasm psora. Due to its highly infectious nature, any life form (in this case human) will become infected with psora, increasing the vulnerability and influences including emotional, environmental and disease. This infectious psoric influence superimposes onto the already susceptible being and creates another level of vulnerability. Hahnemann explained this as the groove or sigma in the life element, which invites the disease process. It was later that psora was defined specifically by other homoeopaths.

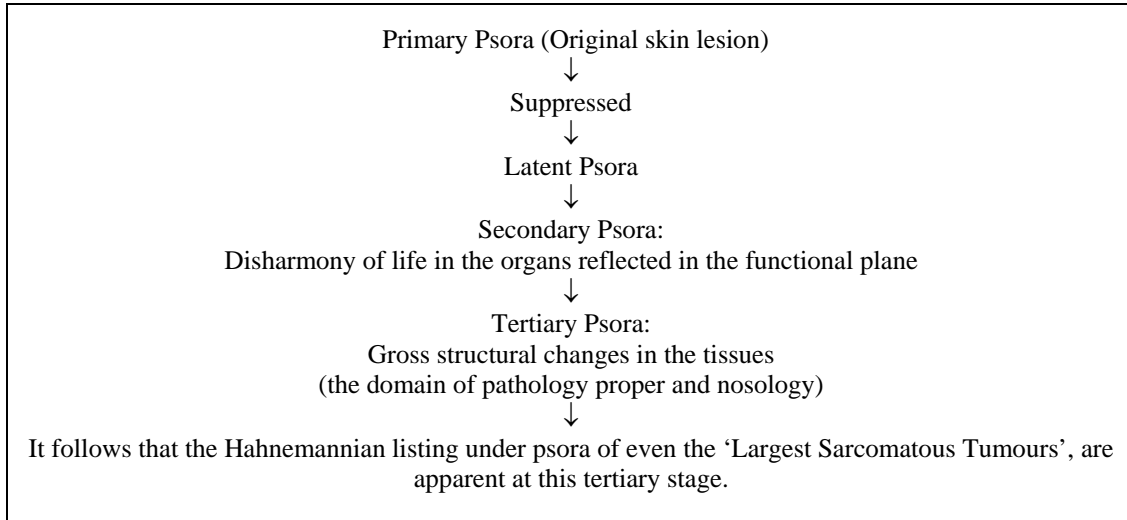
**5. PSORA: GENERALLY MANIFESTS FUNCTIONAL DISORDERS BUT CAN ALSO RESULT IN STRUCTURAL CHANGES:**

- i) A common misunderstanding about the miasmatic theory is that specific pathological condition result from specific miasms. For example, it is often said that eczema is a psoric disease, ulcers are syphilitic, and that cancer, psoriasis and others result from a combination of all three miasms. *In reality, however, all three miasms can result in any pathological change. Cancer, diabetes, insanity, imbecility etc., can all arise from the last stage of any of the miasms, or from any combination of them.*

### MISCONCEPTION: Psora is Only a Functional Disease:

Hahnemann listed even the “largest sarcomatous tumours” in the pathology produced in the tertiary stage of psora, together with many other severe, destructive and proliferative disorders.

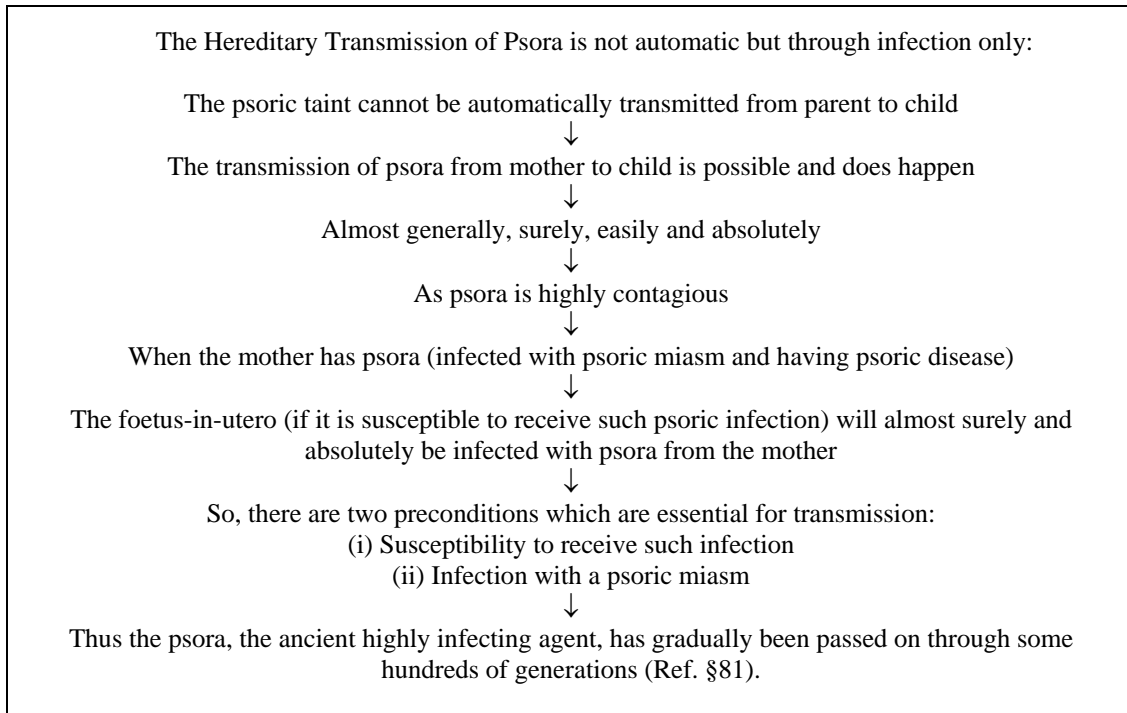
### Largest Sarcomatous Tumour Under Psora in its Tertiary Stage: Dr. Banerjea's Explanatory Logic and Interpretation:



### 6. PSORA LIKE OTHER FUNDAMENTAL MIASMS, TRANSMITS GENERATION TO GENERATION: HERIDITORY TRANSMISSION:

- i) “The oldest history of the oldest nation does not reach its origin. Moreover, it is hydra-headed and persists through the last breath of the longest life. Not even the most robust constitution, by its own unaided efforts, is able to annihilate and extinguish psora”. (Hahnemann’s Chronic Diseases).
- ii) “PSORA is that most ancient, most universal, most destructive, and yet most misapprehended chronic miasmatic disease which for many thousands of years has disfigured and tortured mankind, and which during the last centuries has become the mother of all the thousands of incredibly various acute and chronic (non-venereal) diseases, by which the whole civilised human race on the inhabited globe is being more and more afflicted”. (Hahnemann’s Chronic Diseases).
- iii) “PSORA is the *oldest* miasmatic chronic disease known to us. Just as tedious as syphilis and sycosis, and therefore not to be extinguished before the last breath of the longest human life, unless it is thoroughly cured (*Dr. Banerjea’s interpretation: it is quite impossible to fully cure psora and even if it were cured another fresh infection would ensue instantaneously because of its highly infectious nature*), since not even the most robust constitution is able to destroy and extinguish it by its own proper strength, *Psora*, or the Itch disease, is beside this the *oldest* and *most hydra-headed* of all the chronic miasmatic diseases.” (Hahnemann’s Chronic Diseases).
- iv) “In the many thousands of years during which it may have afflicted mankind, for the most ancient history of the most ancient people does not reach to its origin, it has so much increased in the extent of its pathological manifestations — an extent which may to some degree be explained by its increased development during such an inconceivable number of years in so many millions of organisms through which it has passed, that its secondary symptoms are hardly to be numbered”. (Hahnemann’s Chronic Diseases).

## MISCONCEPTION: Spontaneous Hereditary Transmission of Psora:



## 7. DYNAMIC PATHOLOGY:

- i) As dynamic action implies the process whereby one substance is acted off by another substance without communication or actual interchange of the material parts of the substances concerned but rather qualitatively through the qualities inherent in them; so infection is a biological process whereby a living organism is acted upon qualitatively by another living being without communication or interchange of material parts of the beings concerned.
- ii) The interaction between a living body with another living one or with a thing falls under a separate category, which is described positively by the term 'dynamic action'.
- iii) Modern physiology, pathology and especially bacteriology are busy with discovering the chemico-physical processes underlying this dynamic process in cases of infection by bacteria; and they are equally busy with the discovery of chemico-physical processes underlying each vital process and function. That is why, when Hahnemann asserted that all diseases other than surgical or occupational are of the nature of infection he was stating that in every case of illness, the vital principle of the individual is qualitatively (and not mechanically or chemico-physically) acted on by the exogenous morbidic agents and their corresponding dynamic miasmatic force (which is inimical to vital force); and this qualitative derangement of the vital force is described by Hahnemann as the dynamic derangement of the organism manifested by the totality of altered sensation and functions. The dynamic property of a medicine implies this special quality inherent in the medicine by virtue of which, it brings about dynamic derangement of the living organism.

# PART – II

## MIASMATIC PRESCRIBING:

### MIASMATIC DIAGNOSTIC CLASSIFICATIONS

### MIASMATIC DIAGNOSIS:

### COMPARISON OF THE MENTAL SYMPTOMS

<i>Key Word</i>	<i>Inconsistent Psoric Mind</i>	<i>Avaricious Sycotic Mind</i>	<i>Destructive Syphilitic Mind</i>	<i>Dissatisfied Tubercular Mind</i>
<b>1. Introduction</b>	<p>Diversion, perversion and reprobation of the mind to commit evil are the primary manifestations of psora. For this reason the psoric mind is always outwardly manifesting and there can be no deep mental concentration, meditation or sacred thoughts.</p> <p>The ‘hypo’ psoric state is manifested in the mental sphere as hypo-reasoning, i.e. inconsistent, impractical thoughts and hypo-confidence that results in anxieties and all varieties of fears.</p> <p>Anxiety, inconsistent thoughts, apprehension (especially of impending misfortune) and alertness are therefore the basic criteria of the psoric mind.</p>	<p>The Sycotic taint develops the worst forms of debasement because of its basic suspicion and jealousy. It has the tendency to harm others, even animals (especially mentally in the form of mental torture).</p> <p>Sycotic mental symptoms are either ‘hyper’, or characterised by incoordination. Examples are: hyper-workaholics, hyper-greedy (avaricious) &amp; hyper-rageous types and those showing an incoordination in behavior like jealousy and/or suspicion. A tendency to exploit may also be present.</p>	<p>The syphilitic miasm has a destructive mentality, which perverts, deforms and vitiates the senses of judgement, the memory and the sharpness of the intellect. The patient can neither realise the symptoms nor can he explain them to the physician. In any such case where the patient cannot explain his symptoms, describe their character, or iterate his desires and aversions, the syphilitic stigmata will be present.</p> <p>Syphilitic mental symptoms are characterised by destruction and even love for one’s own life is destroyed leading to suicidal tendencies. There are impulses towards destruction and violence.</p>	<p>Dissatisfaction and lack of tolerance are the innate dyscrasias of the tubercular stigmata.</p> <p>Lack of tolerance leads to anger and irritability, which in time results in depression.</p> <p>The dissatisfied state of the mind makes him changeable both mentally and physically and manifests in the following manners:</p> <p>Persons can never be satisfied in a certain job or place, or with a certain subject or situation. Children desire this or that, especially toys, but when offered, they out rightly reject them and demand something new.</p> <p>Students frequently change their subjects — perhaps studying</p>

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				<p>science for some time and then changing to arts.</p> <p>People continuously desire new jewellery and clothes. They are always finding new passions and cravings, and never find peace or satisfaction in any one object.</p> <p>Persons crave and have perversions (this perversion is afforded by the syphilitic component of the tubercular miasm) for the things that will harm them, wanting for example, foods which aggravate their condition.</p> <p>Dissatisfaction resulting in changeability is the innate dyscrasia of tubercular miasm.</p>
<p><b>2. Thoughts &amp; Flow of Words</b></p>	<p>The psoric attitude towards religion is deceitful and the patient appears as a feigning philosopher due to his inability to concentrate.</p> <p>There may be a passionate craving or indulgence to obtain unnecessary objects and a tendency to build castles in the air!</p> <p>Thoughts and words overflow in the mind, and accordingly, words are multiplied.</p>	<p>This miasm produces the worst forms of cruelty and in this respect is similar to the syphilitic miasm. However, with sycosis there is also cunning deceit and the worst form of manias of all the stigmatas. Men and women who commit suicide are mainly syphilo-sycotic.</p> <p>Sycosis is the most mischievous of all the miasms.</p> <p>Sycosis cannot find the right</p>	<p>Destruction, perversion, dissolution or degeneration are the most significant characteristics of syphilis.</p> <p>Syphilitics are generally close mouthed and may answer in monosyllables. They lack ideas, expressions and thoughts due to destruction of the intellectual capabilities.</p> <p>Suicidal planning and thoughts are syphilo-sycotic but when suicides are committed without</p>	<p>A lack of concentration, and thoughtlessness regarding appearance is representative of the tubercular miasm.</p>

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		words and if he does, he is not sure whether they are right. He has doubts about his spelling and experiences difficulty in narrating his symptoms.	any planning and in a manner devoid of intelligence then the syphilitic miasm is evident on the surface.  All the fascists and exploiters of the world are the product of syphilis.	
<b>3. Awareness</b>	<p>Psoric patients are mentally alert, and are quick and active in their motions. They will work like 'Trojans' for a short time, but become easily fatigued both mentally and physically and a profound prostration follows. The fatigue is accompanied by the desire to lie down and extreme fatigue restrains them from performing their duties.</p> <p>Heat of the whole body follows mental impressions or exertions.</p> <p>The patient is sensitive to odours and atmospheric changes and is easily disturbed mentally.</p>	<p>Sycotic patients are always suspicious, a taint which can manifest in a variety of ways. They may be suspicious of their surroundings and of other people. They are even suspicious of their own work and do not trust themselves to the extent that they must go back and repeat what they have previously done or said, and wonder if they have said just what they mean. This suspicion when turned upon others, leads to the worst forms of jealousy. They may be jealous of both their family and friends.</p> <p>In the case of injury, the patient themselves will examine the site of the lesion very carefully and frequently and keep changing physicians.</p>	<p>Mentally dull, heavy, stupid and especially stubborn. Idiocy, ignorance and obstinacy lead to melancholia and gloominess.</p> <p>Mentally slow to react, and if reading for example, they can read only a few lines, which they must read again to fully comprehend. What they read they cannot retain — a kind of mental paralysis.</p>	<p>Tubercular children manifest their traits in the extreme. They may be either slow or dull and experience difficulties in comprehension or they may be very bright, intelligent and alert.</p>



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<b>4. Anxiety</b>	<p>Psoric patients are anxious to the point of worry and fear.</p> <p>Anxiety on awakening in the morning which may at times compel them to move about.</p>	<p>Anxiety from changes in the weather and from humidity typifies the sycotic patient.</p>	<p>In syphilis, anxiety occurs at night.</p>	<p>The mental changeability and dissatisfaction of the tubercular patient ends in a depressed state of mind which is striking in the fact that even in this depressed state there is a total absence of disappointment, hopelessness, anxiety or apprehension.</p> <p>Tubercular patients do not worry about anything, even when suffering from the most severe ailments</p>
<b>5. Cruelty</b>	<p>Real cruelty is not typical of the psoric mentality, but there can exist deceitful behaviour with a tendency to make others appear foolish.</p>	<p>Cruelty, mostly in the form of mental tortures, lack of affection, rudeness and vexation are all present in sycosis. Anger from trifles may lead to physical assault.</p> <p>The sycotic patient tries to hurt others emotionally.</p> <p>Sycosis is also present in such instances as where a family suffers because the mother cannot accept her daughter-in-law, and in businesses where employer/employee relations are regularly strained.</p>	<p>Syphilitics are the cold-blooded murderers, the committed criminals and iconoclasts.</p> <p>Physical destruction, bodily assaults, killings and physical tortures are the product of syphilis.</p>	<p>Some cruelty may exist in the tubercular miasm due either to the patient's innate dissatisfaction or from the tubercular combination of psora and syphilis.</p> <p>Tubercular children may exhibit some features of cruelty through physical and mental torture of their friends and/or siblings.</p>