ARTICLES OF CHANDRAN KC EXPLAINING ‘MIASMS’ IN THE LIGHT OF ‘MIT’ CONCEPTS OF SCIENTIFIC HOMEOPATHY

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1. 'Miasmatic Analysis'- Confused Learners, Confused 'Masters'. Utter Confusion For All!

'Miasmatic analysis’ is the sum total of ‘confusions’ created in the minds of already ‘confused’ learners, by ‘teachers’ who are gravely ‘confused’ themselves. The final outcome is ‘Utter Confusion for All’!

Some homeopaths appear to be experts in 'miasmatic analysis'. Once a case is presented to them, they cannot avoid 'miasmatic analysis' of patients, drug substances or diseases. Instead of discussing symptoms and similimum, they would go on talking about miasms. It is funny to note that each ‘miasmatic expert’ would say there is no confusions if you understand it correctly. Then he would give his theories and ‘miasmatic analysis’. Then the next expert comes, and gives his theory and analysis, diametrically opposite to the earlier. He also says there is no confusions if you understand him correctly. I have never seen two ‘miasmatic experts’ talking about miasms in similar language. You give them a case for ‘miasmatic analysis’. Each would come with different analysis. AND YOU SAY, THERE IS NO CONFUSIONS!

I never seen two homeopaths explaining ‘miasms’ in same way. I never seen two homeopaths agreeing up on ‘miasmatic analysis’ of same case, same symptom or same medicine. Everybody talk differently. Is it does not indicate confusions? If you have any doubt on what I said, kindly post a case for ‘miasmatic analysis’ here. They would fight each other with their analysis. They would discuss strange concepts such as "psora merging into tuberculous spectrum", or "psora converting into sycosis and then to syphilis as disease advances". They would talk about 'tri-miasmatic' drugs, patients and diseases. I have seen it many times on this group. After all these intellectual exercises done, if you want to cure the patient, you have to find a similimum using

symptoms! The simple truth is that appropriate similimum would cure even without any 'miasmatic exercise', if it is rightly selected.

One expert said: All individuals have all miasms, all drugs have all miasms, and all drugs have all miasms", One would say warts are sycotic, another say it is psoric. A clever one would say warts have all miasms! Then why should we worry about miasmatic analysis?

I never said that the understanding of underlying miasms has no role in homeopathic therapeutics. Miasms, or ‘Chronic disease dispositions’ caused by infectious agents’ have to be considered and antidoted with appropriate antimiasmatic drugss. But, the intellectual exercises happening in the name of ‘miasmatic analysis’ is making everything a mockery, and UTTER CONFUSION FOR ALL.

In my opinion, the confusion would end only when we reach a consensus on ‘what is miasms’. If you could agree with my explanation of ‘miasms’ as ‘chronic disease dispositions’ caused by ‘off-target’ molecular inhibitions created by ‘antibodies’ generated in the organism against ‘exogenous’ protiens such as ‘infectious agents’, all confusions regarding ‘miasmatic analysis’ would be scientifically resolved. Until that happens, this confusion will remain.

Every chronic disease that is caused by ‘off-target’ molecular inhibitions created by ‘antibodies’ can be called ‘miasmatic diseases.

Let us consider a case of valvular heart disease caused by rheumatic fever. It was the antibodies formed against streptococcus sore throat infection that caused aarthritis, endocarditis, and valvular deformities. This chronic condition was caused by ‘off-target’ molecular inhibitions created by ‘antibodies’. It is a ‘miasmatic’ disease according to me. Same way, we know about chronic fibromyalgia caused by ‘chikunguniya’ antibodies, nephropathy caused by scabies antibodies, many chronic diseases caused by vaccinations. We can give a lot of examples

If we deeply study immunology and immune related diseases, we can understand the real scope of concepts I am trying to explain. A miasmatic disease one that is CAUSED by ‘Antibodies’ existing in the body, which were created earlier against ‘exogenous’ proteins that invaded the organism.

For example, a streptococcus sore throat is only an ‘infection’, not a MIASMATIC DISEASE. But, the artthritis and endocarditis caused by the antibodies generated by that infection are ‘miasmatic diseases’. Am I clear, sir? That is why hahnemann said ‘miasm’ is a ‘chronic disease disposition’ caused by ‘infectious agents’. He did not say ‘miasms are infectious diseases’. Please note the real difference.

Starting from pre-natal life, different kinds of antibodies are generated in our body against diverse types of ‘exogenous’ proteins including infectious agents. Actually, these antibodies are protein molecules of globulin types, which get deformed by getting acted up on by antigens. The active groups of antigens(epitopes) imprints upon the active groups of globulins(peritopes), in such a way that the peritope of globulin is converted into a ‘lock’ exactly fitting to the ‘epitope’ of antigen, which is similar to the ‘key’. Real ‘defense’ mechanism of organism is based on this ‘key-lock’ relationship. The problem arises when the ‘antibodies’ circulates in the body and bind to ‘off-target’ molecules, which have active groups with configuration mimicking the real antigen. This ‘offtarget’ bindings results in inhibitions of involved biological molecules, making them incapable of executing their natural functions. This is called a pathological molecular error, which expresses as a disease, and disease symptoms. This is the mechanism by which ‘antibodies’ or ‘miasms’ cause diseases.

I hope I have provided a most scientific, most logical explanation for the phenomenon of ‘miasms’. If you cannot understand or accept this concept, we are sure to differ in our approach to miasms and ‘miasmatic analysis’.

To discuss this topic, first you have to read my notes carefully, without prejudice, with a willingness to understand. Then, you have to understand it, for which you will have to update your biochemistry. Then you have to think over what I said. Then only we can have a meaningful discussions. If you have no time to read and understand what I say, there is no meaning in ‘discussing’. Please approach this concept without prejudice, because this is something different from what we have already learned.

We always think about ‘antibodies’ as ‘defense molecules’. Same time we should realize that they can act as pathogenic agents through OFF-TARGET interactions. Please learn more about hundreds of ‘auto-immune’ diseases to understand the real gravity of havoc these ‘immune’ bodies can create in the organism.

The problem is, our modern ‘miasmatic analysis experts’ have made us think all diseases in terms of ‘miasms’. The moment we mention a disease or symptom, or name of a drug, they start talking about ‘prominent miasm’, ‘tubercular spetrum’, ‘polymiasmatic’ and such phrases. The most funny thing is that ‘analysis’ of two experts never agree. They are confused, and make others confused. When talking about ‘miasms’ hahnemann was concerned only about ‘chronic disease dispositions’ caused by ‘infectious agent’. He asked to consider the presence of chronic ‘infectious miasms’ in cases where the diseases are not belonging to nutritional, environmental, occupational, iatrogenic and such causes. He used the term ‘faulty living’ and ‘faulty drugging’, which contain all these. In his perod, he knew nothing about ‘genetic causes’, and he did not mention those group of chronic diseases. Since he expressly said about miasms as ‘chronic disease dispositions’ caused by ‘infectious agents’, we can include ‘genetic diseases’ also in ‘non-miasmatic’ category. In fact, all chronic diseases, which are not mediated by ‘off-target’ molecular inhibitions caused by ‘anti-bodies’ formed in the body against ‘exogenous’ proteins, belong to ‘non-miasmatic’ category.

Listen, what I said: ” Miasms are chronic disease dispositions caused by off-target molecular inhibitions created by antibodies, which were generated against ‘exogenous’ proteing molecules including ‘infectious agents”. How can you interpret it in such a way that I said “all miasmatic disorders are autoimmune”? “Genetic disorders’ and ‘genetic expression disorders’ are different. Genetic disorders, which are due to actual errors in genetic substance or DNA, are beyond miasms. But, ‘genetic expression’ disorders or ‘protein synthesis disorders’ may be caused by influences of miasms, infections and many other exogenous or endogenous pathogenic factors, by acting up on the enzyme systems involved. That is the way pathogenic agents act.

I am trying to find out truth, not to satisfy somebody. I hope everybody would ultimately be satisfied with truth I am trying to find out truth, not to satisfy somebody. I hope everybody would ultimately be satisfied with truth

I never say “hahnemanns perceptions were wrong”. But, I would say many of his explanations regarding what he ‘percieved’ were imperfect, due to the infantile stage of scientific knowledge available to him in that time-space context he lived and worked. But many of the interpretations given by later ‘masters’ were wrong, and many times contrary to the real sense of hahnemann’s teachings. Miasms belong to that group. Hahnemann only said about a chronic diasease disposition caused by ‘infectious agents’. It was his interpreters, who mixed up miasms, genetics, embriyology and many

other things, and created all these confusions. If uou studyy ‘miasms’ from original works of hahnemann, without the help of interpreters, you would be convinced of the truth in what I am saying.

Antibodies are native globulin proteins ‘imprinted’ with exogenous protein molecules entering into the organism from the environment, as infections, food, drugs, toxins or as part of any interactions with the environment. These exogenous proteins may come from bacterial/viral/fungal/parasitic infections that invade the body, bites and stings of insects and serpents, uncooked food articles, drugs like antibiotics and serum, vaccines, and so on. These exogenous foreign proteins, alien to our genetic constitution, are dangerous to the normal functioning of the organism, and have to be destroyed or eradicated. Body has a well organized defense system for this, which we call immune system. Foreign proteins are called antigens. Body prepares immune bodies or antibodies against these dangerous invaders. Antibodies are specific to each antigen, There are also polyclonal antibodies, which can identify different antigens. Antibodies are exactly native proteins of globulin types, which have peculiar molecular structure with an active group known as ‘paratope’ on its periphery. Active groups of antigen molecules are known as ‘epitopes’. Epitopes of antigens and paratopes of antibodies has a ‘key-lock’ relationship of configuration. They should fit exactly each other in order to happen an immune reaction. Paratopes of antibodies once interacted with epitopes of a particular antigen undergo a process of ‘molecular imprinting’, by which the ‘memory’ of epitope is imprinted into the paratope of antibody. Even after the antigens are destroyed and eradicated by the immune system, these ‘molecular imprinted’ globulins, or antibodies exist and circulate in the organism, in most cases life long. This is the mechanism by which life long immunity is attained through certan infections and vaccinations. These antibodies, or ‘molecular imprinted proteins’ are very important part of our defense system, playing a vital role in protecting us against infections.

If we are preparing nosodes by potentizing antibodies themselves, our drugs contains ‘molecular imprints’ of paratopes of antibodies. These molecular imprints can bind to the paratopes, thereby preventing them from interacting with ‘off-target’ biological molecules. Same time, they also cannot interfere in the interaction between antibodies and their natural antigens, which have comparatively increased affinity. In any way, potentized nosodes or ‘antimiasmatics’ will not weaken the normal immunological mechanism of the organism.

Since we cannot eradicate or permanently inactivate antibodies or miasms with our potentized drugs, we have to administer antimiasmatic drugs in frequent intervals, probably life long. This is a very important realization evolving from the understanding of ‘miasms’ as ‘antibodies’ or ‘molecular imprinted proteins’.

I think hahnemann included all ‘itch’ producing infections under the carpet of ‘psora’. He mentioned about Leprosy, scarlet fever, scabies and many such ‘infectious’ agents as causative factors of psora. He talked about “three miasms”, only because those three infectious agents were creating havoc in europe during his period. According to me, this classification of psora, syphilis and sycosis is not much relevant if we understand ‘miasms’ in terms of ‘antibodies’.

We have many experiences with diseases caused by ‘off-target’ actions of antibodies. Streptococcus antibodies causing endocarditis and arthritis is an example. Sacbies antibodies causing nephropathy, chikungunia antibodies causing fibromyalgia, etc are commonly encountered. Long term side effects of various vaccinations also belong to this group. We know about various diseases appearing in mothers caused by antibodies formed against foetal proteins. Post-delivery psychiatric problems are associated with antibodies formed against some uterine infections and metritis. If you go through your immunology lessons, you will get hundreds of examples. Remember, this area of pathology is not so far well studied.
We have to study all the diseases included in ‘psora’ by hahnemann in this point of view. We have to expose the relationship between these diseases and infectious diseases considerd to be causative factors of psoric miasm.

So far, we have been studying about antibodies as ‘defense’ molecules only. We have to study them as ‘pathogenic’ agents also, especially playing behind many chronic diseases. New generation of homeopathy students can take up such studies as part of their academic research projects. I hope this discussions we do here may induce such creative thoughts in many minds

2. I Wonder How Our 'Miasmatic Experts' Could Create So Much Confusions In The Name Of 'Miasms'?

In 'Chronic Diseases', Para 37, Hahnemann clearly explains what causes MIASM Of PSORA:

The itch disease is, however, also the most contagious of all chronic miasmata, far more infectious than the other two chronic miasmata, the venereal chancre disease and the figwart disease. To effect the infection with the latter there is required a certain amount of friction in the most tender parts of the body, which are the most rich in nerves and covered with the thinnest cuticle, as in the genital organs, unless the miasma should touch a wounded spot. But the miasma of the itch needs only to touch the general skin, especially with tender children. The disposition of being affected with the miasma of itch is found with almost everyone and under almost all circumstances, which is not the case with the other two miasmata.

No other chronic miasma infects more generally, more surely, more easily and more absolutely than the miasma of itch; as already stated, it is the most contagious of all. It is communicated so easily, that even the physician, hurrying from one patient to another, in feeling the pulse has unconsciously inoculated other patients with it; wash which is washed with wash infected with the itch; new gloves which had been tried on by an itch patient, a strange lodging place, a strange towel used for drying oneself have communicated this tinder of contagion; yea, often a babe, when being born, is infected while passing through the organs of the mother, who may be infected (as is not infrequently the case) with this disease; or the babe receives this unlucky infection through the hand of the midwife, which has been infected by another parturient woman (or previously); or, again, a suckling may be infected by its nurse, or, while on her arm, by her caresses or the caresses of a strange person with unclean hands; not to mention the thousands of other possible ways in which things polluted with this invisible miasma may touch a man in the course of his life, and which often can in no way be anticipated or guarded against, so that men who have never been infected by the psora are the exception. We need not to hunt for the causes of infection in crowded hospitals, factories, prisons, or in orphan houses, or in the filthy huts of paupers; even in active life, in retirement, and in the rich classes, the itch creeps in. The hermit on Montserrat escapes it as rarely in his rocky cell, as the little prince in his swaddling clothes of cambric.

I WONDER HOW OUR 'MIASMATIC EXPERTS' COULD CREATE SO MUCH CONFUSIONS REGARDING 'THEORY OF MIASMS'?

What would you say, after carefully reading the above-quoted words of hahnemann? I think he had explained his concept of PSORA here beyond any doubt.

Would you still argue, 'miasm is genetically inherited'?

3. How Hahnemann Arrived At 'Theory Of Miasms And Chronic Diseases'- An Analysis Of Master's Logic

For the last few weeks I was once again into an in-depth re-learning of ‘Chronic Diseases’. While carefully going through the initial paragraphs of that great text (Para 1 to 7), I was trying to follow the exact thought process of Dr. Samuel Hahnemann through which he finally arrived at his theory of ‘chronic diseases and miasms’.

Imagine the desperation and hopelessness Hahnemann experienced over the disappointing outcome of chronic diseases treated on the basis of his original theory of ‘similia similibus curentur’. Listen these words: “their beginning was promising, the continuation less favorable, and the outcome hopeless.”

Hahnemann confesses: “homeopathy failed to bring a real cure in the above-mentioned diseases, and to gain an insight more nearly correct and, if possible, quite correct, into the true nature of the thousands of chronic diseases which still remain uncured, despite the incontestable truth of the Homoeopathic Law of Cure, this very serious task has occupied me since the years 1816 and 1817, night and day”.

I was really wondering about the dedication of our master living totally “occupied” with the “very serious task” of gaining “an insight more nearly correct and, if possible, quite correct, into the true nature of the thousands of chronic diseases which still remain uncured”. That too, the whole “years of 1816 and 1817, night and day”.

Have you ever thought about the mental state of our master when he observed that patients “treated with such medicines as homeopathically best covered and temporarily removed the then apparent moderate symptoms” failed to make a permanent cure? His disillusionment to notice that the treatment on the basis of therapeutic law of ‘similia similibus curentur’ only “produced a kind of healthy condition, especially with young,

vigorous persons, such as would appear as real health to every observer who did not examine accurately; and this state often lasted for many years.”?

Hahnemann also had to witness the bitter truth that “the re-appearance of one or more of the ailments which seemed to have been already overcome; and this new condition was often aggravated by some quite new concomitants, which if not more threatening than the former ones which had been removed homeopathically were often just as troublesome and now more obstinate.”

Hahnemann says: “when such a relapse would take place the homeopathic physician would give the remedy most fitting among the medicines then known, as if directed against a new disease, and this would again be attended by a pretty good success, which for the time would again bring the patient into a better state. In the former case, however, in which merely the troubles which seemed to have been removed were renewed, the remedy which had been serviceable the first time would prove less useful, and when repeated again it would help still less. Then perhaps, even under the operation of the homeopathic remedy which seemed best adapted, and even where the mode of living had been quite correct new symptoms of disease would be added which could be removed only inadequately and imperfectly; yea, these new symptoms were at times not at all improved, especially when some of the obstacles above mentioned hindered the recovery.”

Imagine how much desperate the master would have felt to observe the following situation:

“The return and repeated returns of the complaints in the end left even the best selected homoeopathic remedies then known, and given in the most appropriate doses, the less effective the oftener they were repeated. They served at last hardly even as weak palliatives. But usually, after repeated attempts to conquer the disease which appeared in a form always somewhat changed, residual complaints appeared which the homoeopathic medicines hitherto proved, though not few, had to leave un-eradicated, yea, often undiminished. Thus there ever followed varying complaints ever more troublesome, and, as time proceeded, more threatening, and this even while the mode of living was correct and with a punctual observance of directions. The chronic disease could, despite all efforts, be but little delayed in its progress by the homeopathic physician and grew worse from year to year.”

“It was a continually repeated fact that the non-venereal chronic diseases, after being time and again removed homeopathically by the remedies fully proved up to the present time, always returned in a more or less varied form and with new symptoms, or reappeared annually with an increase of complaints.”

“This was, and remained, the quicker or slower process in such treatments in all non-venereal, severe chronic diseases, even when these were treated in exact accordance with the homoeopathic, art as hitherto known.”

Hahnemann sums up the issue in these questions:

1. “Whence then this less favorable, this unfavorable, result of the continued treatment of the non-venereal chronic diseases even by homeopathy?”

2. “What was the reason of the thousands of unsuccessful endeavors to heal the other diseases of a chronic nature so that lasting health might result?”

3. “Why then, cannot this vital force, efficiently affected through Homoeopathic medicine, produce any true and lasting recovery in these chronic maladies even with the aid of the homeopathic remedies which best cover their present symptoms; while this same force which is created for the restoration of our organism is nevertheless so indefatigably and successfully active in completing the recovery even in severe acute diseases?

4. What is there to prevent this?”

Hahnemann says:

“The answer to this question, which is so natural, inevitably led me to the discovery of the nature of these chronic diseases.”

We know, this inquiry led Hahnemann into the formulation of what we now learn as “Theory of Miasms and Chronic Diseases”. He arrived at this answer utilizing the scientific knowledge available to him at that time.

Homeopathic medicines selected on the basis of 'similia similibus curentur' were "indefatigably and successfully active in completing the recovery even in severe acute

diseases" and troublesome "venereal" diseases such as syphilis and gonorrhoea . But such a tratment plan was not effective in curing "chronic diseases of non-venereal" orgin. WHY? This was the question that hahnemann wanted to answer.

We can now witness Hahnemann logically analyzing this issue before him in the following statements:

“Homoeopathic physician with such a chronic (non-venereal) case, yea in all cases of (non-venereal) chronic disease, has not only to combat the disease presented before his eyes, and must not view and treat it as if it were a well-defined disease, to be speedily and permanently destroyed and healed by ordinary homoeopathic remedies but that he has always to encounter only some separate fragment of a more deep-seated original disease.”.

Here the master introduces the new concept of “separate fragments of a more deep-seated original disease.”. He says the homeopathic physician should not “combat only the disease presented before his eyes”, and must not “view and treat it as if it were a well-defined disease”.

At this point, we will have to go back to Hahnemann’s Organon-Aphorism7. He says:

“Now, as in a disease, from which no manifest exciting or maintaining cause (causa occasionalis) has to be removed, we can perceive nothing but the morbid symptoms, it must (regard being had to the possibility of a miasm, and attention paid to the accessory circumstances) be the symptoms alone by which the disease demands and points to the remedy suited to relieve it - and, moreover, the totality of these its symptoms, of this outwardly reflected picture of the internal essence of the disease, that is, of the affection of the vital force, must be the principal, or the sole means, whereby the disease can make known what remedy it requires - the only thing that can determine the choice of the most appropriate remedy -and thus, in a word, the totality2 of the symptoms must be the principal, indeed the only thing the physician has to take note of in every case of disease and to remove by means of his art, in order that it shall be cured and transformed into health.”

We can see that In ORGANON itself, even while saying “the totality of these its symptoms, of this outwardly reflected picture of the internal essence of the disease

must be the principal, indeed the only thing the physician has to take note of in every case of disease and to remove by means of his art", Hahnemann had explicitly indicated about "exciting or maintaining cause has to be removed", "regard being had to the possibility of a miasm", and "attention paid to the accessory circumstances".

That means, according to Hahnemann, "causative factors", "miasms or infectious toxins", and "accessory circumstances" also should be considered along with "totality of symptoms" in deciding a treatment plan for a patient.

It is clear that the apparent failure of chronic diseases with homeopathic treatment on the basis of "similia similibus curentur" was due to the neglect shown by the profession (including the master) towards "causative factors", "miasms or infectious toxins", and "accessory circumstances".

Hahnemann says:

"The great extent of this is shown in the new symptoms appearing from time to time; so that the homeopathic physician must not hope to permanently heal the separate manifestations of this kind in the presumption, hitherto entertained, that they are well-defined, separately existing diseases which can be healed permanently and completely."

While saying "homeopathic physician must not hope to permanently heal the separate manifestations of this kind", he is a bit deviating from his original theory that the "totality of the symptoms must be the principal, indeed the only thing the physician has to take note of in every case of disease and to remove by means of his art", asserting the importance of "causative factors", "miasms or infectious toxins", and "accessory circumstances".

Obviously, theory of 'miasms and chronic diseases" is an expansion and re-invention of what he earlier said in aphorism 7, and got ignored by the profession for along period.

He recognizes here that there existed a "presumption, hitherto entertained", that all those diseases which were so far treated on "totality of symptoms" were "well-defined, separately existing diseases which can be healed permanently and completely", which led to the failures so far happened.

Listen what Hahnemann said:

“He, therefore, must first find out as far as possible the whole extent of all the accidents and symptoms belonging, to the unknown Primitive malady before he can hope to discover one or more medicines which may homeopathically cover the whole of the original disease by means of its peculiar symptoms. By this method he may then be able victoriously to heal and wipe out the malady in its whole extent, consequently also its separate members; that is, all the fragments of a disease appearing in so many various forms.”

Before finding the “totality of symptoms”, the physician “must first find out as far as possible the whole extent of all the accidents and symptoms belonging, to the unknown Primitive malady”.

At this point, Hahnemann proposes the idea that this unknown “primitive malady” must be of “miasmatic” origin.

Hahnemann again:

“But that the original malady sought for must be also of a miasmatic, chronic nature clearly appeared to me from this circumstance, that after it has once advanced and developed to a certain degree it can never be removed by the strength of any robust constitution, it can never be overcome by the most wholesome diet and order of life, nor will it die out of itself. But it is evermore aggravated, from year to year, through a transition into other and more serious symptoms, even till the end of man's life, like every other chronic, miasmatic sickness; e. g., the venereal bubo which has not been healed from within by mercury, its specific remedy, but has passed over into venereal disease. This latter, also never passes away of itself, but, even with the most correct mode of life and with the most robust bodily constitution, increases every year and unfolds evermore into new and worse symptoms, and this, also, to the end of man's life”.

“Not unfrequently phthisis passes over into insanity; dried-up ulcers into dropsy or apoplexy; intermittent fever into asthma; affections of the abdomen into pains in the joints or paralysis; pains in the limbs into haemorrhage, etc., and it was not difficult to discover that the later must also have their foundation in the original malady and can only be a part of a far greater whole”.

See, how hahnemann systematically arrives at the concept of “miasm of psora” as the “primitive malady” underlying the chronic diseases.

4. Did Hahnemann Really Consider Miasms As Genetically Inherited?

Some people points to Aphorism 81 as an “evidence” to “prove” that Hahnemann

considered miasms as “genetically inherited”. This aphorism is the most “powerful evidence” they produce in favor of “genetic theory of miasms”.

Let us see what HAHNEMANN says in Organon : Aphorism 81:

“The fact that this extremely ancient infecting agent has gradually passed, in some hundreds of generations, through many millions of human organisms and has thus attained an incredible development, renders it in some measure conceivable how it can now display such innumerable morbid forms in the great family of mankind, particularly when we consider what a number of circumstances contribute to the production of these great varieties of chronic diseases (secondary symptoms of psora), besides the indescribable diversity of men in respect of their congenital corporeal constitutions, so that it is no wonder if such a variety of injurious agencies, acting from within and from without and sometimes continually, on such a variety of organisms permeated with the psoric miasm, should produce an innumerable variety of defects, injuries, derangements and sufferings, which have hitherto been treated of in the old pathological works, under a number of special names, as diseases of an independent character.”

In this aphorism, master says about psora: “this extremely ancient infecting agent has gradually passed, in some hundreds of generations, through many millions of human organism”.

He is talking about an “infectious agent” that “passed through generations”. He has explained in “chronic diseases” how this “infectious agent” “passed through generations of humanity”, in various forms of “skin infections” such as “leprosy, scarlatina, scabies” and many other forms. Can we infer that by using the word “generations”, he was talking about “genetic inheritance” of leprosy, scarlatina, scabies and other infectious

agent”? He only meant that those infections were carried down through ‘generations’ of humanity as “infectious agents”, not as “genetic material”. If somebody talk about “inheritance of property rights through generations”, would anybody interpret it as “inheritance of property rights as genetic material”? How can “infectious agents” of itch, syphilis and gonorrohea can be “inherited through genes”?

Further, Hahnemann has said about transfer of psora from "nurse to infant", "mother to infant from womb and genital tract", "between family members", "physician to patient", "physical contacts" and many other modes. Can genetic materials be "inherited" through these modes?

The problem is, our modern 'miasmatic analysis experts' have made us think all diseases in terms of 'miasms'. The moment we mention a disease or symptom, or name of a drug, they start talking about 'prominent miasm', 'tubercular spetrum', 'polymiasmatic' and such phrases. The most funny thing is that 'analysis' of two experts never agree. They are confused, and make others confused. When talking about 'miasms' hahnemann was concerned only about 'chronic disease dispositions' caused by 'infectious agent'. He asked to consider the presence of chronic 'infectious miasms' in cases where the diseases are not belonging to nutritional, environmental, occupational, iatrogenic and such causes. He used the term 'faulty living' and 'faulty drugging', which contain all these. In his perod, he knew nothing about 'genetic causes', and he did not mention those group of chronic diseases. Since he expressly said about miasms as 'chronic disease dispositions' caused by 'infectious agents', we can include 'genetic diseases' also in 'non-miasmatic' category. In fact, all chronic diseases, which are not mediated by 'off-target' molecular inhibitions caused by 'anti-bodies' formed in the body against 'exogenous' proteins, belong to 'non-miasmatic' category.

5. Understanding Homeopathic Theory Of 'Miasms' In Terms Of Modern Scientific Knowledge

Homeopathic understanding and management of ‘chronic disease’ is based on the concept of ‘miasms’. Hahnemann has provided detailed explanations regarding three types of ‘miasms’ such as ‘psora’, ‘syphills’ and ‘sycosis’. Theory of ‘miasms’ and chronic diseases were developed during later part of Hahnemann’s life, when he

learned from his clinical experience that medicines selected on the basis of similarity of symptoms as he advocated earlier offered only temporary relief to the most patients.

According to his theory of ‘chronic diseases’, ‘psora’, the ‘miasm’ of suppressed ‘itch’, is the underlying primary cause of all chronic diseases other than those of ‘venereal’ origin. ‘Psora’ is said to be the greatest obstruction to cure. Other two miasms, ‘syphilis’ and ‘sycosis’ are considered to be miasms of venereal diseases, ‘syphilis’ and ‘gonorrhoea’ respectively. Hahnemann considered ‘psora’ to be the most important and universal ‘miasm’. According to his theory, unless this ‘miasm’ or ‘disease poison’ is eradicated with appropriate ‘anti-psoric’ drugs, permanent and lasting cure cannot be attained.

The primary forms of expression of ‘psora’ is considered to be the itching eruptions on skin, that of ‘syphilis’ un-healing tissue destructions like malignant ulcers, and that of ‘sycosis’ warts and condylomata.

Symptoms of primary ‘psora’ include the different types of itches and eruptions that appear on the skin. Hahnemann considered the ‘miasm of psora’ to be inherited through generations of human kind.

Now, let us try to analyze the concept of miasms and chronic diseases in the light of scientific understanding of molecular biology, ‘similia similibus curentur’ and ‘potentization’.

Human organism is constantly exposed to the attacks of various types of exogenous and endogenous foreign molecules and ions. They may bind to the complex native biological molecules, thereby deforming their configuration and making them incapable of participating in the normal bio-chemical interactions. As per scientific view, this phenomenon underlies the molecular basis of most pathological conditions.

If the pathological foreign molecules are of protein nature, native biological defense proteins having configurational affinity to these foreign proteins attaches to them, destroys and removes them from the organism as part of body’s defense mechanism. During this defense process, some of the involved native protein molecules get configurationally deformed by the interaction with foreign molecules. Native protein molecules so deformed will be carrying the 3-D spacial impressions of the interacted foreign molecules on their periphery. These impressions exist as three dimensional

pockets, having a configuration complementary to that of foreign proteins. These molecular imprinted proteins thus become incapacitated for their normal biological processes, and remain a burden in the organism. Antibodies actually belong to this class of such deformed globulin proteins, subjected to ‘molecular imprinting’ by foreign proteins.

Certain endogenic molecules and ions such as hormones, neuro-chemicals, and other metabolic byproducts such as super-oxides, when circulated in excess, may also attach to various bio-molecules other than their natural targets, and induce configurational changes in them.

These deformed native proteins may circulate in the system, and accidentally attach to various bio-molecules having complementary configurational affinity, thereby creating various molecular errors and pathological deviations.

Configurational changes happening in enzymes of protein nature involved with genetic expressions and DNA synthesis may ultimately lead to various types of proteinopathies, or may result in mutations happening in genetic substance itself, with subsequent hereditary diseases. If the enzymes involved in genetic expressions get deformed by molecular imprinting, it may affect the process of normal protein synthesis, and produce related pathological conditions. It may be noted that heavy metal ions and certain poisonous substances such as alkaloids and organophos chemicals also can inhibit the enzymes associated with DNA synthesis, and create genetic errors.

Obviously, modern scientific knowledge regarding subjects such as antibodies, proteinopathies, genetic expressions, molecular imprinted proteins, etc., were not available during the era of Hahnemann, when he undertook the study of chronic diseases. Had he understood the exact bio--molecular basis of these phenomena, he would have provided a theory of chronic diseases entirely different from that he had formulated. At that time, it was the wonderful insight of the great genius of Hahnemann that enabled him to observe the deep-seated factors playing behind the chronic diseases that he called ‘miasms’. During that period, even before the appearance of antibiotics modern microscope, most dreaded diseases such as eczema, leprosy, syphilis and gonorrhoea were rampant in europe. He observed that in spite of the various crude forms of treatments available then, these diseases continued their manifestations during the whole life span of patients. Naturally, his theory of chronic disease was more involved with the long term effects of these diseases. He used the

term ‘miasm’ to describe these chronic disease factors. By the term ‘miasm’, he really meant ‘disease poisons’. The miasm of ‘itch’(and leprosy) was called as ‘psora’, the ‘miasm of syphilis as ‘syphilis’, and that of gonorrhoea as ‘sycosis’. Now, based on modern scientific knowledge, we can say that ‘miasms’ are the antibodies or ‘molecular imprinted proteins’ created in the organism due to the interaction of native proteins with various bacterial, viral or fungal toxins of protein nature. Various environmental allergens, and certain endogenous molecules and metabolic bye-products may also imprint up on native defense proteins and convert them into chronic ‘miasms’.

Antibodies produced in the organism against scabies (itch), leprosy, and tuberculosis belong to same class, and give positive reaction to ‘tuberculin’ antigen tests. This indicates that toxins released by these bacteria have certain similar molecular groups in them, and the molecular imprints or antibodies against those groups also have certain configurational similarities. Actually, these ‘molecular imprints’ belong to the ‘miasms’ of ‘psora’ described by Hahnemann. Homeopaths already know that potentized ‘tuberculinum’, ‘bacillinum’, and ‘psorinum’ play a wonderful role in the treatment of scabies and other skin eruptions, and the chronic conditions related with them.

It may be interesting to observe that toxins released by bacteria belonging to mycobacterium group, are molecules containing ‘sulphur’ in their active groups. The presence of sulphur-containing amino acid called cysteine is responsible for this factor. During infection, bacterial toxins bind to the biological molecules of organism using this sulphide group. Naturally, ‘molecular imprints’ or antibodies of these bacterial toxins will have complementary negative configurations of this ‘sulphide’ groups. These ‘molecular imprints’ can attack various bio-molecules in diverse bio-chemic pathways, resulting in different types of constitutional diseases of ‘psoric’ nature. We already know that the antibodies produced against bacterial skin infections may attack heart, kidney, brain, and other vital organs causing different types of diseases. Streptococcal and staphylococcal antibodies formed against acute throat and teeth infections may attack synovial membranes of joints, endocardial linings, and valvular structures of heart. During drug proving, sulphur also binds to the same molecular targets as the sulphur-containing bacterial toxins. The similarity between certain symptom groups expressed by these bacterial infections and the homeopathic provings of sulphur may be specifically noted. Here we get the scientific explanation for the observation of Hahnemann that potentized sulphur is the most important ‘antipsoric’ medicine, or ‘The King of Antipsorics’. It is already known that the amino acid called ‘cysteine’, which

contains ‘sulphide’ groups, play an important role in almost all molecular interactions in the organism, involving protein molecules. It may be the reason for the appearance of so many symptom groups, involving almost every organ of the body, in the homoeopathic proving of sulphur. Potentized sulphur can compete with the molecular imprints or antibodies, in their interactions with biological molecules, and act as a most powerful ‘anti psoric’ drug.

Equipped with the knowledge accumulated by modern science in recent years, we are now in a position to provide satisfactory answer to the centuries old riddle of ‘miasm’ and ‘chronic diseases’. There is no further scope or space for metaphysical speculations any more.

In recent years, we have heard a lot about researches on a certain class of disease causing agents, called ‘prions’. Prions are deformed complex protein molecules acting as pathogens. Prions were invented during the research on ‘scrapie’ or ‘mad cow disease’. The actual mechanism of normal protein molecules turning into ‘prions’ has not been well understood yet. Recent studies on the molecular basis of Alzhiemer’s disease, also indicates to the role of deformed proteins in its pathology. Molecular changes associated with normal aging process also have to be examined from this stand point. In my opinion, these issues can be solved from the viewpoint of ‘molecular imprinting in proteins’. More studies are required in this direction.

This is an era of vaccinations. Every human being is subjected to a series of vaccination protocols from the moment of birth, to protect from various diseases. We have to worry about the unknown long term after effects of these vaccinations. Live or attenuated viruses are introduced into the organism to produce antibodies against pathological infections. Actually, this process induces ‘molecular imprinting’ of native proteins, with the foreign proteins contained in the vaccines. Obviously, the molecular imprints or antibodies thus formed, shall act as ‘miasms’ in the organism. If this type of molecular deformity happens in proteins associated with DNA synthesis or genetic expression, it may result in serious genetic abnormalities. It is high time that we realized this dangerous possibility associated with vaccinations. All these deformed proteins created by vaccinations, act as ‘miasms’, and throw humanity into a sea of complicated chronic diseases much beyond the level observed even by Hahnemann.

Presumably, sulphur potentized above 23C, shall contain molecular imprints of sulphur. Antibodies against sulphur-containing bacterial toxins being molecular imprinted

proteins, may contain some groups on their molecular periphery, imprinted with similar spacial configuration as potentized sulphur. Hence, potentized sulphur can compete with these antibodies in binding with bio-molecular targets. At the same time, we should not forget that these antibodies or deformed proteins may contain various other active sites not similar to sulphur. Hence, potentized sulphur may not be capable to antidote all the pathological properties of antibodies.

At the same time, if we could prepare potencies of antibodies themselves, those molecular imprints shall be exact negative complements of those antibodies. They can completely antidote the appropriate antibodies, due to their exact configurational affinity. Homoeopathic Nosodes such as psorinum, tuberculinum, syphilinum, medorrhinum etc., belong to this class. Appropriate nosodes may antidote the ‘miasms’ perfectly.

In Para 12 of CHRONIC DISEASES, Hahnemann says: "PSORA has thus become the most infectious and most general of all the chronic miasmas". I WONDER HOW AN IMMATERIAL "MIASM" BECOME "INFECTIOUS". That means hahnemann talks about a 'psora' th...at can be got transferred from person to to person as INFECTIONS. We have to believe that we will get infected with 'PSORIC MIASM' by some sort of physical contact with a 'PSORIC' person. ANY OPINIONS?

If PSORA is "immaterial" and "dynamic", and if it is MOST INFECTIOUS as hahnemann says, it would be transferred from a PSORIC man to a NON-PSORIC man in a "dynamic" way, without the mediation of any "INFECTIOUS MATERIALS. I have no idea abo...ut the mean distance between persons required for such a "dynamic infection" of psora to happen. Some people say that "dynamic drug powers" can be transferred to distant places. Can PSORA also can infect "dynamically" from person to person who are at very distant places?

Due to infections. For example, let us consider PSORA. It is the antibodies formed against ITCH caused by SCABIE MITES. These SCABIES MITES carries mycobacteria on them, and that is why TUBERCULIN TEST is positive for scabies, tuberculosis and leprosy patients. Their antibodies are similar. ALL COMES UNDER PSORA

ANTIBODIES ARE TRANSFERRED FROM MOTHERS TO OFFSPRING THROUGH MATERNAL BLOOD

DEFORMED PROTEINS CAN BIND TO REGULATORY ENZYMES INVOLVED IN DNA SYNTHESIS AND GENE EXPRESSIONS, AND THAT WAY AFFECT THE GENETIC SUBSTANCE ALSO.

I was pointing to the pathogenic role of antibodies. We already know a lot about the havoc antibodies create by their off-target actions up on biological molecules. Most of the chronic effects of infectious diseases are understood to be caused by the antibodies generated. And also those hundreds of serious auto immune diseases, where antibodies are the real pathogenic agents. Hahnemann defined miasms as 'chronic disease dispositions' created by 'infectious diseases. Only way by which acute infectious diseases can cause life-long chronic disease dispositions are through the existence of antibodies. That is why I say 'miasms' are 'chronic disease dispositions' caused by 'antibodies' formed against infectious diseases. The belief that antibodies have only a 'protective' role is not right. For example, the chronic crippling pains remaining life long after chikunguniya is caused by antibodies. Can we say antibodies have only protective role here? We know various chronic diseases dispositions caused by vaccinations, which we call vaccinosis, which are actually pathogenic actions of antibodies. I have also pointed earlier to streptococcus antibodies causing cardiac problems and kidney problems. There are already studies regarding the role of antibodies in causing diabetes. Still would anybody say antibodies have "only protective role"?

Now coming to the question "how antibodies can they produce diseases". Exactly, antibodies are globulin proteins subjected to molecular imprinting by bacterial/viral toxins, which are called antigens. The antibody has a unique part known as "paratope" (a structure analogous to a lock) on it, that is specific for one particular "epitope" (similarly analogous to a key) on an antigen, allowing these two structures to bind together with precision. These "paratopes" of antibodies are the result of molecular imprinting. Using this binding mechanism, an antibody can tag a microbe or an infected cell for attack by other parts of the immune system, or can neutralize its target directly (for example, by blocking a part of a microbe that is essential for its invasion and survival). Apart from that, these antibodies can bind to native biological molecules having structural groups similar in configuration to the "epitope" of its antigens. This can be compared to the damaging of a lock by inserting a wrong key with some similarity to original key. Such bindings cause molecular errors, which cause various pathological conditions. This is the real molecular mechanism by which antibodies act as "disease

causing agents". You can learn this phenomenon better if you update your immunology and biochemistry. I am saying pure scientific facts, not my inventions.

It is interesting to note that even though hahnemann described PSORA as a miasm caused by ‘itch infections’, he did not limit this ‘itch’ to scabies alone. He included leprosy, fungal infections and various other other similar ‘itch’ producing skin infections as the causative factors of psora. It is obvious that he was talking about a ‘class of infections’ as causative agents of PSORA. We know that all these infections produce ‘antibodies’ in the organism by a process of ‘molecular imprinting of native proteins’ with the infectious toxins. Although the natural targets of these antibodies are the infectious agents themselves, antibodies move in the organism freely and may bind to different ‘off-target molecules having configurations similar to natural targets. Such off-target actions of these ‘antibodies’(molecular imprinted proteins or malformed proteins) may cause diverse types of ‘molecular errors’ in various biochemical pathways, resulting in different chronic diseases that we consider belonging to PSORA.

6. Infectious Agents Of 'Itch'- The Causative Factors Of Miasm Of 'Psora'

According to samuel Hahnemann, the "miasm" of PSORA is the cause of a wide range of chronic diseases. He explained PSORA as the residual chronic effects of INFECTIOUS AGENTS OF ITCH.

If anybody has least doubt whether or not hahnemann was talking about the ‘miasm of psora’ as originating from ‘infection of itch disease’, kindly read this part from ‘Chronic Diseases’-Para 37:

“Psora (itch disease), like syphilis, is a miasmatic chronic disease, and its original development is similar. The itch disease is, however, also the most contagious of all chronic miasmata, far more infectious than the other two chronic miasmata, the venereal chancre disease and the figwart disease”.

“But the miasma of the itch needs only to touch the general skin, especially with tender children”.

“No other chronic miasma infects more generally, more surely, more easily and more absolutely than the miasma of itch; as already stated, it is the most contagious of all. It is communicated so easily, that even the physician, hurrying from one patient to another, in feeling the pulse has unconsciously inoculated other patients with it; wash which is washed with wash infected with the itch; new gloves which had been tried on by an itch patient, a strange lodging place, a strange towel used for drying oneself have communicated this tinder of contagion; yea, often a babe, when being born, is infected while passing through the organs of the mother, who may be infected (as is not infrequently the case) with this disease; or the babe receives this unlucky infection through the hand of the midwife, which has been infected by another parturient woman (or previously); or, again, a suckling may be infected by its nurse, or, while on her arm, by her caresses or the caresses of a strange person with unclean hands; not to mention the thousands of other possible ways in which things polluted with this invisible miasma may touch a man in the course of his life, and which often can in no way be anticipated or guarded against, so that men who have never been infected by the psora are the exception. We need not to hunt for the causes of infection in crowded hospitals, factories, prisons, or in orphan houses, or in the filthy huts of paupers; even in active life, in retirement, and in the rich classes, the itch creeps in.”

I think we have to study the INFECTIOUS AGENTS OF ITCH in detail, in order to understand the MIASM OF PSORA. Then only we can realize why Hahnemann considered PSORA as the mother of CHRONIC DISEASES

Scabies (from Latin: *scabere*, "to scratch"), known colloquially as the **seven-year itch**, is a contagious skin infection that occurs among humans and other animals. It is caused by a tiny and usually not directly visible parasite, the mite *Sarcoptes scabiei*, which burrows under the host's skin, causing intense allergic itching. The infection in animals (caused by different but related mite species) is called sarcoptic mange.

The disease may be transmitted from objects but is most often transmitted by direct skin-to-skin contact, with a higher risk with prolonged contact. Initial infections require four to six weeks to become symptomatic. Reinfection, however, may manifest symptoms within as little as 24 hours. Because the symptoms are allergic, their delay in onset is often mirrored by a significant delay in relief after the parasites have been eradicated. Crusted scabies, formerly known as Norwegian scabies, is a more severe form of the infection often associated with immunosuppression.

The characteristic symptoms of a scabies infection include intense itching and superficial burrows. The burrow tracks are often linear, to the point that a neat "line" of four or more closely-placed and equally-developed mosquito-like "bites," is almost diagnostic of the disease.

In the classic scenario, the itch is made worse by warmth and is usually experienced as being worse at night, possibly because there are fewer distractions. As a symptom it is less common in the elderly.

The superficial burrows of scabies usually occur in the area of the hands, feet, wrists, elbows, back, buttocks, and external genitals. The burrows are created by excavation of the adult mite in the epidermis.

In most people, the trails of the burrowing mites show as linear or s-shaped tracks in the skin, often accompanied by what appear as rows of small pimple-like mosquito, or insect bites. These signs are often found in crevices of the body, such as on the webs of fingers and toes, around the genital area, and under the breasts of women.

Symptoms typically appear 2–6 weeks after infestation for individuals never before exposed to scabies. For those having been previously exposed, the symptoms can appear within several days after infestation. However, it is not unknown for symptoms to appear after several months or years. Acropustulosis, or blisters and pustules on the palms and soles of the feet, are characteristic symptoms of scabies in infants.

The elderly and people with an impaired immune system, such as HIV and cancer sufferers or transplant patients on immunosuppressive drugs, are susceptible to crusted scabies (formerly called "Norwegian scabies"). On those with a weaker immune system, the host becomes a more fertile breeding ground for the mites, which spread over the host's body, except the face. Sufferers of crusted scabies exhibit scaly rashes, slight itching, and thick crusts of skin that contain thousands of mites. Such areas make eradication of mites particularly difficult, as the crusts protect the mites from topical miticides, necessitating prolonged treatment of these areas.

In the 18th century, Italian biologist Diacinto Cestoni (1637–1718) described the mite *now called Sarcoptes scabiei*, variety *hominis*, as the cause of scabies. Sarcoptes is a genus of skin parasites and part of the larger family of mites collectively known as

"scab mites". These organisms have 8 legs as adults, and are placed in the same phylogenetic class (Arachnida) as spiders and ticks.

Sarcoptes scabiei are microscopic, but sometimes are visible as pinpoints of white. Pregnant females tunnel into the stratum corneum of a host's skin and deposit eggs in the burrows. The eggs hatch into larvae in 3–10 days. These young mites move about on the skin and molt into a "nymphal" stage, before maturing as adults, which live 3–4 weeks in the host's skin. Males roam on top of the skin, occasionally burrowing into the skin. In general, there are usually few mites on a healthy hygienic person infested with non-crusted scabies; approximately 11 females in burrows can be found on such a person.

The movement of mites within and on the skin produces an intense itch, which has the characteristics of a delayed cell-mediated inflammatory response to allergens. IgE antibodies are present in the serum and the site of infection, which react to multiple protein allergens the body of the mite. Some of these cross-react to allergens from house-dust mites. Immediate antibody-mediated allergic reactions (wheals) have been elicited in infected persons, but not in healthy persons; immediate hypersensitivity of this type is thought to explain the observed far more rapid allergic skin response to reinfection seen in persons having been previously infected (especially having been infected within the previous year or two). Because the host develops the symptoms as a reaction to the mites' presence over time, there is usually a 4– to 6-week incubation period after the onset of infestation. As noted, those previously infected with scabies and cured may exhibit the symptoms of a new infection in a much shorter period, as little as 1–4 days.

Scabies is contagious, and can be spread by scratching an infected area, thereby picking up the mites under the fingernails, or through physical contact with a scabies-infected person for a prolonged period of time. Scabies is usually transmitted by direct skin-to-skin physical contact. It can also be spread through contact with other objects, such as clothing, bedding, furniture, or surfaces with which a person infected with scabies might have come in contact, but these are uncommon ways to transmit scabies. Scabies mites can survive without a human host for 24 to 36 hours. As with lice, scabies can be transmitted through sexual intercourse even if a latex condom is used, because it is transmitted from skin-to-skin at sites other than sex organs.

The symptoms are caused by an allergic reaction of the host's body to mite proteins, though exactly which proteins remains a topic of study. The mite proteins are also present from the gut, in mite feces, which are deposited under the skin. The allergic reaction is both of the delayed (cell-mediated) and immediate (antibody-mediated) type, and involves IgE (antibodies, it is presumed, mediate the very rapid symptoms on re-infection). The allergy-type symptoms (itching) continue for some days, and even several weeks, after all mites are killed. New lesions may appear for a few days after mites are eradicated. Nodular lesions from scabies may continue to be symptomatic for weeks after the mites have been killed.

Scabies may be diagnosed clinically in geographical areas where it is common when diffuse itching presents along with either lesions in two typical spots or there is itchiness of another household member. The classical sign of scabies is the burrows made by the mites within the skin. To detect the burrow the suspected area is rubbed with ink from a fountain pen or a topical tetracycline solution, which glows under a special light. The skin is then wiped with an alcohol pad. If the person is infected with scabies, the characteristic zigzag or "S" pattern of the burrow will appear across the skin; however, interpreting this test may be difficult, as the burrows are scarce and may be obscured by scratch marks. A definitive diagnosis is made by finding either the scabies mites or their eggs and fecal pellets. Searches for these signs involve either scraping a suspected area, mounting the sample in potassium hydroxide, and examining it under a microscope, or using dermoscopy to examine the skin directly.

Symptoms of early scabies infestation mirror other skin diseases, including dermatitis, syphilis, various urticaria-related syndromes, allergic reactions, and other ectoparasites such as lice and fleas.

Mass treatment programs that use topical permethrin or oral ivermectin have been effective in reducing the prevalence of scabies in a number of populations. There is no vaccine available for scabies. The simultaneous treatment of all close contacts is recommended, even if they show no symptoms of infection (asymptomatic), to reduce rates of recurrence. Asymptomatic infection is relatively common. Objects in the environment pose little risk of transmission except in the case of crusted scabies, thus cleaning is of little importance. Rooms used by those with crusted scabies require thorough cleaning.

A number of medications are effective in treating scabies, however treatment must often involve the entire household or community to prevent re-infection. Options to improve itchiness include antihistamines.

Scabies is one of the three most common skin disorders in children along with tinea and pyoderma. The mites are distributed around the world and equally infects all ages, races, and socioeconomic classes in different climates. Scabies is more often seen in crowded areas with unhygienic living conditions. Globally as of 2009, it is estimated that 300 million cases of scabies occur each year, although various parties claim the figure is either over- or underestimated. There are one million cases of scabies in the United States annually. About 1–10% of the global population is estimated to be infected with scabies, but in certain populations, the infection rate may be as high as 50–80%.[Scabies is one of the three most common dermatological disorders in children.

Scabies is an ancient disease. Archeological evidence from Egypt and the Middle East suggests that scabies was present as early as 494 BC. The first recorded reference to scabies is believed to be from the Bible (Leviticus, the third book of Moses) ca. 1200 BC. Later in fourth century BC, the ancient Greek philosopher Aristotle reported on "lice" that "escape from little pimples if they are pricked"; scholars believe this was actually a reference to scabies.

Nevertheless, it was Roman physician Celsus who is credited with naming the disease "scabies" and describing its characteristic features. The parasitic etiology of scabies was later documented by the Italian physician Giovanni Cosimo Bonomo (1663–99 AD) in his famous 1687 letter, "Observations concerning the fleshworms of the human body." With this (disputed) discovery, scabies became one of the first diseases with a known cause.

Scabies may occur in a number of domestic and wild animals; the mites that cause these infestations are of different scabies subspecies. These subspecies can infest animals or humans that are not their usual hosts, but such infections do not last long. Scabies-infected animals suffer severe itching and secondary skin infections. They often lose weight and become frail.

The most frequently diagnosed form of scabies in domestic animals is sarcoptic mange, which is found on dogs. The scab mite Psoroptes is the mite responsible for mange. Scabies-infected domestic fowls suffer what is known as "scabies leg". Domestic

animals that have gone feral and have no veterinary care are frequently afflicted with scabies and a host of other ailments. Non-domestic animals have also been observed to suffer from scabies. Gorillas, for instance, are known to be susceptible to infection via contact with items used by humans.

Please listen to this:

"Archeological evidence from Egypt and the Middle East suggests that scabies was present as early as 494 BC. The first recorded reference to scabies is believed to be from the Bible (Leviticus, the third book of Moses) ca. 1200 BC." Now we can understand why hahnemann said PSORA has been inherited through "GENERATIONS OF HUMANITY" up to our period. Even now most of us get infected with ITCH in early life, and ANTIBODIES are formed in our body, which is the exact material basis of all those diseases we consider of PSORIC MIASM

Please note this also:

"Globally as of 2009, it is estimated that 300 million cases of scabies occur each year, although various parties claim the figure is either over- or underestimated. There are one million cases of scabies in the United States annually. About 1–10% of the global population is estimated to be infected with scabies, but in certain populations, the infection rate may be as high as 50–80%.[Scabies is one of the three most common dermatological disorders in children".Even now, in spite of all modern treatments and personal hygeine, this remains the most widespread disease affecting humanity. Imagine what would be the situation during hahnemann's period. NO WONDER, HAHNEMANN CONSIDERED PSORA AS THE MOTHER OF CHRONIC DISEASES.

Note this point:

"The symptoms are caused by an allergic reaction of the host's body to mite proteins, though exactly which proteins remains a topic of study". As part of this allergic response of our body to "mite proteins", antibodies are generated. "The allergic reaction is both of the delayed (cell-mediated) and immediate (antibody-mediated) type, and involves IgE (antibodies, it is presumed, mediate the very rapid symptoms on re-infection)". These antibodies remain life long in our body as CHRONIC MIASMS. Antibodies can attack OFF-TARGET biological molecules in various biochemical channels in the body, resulting in diverse types of CHRONIC diseases belonging to MIASM OF PSORA.

Latest available studies states that the SCABIES MITES carries different species of BACTERIA on their wings and body, and the toxins secreted by these BACTERIA are the the real molecular factors that give rise to allergic reactions during MITE infections. If that is true, SCABIES or PSORA will have to ultimately considered as BACTERIAL INFECTIONS.

Antibodies are native globulin proteins ‘imprinted’ with exogenous protein molecules entering into the organism from the environment, as infections, food, drugs, toxins or as part of any interactions with the environment. These exogenous proteins may come from bacterial/viral/fungal/parasitic infections that invade the body, bites and stings of insects and serpents, uncooked food articles, drugs like antibiotics and serum, vaccines, and so on. These exogenous foreign proteins, alien to our genetic constitution, are dangerous to the normal functioning of the organism, and have to be destroyed or eradicated. Body has a well organized defense system for this, which we call immune system. Foreign proteins are called antigens. Body prepares immune bodies or antibodies against these dangerous invaders. Antibodies are specific to each antigen, There are also polyclonal antibodies, which can identify different antigens. Antibodies are exactly native proteins of globulin types, which have peculiar molecular structure with an active group known as ‘paratope’ on its periphery. Active groups of antigen molecules are known as ‘epitopes’. Epitopes of antigens and paratopes of antibodies has a ‘key-lock’ relationship of configuration. They should fit exactly each other in order to happen an immune reaction. Paratopes of antibodies once interacted with epitopes of a particular antigen undergoes a process of ‘molecular imprinting’, by which the ‘memory’ of epitope is imprinted into the paratope of antibody. Even after the antigens are destroyed and eradicated by the immune system, these ‘molecular imprinted’ globulins, or antibodies exist and circulate in the organism, in most cases life long. This is the mechanism by which life long immunity is attained through certan infections and vaccinations. These antibodies, or ‘molecular imprinted proteins’ are very important part of our defense system, playing a vital role in protecting us against infections.

Same time, these ‘molecular imprinted proteins’ or antibodies plays a negative role also, which is what we call ‘miasms’. They can act as pathogenic factors. Whenever these antibodies happen to come in contact with a native biological molecule having a structural group of configuration similar to the ‘epitope’ of its natural antigen, its paratope binds to it and inhibits the biological molecules. This is a ‘molecular error’

amounting to a state of pathology. Diverse types of chronic diseases and dispositions are created by the antibodies in the organism. These pathological conditions caused by ‘off-target’ binding of antibodies or ‘molecular imprinted proteins’ are the real ‘miasms’ hahnemann described as the underlying factors of ‘chronic diseases’.

Obviously, identifying and removal of these ‘off-target’ molecular blocks or ‘miasms’ caused by antibodies or ‘molecular imprinted proteins’ is an important part in the treatment of chronic diseases. Observing and collecting the whole history of infections and intoxications that might have generated antibodies are important in the management of chronic diseases. History of skin infections, venereal infections, stings of poisonous creatures, vaccinations, serum/antibiotic treatments, sensitization with protein foods etc. has to be collected in detail and appropriate ‘anti-miasmatics’ included in the treatment protocols of chronic treatments.

Another important thing we have to remember is that we cannot permanently inactivate ‘antibodies’ using potentized nosodes or anti-miasmatic drugs. Our drugs may act in two ways. If the nosodes are prepared from antibodies themselves, they contain ‘molecular imprints of epitopes of ‘exogenous toxins’ or antigens themselves. These ‘molecular imprints can compete with the paratopes of antibodies in binding to biological molecues, and prevent them from creating ‘off-target’ biological blocks. Since ‘molecular imprints’ cannot successfully compete with the epitopes of antigens in binding with the paratopes of antibodies, our potentized drugs never interferes with the normal immune mechanism of the body. They only prevents antibodies from binding to ‘off-target’ biological molecules, and thus act as ‘antimiasmatics’.

If we are preparing nosodes by potentizing antibodies themselves, our drugs contains ‘molecular imprints’ of paratopes of antibodies. These molecular imprints can bind to the paratopes, thereby preventing them from interacting with ‘off-target’ biological molecules. Same time, they also cannot interfere in the interaction between antibodies and their natural antigens, which have comparatively increased affinity. In any way, potentized nosodes or ‘antimiasmatics’ will not weaken the normal immunological mechanism of the organism.

Since we cannot eradicate or permanently inactivate antibodies or miasms with our potentized drugs, we have to administer antimiasmatic drugs in frequent intervals, probably life long. This is a very important realization evolving from the understanding of ‘miasms’ as ‘antibodies’ or ‘molecular imprinted proteins’.

I think hahnemann included all 'itch' producing infections under the carpet of 'psora'. He mentioned about Leprosy, scarlet fever, scabies and many such 'infectious' agents as causative factors of psora. He talked about "three miasms", only because those three infectious agents were creating havoc in europe during his period. According to me, this classification of psora, syphilis and sycosis is not much relevant if we understand 'miasms' in terms of 'antibodies'.

7. 'Miasms'- Understanding Its Biological Mechanism As Residual Effects Of Infectious Diseases

My work on 'miasms' started from two basic convictions:

Firstly, I am convinced that infectious diseases have life-long residual effects on our organism, producing chronic constitutional disease dispositions.

Secondly, I am convinced that any disposition, disease, sensation, mental condition, emotion or constitutional tendency will have a material, 'molecular level' biochemical basis underlying it, and a biological mechanism through which it is executed.

Begining with hahnemann's observation that 'miasms' are chronic disease dispositions produced by infectious diseases, I wanted to know the molecular level material basis of miasms, and the biological mechanism by which they produce chronic diseases.

My inquiry was, how can an infectious disease produce 'residual effects' in the body even after the infection is over. What remains in the body that can produce such a residual effect?

One thing common to all infectious agents are that all of them introduce some chemical molecules of protein nature into the host, which act as antigens and lead to the production of 'antibodies' or immune substances that help the body to fight the invading infectious agents.

Antibodies are native globulin proteins imprinted with antigens, and can bind to the specific antigens by conformational affinity. These antibodies remain in the organism even after the infection is over.

It is these antibodies generated in the organism against specific infectious agents, that produce 'residual effects' which hahnemann called miasms. Antibodies circulate in the body, and can bind to various 'off target' bilogical molecules such as receptors and enzymes, producing molecular inhibitions in various biochemic pathways. They produce many chronic pathological conditions we call as 'auto immune' diseases. Antibodies can even bind to enzymes involved in biochemical processes of genetic expressions, producing phenotype changes in constitutions. It is these phenotype changes that underlie the dispositions we call 'miasmatic constitutions'.

Any substance of PROTEIN nature, alien to the genetic code of a given living organism can act as MIASM when it enters into the system, by generating antibodies that can bind to 'off-target' biological molecules and produce pathological molecular inhibitions. Bacteria, virus, vaccines, body fluids of other animals, venoms, biological toxins, deformed proteins or any other substance of protein structure that do not agree with the genetic code of the host can act as miasms. Hahhnemann studied only ITCH, GONORRHOEA AND SYPHILIS, since those three infectious agents were most rampant in europe during his time, causing many chronic disease conditions in the population. Hahnemann never said miasms are ONLY three.

I have identified the material level molecular basis of 'miasms', and explained the biological mechanism by which they produce 'chronic disease dispositions'. I think my work has contributed in the scientific advancement of hahnemann's concept of miasms, thereby making it fitting to the modern scientific knowledge system. I have shown that masm is not an unscientific belief, but a scientific fact.

According hahnemann, MIASMS are not INFECTIOUS DISEASES as such- but miasms are CHRONIC DISEASE DISPOSITIONS produced by infectious diseases. Miasm is the chronic RESIDUAL effects of infectious diseases that remain IMPRINTED in the organism for the whole life, which produces disease dispositions, constitutional derangement, and obstructions to cure. Please note that point.

Modern 'miasmatic experts' ignore the fact that no where hahnemann talks about miasms unconnected with 'infectious diseases'. If you read 'chronic diseases' carefully,

you will realize that hahnemann considered miasms ONLY as 'chronic disease dispositions' produced by infectious diseases. He says very specifically that PSORA is the miasm of INFECTIOUS ITCH, SYPHILIS is the miasm of SYPHILIS INFECTION, and SYCOSIS is the miasm of FIGWARTS/GONORRHOEA infection.

It is the later 'interpreters' who disconnected miasms from infectious diseases, and started to explain miasms as 'constitutional dispositions', 'genetic inheritence', 'original sin', 'mental make up' 'deviated vital force' and such things, thereby creating all confusions now known as 'miasmatic analysis'.

If you really want to study hahnemann's concept of miasms, and to understand my scientific explanations for it, you should start by carefully reading 'chronic diseases'. You will be gravely misguided if you try to learn miasms from the works of later interpreters known as 'miasmatic experts'- they have hijacked hahnemann's original idea to make it fit to the nonsense theories and methods they propagate. They are confusing the whole homeopathic community with their futile intellectual pretensions and obscurantism in the name of 'miasmatic analysis', masking their own ignorance and confusions by playing with complex phrases meaning of which even they fail to understand.

8. Understanding 'Miasms' As 'Antibodies'- Its Implications In Homeopathic Practice

During discussions on my scientific concept of ‘miasms’, many friends raised this question: “What difference it would make in practice, if we understand ‘miasms’ as ‘antibodies’?

I think this question is very much relevant, and I am bound to respond it positively.

First, we have to understand the exact molecular mechanism of ‘pathology’ and ‘therapeutics’ in terms of modern biochemistry and molecular biology.

Antibodies are native globulin proteins ‘imprinted’ with exogenous protein molecules entering into the organism from the environment, as infections, food, drugs, toxins or as part of any interactions with the environment. These exogenous proteins may come from bacterial/viral/fungal/parasitic infections that invade the body, bites and stings of

insects and serpents, uncooked food articles, drugs like antibiotics and serum, vaccines, and so on. These exogenous foreign proteins, alien to our genetic constitution, are dangerous to the normal functioning of the organism, and have to be destroyed or eradicated. Body has a well organized defense system for this, which we call immune system. Foreign proteins are called antigens. Body prepares immune bodies or antibodies against these dangerous invaders. Antibodies are specific to each antigen, There are also polyclonal antibodies, which can identify different antigens. Antibodies are exactly native proteins of globulin types, which have peculiar molecular structure with an active group known as ‘paratope’ on its periphery. Active groups of antigen molecules are known as ‘epitopes’. Epitopes of antigens and paratopes of antibodies has a ‘key-lock’ relationship of configuration. They should fit exactly each other in order to happen an immune reaction. Paratopes of antibodies once interacted with epitopes of a particular antigen undergoes a process of ‘molecular imprinting’, by which the ‘memory’ of epitope is imprinted into the paratope of antibody. Even after the antigens are destroyed and eradicated by the immune system, these ‘molecular imprinted’ globulins, or antibodies exist and circulate in the organism, in most cases life long. This is the mechanism by which life long immunity is attained through certan infections and vaccinations. These antibodies, or ‘molecular imprinted proteins’ are very important part of our defense system, playing a vital role in protecting us against infections.

Same time, these ‘molecular imprinted proteins’ or antibodies plays a negative role also, which is what we call ‘miasms’. They can act as pathogenic factors. Whenever these antibodies happen to come in contact with a native biological molecule having a structural group of configuration similar to the ‘epitope’ of its natural antigen, its paratope binds to it and inhibits the biological molecules. This is a ‘molecular error’ amounting to a state of pathology. Diverse types of chronic diseases and dispositions are created by the antibodies in the organism. These pathological conditions caused by ‘off-target’ binding of antibodies or ‘molecular imprinted proteins’ are the real ‘miasms’ hahnemann described as the underlying factors of ‘chronic diseases’.

Obviously, identifying and removal of these ‘off-target’ molecular blocks or ‘miasms’ caused by antibodies or ‘molecular imprinted proteins’ is an important part in the treatment of chronic diseases. Observing and collecting the whole history of infections and intoxications that might have generated antibodies are important in the management of chronic diseases. History of skin infections, venereal infections, stings

of poisonous creatures, vaccinations, serum/antibiotic treatments, sensitization with protein foods etc. has to be collected in detail and appropriate ‘anti-miasmatics’ included in the treatment protocols of chronic treatments.

Another important thing we have to remember is that we cannot permanently inactivate ‘antibodies’ using potentized nosodes or anti-miasmatic drugs. Our drugs may act in two ways. If the nosodes are prepared from antibodies themselves, they contain ‘molecular imprints of epitopes of ‘exogenous toxins’ or antigens themselves. These ‘molecular imprints can compete with the paratopes of antibodies in binding to biological molecues, and prevent them from creating ‘off-target’ biological blocks. Since ‘molecular imprints’ cannot successfully compete with the epitopes of antigens in binding with the paratopes of antibodies, our potentized drugs never interferes with the normal immune mechanism of the body. They only prevents antibodies from binding to ‘off-target’ biological molecules, and thus act as ‘antimiasmatics’.

If we are preparing nosodes by potentizing antibodies themselves, our drugs contains ‘molecular imprints’ of paratopes of antibodies. These molecular imprints can bind to the paratopes, thereby preventing them from interacting with ‘off-target’ biological molecules. Same time, they also cannot interfere in the interaction between antibodies and their natural antigens, which have comparatively increased affinity. In any way, potentized nosodes or ‘antimiasmatics’ will not weaken the normal immunological mechanism of the organism.

Since we cannot eradicate or permanently inactivate antibodies or miasms with our potentized drugs, we have to administer antimiasmatic drugs in frequent intervals, probably life long. This is a very important realization evolving from the understanding of ‘miasms’ as ‘antibodies’ or ‘molecular imprinted proteins’.

I think hahnemann included all 'itch' producing infections under the carpet of 'psora'. He mentioned about Leprosy, scarlet fever, scabies and many such 'infectious' agents as causative factors of psora. He talked about "three miasms", only because those three infectious agents were creating havoc in europe during his period. According to me, this classification of psora, syphilis and sycosis is not much relevant if we understand 'miasms' in terms of 'antibodies'.

We should carefully study the whole history of patient to learn his 'miasms' or 'antibodies'. For example, 'vaccinations'. Each vaccination creates different types of

miasms, which we have to antidote with appropriate nosodes . If the patient had history of severe allergy from bee stings, we have to antidote with apis. Same way, history of sanake bites, scabies, TB, everything will have to be considered.

Most of the bacterial toxins has a sulph containg 'thio' group on its epitome, and as such, potentized sulph would act as an antidote to almost all types of 'antibodies' or 'miasms' caused by such bacterial infections. That may be the reason why "sulph" became 'king of anti-psorics'.

While considering 'miasms' of a patient, we should not limit ourselves to inquiries regarding history infectious diseases in his life. Antibodies may form against respiratory allergens such as pollens, fungus, housedust(contain mites), eggs, shell fishes, milk etc., all of which contains proteins exogenous to the body. History of anaphylaxis due to insect bites such as bees and wasps and snakebites should be noticed. History of vaccinations taken, including anti-rabies and anti-venom is also important. All such antibodies may act as chronic 'miasms' by attacking off-target biological molecules. We have lot of experiences with cases of kidney failures resulting from anti-rabies vaccinations. Many so-called auto-immune diseases are actually the chronic effects of 'antibodies' formed against exogenous proteins acting as 'miasms'. Even though these 'miasms' may laso be part of 'totality of symptoms' during a perfect case taking, 'miasmatic symptoms' never come top during repertorizations. Hence, in the treatment of chronic diseases, 'anti-miasmatic drugs' and 'nosodes' should be considered, and applied in frequent intervals along with selected similimum.

NOW WE CAN SEE, THROUGH THE UNDERSTANDING OF 'MIASMS' AS 'ANTIBODIES', OUR MANAGEMENT OF CHRONIC DISEASES BECOMES MORE SIMPLE AND ACCURATE.

MORE OVER, OUR THEORY AND PRACTICE HAVE NOW BECOME MORE SCIENTIFIC, EXACTLY FITTING TO THE MODERN SCIENTIFIC KNOWLEDGE, ACCEPTABLE TO SCIENTIFIC COMMUNITY.

I THINK THIS IS A GREAT FORWARD STEP IN MAKING HOMEOPATHY A REAL SCIENTIFIC MEDICAL SYSTEM

9. Sycosis- Is It Miasm Of Gonorrhoea, Or Human Papilloma Virus? Or, A Mixed Miasm That Confused Hahnemann?

I think we have to re-invent ‘miasm of sycosis’ of Hahnemann on the basis of modern understanding of gonorrhoea and Human Papillomma Virus infections.

We are taught that ‘sycosis’ is the miasm of gonorrhoea. But on closely observing the symptoms said to be of ‘sycotic miasm’, we can understand that many of those symptoms like warts belong to human papilloma virus infection. Gonorrhoea and HPF comes mostly as mixed infections. Since much information was not available during Hahnemann’s time about HPF as the causative agent of ‘ano-genital warts’ or ‘figwart disease’ and ‘uterine fibromas’, he attributed all these complaints and symptoms to gonorrhoea, and called it ‘sycotic miasm’. In most occasions he refers his miasm of ‘sycosis’ as ‘miasm of figwart disease’, not ‘miasm of gonorrhoea.. ‘Figwart disease is not gonorrhoea; it is Human Papilloma Virus disease. It is obvious that hahnemann was confused about gonorrhoea and figwart disease. Since he could not differentiate between gonorrhoea and HPF, he wrongly considered ‘figwart disease’ as part of gonorrhoea.

In Chronic Diseases : Para 9, Hahnemann says:

"In Europe and also on the other continents so far as it is known, according to all investigations, only three chronic miasms are found, the diseases caused by which manifest themselves through local symptoms, and from which most, if not all, the chronic diseases originate; namely, first, SYPHILIS, which I have also called the venereal change disease; ***then sycosis, or the fig-wart disease,*** *and finally the chronic disease which lies at the foundation of the eruption of itch; i. e., the PSORA; which I shall treat of first as the most important".*

See, here hahnemann does not even mention gonorrhoea when introducing 'sycosis'. He said "sycosis, the figwart disease". Obviously, he is confused between 'figwart disease' and 'gonorrhoea' as the causative infectious agent behind sycotic miasm.

In Chronic Diseases, Hahnemann says about SYCOSIS as follows:

“First, then, concerning sycosis, as being that miasma which has produced by far the fewest chronic diseases, and has only been dominant from time to time”.

“This figwart-disease, which in later times, especially during the French war, in the years 1809-1814, was so widely spread, but which has since showed itself more and more rarely, was treated almost always, in an inefficient and injurious manner, internally with mercury, because it was considered homogeneous with the venereal chancre-disease; but the excrescences on the genitals were treated by Allopathic physicians always in the most violent external way by cauterizing, burning and cutting, or by ligatures”.

“These excrescences usually first manifest themselves on the genitals, and appear usually, but not always, attended with a sort of gonorrhoea from the urethra, several days or several weeks, even many weeks after infection through coition; more rarely they appear dry and like warts, more frequently soft, spongy, emitting a specifically fetid fluid (sweetish and almost like herring-brine), bleeding easily, and in the form of a coxcomb or a cauliflower (brassica botrytes). These, with males, sprout forth on the glans and on, or below, the prepuce, but with women, on the parts surrounding the pudenda; and the pudenda themselves, which are then swollen, are covered often by a great number of them. When these are violently removed, the natural, proximate effect is, that they will usually come forth again, usually to be subjected again, in vain, to a similar, painful, cruel treatment. But even if they could be rooted out in this way, it would merely have the consequence, that the figwart-disease, after having been deprived of the, local symptom which acts vicariously for the internal ailment, would appear in other and much worse ways, in secondary ailments; for the figwart-miasm, which in the whole organism, has been in no way diminished, either by the external destruction of the above-mentioned excrescences, or by the mercury which has been used internally, and which is in no way appropriate to sycosis.”

From the above paragraph, it is clear that hahnemann was talking about “figwart disease” or Human Papiloma Virus infection. Since it “appear usually, but not always, attended with a sort of gonorrhoea from the urethra”, he confused it as gonorrhoea itself, as in his time, HPV infection was not known as such, where as gonorrhoea was well known.

Hahnemann continues:

“Besides the undermining of the general health by mercury, which in this disease can only do injury, and which is given mostly in very large doses and in the most active preparations, similar excrescent then break out in other parts of the body, either whitish, spongy, sensitive, flat elevations, in the cavity of the mouth on the tongue, the palate and the lips, or as large, raised, brown and dry tubercles in the axillae, on the neck, on the scalp, etc., or there arise other ailments of the body, of which I shall only mention the contraction of the tendons of the flexor muscles, especially of the fingers.”

(Usually in gonorrhoea of this kind, the discharge is from the beginning thickish, like pus; micturition is less difficult, but the body of the penis swollen somewhat hard; the penis is also in some cases covered on the back with glandular tubercles, and very painful to the touch.)

(The miasm of the other common gonorrhoeas seems not to penetrate the whole organism, but only to locally stimulate the urinary organs. They yield either to a dose of one drop of fresh parsley-juice, when this is indicated by a frequent urgency to urinate, or a small dose of cannabis, of cantharides, or of the copaiva balm, according to their different constitution and the other ailments attending it. These should, however, be always used in the higher and dynamizations (potencies), unless a psora, slumbering in the body of the patient, has been developed by means of a strongly affecting, irritating or weakening treatment by Allopathic physicians. In such a case frequently secondary gonorrhoeas remain, which can only be cured by an anti-psoric treatment.)

Please note, hahnemann saying “miasm of other gonorrhoeas seems not penetrate the whole organism, but only to locally stimulate the urinary organs. They yield either to a dose of one drop of fresh parsley-juice, when this is indicated by a frequent urgency to urinate, or a small dose of cannabis, of cantharides, or of the copaiva balm, according to their different constitution and the other ailments attending it.”

By “other gonorrhoeas” he actually refers to gonorrhoeas not related with figwart disease or HPV infection. It is obvious that the ‘chronic miasm of sycosis” he talks about is not that of gonorrhoea, but HPV infection. He considered “other gonorrhoeas” do not penetrate the whole organism.

Let us listen to hahnemann again:

“The gonorrhoea dependent on the figwart-miasma, as well as the above-mentioned excrescences (i.e., the whole sycosis), are cured most surely and most thoroughly through the internal use of Thuja, which, in this case, is Homoeopathic, in a dose of a few pillets as large as poppy seeds, moistened with the dilution potentized to the decillionth degree, and when these have exhausted their action after fifteen, twenty, thirty, forty days, alternating with just as small a dose of nitric acid, diluted to the decillionth degree, which must be allowed to act as long a time, in order to remove the gonorrhoea and the excrescences; i.e., the whole sycosis. It is not necessary to use any external application, except in the most inveterate and difficult cases, when the larger figwarts may be moistened. every day with the mild, pure juice pressed from the green leaves of Thuja, mixed with an equal quantity of alcohol.”

We know, all people who test positive for gonorrhea are normally asked to be tested for other sexually transmitted diseases such as HPF, chlamydia, syphilis and human immunodeficiency virus, as all these infections may come as mixed infections.

We have to study gonorrhoea and HPV to understand the ‘miasm of sycosis’ in a scientific perspective.

Gonorrhoea:

Gonorrhea is a common sexually transmitted infection caused by the bacterium *Neisseria gonorrhoeae*. The usual symptoms in men are burning with urination and penile discharge. Women, on the other hand, are asymptomatic half the time or have vaginal discharge and pelvic pain. In both men and women if gonorrhea is left untreated, it may spread locally causing epididymitis or pelvic inflammatory disease or throughout the body, affecting joints and heart valves.

Gonorrhea is caused by the bacteria *Neisseria gonorrhoeae*. The infection is transmitted from one person to another through vaginal, oral, or anal sex. Men have a 20% risk of getting the infection from a single act of vaginal intercourse with an infected woman. The risk for men who have sex with men is higher. Women have a 60–80% risk of getting the infection from a single act of vaginal intercourse with an infected man. A mother may transmit gonorrhea to her newborn during childbirth; when affecting the infant’s eyes, it is referred to as ophthalmia neonatorum.

One of the complication of gonorrhea is systemic dissemination resulting in skin pustules or petechia, septic arthritis, meningitis or endocarditis. This occurs in between 0.6 and 3.0% of women and 0.4 and 0.7% of men.

In men, inflammation of the epididymis (epididymitis); prostate gland (prostatitis) and urethral stricture (urethritis) can result from untreated gonorrhea. In women, the most common result of untreated gonorrhea is pelvic inflammatory disease. Other complications include: perihepatitis, a rare complication associated with Fitz-Hugh-Curtis syndrome; septic arthritis in the fingers, wrists, toes, and ankles; septic abortion; chorioamnionitis during pregnancy; neonatal or adult blindness from conjunctivitis; and infertility.

Neonates coming through the birth canal are given erythromycin ointment in eyes to prevent blindness from infection. The underlying gonorrhea should be treated; if this is done then usually a good prognosis will follow.

Nearly 50% of people infected with gonorrhea also are infected with chlamydia.

Human Papilloma Virus (HPF):

Human papillomavirus (**HPV**) is a member of the papillomavirus family of viruses that is capable of infecting humans. Like all papillomaviruses, HPVs establish productive infections only in the stratified epithelium of the skin or mucous membranes. While the majority of the nearly 200 known types of HPV cause no symptoms in most people, some types can cause warts (verrucae), while others can – in a minority of cases – lead to cancers of the cervix, vulva, vagina, and anus in women or cancers of the anus and penis in men.

More than 30 to 40 types of HPV are typically transmitted through sexual contact and infect the anogenital region. Some sexually transmitted HPV types may cause genital warts. Persistent infection with “high-risk” HPV types—different from the ones that cause skin warts—may progress to precancerous lesions and invasive cancer. HPV infection is a cause of nearly all cases of cervical cancer, however, most infections with these types do not cause disease.

Most HPV infections in young females are temporary and have little long-term significance. 70% of infections are gone in 1 year and 90% in 2 years. However, when

the infection persists—in 5% to 10% of infected women—there is high risk of developing precancerous lesions of the cervix, which can progress to invasive cervical cancer. This process usually takes 15–20 years, providing many opportunities for detection and treatment of the pre-cancerous lesion. Progression to invasive cancer can be almost always prevented when standard prevention strategies are applied – however the lesions still cause considerable burden necessitating preventive surgeries which do in many cases involve loss of fertility.

In more developed countries, cervical screening using a Papanicolaou (Pap) test or liquid-based cytology is used to detect abnormal cells which may develop into cancer. If abnormal cells are found, women are invited to have a colposcopy. During a colposcopic inspection biopsies can be taken and abnormal areas can be removed with a simple procedure, typically with a cauterizing loop or—more common in the developing world—by freezing (cryotherapy). Treating abnormal cells in this way can prevent them from developing into cervical cancer.

Pap smears have reduced the incidence and fatalities of cervical cancer in the developed world, but even so there were 11,000 cases and 3,900 deaths in theU.S.in 2008. Cervical cancer has substantial mortality in resource-poor areas; worldwide, there are an estimated 490,000 cases and 270,000 deaths.

Gonorrhoea has nothing to do with ‘figwart disease’, which hahnemann considers as the basis of ‘sycosis’. Based on above discussions, it is obvious that what hahnemann considered ‘miasm of sycosis’ was actually the miasm of ‘human papillomma virus infection’, which is a sexually transmitted disease, commonly appearing as mixed infection along with gonorrhoea. Most of the symptoms attributed to ‘sycosis’ are actually the long term effects of antibodies generated in the organism against HPV, rather than gonorrhoea.

10. ‘Cancer Miasm’ And The Role Of Cancer Nosodes In The Treatment Of Chronic Diseases

Shall we consider a ‘cancer miasm’? This question is frequently asked whenever the topic ‘miasms’ is discussed. Since hahnemann has talked about only three chronic

miasms (psora, syphilis and sycosis), ‘classical’ homeopaths will not agree to the proposals regarding new miasms other than these three. But some homeopaths talk about miasms such as tuberculous, typhoid, vaccinosis, cancer, malaria etc etc.

According to my interpretation of miasms as chronic disease dispositions caused by off-target actions of anti-bodies generated against ‘alien proteins’ such as infectious agents, we need not limit the number of miasms in three hahnemann explained. Any infectious disease that can generate antibodies in the organism can act as a causative factor of chronic miasms. Vaccinations, which induce production of anti-bodies in the organism, have to be considered as miasmatic factors. More over, history of allergic reactions towards any ‘alien proteins’ entering the organism, such as various allergens, bites and stings of insects and serpents, and anaphylactic reactions also have to be considered as ‘miasms’.

How can we explain the concept of ‘cancer miasm’ from this ‘anti-body’ view point?

Cancer is not an infectious disease, or it does not involve 'alien' proteins entering from outside. But, we know, cancer cells contain some mutant genes that are different from 'native genetic substance' of organism. These mutant genes can synthesize proteins that are in fact 'alien' to the immune system of organism, and antibodies will be produced against these 'alien' proteins. In most cases, cancer cells will be destroyed by the immune system before the appearance of observable cancer manifestations. But, these antibodies remain, and will act as miasms, by their 'off-target' actions upon various bilogical molecules. As such, 'cancer miasm' is a reality.

But it is obvious that there cannot be 'cancer miasm' without an immune process happened against 'cancer' proteins at any point of time in the individual's life history. We should remember, our genetic material may anytime go astray due to the action of various environmental factors such as carcinogenic substances and ionizing radiations to which we are constantly exposed. Metabolic bye-products such as free radicals, which are regularly produced in our body, may also create mutations in our genes. Such mutant genes may lead to the production of cancerous cells, which are constantly identified, located, entrapped and destructed by the scavengers of our immune system. These mutant cells grow into cancer disease only in very rare occasions, when our immune system fail in its duties. That means, production and destruction of mutant genes and cancer cells are a constant process in the organism.

Destruction of mutant genes and cancer cells involves production of antibodies also against the proteins synthesized by them. These ‘cancer antibodies’ will remain in the system even after ‘cancer cells’ are destroyed. These antibodies generated against ‘alien’ proteins synthesized by mutant genes can travel in the organism, migrate to different parts and may bind to various biological molecules having configurational affinity. Such ‘off-target’ bindings lead to molecular inhibitions of biological molecules, which amount to molecular level pathologies similar to any miasmatic chronic disease. That means, antibodies generated against cancer cells would act as ‘cancer miasms’, causing disease dispositions of chronic nature. Obviously, not only in persons of known history of cancer, but almost all seemingly ‘cancer-free’ people may carry cancer antibodies.

Cancer antibodies, or cancer miasms can be effectively combated using cancer nosodes such as ‘carcinocin’, 'schirinum' etc, which are potentized cancer products, which would contain molecular imprints of ‘cancer proteins’ as well as ‘cancer antibodies’. Molecular imprints of cancer antibodies act therapeutically by competing with cancer antibodies in binding to the biological molecules, where as molecular imprints of cancer proteins directly bind to the cancer proteins themselves. Molecular imprints cannot interfere in the interactions of antibodies with cancer cells, as they are their natural ligands. That means, even while rectifying the ‘miasmatic’ effects of cancer antibodies, carcinocin nosode will not by any way reduce the anti-cancer fight of our immune system.

This study clearly shows the importance of regular use of cancer nosodes in the management of various diseases of chronic nature.

11. Study The So-called 'Auto-immune Diseases' In The Light Of Concept Of 'Miasms' As 'Antibody-Mediated' Diseases.

I was trying to explain concept of ‘miasms’ as ‘chronic disease dispositions’ due to the ‘off-target’ molecular inhibitions caused by ‘antibodies’ formed against ‘infectious agents’ and ‘exogenous’ proteins. As per this view, antibodies are the causative agents of ‘miasms’.

Many friends now raise the question ‘how would you explain autoimmune diseases?”

All of us know, so-called ‘autoimmune diseases’ are caused by ‘antibodies’. But, those ‘antibodies’ are considered to be formed not against ‘exogenous antigens’, but ‘endogenous or host antigens’. If we explain ‘miasms’ as ‘antibodies’ formed against ‘exogenous’ proteins, should we exclude ‘autoimmune diseases’ from ‘miasms’, since they are considered to be formed against ‘endogenous antigens’, not ‘exogenous proteins’?

Here, we have to undertake a serious study of the phenomena of ‘autoimmunity’ and ‘autoimmune diseases.

According to immunologists, ‘autoimmune diseases’ arise from an overactive immune response of the body against substances and tissues normally present in the body. In other words, the body actually attacks its own cells. The immune system mistakes some part of the body as a pathogen and attacks it. This may be restricted to certain organs (e.g. in autoimmune thyroiditis) or involve a particular tissue in different places (e.g. Goodpasture's disease which may affect the basement membrane in both the lung and the kidney).

Hundreds of chronic systemic diseases are now classified as ‘autoimmune diseases’. This group include Coeliac disease, diabetes mellitus type 1, systemic lupus erythematosus (SLE), Sjögren's syndrome, Churg-Strauss Syndrome, Hashimoto's thyroiditis, Graves' disease, idiopathic thrombocytopenic purpura, rheumatoid arthritis (RA), lupus and allergies. This group is expanding every day.

Autoimmune diseases are broadly divided into systemic and organ-specific or localised autoimmune disorders, depending on the principal clinico-pathologic features of each disease.

Systemic autoimmune diseases- include SLE, Sjögren's syndrome, scleroderma, rheumatoid arthritis, and dermatomyositis. These conditions tend to be associated with antibodies to antigens which are not tissue specific. Thus although polymyositis is more or less tissue specific in presentation, it may be included in this group because the autoantigens are often ubiquitous t-RNA synthetases.

Local syndromes which affect a specific organ or tissue:

Endocrinologic: Diabetes mellitus type 1, Hashimoto's thyroiditis, Addison's diseaseGastrointestinal: Coeliac disease, Crohn's Disease, Pernicious anaemia

Dermatologic: Pemphigus vulgaris, Vitiligo

Haematologic: Autoimmune haemolytic anaemia, Idiopathic thrombocytopenic purpura

Neurological: Myasthenia gravis

Autoimmunity is defined as "the failure of an organism to recognize its own constituent parts as *self*, which allows an immune response against its own cells and tissues. Any disease that results from such an aberrant immune response is termed an autoimmune disease".

This definition does not answer the question we are interested. Are the antibodies 'formed against' native targets, or 'antibodies formed against' exogenous antigens mistaking native targets as the 'exogenous antigens'?

Actually, are the antibodies considered to be the causative agents of 'autoimmune diseases' really formed against 'host antigens'? Or, are they 'antibodies' formed against 'exogenous proteins' attacking 'off-target' sites in the organism?

This topic is still a controversial subject in immunology. We should remember that 'immune' mechanism is basically a defense mechanism of our organism to identify and destroy 'exogenous proteins' which are alien to our genetic blueprint. Several mechanisms are thought to be operative in the pathogenesis of autoimmune diseases, against a backdrop of genetic predisposition and environmental modulation. It is beyond the scope of this article to discuss each of these mechanisms exhaustively, but a summary of some of the important mechanisms suggested by various hypotheses may be examined.

1. T-Cell Bypass - A normal immune system requires the activation of B-cells by T-cells before the former can produce antibodies in large quantities. This requirement of a T-cell can be bypassed in rare instances, such as infection by organisms producing super-

antigens, which are capable of initiating polyclonal activation of B-cells, or even of T-cells, by directly binding to the β-subunit of T-cell receptors in a non-specific fashion.

2. Molecular Mimicry - An exogenous antigen may share structural similarities with certain host antigens; thus, any antibody produced against this antigen (which mimics the self-antigens) can also, in theory, bind to the host antigens, and amplify the immune response. The idea of molecular mimicry arose in the context of Rheumatic Fever, which follows infection with Group A beta-haemolytic streptococci. Although rheumatic fever has been attributed to molecular mimicry for half a century no antigen has been formally identified (if anything too many have been proposed). Moreover, the complex tissue distribution of the disease (heart, joint, skin, basal ganglia) argues against a cardiac specific antigen. It remains entirely possible that the disease is due to e.g. an unusual interaction between immune complexes, complement components and endothelium.

3. Idiotype Cross-Reaction - Idiotypes are antigenic epitopes found in the antigen-binding portion (Fab) of the immunoglobulin molecule. Plotz and Oldstone presented evidence that autoimmunity can arise as a result of a cross-reaction between the idiotype on an antiviral antibody and a host cell receptor for the virus in question. In this case, the host-cell receptor is envisioned as an internal image of the virus, and the anti-idiotype antibodies can react with the host cells.

4. Epitope spreading or **epitope drift** - when the immune reaction changes from targeting the primary epitope to also targeting other epitopes. In contrast to molecular mimicry, the other epitopes need not be structurally similar to the primary one.

If we carefully study the above hypotheses proposed by modern immunology, you will find that all these hypotheses indirectly agree with our contention that so called autoimmune diseases are actually caused by 'off-target' inhibitions created by 'antibodies' formed against 'exogenous antigens'

A recent observation regarding relationship of autoimmune diseases and infectious diseases is found to be very important from our 'miasmatic' angle. Studies revealed strong association of certain microbial organisms with autoimmune diseases. For example, *Klebsiella pneumoniae* and coxsackievirus B have been strongly correlated with ankylosing spondylitis and diabetes mellitus type 1, respectively. This has been explained by the tendency of the infecting organism to produce 'super-antigens' that are

capable of polyclonal activation of B-lymphocytes, and production of large amounts of antibodies of varying specificities, some of which may be self-reactive.

This ‘polyclonal’ ‘super-antigen’ theory goes very close to our explanation of ‘miasms’ as antibody-mediated.

There is a recent proposal among immunologist that the spectrum of autoimmunity should be viewed along an “immunological disease continuum,” with classical autoimmune diseases at one extreme and diseases driven by the innate immune system at the other extreme. Within this scheme, the full spectrum of autoimmunity can be included. Many common human autoimmune diseases can be seen to have a substantial innate immune mediated immunopathology using this new scheme.

I am appending an exhaustive list of ‘antibody-mediated diseases’, which shows the vastness of topic we are dealing with. Kindly go through this list to realize the real range of ‘anti-body’ mediated diseases or ‘miasmatic’ diseases in our day today medical practice:

Acute disseminated encephalomyelitis, Acute hemorrhagic leukoencephalitis, Addison's Disease, Agammaglobulinemia, Alopecia areata, Amyotrophic Lateral Sclerosis, Ankylosing Spondylitis, Anti-GBM/TBM Nephritis, Antiphospholipid syndrome, Antisynthetase syndrome, Atopic allergy, Atopic allergy, Atopic dermatitis, Autoimmune aplastic anemia, Autoimmune cardiomyopathy, Autoimmune enteropathy, Autoimmune hemolytic anemia, Autoimmune hepatitis, Autoimmune inner ear disease, Autoimmune lymphoproliferative syndrome, Autoimmune peripheral neuropathy, Autoimmune pancreatitis, Autoimmune polyendocrine syndrome, Autoimmune thrombocytopenic purpura, Autoimmune progesterone dermatitis, Autoimmune urticaria, Autoimmune uveitis, Balo disease/Balo concentric sclerosis, Bechets Syndrome, Berger's disease, Bickerstaff's encephalitis, Blau syndrome, Bullous pemphigoid, Cancer, Celiac disease, Castleman's disease, Chronic inflammatory demyelinating polyneuropathy, Chronic recurrent multifocal osteomyelitis, Churg-Strauss syndrome, Cicatricial pemphigoid, Cogan syndrome, Cold agglutinin disease, Complement component 2 deficiency, Cranial arteritis, CREST syndrome, Crohns Disease, Cushing's Syndrome, Cutaneous leukocytoclastic angiitis, Dego's disease, Dercum's disease, Dermatitis herpetiformis, Dermatomyositis, Diabetes mellitus type 1, Discoid lupus erythematosus, Eczema, Erythema nodosum, Diffuse cutaneous systemic sclerosis, Enthesitis-related arthritis, Epidermolysis bullosa acquisita, Eosinophilic gastroenteritis, Eosinophilic fasciitis,

Dressler's syndrome, Diffuse cutaneous systemic sclerosis, Essential mixed cryoglobulinemia, Evan's syndrome, Fibrodysplasia ossificans progressive, Fibrosing aveolitis, Gastritis, Gastrointestinal pemphigoid, Giant cell arteritis, Glomerulonephritis, Goodpasture's syndrome, Graves' disease, Henoch-Schonlein purpura, Guillain-Barré syndrome, Hashimoto's encephalitis, Hashimoto's thyroiditis, Haemolytic anaemia, Herpes gestationis, Hypogammaglobulinemia, Idiopathic Inflammatory Demyelinating Diseases, Idiopathic pulmonary fibrosis, Idiopathic thrombocytopenic purpura, IgA nephropathy, Inclusion body myositis, Inflammatory demyelinating polyneuopathy, Interstitial cystitis, Juvenile idiopathic arthritis, Juvenile rheumatoid arthritis, Kawasaki's Disease, Lambert-Eaton myasthenic syndrome, Leukocytoclastic vasculitis, Lichen planus, Linear IgA disease, Lichen sclerosus, Lou Gehrig's disease, Lupoid hepatitis, Lupus erythematosus, Majeed syndrome, Ménière's disease, Microscopic polyangiitis, Miller-Fisher syndrome, Mixed Connective Tissue Disease, Morphea, Mucha-Habermann disease, Multiple sclerosis, Myasthenia gravis, Myositis, Neuromyelitis optica, Neuromyotonia, Occular cicatricial pemphigoid, Opsoclonus myoclonus syndrome, Ord thyroiditis, Palindromic rheumatism, pediatric autoimmune neuropsychiatric disorders associated with streptococcus, Paraneoplastic cerebellar degeneration, Paroxysmal nocturnal hemoglobinuria, Parry Romberg syndrome, Parsonnage-Turner syndrome, Pars planitis, Pemphigus vulgaris, Pernicious anaemia, Perivenous encephalomyelitis, POEMS syndrome, Polyarteritis nodosa, Rheumatoid fever, Psoriasis, Polymyalgia rheumatica, Polymyositis, Primary biliary cirrhosis, Primary sclerosing cholangitis, Progressive inflammatory neuropathy, Psoriatic arthritis, Pyoderma gangrenosum, Pure red cell aplasia, Rasmussen's encephalitis, Raynaud phenomenon, Relapsing polychondritis, Reiter's syndrome, Restless leg syndrome, Retroperitoneal fibrosis, Rheumatoid arthritis, Sarcoidosis, Schmidt syndrome, Schnitzler syndrome, Scleritis, Scleroderma, Sjögren's syndrome, Spondyloarthropathy, Still's disease, Undifferentiated spondyloarthropathy, Stiff person syndrome, Subacute bacterial endocarditis, Susac's syndrome, Sweet's syndrome, Sydenham chorea, Sympathetic ophthalmia, Takayasu's arteritis, Temporal arteritis, Tolosa-Hunt syndrome, Transverse myelitis, Ulcerative colitis, Undifferentiated connective tissue disease, Vasculitis, Vitiligo, Wegener's granulomatosis

12. 'Deformed Proteins' Identified As Causative Factors Of 'Chronic Diseases'- Theory Of Miasms Ratified!

MODERN SCIENCE is advancing towards the realization about the TOXIC and PATHOGENIC properties of DEFORMED PROTEINS and their role as a major class of pathogenic agents that cause most of the chronic diseases.

Peculiar three-dimensional conformations resulting from characteristic tertiary folding decides the specific biological roles of protein molecules. If this three-dimensional shape is ‘deformed’ by any way, a protein molecule becomes incapacitated to perform its biological function, and may turn into pathogenic agents.

Proteins could be deformed by various ways:

1. Genetic errors: Presence of faulty genes with wrong nucleotide sequences may result in production of deformed protein molecules.

2. Genetic expression errors: Genetic expression or synthesizing of protein molecules utilizing the genetic blueprints involve a series of systematic biochemical processes involving diverse types of enzymes. Any errors in these enzyme systems may result in the production of deformed proteins. This includes epigenetic errors also, resulting from inhibitions of enzymes involved in dna mythylation and histone folding.

3. Post translational Misfolding : Peculiar three dimensional structures of individual protein molecules synthesized by genetic expression are attained through their post-translational tertiary folding. Errors in mediator enzymes as well as inappropriate intracellular physical environment may result in misfolding of protein molecules.

4. Off-target binding of hormones, enzymes and other endogenous biological molecules: Even though hormones and enzymes have specifically determined roles in biochemical processes, and they are expected to bind only to specific molecular targets for executing these functions, there are occasions when some of them bind to unexpected off-target protein molecules, there by changing their tertiary structures. In such cases, protein molecules get deformed, and may become pathological.

5. Binding with harmful endogenous byproducts such as reactive oxygen species: As part of normal biochemical processes, various harmful reactive molecules such as superoxides are produced in the system, which get instantly destroyed or eliminated by a special defense mechanism working in our body. But in some cases, these hyper-reactive superoxides may bind to essential protein molecules and deform them. Such deformations lead to pathological conditions.

6. Binding with metal ions, toxic drugs or other exogenous molecules.

7. Denaturation by chemicals, ionizing radiations, pH variations, dehydration, abnormal temperature etc.

8. Molecular imprinting by alien proteins such as infectious agents: ANTIBODIES generated against various infectious agents belongs to this class of DEFORMED PROTEINS.

9. Molecular misfolding induced by other deformed proteins: DEFOEMED PROTEINS can act as templates to induce similar proteins also to undergo deformation through a process of molecular imprinting. Prion diseases are found to advance by this process.

It is obvious that DEFORMED proteins cannot perform their SPECIFIC biological functions, which by itself results in pathological conditions.

Moreover, DEFORMED PROTENS can act as PATHOLOGICAL factors in TWO ways.

Deformed proteins bind to totally unexpected biological targets and produce pathological molecular errors. Diverse types of auto-immune diseases and antibody-mediated diseases belong to this class of CHRONIC DISEASES.

Deformed proteins can INDUCE other proteins into MISFOLDING, through a process of MOLECULAR IMPRINTING. Alshiemer’s, Parkinson’s. Prion diseases and various other Amyloid diseases belong to this class.

Various ANTIBODIES generated in the body against infectious agents and other alien proteins can remain in the body for long periods, and probably induce misfolding in diverse types of native proteins through molecular imprinting. By this way, antibodies

act as a major class of pathological factors that cause diverse kinds of CHRONIC DISEASES.

Hahnemann explained CHRONIC DISEASES in terms of MIASMS, which he considered to be the life long disease dispositions caused by INFECTIOUS DISEASES such as itch and leprosy, sexually transmitted genital pappiloma disease, and syphilis. He named these three miasms as PSORA, SYCOSIS and SYPHILIS respectively, of which prime importance was given to PSORA.

Due to limitations of scientific knowledge available during his period, hahnemann could not explain the molecular mechanism by which infectious diseases can produce diverse types of life long chronic diseases. As such, he tried to explain this phenomenon in terms of ‘vital force’ concepts.

With great scientific advancements that happened during last 250 years after hahnemann, we are now in a position to explain how infectious diseases can produce chronic diseases. We know, ANTIBODIES are produced in the body when it get infected. Though antibodies are normally considered to be defense molecules that fight infections, they remain in the body for long periods after infections are over. Since ANTIBODIES are actually globular proteins getting molecular imprinted by ALIEN PROTEINS of infectious gents, these antbodies can act as DEFORMED PROTEINS. Similar to other deformed proteins, ANTIBODIES can act as pathogenic agents by attacking other native proteins, and inducing them to DEFORM.

It is these ANTIBODIES or DEFORMED PROTEINS generated against infectious agents and ALIEN PROTEINS that cause the whole range of CHRONIC DISEASES hahnemann called as MIASMATIC DISEASES.

ANTIBODIES may be playing a causative role in the development of so called AUTO IMMUNE DISEASES, AMYLOID DISEASES and PRION DISEASES by INDUCING deformation in various kinds of native proteins. I hope this possibility also will be considered by the scientists in future. If this prediction is proved to be true, It will be a great recognition of hahnemann’s concept of MIASMS as causative factors of chronic diseases.

Treating DISEASE DISPOSITIONS caused by DEFORMED PROTEINS is a very difficult task even for MODERN MEDICINE. These protein molecules do not undergo

normal biological degrading or destruction. Chemical drugs are no effective in most of such diseases.

Homeopathy can treat chronic diseases caused by DEFORMED PROTEINS by a process of Molecular Capping, which involves deactivation of functional groups of DEFORMED PROTEINS using molecular imprints of causative antibodies, thereby making them incapable of binding to biological molecules. It will prevent deformed proteins from inducing misfolding in other similar proteins or forming supra-molecular complexes by combining themselves.

A whole new range of target specific therapeutic agents that could be used for ‘molecular capping’ of deformed proteins could be effectively synthesized using modern drug designing technology in future. Same time, possibilities of these designer drugs themselves producing new molecular inhibitions and molecular pathologies also will have to be addressed.

All these things scientifically ratify the 250 year old theory of MIASMS proposed by hahnemann, and the wonderful technology of homeopathic potentization

I hope the scientific community could probe deeper into the ideas put forward in this article regarding role of antibodies formed against infectious agents, in producing various types of AUTO-IMMUNE DISEASES, AMYLOID DISEASES, PRION DISEASES and various other CHRONIC DISEASES. Researches on these lines may lead to the development of a whole new range of target specific therapeutic agents to combat these diseases, synthesized by utilizing Molecular Imprinting Technology. If this idea is found to be of any relevance, scientific community should be thankful to hahnemann, homeopathy and theory of MIASMS for enabling this great REVELATION.

It was hahnemann, who for the first time proposed that diverse types of CHRONIC DISEASES could be produced in the long run by INFECTIOUS agents, which he called MIASMS.

I have been trying to explain in scientific terms, how CHRONIC DISEASES could be produced by infectious agents, even after the infections are over. This led me into the realization that INFECTIOUS AGENTS can produce life-long chronic disease dispositions only through OFF TARGET actions of ANTIBODIES generated in the body against them.

I came to the conclusion that ANTIBODIES generated against ALIEN PROTEINS such as infectious agents and vaccines could be the real carriers of MIASMS hahnemann considered to be the fundamental cause of CHRONIC DISEASES.

Since ANTIBODIES are actually DEFORMED globulin proteins, subjected to MOLECULAR IMPRINTING by ALIEN PROTEINS, they can induce MOLECULAR MISFOLDING in native proteins having complementary conformations. Such misfolded proteins are already known to be the causative agents of diverse types of PROTEINOPATHIES such as amyloid diseases and prion diseases.

These diseases include AUTO-IMMUNE DISEASES (Acute disseminated encephalomyelitis , Addison's disease, Agammaglobulinemia, Alopecia areata, Amyotrophic Lateral Sclerosis, Ankylosing Spondylitis, Antiphospholipid syndrome, Antisynthetase syndrome, Atopic allergy, Atopic dermatitis, Autoimmune aplastic anemia, Autoimmune cardiomyopathy, Autoimmune enteropathy, Autoimmune hemolytic anemia, Autoimmune hepatitis, Autoimmune inner ear disease , Autoimmune lymphoproliferative syndrome, Autoimmune pancreatitis, Autoimmune polyendocrine syndrome , Autoimmune progesterone dermatitis , Autoimmune thrombocytopenic purpura, Autoimmune urticaria, Autoimmune uveitis, Balo disease/Balo concentric sclerosis, Behçet's disease, Berger's disease, Bickerstaff's encephalitis , Blau syndrome, Bullous pemphigoid, Cancer , Castleman's disease , Celiac disease, Chagas disease, Chronic inflammatory demyelinating polyneuropathy , Chronic recurrent multifocal osteomyelitis , Chronic obstructive pulmonary disease, Churg-Strauss syndrome, Cicatricial pemphigoid, Cogan syndrome, Cold agglutinin disease, Complement component 2 deficiency, Contact dermatitis, Cranial arteritis, CREST syndrome, Crohn's disease, Cushing's Syndrome, Cutaneous leukocytoclastic angiitis , Dercum's disease, Dermatitis herpetiformis , Dermatomyositis , Diabetes mellitus type 1 , Diffuse cutaneous systemic sclerosis , Dressler's syndrome , Eczema, Endometriosis , Enthesitis-related arthritis, Eosinophilic fasciitis, Eosinophilic gastroenteritis , Epidermolysis bullosa acquisita, Erythema nodosum, Erythroblastosis fetalis , Essential mixed cryoglobulinemia, Evan's syndrome, Fibrodysplasia ossificans progressiva , Fibrosing alveolitis, Gastritis , Glomerulonephritis , Goodpasture's syndrome, ,Graves' disease, Guillain-Barré syndrome, Hashimoto's encephalopathy, Hashimoto's thyroiditis, Henoch-Schonlein purpura, Herpes gestationis aka Gestational Pemphigoid, Hidradenitis suppurativa, Hughes-Stovin syndrome, Hypogammaglobulinemia , Idiopathic inflammatory demyelinating diseases, Idiopathic pulmonary fibrosis ,

Idiopathic thrombocytopenic purpura, Inclusion body myositis, Interstitial cystitis, Juvenile idiopathic arthritis, Kawasaki's disease, Lambert-Eaton myasthenic syndrome, Leukocytoclastic vasculitis , Lichen planus, Lichen sclerosus , Linear IgA disease, Lou Gehrig's disease, Lupoid hepatitis aka Autoimmune hepatitis, Lupus erythematosus, Ménière's disease, Microscopic polyangiitis , Miller-Fisher syndrome, Mixed connective tissue disease, Morphea , Mucha-Habermann disease, Multiple sclerosis, Myasthenia gravis, Myositis , Narcolepsy, Neuromyelitis optica , Neuromyotonia , Occular cicatricial pemphigoid , Opsoclonus myoclonus syndrome , Ord's thyroiditis, Palindromic rheumatism, PANDAS, Paraneoplastic cerebellar degeneration , Paroxysmal nocturnal hemoglobinuria, Parry Romberg syndrome , Parsonage-Turner syndrome , Pars planitis , Pemphigus vulgaris , Pernicious anaemia , Perivenous encephalomyelitis , POEMS syndrome , Polyarteritis nodosa , Polymyalgia rheumatica , Polymyositis , Primary biliary cirrhosis , Primary sclerosing cholangitis , Progressive inflammatory neuropathy, Psoriatic arthritis , Pyoderma gangrenosum , Pure red cell aplasia , Rasmussen's encephalitis, Raynaud phenomenon, Relapsing polychondritis, Reiter's syndrome , Restless leg syndrome , Retroperitoneal fibrosis , Rheumatoid arthritis, Rheumatic fever, Sarcoidosis, Schizophrenia, Schmidt syndrome, Schnitzler syndrome, Scleritis , Scleroderma, Serum Sickness, Sjögren's syndrome, Spondyloarthropathy , Stiff person syndrome, Subacute bacterial endocarditis, Susac's syndrome , Sweet's syndrome , Sydenham chorea, Sympathetic ophthalmia, Takayasu's arteritis , Temporal arteritis, Thrombocytopenia, Tolosa-Hunt syndrome, Transverse myelitis, Ulcerative colitis, Undifferentiated connective tissue disease, Undifferentiated spondyloarthropathy , Urticarial vasculitis , Vasculitis, Vitiligo, Wegener's granulomatosis Etc Etc), AMYLOID DISEASES, PARKINSONS DISEASE, ALZHEIMERS DISEASES, PRION DISEASES, PROTEINOPATHIES, TYPE2 DIABETES, Cerebral β-amyloid angiopathy, Retinal ganglion cell degeneration in glaucoma, Tauopathies , Frontotemporal lobar degeneration , Amyotrophic lateral sclerosis , Huntington's disease , dementia, Alexander disease, amyloidotic neuropathy, Senile systemic amyloidosis, primary systemic amyloidosis, Aortic medial amyloidosis, Lysozyme amyloidosis, Fibrinogen amyloidosis, Dialysis amyloidosis, Inclusion body myositis/myopathy, Retinitis pigmentosa , Medullary thyroid carcinoma, Cardiac atrial amyloidosis, Pituitary prolactinoma, lattice corneal dystrophy, Cutaneous lichen amyloidosis, Mallory bodies, Corneal lactoferrin amyloidosis, Pulmonary alveolar proteinosis, Odontogenic (Pindborg) tumor amyloid, Seminal vesicle amyloid, Cystic Fibrosis, Sickle cell disease etc etc. This list is growing day by day.

At this point, THEORY OF MIASMS as causative factors of CHRONIC DISEASES proposed by hahnemann fits well to the modern SCIENTIFIC view of CHRONIC diseases in terms of PROTEINOPATHIES caused by DEFORMED PROTEINS.

Hahnemann's observations of CHRONIC DISEASES, relating it with INFECTIOUS MIASMS, would have been a revolutionary event in medical history, had anybody- hahnemann, his followers or scientists- taken up the task of explaining it in scientific terms.

Had anybody asked the question how an infectious disease can cause life-long RESIDUAL EFFECTS in the organism even after the infection is over, everything would have been clear. It would have been obvious that infectious agents can produce life-long RESIDUAL EFFECTS in the form of CHRONIC DISEASES only through ANTIBODIES generated in the body against infectious agents.

Such a realization would have helped medical as well as scientific community to view ANTIBODIES from a different perspective- as CAUSATIVE AGENTS of diverse types of CHRONIC DISEASES.

The molecular mechanism by which ANTIBODIES produce chronic diseases could be now ell explained by the scientific knowledge already available now. ANTIBODIES being DEFORMED PROTEINS can bind to various types of NATIVE PROTEINS, and induce them to deform themselves, resulting in diverse types of PROTEINOPATHIES, AMYLOID DISEASES, AUTO IMMUNE DISEASES and PRION DISEASES.

See, how Hahnemann's concept of CHRONIC DISEASES relating it with INFECTIOUS MIASMS, paves the way for a SCIENTIFIC understanding of a whole class of grave diseases, and developing of a whole new range of therapeutic agents and techniques to combat them.

MIASMS, ANTIBODIES, MOLECULAR IMPRINTED PROTEINS or MISFOLDED PROTEINS- what ever we call it, this factor plays a big role in determining the process of AGING as well as natural LIFE SPAN. As the age of an individual advances, the harmful ANTIBODIES and MISFOLDED PROTEINS accumulate in the system, resulting in more and more diseases, age-related problems and gradual decay. Once we could find some ways to combat ANTIBODIES and MISFOLDED PROTEINS, we

may be capable of enhancing our life span an delay aging and natural death. I hope HOMEOPATHY can find answer to this greatest question haunting humanity

13. 'Miasms', Or 'Totality of Symptoms'? Which Decides Selection of 'Similimum'? Let Us Listen What Master Says

HAHNEMANN SAYS IN ORGANON - APHORISM 7:

“Now, as in a disease, from which no manifest exciting or maintaining cause (causa occasionalis) has to be removed, we can perceive nothing but the morbid symptoms, it must (regard being had to the possibility of a miasm, and attention paid to the accessory circumstances, § 5) be the symptoms alone by which the disease demands and points to the remedy suited to relieve it - and, moreover, the totality of these its symptoms, of this outwardly reflected picture of the internal essence of the disease, that is, of the affection of the vital force, must be the principal, or the sole means, whereby the disease can make known what remedy it requires - the only thing that can determine the choice of the most appropriate remedy - and thus, in a word, the totality of the symptoms must be the principal, indeed the only thing the physician has to take note of in every case of disease and to remove by means of his art, in order that it shall be cured and transformed into health.”

The first thing I noticed in this aphorism is that master begins with talking in terms of “disease” instead of our common perception of “diseased individual”. He asks to remove “manifest and exciting cause” of “diseases” before attempting a therapeutic intervention. More over, he says the “disease” demands and points to the remedy suited to relieve “it” through “the symptoms alone”. He defines “symptoms” as “outwardly reflected picture of the internal essence of the disease”. Through the statement “only through symptoms” “the disease can make known what remedy it requires”, Hahnemann asserts the primacy of concept of “disease. “In every case of disease”, “totality of the symptoms must be the principal, indeed the only thing the physician has to take note” in order that “it” shall be cured and transformed into health.”.

See, master is talking about “disease”, “symptoms of disease” and “curing of disease”. Not the “person”, “symptoms of the person” and “curing the person”.

Next point we have to notice in this aphorism is that master advises to remove “manifest exciting or maintaining cause” before attempting a therapeutic intervention. “Totality of symptoms” and “similimum” can be considered only after “removal of “manifest exciting or maintaining cause”. This is very important point to consider in day to day homeopathic practice. In the footnote, hahnemann further explains this point: “It is not necessary to say that every intelligent physician would first remove this where it exists; the indisposition thereupon generally ceases spontaneously. He will remove from the room strong-smelling flowers, which have a tendency to cause syncope and hysterical sufferings; extract from the cornea the foreign body that excites inflammation of the eye; loosen the over-tight bandage on a wounded limb that threatens to cause mortification, and apply a more suitable one; lay bare and put ligature on the wounded artery that produces fainting; endeavor to promote the expulsion by vomiting of belladonna berries etc., that may have been swallowed; extract foreign substances that may have got into the orifices of the body (the nose, gullet, ears, urethra, rectum, vagina); crush the vesical calculus; open the imperforate anus of the newborn infant, etc”.

Then, “regard being had to the possibility of a miasm, and attention paid to the accessory circumstances”. Remember, master does not at any point here ask us to make prescriptions on the basis of miasms. He only says, “regard being had to the possibility of a miasm”, while studying the "totality of symptoms"

But, Hahnemann asserts that “the totality of the symptoms must be the principal, indeed the only thing the physician has to take note of in every case of disease and to remove by means of his art, in order that it shall be cured and transformed into health.”. Beyond any doubt, “totality of the symptoms must be the principal, indeed the only thing” “physician has to take note of in every case of disease”, and on which the selection of similimum should be based. Master further explains the importance of "totality" in the footnote of this aphorism.

Please listen to this statement:

"the totality of these its symptoms, of this outwardly reflected picture of the internal essence of the disease, that is, of the affection of the vital force, must be the principal,

or the sole means, whereby the disease can make known what remedy it requires - the only thing that can determine the choice of the most appropriate remedy".

By defining “symptoms” as “outwardly reflected picture” of the “internal essence of disease”, Hahnemann makes it clear that “the internal essence of disease” is the real, and the “symptoms” are only a “reflected picture”. Further, the “internal essence” is “affection of the vital force”.

Our modern scientific understanding differs with hahnemann on this definition of “internal essence” of disease. According to existing scientific view, “internal essence” of disease is “molecular errors” in the “vital processes” which leads to pathological deviations in related biochemical pathways. “Symptoms”- subjective and objective, are the “outwardly reflected picture” of these “molecular errors”. The phenomena hahnemann called as “affections of vital force” arise from these material level ‘molecular errors”. By observing “totality of symptoms”, we are actually observing the “internal essence”, or the “pathological molecular errors”.

14. Nosodes, Sarcodes, Vaccines- A Comparative Study From MIT Perspective

NOSODES and SARCODES can play a major role in the management of CHRONIC diseases caused by MIASMS. It will be interesting to study these homeopathic medicinal agents in comparison with their allopathic counterpart, VACCINES.

Remember, when using the term MIASM, I always mean 'chronic disease dispositions caused by off-target molecular bindings produced by antibodies generated in the organism against alien proteins such as infectious agents and vaccines'. It is basically different from the way 'classical homeopaths' understand and explain miasms.

Potentized homeopathic nosodes prepared from disease products are ‘molecular imprints’ in water that can act inside the organism in a similar way as antibodies do.

Vaccines are disease products that can induce the organism to produce antibodies. Exactly, antibodies are ‘molecular imprinted’ native proteins, especially globulins.

Since antibodies are ‘molecular imprinted proteins’, the can remain in the system very long periods, and attack the surface proteins of invading microorganisms having configurational complementary relationship. That way, vaccines builds up immunity against specific diseases. Same time, these antibodies can cause various off-target molecular blocks, that my result in various pathological deviations known as ‘side effects’. That means, antibodies can act as ‘miasms’ also.

Production of antibodies involves a natural process of ‘molecular imprinting’ similar to that happen during homeopathic potentization. Molecules contained in the vaccine substance creates spacial imprints up on native globulin proteins, inducing conformational changes in them. These ‘deformed globulins’ bearing spacial imprints of vaccine molecules are called ANTIBODIES’.

ANTIBODIES ARE ‘MOLECULAR IMPRINTED PROTEINS”. POTENTIZED NOSODES ARE “MOLECULAR IMPRINTED WATER”. BOTH ACT ON BIOLOGICAL MOLECULES BY COMPLEMENTARY CONFIGURATIONAL RELATIONSHIPS.

Since potentized nosodes contains only ‘molecular imprints’ in water/alcohol clusters, they will not remain inside the organism for long periods, and cannot cause off-target molecular blocks. Hence, potentized nosodes are safer than vaccines. VACCINES CAN PRODUCE CHRONIC DISEASES, WHEREAS NOSODES CURE CHRONIC DISEASES.

Classical concepts of ‘miasms’ and methods of ‘miasmatic analysis’ for selecting ‘anti-miasmatic’ drugs will undergo drastic changes when we accept the definition of homeopathy as ‘Molecular Imprints Therapeutics’. According to new approach, hahnemann’s concept of miasms is redefined as chronic disease dispositions due to ‘off-target’ molecular inhibitions caused by antibodies formed against ‘alien’ proteins including infectious agents entering the organism. Most of these antibodies exist life-long inside the organism, causing diverse types of chronic diseases which include so-called auto-immune diseases also. To combat these chronic effects of anti-bodies, specific nosodes and other ‘anti-miasmatic’ remedies containing ‘molecular imprints’ that could de-activate these antibodies will have to be used. Anti-miasmatic ‘molecular imprints’ will have to be selected on the basis of infectious diseases, vaccinations and anaphylactic histories. Properly selected specific anti-miasmatic drugs will have to be used along with symptomatically selected drugs, especially in ‘total cure’ prescriptions.

Theoretically, ‘totality of symptoms’ include symptoms of ‘miasms’ also. I think ‘symptoms’ need not be the ‘only’ factor to considered if we have an exact understanding of ‘molecular level pathology’. Symptoms are only ‘one of the tools’ for identifying pathological molecular errors and selecting remedial agents’. When we know the ‘causative’ factors. we can prescribe without considering symptoms. Locating the ‘molecular errors’ is the primary concern, whatever be the tools we utilize for that.Theoretically, ‘totality of symptoms’ include symptoms of ‘miasms’ also. I think ‘symptoms’ need not be the ‘only’ factor to considered if we have an exact understanding of ‘molecular level pathology’. Symptoms are only ‘one of the tools’ for identifying pathological molecular errors and selecting remedial agents’. When we know the ‘causative’ factors. we can prescribe without considering symptoms. Locating the ‘molecular errors’ is the primary concern, whatever be the tools we utilize for that.

Materia medica of nosodes are much imperfect, and repertories do not represent them in due importance. Due to this limitation, we never get nosodes as similimum through symptomatic repertorization.

Not only past ‘illness’, we should also consider history of vaccinations and ‘allergies’, when we define miasms as antibodies against ‘alien proteins’.

So called ‘allergies’ have to be considered from miasmatic point of view. Allergic sensitizations happen due to the interaction of immune system with ‘allergens’ which are in most cases alien proteins. Potentized allergens would contain molecular imprints of these alien proteins, and hence should be considered as nosodes.

Allergy is actually the reaction of organism towards an ‘alien’ protein entering the organism. Antibodies are formed as a mechanism for trapping, marking and destructing these alien proteins, which are harmful to the system as they are proteins that do not match to the ‘genetic blueprint’ of the organism. As such, we can say, allergy is the reaction of organism towards proteins that do not match to its own genetic blueprint. That is why they become ‘aliens’. Even ‘egg albumin’, ‘saliva’ or ‘serum’ of an animal belonging to another species become deadly poisons due to the mismatch of genetic blueprint and protein molecules.

You can see, the MIT approach makes the concept of ‘miasms’ much broader than classical approach. Instead of three miasms originating from three major infectious diseases that was widely prevalent during hahnemann’s time, now we can see all

‘chronic disease’ dispositions originating from antibodies formed against diverse types of ‘alien’ proteins. This approach help us to perceive so-called ‘auto-immune’ diseases from a new angle. It is known that many ‘auto-immune’ diseases such as psoriasis, vitiligo and chrohn’s disease actually begins after some infections or allergic sensitizations, which shows the currently accepted ‘auto immunity’ theory will have to be re examined. In my opinion, so-called ‘auto-immune’ diseases are also caused by off-target molecular inhibitions created by antibodies formed against alien proteins. In other words, auto-immune diseases are also ‘mismatic’ in origin, and can be treated with appropriate nosodes.

Obviously, re-evaluation of the concept of ‘auto-immune diseases’ in modern medical science is a very important implication of MIT definition of homeopathy.

Destruction of mutant genes and cancer cells involves production of antibodies also against the proteins synthesized by them. These ‘cancer antibodies’ will remain in the system even after ‘cancer cells’ are destroyed. These antibodies generated against ‘alien’ proteins synthesized by mutant genes can travel in the organism, migrate to different parts and may bind to various biological molecules having configurational affinity. Such ‘off-target’ bindings lead to molecular inhibitions of biological molecules, which amount to molecular level pathologies similar to any miasmatic chronic disease. That means, antibodies generated against cancer cells would act as ‘cancer miasms’, causing disease dispositions of chronic nature. Obviously, not only in persons of known history of cancer, but almost all seemingly ‘cancer-free’ people may carry cancer antibodies.

Cancer antibodies, or cancer miasms can be effectively combated using cancer nosodes such as ‘carcinocin’, ‘schirinum’ etc, which are potentized cancer products, which would contain molecular imprints of ‘cancer proteins’ as well as ‘cancer antibodies’.

Molecular imprints of cancer antibodies act therapeutically by competing with cancer antibodies in binding to the biological molecules, where as molecular imprints of cancer proteins directly bind to the cancer proteins themselves. Molecular imprints cannot interfere in the interactions of antibodies with cancer cells, as they are their natural ligands. That means, even while rectifying the ‘miasmatic’ effects of cancer antibodies, carcinocin nosode will not by any way reduce the anti-cancer fight of our immune system.

Defining ‘sarcodes’ is a very complex task, on which a consensus among homeopaths seems to be almost impossible.

I would go with the definition evolved from discussions on our group: “Sarcodes are homeopathic drugs prepared from healthy animal tissues and secretions that in crude form contain biological molecules having specific physiological functions in the human organism”

According to this definition, an animal product will not be considered a sarcode, if it does not contain some biological molecules that are integral part of vital metabolic processes of human organism. That is the dividing line between ‘animal drugs’ and ‘sarcodes’.

Sarcodes have a very notable peculiarity. They always exist in molecular form in the organism, and participate in various molecular interactions being part of different biochemical pathways. They become homeopathic drugs only when they are not administered in ‘molecular forms’, but as potentized forms above 12c. In molecular forms below Avogadro limit, they can be considered only as physiological products, not as homeopathic drugs.

Two questions have to be answered here:

1. If sarcodes are natural biological molecules having specific functional roles in human organism, how they become pathogenic agents, requiring the intervention of their own potentized forms or ‘molecular imprints’?

2. If the sarcodes are biological molecules being essential parts of living system, will not their physiological functions get negatively affected by the use of their potentized forms, since it is true that potentized form of a drug substance can antidote the biological effects of same drug in crude form?

Let us consider pituitary hormones. They play a decisive role in the whole metabolism of the organism, and hence called ‘master gland’. Pitutary hormones control many enzyme systems in our body. Then how can they act as pathogenic agents, requiring the use of potentized pituitary extract?

Next question is, when we use potentized pitutrin as a sarcode, will it not act as an antidote towards molecular forms of pituitary hormones and create dangerous consequences, by disrupting the whole endocrine activities mediated by pituitary hormones?

Pepsinum is very important in digestion of proteins. If pepsinum 30 is given to a person, will it create problems in protein digestion by deactivating pepsin molecules? If they cannot antidote pepsin molecules, how can they act as therapeutic agents?

Thyroid hormones play very important roles in metabolic activities in the living organism. Then how it can be pathogenic agents, requiring the intervention of potentized thyroidinum? Will not potentized thyroidinum hinder the biological processes mediated by thyroid hormones?

These are very pertinent questions we have to answer while trying to explain the science behind using of potentized sarcodes.

We can answer these questions only if we know the dynamics of molecular processes involved in biochemical interactions.

Every biological molecules, especially those belonging to hormones, signaling molecules(cytokines), neuro-chemicals, antibodies and enzymes being circulated in the organism enter into two types of chemical interactions: 1. ‘On-target interactions’ and 2. ‘Off-target interactions’.

‘On-target’ interactions are those happening between natural ligands and their genuine targets. Such interactions are essential part of vital processes through which biochemical pathways are carried unhindered. Natural ligands and their genuine targets interact through two stages: a). molecular identification and binding, which is effected by complementary configurational affinity between targets and ligands, b). actual chemical interaction, which is effected through perfect charge affinity between ligands and their genuine targets.

Off-target interactions are those accidentally happening between ligands and wrong targets having configurational affinity only. In the absence of exact charge affinity, no chemical changes occur. Such interactions are always ‘inhibitory’, temporarily or permanantly deactivating the involved biological molecules. Such ‘inhibitory’ off-target

interactions inevitably lead to derangement in associated biochemical pathways resulting in pathological states.

‘Off-target’ inhibitions caused by biological molecules such as hormones, enzymes, antibodies, signaling molecules(cytokines) and neurochemicals are causative factors of a wide range of pathological conditions in human beings. Sarcodes, or potentized preparations of these biological molecules, which contain their ‘molecular imprints’ , can effectively remove these molecular inhibitions and thereby act as therapeutic agents. Here lies the importance of sarcodes in homeopathic therapeutics.

Then comes the issue of selective action of the potentized sarcodes. As any other molecular imprints, molecular imprints in potentized sarcodes also cannot interfere in in the interactions between natural ligands and their genuine targets which involves configurational affinity as well as charge affinity. Since molecular imprints act through configurational affinity only, they can interfere in only inhibitory ‘off-target’ interactions.

It is now obvious that thyroidinum 30 cannot interfere in the essential biochemical processes mediated by thyroid hormones, Pitutrin 30 cannot interfere in the natural actions of pituitary hormones. This principle is applicable to all potentized sarcodes. We can use potentized sarcodes above 12c without any fear of adverse effects.

Sarcodes can play a very important role in the treatment of diverse types of diseases belonging to metabolic, emotional, psychosomatic, and ontological factors. They can also be part of constitutional prescriptions

15. How The Concept Of MIT Influences The Way Of Combating Miasms In Chronic Diseases?

Classical concepts of ‘miasms’ and methods of ‘miasmatic analysis’ for selecting ‘anti-miasmatic’ drugs will undergo drastic changes when we accept the definition of homeopathy as ‘Molecular Imprints Therapeutics’. According to new approach, hahnemann’s concept of miasms is redefined as chronic disease dispositions due to ‘off-target’ molecular inhibitions caused by antibodies formed against ‘alien’ proteins including infectious agents entering the organism. Most of these antibodies exist life-long inside the organism, causing diverse types of chronic diseases which include so-

called auto-immune diseases also. To combat these chronic effects of anti-bodies, specific nosodes and other ‘anti-miasmatic’ remedies containing ‘molecular imprints’ that could de-activate these antibodies will have to be used. Anti-miasmatic ‘molecular imprints’ will have to be selected on the basis of infectious diseases, vaccinations and anaphylactic histories. Properly selected specific anti-miasmatic drugs will have to be used along with symptomatically selected drugs, especially in ‘total cure’ prescriptions.

Theoretically, 'totality of symptoms' include symptoms of 'miasms' also. I think 'symptoms' need not be the 'only' factor to considered if we have an exact understanding of 'molecular level pathology'. Symptoms are only 'one of the tools' for identifying pathological molecular errors and selecting remedial agents'. When we know the 'causative' factors. we can prescribe without considering symptoms. Locating the 'molecular errors' is the primary concern, whatever be the tools we utilize for that.Theoretically, 'totality of symptoms' include symptoms of 'miasms' also. I think 'symptoms' need not be the 'only' factor to considered if we have an exact understanding of 'molecular level pathology'. Symptoms are only 'one of the tools' for identifying pathological molecular errors and selecting remedial agents'. When we know the 'causative' factors. we can prescribe without considering symptoms. Locating the 'molecular errors' is the primary concern, whatever be the tools we utilize for that.

Materia medica of nosodes are much imperfect, and repertories do not represent them in due importance. Due to this limitation, we never get nosodes as similimum through symptomatic repertorization.

Not only past 'illness', we should also consider history of vaccinations and 'allergies', when we define miasms as antibodies against 'alien proteins'.

So called 'allergies' have to be considered from miasmatic point of view. Allergic sensitizations happen due to the interaction of immune system with 'allergens' which are in most cases alien proteins. Potentized allergens would contain molecular imprints of these alien proteins, and hence should be considered as nosodes.

Allergy is actually the reaction of organism towards an 'alien' protein entering the organism. Antibodies are formed as a mechanism for trapping, marking and destructing these alien proteins, which are harmful to the system as they are proteins that do not match to the 'genetic blueprint' of the organism. As such, we can say, allergy is the reaction of organism towards proteins that do not match to its own genetic blueprint.

That is why they become 'aliens'. Even 'egg albumin', 'saliva' or 'serum' of an animal belonging to another species become deadly poisons due to the mismatch of genetic blueprint and protein molecules.

You can see, the MIT approach makes the concept of 'miasms' much broader than classical approach. Instead of three miasms originating from three major infectious diseases that was widely prevalent during hahnemann's time, now we can see all 'chronic disease' dispositions originating from antibodies formed against diverse types of 'alien' proteins. This approach help us to perceive so-called 'auto-immune' diseases from a new angle. It is known that many 'auto-immune' diseases such as psoriasis, vitiligo and chrohn's disease actually begins after some infections or allergic sensitizations, which shows the currently accepted 'auto immunity' theory will have to be re examined. In my opinion, so-called 'auto-immune' diseases are also caused by off-target molecular inhibitions created by antibodies formed against alien proteins. In other words, auto-immune diseases are also 'mismatic' in origin, and can be treated with appropriate nosodes.

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