

**THE  
CHRONIC  
MIASMS  
with  
REPERTORY**

*Revised Edition*

**J. Henry Allen**  
M. D.

The  
**Chronic Miasms**

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*With Repertory*

Vol. – 1

**Psora and Pseudo-Psora**

Vol. – 2

**Sycosis**

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**B. Jain Publishers (P) Ltd.**

## **DEDICATION**

(Volume - 1)

This book is dedicated to one who, through all times and through all trials and discouragements, in all difficulties and perplexities, has battled for the truth of homeopathy like a valiant knight of old; to the author's physician, preceptor, teacher and friend, to the one who first turned his mind toward the light and to the law of cure; to the nestor of homeopathy in west, Dr. H. C. Allen.

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**THE AUTHOR**

## **DEDICATION**

(Volume - 2)

To that devoted band of physicians, natives of India and Graduates of Hering College, who are spreading the beneficent truths of homeopathy among the therapeutically benighted millions of their native country, this work of miasmatic diseases is dedicated, with his best wishes for their success, by

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**THE AUTHOR**

## **PUBLISHER'S NOTE**

A very in-depth discussion of the theoretical side of the Miasms of J. H. Allen, who taught the subject in Chicago at the Hering College.

In this new edition, the following upgradations have been:

- Improved and more readable font has been introduced with increased font size.
- The size of the print area has been increased from 5½ x 3½ inches to 7 x 4 inches.

We hope this new edition will be warm heartedly received by the profession.

**Kuldeep Jain**  
MD, B. Jain Publishers

## PREFACE

(Volume - 1)

“AS OUR INSTITUTIONS ARE, SO ARE OUR PEOPLE.”

As the teacher is, so are our schools and our students. We see these truths demonstrated every day, as we study the internal workings of our medical institutions, and we meet with the finished product of their teaching, in the form of the yearly out-put of graduates. In a brief period of time we see the effect of the Alma Mater upon the people with whom our graduates come in contact—“as our institutions are, so are our people.”

We can only teach the people that which we are taught. We heal our patients as we are taught to heal them. The fount and source is our sea-level—we seldom rise higher.

It was these and like thoughts which prompted the author to write this book. The younger men of our profession stand greatly in need of such a work; they must become acquainted with Hahnemann’s teachings and precepts, so wonderfully laid down in his Organon of Medicine (yet so difficult for many to understand), in order to apply the law of cure. The busy practitioner has no time, and perhaps no one to help him to work out the vital problems given us by the great teacher, Hahnemann. The demands of my students, and requests from the profession at large, have induced me to put my knowledge of these subjects into book form.

Like many others of the professors, we have patiently waited for years, hoping that some zealous student of the

Organon might come forward and write such a work, but no one came, so, the author has humbly taken up the work, hoping that it may in some degree meet the demand, if not the approval, of the profession.

\*The second volume, Sycosis, which is to follow soon, will give, not only a full and exhaustive description of the diseases and complications that arise in the primary, secondary and tertiary stages, besides a complete therapeutics of Gonorrhoea, the Kidneys, Bladder and Urinary organs in general, together with the treatment of Dysmenorrhoea in its multiple presentations, that of itself will be of great value to the profession.

A short description of how to use this work will be given at the back of the book.

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## THE AUTHOR

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\* The Chronic Miasms, Sycosis Vol. II, see Part II.

## PREFACE

(Volume - 2)

In presenting this second volume of the CHRONIC MIASMS, (SYCOSIS) to the profession, we trust it will receive the same welcome as did Vol. 1, **Psora** and **Pseudo-Psora**.

In the production of Volume 1, we had the teachings of Hahnemann to aid us and the writings of his many followers to sustain us with their volumes of research and their many established truths, but in the construction of this work, we had but scant data to draw from. Hahnemann has given us but a page or two on the subject SYCOSIS. The literature is meager even in the Regular School of Medicine. That which has been brought forth, deals largely, if not wholly with the primary or gonorrhoeal stage. Many no doubt have realized to some extent, its depth of action and the degree to which this terrible miasm has effected the human race. They have read between the lines in the great book of experience and have seen the profundity of its action, its persistent nature and its progressive movements and inroads upon the life force, yet have not brought their knowledge to the light of publicity. They have rather kept it under the proverbial bushel. I trust that my readers, after having read this work, will add to the literature of this subject, knowledge of which, is of such vital importance to the human race and to the medical profession throughout the world, for what is of interest to the human race, should be of vital interest to the profession and vice versa.

The theory of the CHRONIC MIASMS, as being the sum total of the causes of chronic diseases, meets with two strong



opposing forces, first from the pathological, material or chemical therapist who views life from its material side, and who is looking for finite or material causes in all that disturbs the living organism; secondly, from the therapists of symptomatology (the symptom doctor), they have their minds focused upon Section 18 of the Organon, therefore they maintain that the totality of the symptoms in a given case, should govern the prescriber in making a selection in every case, independent of any chronic miasm that might lie behind the grouping.

While we maintain these principles of the law of totality as the only guide in making such a selection, we also insist that the remedy that meets the true requirements of the law governing our therapeutics, should cover the symptoms of the active miasm, and especially is this true in cases of mixed or pseudo miasms. The author had dealt with this subject quite exhaustively and trusts that he has made himself clear to his readers on this important phase of the work.

The sycotic symptoms presented in the different stages of the disease, have been carefully observed and many times verified, so that we feel quite confident they will endure the test of further investigation. And we know that time and further acquaintance with the nature of sycotic diseases, will greatly add to their numbers and value.

In writing the therapeutics of this work, we have endeavored to give the indications of each remedy in as brief and concise a manner as possible, not to burden the prescriber with too many symptoms. The therapeutic index in the back of this work, will greatly assist in making a comparison of the different remedies and in some degrees take the place of a repertory.

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# How To Study This Work

**IN ORDER** to get a perfect understanding of this work careful study should be made of the history and action of psora and pseudo-psora, which is to be found in the first half of this work, included under pages 1 and 122. There should also be a careful analysis of each expression of the miasms given therein; this is necessary in order to be able to discern their presence in the organism. We are now prepared to take up the study of the miasms under the different headings as found under the Rubrics, pages 122 to 204. This study will be found to be an interesting one if taken from a clinical standpoint, the truth is we can only have these facts impressed on our minds by a clinical comparison and experience. As our patients come before us we should procure from them as clear and perfect a clinical history as is possible, going back into the family history of the father, mother, sisters, brothers and not forgetting the clinical history of uncles and aunts, which is sometimes of more importance than that of the father or mother, when we come to consider heredity. Sycosis and syphilis is of course never to be forgotten whether it be in the acquired form or in directly through heredity. We are to look for psora in the mental phenomena, in desires, aversions and habits of life; in their fears, longings, carvings, etc. We see it in the skin as

we look upon it our touch it. The tubercular element can be seen in the circulatory system, in the arterial and venous expressions. In the physiology of the body in general, in the shape of the head, face, ears, nose, mouth, lips, teeth and in a thousand ways, as we come to study the different rubrics. All these things will have to be considered when we come to study a mixed miasm, therefore a comprehensive knowledge is necessary in order to discern their presence in latent forms in the organism. Each miasm has its own peculiar history, its physiological expressions, its mental phenomena, its aggravations of time and circumstances, its secondary and tertiary manifestations upon mucus surfaces or upon the skin. The repertory at the back of the book will also assist you very much in this work. If sycosis is present you will not be able possibly to get a perfect picture in all cases until you are in possession of the second volume\* of this work, which will follow this in a short time, and will deal wholly with the sycotic miasm and its therapeutics.

### The Author

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\* See part II, Chronic Miasms—Sycosis Vol. II.

**IF THAT** which is set forth in Vol. 1 of this work is of vital interest to every physician who is desirous of looking into the mystery of disease and of knowing its true etiology, this volume ought to be of still greater interest, as it uncovers the true etiology of the diseases that are so prevalent today, permitting us to get at the fundamental principles of the very basis of the diseases we meet in daily practice. For every earnest and thoughtful physician must have seen before being long in practice, that there is something about the diseases he encounters, that makes them difficult to eradicate; something that, lying as a basis, makes disease stubborn, persistent and positive in its nature and difficult to cure. These cases and these principles we wish to deal with in this little work; and in dealing with this dreadful miasmatic scourge that is wrecking and destroying the race as no other disease is (excepting that of tuberculosis), we will not speak of it from its historic standpoint, nor from any sociological point of view, but simply from a miasmatic basis, treating with many of the factors pertaining to its action upon the human organism. Other writers, have written fully and clearly upon the subject of gonorrhoea, therefore, it will not be necessary for me to even describe to



you a typical case of gonorrhoea, save as it relates to the subject of syphilis. We will deal with it simply in the relation it bears to other miasms and to disease in general, both acute and chronic.

We must treat it then, not only from an etiological, pathological, pathogenetic and nosanic point of view, but must also study it carefully from its therapeutic side, looking closely into the dangers of the unscientific methods of treatment of this dreadful disease, and the grave danger that lies in suppressing it in any stage of its action.

It was Dr. Charles J. Hemple who said that "Disease is the totality of the effects by which we recognize or perceive the action of a peculiar order of subversive forces upon an organism which has been specially adapted, or prepared for their reception." Out of these subversive forces comes, either directly or indirectly, all that which is known as disease. Hahnemann has recognized three special forms which he has designated as psora, syphilis and syphilis. This triune of the subversive forces also called the chronic miasmata, are the vicarious embodiment of the internal disease, each having its own peculiar type or character by which its sole purpose and effort is to conform the organism to its nature. Each of these forces becomes a creative force, and at no time is the life force able to free itself from the bond of any of them (either alone or in combination with the others), without some other assistance. Just how these subversive forces, psora, syphilis, or syphilis, combine in the organism, or rather with the life force, can probably never be explained or accounted for.

It is true, however, that their introduction into the organism (which has undergone a process of adaptation capable of receiving them) is followed by an endless history of subversive changes and diseased phenomena peculiar to each type. This is shown in psora, and still more clearly in

sypphilis, whose history we are fully able to prophesy with all its multiplied and polymorphic lesions, from its initial physical expression in the organism to its tertiary destructive processes in the bony framework of the body itself. As this is true of psora, and Syphilis, so it is also true of Sycosis. It has its primary, secondary and tertiary stages, and a world of phenomena peculiar to itself, accompanying each stage or setting of the disease. But a small number of our medical men today have any conception of the great depth and the degree of action of this specific miasm upon the organism, or the frequency with which it is met in practice. It is the *prima causa* of much of the suffering and of innumerable ailments to be met with every day in general or special practice.

Very few homeopathic physicians today contest the fact that Hahnemann's psoric theory is true, and all those who have carefully and honestly given the subject study will bear me out in this statement. Few are the physicians who have not frequently recognized the sudden and mysterious appearance of disease in the human organism, coming as it seemed from nowhere, and developing out of no apparent cause, coming as it were out of the unknown, out of the invisible, remaining either permanently or temporarily a functional disturbance, or developing into innumerable or varied pathological states, often causing untold suffering, and many times endangering the life of the sufferer. Yet how few have come to any positive solution of the subject in their own mind. Hahnemann has solved the mysterious problem for us, and today if we will but listen to his words of wisdom, we will learn whence cometh that sudden pain, the rheumatism, the eczema, the ulcer, the papular eruption or any of the multiplied expressions of disease.

They surely develop from the disturbances of the life force, due wholly to the action or continued action of these

chronic miasms of Hahnemann. Thus arises the papular eruption, the inflammatory processes, the stasis in internal organs, the cough, the spasm, the convulsion, even all the multiplied phenomena of mind and body, tabulated and known as *disease*. All this falsifying of life and its processes, this anatomical and physiological deflection from that which is true, can be reasonably and positively shown to be caused by, and to arise directly or indirectly, from the three chronic miasms-psora, syphilis, or sycosis, either singly or combined with each other in various degrees of combination. The oldest of these subversive forces, we all agree, I believe, to be Psora; it therefore becomes the basic miasm, the first cause of all disease in the human organism. But there are other chronic miasms than psora to be studied, and the miasm of syphilis is one of those whose far reaching dynamis, whose slow but sure destructive action, is well known to every healer of the sick; and how closely pathologists have studied the complex and almost endless phenomena that are presented throughout the course or stages of its prolonged history. Its slow progress, its persistent nature, whether it be of its pains, its ulcers, or its gummatous growths, or in whatever presentation it may come, we cannot but have noticed the positiveness of its bond with the life force.

Sycosis is not a new name for gonorrhoea, neither is it gonorrhoea in any sense of the word. The well known specific urethritis, presents only in its initial stage, similar phenomena to that of sycosis, and the history of the two diseases differs widely in their constitutional developments and progress. Gonorrhoea simplex is not a basic miasm, while sycosis comprises one of the chronic miasms of Hahnemann, and next to psora it is the most persistent of the great triune of the subversive forces, syphilis, sycosis and psora. Sycosis, implanted on a rich pseudo-psoric soil, develops into one of

the most formidable enemies of the race, whose destructive power and depth of action upon the organism cannot be expressed by any combination of words. What the pathologists of today call gonorrheal infection, is what we term sycosis. But it is not an infection from a supposed gonorrheal catarrh, for gonorrhea simplex does not affect the organism as does gonorrheal sycosis.

The early history of gonorrhea simplex is a history of painful and spasmodic symptoms, and of decided vesical irritation, of chordee, and marked specific urethritis, while the history of a typical case of sycosis in its initiatory stage is lacking in many of the above symptoms, and should the symptoms be present, they are so modified that a casual observer can readily distinguish between the two. As a rule in sycosis very little pain is present—sometimes but not always there is a decided soreness and some tenderness is felt along the anterior surface of the first-third of the organ. The patient experiences more or less burning at the meatus, but it never assumes that degree of severity experienced in the spasmodic or simple form of the disease. The catarrhal discharge in the sycotic form is scanty, and as a rule mucopurulent at a very early date. The color varies in the different cases, but it is generally a dirty colored pus, yellowish green, or a mixture of brown, yellow and green. Quite often it is offensive, and in many cases has a stale-fish, musty, or fish-brine odor, and it maintains this peculiar offensiveness more or less throughout the various stages of the disease.

Its incubative period is from five to ten days, and these patients early show more or less mental anxiety, with a desire to frequently examine the organ. These are the first symptoms to present themselves, and they frequently follow the disease throughout in its various phases, usually developing into an over-anxiousness as their condition. This

very noticeable and undue desire to give special attention in their case is decidedly, if not emphatically, impressed upon the attending physician, and it frequently embarrasses him and hinders a cure. The patient's anxiety sometime forces the physician to resort to means unprofessional and against his better judgment in his haste to dry up or suppress the discharge, which the patient thinks is the embodiment of the disease.

In truth it is but the eliminative process, for when the discharge is suppressed, a secondary stage of the disease develops, characterized by stasis to internal organs, more manifest in the pelvic inflammation of women—a field so fruitful of late, to the work of the modern surgeon. Should the disease not be cured by constitutional treatment, it will by no means end with the secondary stage, but usually within a period of from one to three years, it passes into a tertiary form (or true sycosis), which if not cured, may last the entire life of the patient. Quite frequently, however, the disease runs into some malignancy, such as scirrhous of the different organs of the body, or cystic degeneration, fibrous growths, stasis in internal organs, chronic rheumatism, and gouty conditions. This last may be shown by gouty concretions of the joints, gout of the heart, stomach, or any of the internal organs. Mania, insanity, and many other mental aberrations can be traced to a suppression of this miasm. In fact, our jails and our prisons are filled with these poor unfortunates, far out-numbering the victims of syphilis. Sycosis is more potent than syphilis as a cause of mental diseases, of moral insanity, and of those degenerative processes which form a basis for much of the criminality of our own country as well as that of Europe.

*Sycosis may be said to be the most venereal of all venereal diseases, as it is seldom contracted (outside of gonorrhoeal ophthalmia) in any other way than through sexual congress.*

It is a disease of lust in the broadest sense of the word, hence the appearance of the mental phenomena in its early history. That monarch of the mind, the Will, is overthrown. *He thinks, he wills, he acts, and out of that false triune develops the lust disease.* A precept of the decalogue is broken, and man falls by virtue of the breaking of that genetic principle which is an epitome of the character of his Creator, after whose image he was formed. He at once becomes a victim to the false and disintegrative power of broken law and the true physiological process at that moment ceases, and a false one is set up within that organism. Yea, all its processes, whether moral, spiritual, mental, or physical, are interfered with, and in some measure they at once take on a retrograde metamorphosis; the miasm (sycosis) becomes a force co-existent with the life force; therefore, the *life forces* are from that moment propelled forward in the direction of its influence and power which is always unfavorable to the good of the organism. What was at first a mental process, an unholy thought, implants the seeds of death within the physical organism and its presence with the life force is first manifest in the members that violated that divine precept. At first the disturbing element is functional as it is in all disease, to become later on an organic disease, and the *fons et origo mali* of many of the diseases of today.

So generally is this miasm, sycosis, distributed among adult males that it is estimated that fully eighty percent are affected by it. Of course this estimate includes the latent as well as the active forms. No wonder that so many of our women are sufferers from pelvic affections, rheumatism or chronic gout. This large proportion is without counting heredity, for the disease is congenital, as is syphilis and psora. This will be understood more fully as we proceed in the study of the subject.

The majority of married women suffer in some way from

sycosis, either from the suppressed or imperfectly cured forms. Children born of such parents invariably show some form or manifestation of the disease and not infrequently ophthalmia neonatorum. If they escape this dread disease, they suffer with colic almost from the moment of their birth; not the ordinary flatulent colic, but one of a severe and specific nature, continuing often from one to three months after birth. The sufferings that these children have to undergo is simply indescribable; they writhe and twist and squirm with pain, drawing up their limbs and screaming often for hours at a time. The pain usually comes in paroxysms, or it is of a spasmodic nature, sometimes relieved by pressure or by the child lying upon the stomach or by being carried about in the arms of the nurse; again shaking or rocking gently seems to modify their sufferings. Heat gives temporary relief, but all foods greatly aggravate, even the mother's milk; although food when first taken seems to give relief for the time being. Gas is frequently expelled from the stomach or bowels with great force, and is often quite pathognomonic of sycotic colic. Many times I have relieved these little sufferers with a few powders of *Lycopodium* or *Argentum nitricum*. Both these remedies seem to be frequently called for in these cases.

Again if they should be fortunate enough to "escape" the colic, other manifestations of the disease are met with, such as indigestion, catarrh of the bowels, vomiting of food without apparent nausea; diarrhea, the stools being sour smelling, acid and excoriating the infant about the perineum. Quite often these children escape the gonorrhoeal ophthalmia and have in its place, snuffles, which makes its appearance a few days after birth. The mother or nurse will tell you that the child has taken a cold in the head, so closely does the disease resemble the ordinary coryza, yet on examination of the nasal passages, we will find a specific

form or rhinitis, known as the snuffles. The nose is dry and has a stuffed up feeling; quite frequently the child will scream with anger in its attempt to breathe with its mouth closed; this is more noticeable when the child nurses. The disease may last a few days, or it may continue for some time, but is usually displaced by something else of a more severe nature, especially if local measures are applied to relieve it.

The history of the parents will reveal sycosis that has been suppressed or imperfectly cured. The diarrheas of these children are usually of a greenish, sour, slimy, mucous nature. The stools of Chamomilla, Rheum, and Mag. carb. are very characteristic of sycosis. Often the child itself will smell sour and no amount of bathing seems to sweeten it. I have sometimes noticed that a case of snuffles coming on soon after birth, would be followed by a case of purulent ophthalmia. The length time between the suppression of sycosis and marriage, seems to make little difference, for children born to these parents, always show forth the disease at an early age. The time to cure them is in infancy, or during childhood, as they then quickly respond to homeopathic treatment.

I have noticed in a number of cases that children born of very sycotic parents, complicated with, gout, were affected with gouty conditions in the urethra, ears, nose and even in the rectum and vagina. These children take cold at the slightest exposure and frequently suffer from an acute coryza; the discharge from the nose becomes copious, watery and often excoriating. You are able to make a diagnosis of sycosis in these children, you need not look for speedy cures or rapid results from your remedies; you must in some way make the parents understand that you have a deep constitutional disease to deal with.

You are fighting for time, and you need plenty of it. If the